

OFFICE OF INSURANCE REGULATION

FINANCIAL SERVICES COMMISSION

RON DESANTIS GOVERNOR

JIMMY PATRONIS CHIEF FINANCIAL OFFICER

ASHLEY MOODY ATTORNEY GENERAL

NICOLE "NIKKI" FRIED COMMISSIONER OF AGRICULTURE

DAVID ALTMAIER

COMMISSIONER

August 2, 2022

The Honorable Jimmy Patronis The Chief Financial Officer Department of Financial Services The Capitol, PL-11 Tallahassee, FL 32399

Re: Weston Property & Casualty Insurance Company

Dear Chief Financial Officer Patronis:

Pursuant to Chapter 631, Florida Statutes, the Office of Insurance Regulation ("Office") has determined that one or more grounds exist for the Department of Financial Services, Division of Rehabilitation and Liquidation ("Division"), to initiate delinquency proceedings against Weston Property & Casualty Insurance Company ("Weston" or "Company"). Attached to this letter please find an affidavit setting forth the grounds specified including the date the Company was deemed impaired or insolvent as those terms are defined in Sections 631.011, a concise statement of the circumstances that led to the delinquency, and a summary of the actions taken by the Company and the Office to avoid delinquency, along with a consent to order of receivership signed by the company so that the Division can promptly initiate those proceedings.

As always, the Office stands ready to provide any additional information or assistance the Department needs in order for this matter to proceed as expeditiously as possible. Thank you for your attention to this matter.

Sincerely,

David Altmaier, Commissioner Office of Insurance Regulation

Enclosure

cc: Michael Dobson, General Counsel, Department of Financial Services

AFFIDAVIT OF VIRGINIA A. CHRISTY

STATE OF FLORIDA

COUNTY OF Keon

BEFORE ME, the undersigned authority, personally appeared Virginia A. Christy, who after being duly sworn, deposes and says:

- 1. I, Virginia A. Christy, am over the age of eighteen (18), sui juris, and I am competent to testify to and have personal knowledge of the facts contained herein.
- 2. I have been employed by the Florida Office of Insurance Regulation (hereinafter referred to as "OFFICE") since July 2012. From July 2012 to August 2014, I served as Assistant General Counsel. From September 2014 to August 2017, I served as Chief Assistant General Counsel for the OFFICE. In that position, I supervised the Legal Division's Regulatory Section, which provided legal representation to several business units in the OFFICE, including Property & Casualty Financial Oversight.
- 3. Since September 2017, I have held the position of Director of the Property & Casualty Financial Oversight business unit. In this position, I supervise a team of over fifty employees, including twenty persons specifically assigned to financial analysis of insurance companies licensed to do business in Florida.
- 4. I have a Bachelor of Science degree in Business Administration with a major in Accounting from Missouri Southern State College and a Juris Doctor from Florida Coastal School of Law. I am a member of the Florida Bar.
- 5. Weston Property & Casualty Insurance Company holds a license as a state of Florida domestic property and casualty insurer and is authorized to write in the lines of (010) Fire,

- (020) Allied Lines, (040) Homeowners Multi-Peril, (050) Commercial Multi-Peril, (170) Other Liability, (260) Burglary and Theft, and (270) Boiler and Machinery pursuant to Part III of Chapter 624, Florida Statutes.
- 6. As a licensed insurer, Weston Property and Casualty Insurance is subject to the regulation of the OFFICE pursuant to the Florida Insurance Code.

BACKGROUND

- 7. Weston Insurance Company received a Certificate of authority in Florida on December 21, 2012.
- 8. On December 22, 2021, Weston Insurance Company merged with and into Weston Specialty Insurance Company, a Texas Domestic. Upon effectuation of the merger Weston Specialty Insurance Company redomesticated to Florida and changed its name to Weston Property & Casualty Insurance Company.
- 9. All original duties and obligations of both Weston Insurance Company and Weston Specialty Insurance Company were assumed by Weston Property & Casualty Insurance Company (collectively referred to herein as "WESTON").

CIRCUMSTANCES THAT LED TO WESTON'S DELINQUENCY and ACTIONS TAKEN BY THE INSURER AND THE OFFICE TO AVOID DELINQUENCY

10. On March 1, 2020, WESTON filed, as required by Section 624.424, Florida Statutes, its annual year-ended December 31, 2019 financial statement, attached as Exhibit A, which reported surplus as regards policyholders at \$38,410,465 (See Exhibit A, page 3, line 37), a net underwriting gain in the amount of \$818,051 (See Exhibit A, page 4, line 8) and a net gain of income reported in the amount of \$1,456,317 (See Exhibit A, page 4, line 20). In addition, the financial statement included as assets two receivables from its affiliate, Weston Insurance

Management. One of the receivables was the remaining balance from a 2016 intercompany receivable for advanced payments made to Weston Insurance Management that was converted to a loan and owed to WESTON by Weston Insurance Management in the amount of a \$1,800,000 (See Exhibit A, page 2 line 8). The other receivable was an intercompany receivable for advanced payments for services not yet earned by Weston Insurance Management in the amount of \$9,624,299 (See Exhibit A, page 2 line 23).

- 11. On May 15, 2020, WESTON filed, as required by Section 624.424, Florida Statutes, its first quarter as of March 31, 2020, financial statement, attached as Exhibit B, indicating that subsequent to December 31, 2019, WESTON loaned additional funds to Weston Insurance Management that increased the \$1,800,000 loan receivable balance owed to WESTON to \$3,100,000 and the \$9,624,299 receivable balance from Weston Insurance Management to \$12,436,594 (See Exhibit B, page 2, lines 8 and 23).
- 12. On May 21, 2020, the OFFICE issued Consent Order 263849-20-CO, attached as Exhibit C, that required WESTON to file a Capital Management Plan that would improve the liquidity of WESTON and reduce the receivable amounts owed to it by Weston Insurance Management. In addition, WESTON agreed, among other things, to file monthly financial statements that would include a balance sheet, income statement, and a statement of cash flows of its affiliate, Weston Insurance Management (See Exhibit C, paragraph 11.a.), and monthly financial statements of WESTON using the NAIC's Quarterly Financial Statement Blank (See Exhibit C, Paragraph 11.b.).
- 13. On or about June 9, 2020, the OFFICE approved the Capital Management Plan filed by WESTON pursuant to Consent Order 263849-20-CO, that included, among other things, payment reduction schedules to reduce the loan receivable from Weston Insurance Management

to zero by December 31, 2021 and the intercompany receivable from Weston Insurance Management by approximately 45% by December 31, 2021.

- 14. On July 17, 2020, the OFFICE approved by Consent Order 265450-20-CO, attached as Exhibit D, the indirect Acquisition of more than 50% of the outstanding voting securities, through a stock conversion, by HSCM BERMUDA FUND LTD. and HSCM Bermuda Special Opportunities Fund Ltd., two investment funds managed by Hudson Structured Capital Management Ltd. ("HSCM"). As part of the transaction, all preferred stock held by Weston Insurance Holdings Corporation, WESTON's immediate parent, was converted to common stock. While the stock conversion provided no additional direct capital to WESTON, it did reduce expenses at the holding company level, since dividends for preferred stock would no longer be paid, leaving additional funds that could be utilized by the holding company for capital support to WESTON.
- 15. Subsequent to the acquisition of the shares of WESTON, HSCM undertook a more comprehensive review and analysis of WESTON. As a consequence of that review, HSCM concluded that it was necessary to restructure WESTON's reinsurance program for 2021-2022 to reduce costs and better position it for the future and reported its plan to the OFFICE. The plan included among other things, a possible merger with and into an affiliate, nonrenewal or cancellations of policies, and efforts to seek additional capital within the coming year.
- 16. WESTON filed, as required by Section 624.424, Florida Statutes, its second quarter as of June 30, 2020 financial statement, attached as Exhibit E, third quarter as of September 30, 2020 financial statement, attached as Exhibits F and year-end December 31, 2020, annual financial statement, attached as Exhibit G. WESTON's surplus as regards policyholders net underwriting income/loss, and net income/loss for the year 2020 are reflected in the table below:

WESTON's Financial Results for the 2020 Year	Exhibit B	Exhibit E	Exhibit F	Exhibit G	Exhibit G
	2020Q1	2020Q2	2020Q3	2020Q4	2020A
Surplus as regards policyholders reported on the					
financial statement (See page 2, line 39)	\$37,458,579	\$26,860,447	\$25,049,393	\$28,939,652	\$28,939,652
Capital and paid in surplus reported on the financial					
statement (See page 5, line 16.2)	\$0	\$0	\$6,950,077	\$8,950,077	\$8,950,077
Net Underwriting income (loss) reported on the					
financial statement (See page 4, line 8)	\$133,761	(\$5,028,809)	(\$22,305,955)	(\$36,451,561)	(\$36,451,561)
Net Income (loss) (See page 4, line 20)	\$234,588	(\$4,749,063)	(\$21,975,244)	(\$35,955,499)	(\$35,955,499)
Calculated Capital and paid in surplus for the period	\$0	\$0	\$6,950,077	\$2,000,000	\$8,950,077
Calculated Net Underwriting Income (loss) for the					
period	\$133,761	(\$5,162,570)	(\$17,277,146)	(\$14,145,506)	(\$36,451,461)
Calculated Net Income (loss) for the period	\$234,588	(\$4.983,651)	(\$17.226.181)	(\$13.980.255)	(\$35,955,499)

The OFFICE continued to have monthly calls with WESTON to discuss the loss developments seen in its underwriting results which began to appear its 2020 second quarter financial statements. WESTON indicated that the growth of underwriting losses was the result of multiple reinsurance retentions within its reinsurance program that applied to multiple states covering many wind events.

- 17. On or about December 1, 2020, Hudson Structured Capital Management provided documentation to the OFFICE in support of a request to cancel or non-renew approximately 1,500 wind-only policies that the company indicated disproportionately increased WESTON's probable maximum loss, average annual loss, and reinsurance costs and threatened the company's solvency and status as a going concern.
- 18. On February 10, 2021, the OFFICE approved by Consent Order 275858-21-CO, attached as Exhibit H, the early cancellation of a smaller portion of the policies requested and identified as the Wind-Only Block in the Consent Order requiring at least 60 days' advance written notice to policy holders. Requirements for the early cancellation and remedial measures for the continued operations of WESTON are also outlined in this Consent Order. Weston was required to file a formal RBC Plan with the OFFICE before March 1, 2021 consistent with the provisions enumerated in Section 624.4085, Florida Statutes, all corrective actions required by the OFFICE

and consistent with the elements of the RBC Plan outlined in paragraph 7 of Consent Order 275858-21-CO.

- 19. On February 19, 2021 the OFFICE approved a Deferred Tax Asset Agreement between WESTON, Weston Holdings Corporation (WESTON's immediate parent) and HSCM Bermuda Fund, Ltd., which allowed WESTON to report a Deferred Tax Asset, in an amount up to \$8 million, as an admitted asset in its financial statements for any portion of the Deferred Tax Asset reported as of December 31, 2022 that would be unable to be utilized on its tax return by the year ended December 31, 2022. This \$8 million amount was secured by a guaranty of payment to be paid by HSCM Bermuda Fund, Ltd.
- 20. On March 1, 2021, Weston filed its year-end December 31, 2020, annual financial statement. WESTON continued to collect its affiliate receivables according to its schedule and reduced those receivables noted in paragraph 11., above, to \$2,650,000 and \$6,476,711 (See Exhibit G, lines 8 and 23)
- 21. On or about March 1, 2021 WESTON filed its RBC Plan with the OFFICE as required by Consent Order 275858-21-CO. The plan included, among other things, the reorganization of the companies that would require an application for the approval of a merger between Weston Insurance Company and Weston Specialty Insurance Company and the concurrent redomestication of Weston Specialty Insurance Company with a name change to Weston Property & Casualty Insurance Company.
- 22. On May 5, 2021, WESTON filed an application for the merger of Weston Insurance Company with and into Weston Specialty Insurance Company, a Texas domiciled property and casualty insurance company. State regulators in Texas and Florida were required to approve the transaction. The Boards of Directors of Weston Specialty Insurance Company, Weston Insurance

Company, and Weston Insurance Holdings Corporation provided written consent on May 3, 2021. WESTON indicated that it wanted to close the transaction by September 30, 2021.

- 23. On August 23, 2021, WESTON filed an application for the proposed redomestication of Weston Specialty Insurance Company that included the simultaneous change of its name to Weston Property & Casualty Insurance Company. The company indicated that it wanted to complete the merger, redomestication, and name change as part of the same transaction. Since regulatory approval by both Texas and Florida was required, WESTON amended its merger application now indicating a closing date on or before December 31, 2021.
- 24. On November 12, 2021, the OFFICE approved the merger of Weston Insurance Company with and into Weston Specialty Insurance Company by Consent Order 287110-21-CO, attached as Exhibit I. In addition, the OFFICE approved the redomestication of Weston Specialty Insurance Company by Consent Order 287111-21-CO, attached as Exhibit J. The merger, redomestication, and name change became effective on December 22, 2021.
- December 31, 2021, financial statement, attached as Exhibit K and filed with the OFFICE on March 1, 2022, was \$28,294,519 (See Exhibit K, page 3, line 37), which included capital infusions during the 2021 year totaling \$47,872,930 (See Exhibit K, page 5, line 16.2). \$29,328,466 of the \$47,872,930 in capital infusions was approved by the OFFICE for Statement of Statutory Accounting Principle No. 72 (SSAP 72)¹ treatment. Net underwriting losses reported for the 2021 year totaled \$58,378,023 (See Exhibit K, page 4, line 8) and net loss of income for the 2021 year totaled \$57,681,556 (See Exhibit K, page 4, line 20.)

¹ The Statement of Statutory Accounting Principles Number 72 allows an insurance company to account for additional funds received after "the as of date" of its financial statement if approved by its domestic regulator and proof of the funds are received prior to the required filing date of its quarterly and annual statements.

Despite the actions taken by WESTON to reduce its unprofitable policies in force, revise its corporate structure, modify its reinsurance program, and increase paid-in capital, surplus as regards policyholders continued to deteriorate. On May 15, 2022 WESTON filed its first quarterly financial statement as of March 31, 2022, attached as Exhibit L. WESTON's surplus as regards policyholders as of March 31, 2022 was reported as \$19,197,625 (See Exhibit L, page 3, line 37) which included a capital contribution of \$3,000,000 during the period (See Exhibit L, page 5, line 16.2). Net underwriting loss reported for the first quarter financial statement for the period ended March 31, 2022 was \$12,188,030 (See Exhibit L, page 4, line 8)

WESTON's 2022 CATASTROPHE REINSURANCE PROGRAM

- 27. On or about June 30, 2022, WESTON notified the OFFICE that due to the cost and/or availability of reinsurance for its lower layer(s), WESTON could not fully place its reinsurance program. WESTON proposed the use of a captive cell ("Weston Cell") through an affiliate.
- 28. On July 12, 2022, the OFFICE received WESTON's Form D, Prior Notice of a transaction, regarding the use of the Weston Cell. However, since WESTON did not commit to immediately and fully fund the Weston Cell, but instead proposed the siphoning off of funds from Weston Insurance Management over a period of time through an increase in the fees paid by WESTON to Weston Insurance Management, the transaction could not be considered.
- 29. During the review of Form D noted above, the OFFICE determined that the company had been accounting for the Weston Cell arrangement as if it had been approved by the OFFICE. The last monthly financial statement filed with the OFFICE on June 21, 2022, for the period ended May 31, 2022, attached as Exhibit M, showed surplus as regards policyholders of \$15,114,110 (See Exhibit M, page 4, line 39), just slightly above WESTON's \$15,000.000

statutory surplus requirement. The monthly, period ended May 31, 2022, financial statement included the accounting for the use of the unapproved Weston Cell.

- 30. On July 19, 2022, the OFFICE held a conference call with WESTON and members of the OFFICE. WESTON indicated that during the month of April and the month of May the company had been accounting for the Weston Cell arrangement as if it had been approved. WESTON indicated that the effect of reversing that accounting treatment would be a reduction of surplus by approximately \$5,000,000.
- 31. On, July 27, 2022, the OFFICE held a conference call with WESTON, to discuss its options and to determine the effects of unwinding the accounting for the unapproved Weston Cell arrangement. During the call WESTON notified the OFFICE that it was insolvent. Weston ceased writing new business July 15, 2022 and renewal business on July 18, 2022.
- 32. On July 29, 2022, WESTON executed a Consent to Order of Receivership, including a Resolution of its Board of Directors (Attachment A), hereinafter referred to as "Consent", a true and correct copy of the Consent is attached hereto as Exhibit N and hereby incorporated by reference, admitting that grounds exist for the appointment of a Receiver of WESTON for Rehabilitation or Liquidation pursuant to Sections 631.051 and 631.061, Florida Statutes, and specifically admitting that it is insolvent as that term is defined in Section 631.011(14), Florida Statutes.
- 33. The OFFICE has determined that grounds exist for the Department of Financial Services (hereinafter referred to as "DEPARTMENT") to petition for an order, under Section 631.051 or 631.061, Florida Statutes, directing the DEPARTMENT to rehabilitate WESTON or appointing the DEPARTMENT as receiver for purposes of liquidating the business of WESTON. The four bases for this determination are summarized as follows:

BASIS ONE: WESTON IS IMPAIRED

<u>Authority: § 631.051(1) Fla. Stat.</u>

- 34. Section 631.011(13), Florida Statutes, defines "impairment of surplus" as a surplus in an amount that "does not meet the requirements of section 624.408." Pursuant to Section 624.408, Florida Statutes, WESTON is required to "at all times" maintain surplus as regards policyholders of at least the greater of \$15 million or 10% of its total liabilities.
- 35. WESTON is required to maintain surplus as regards policyholders in the amount of \$15,000,000.
- 36. WESTON's reported surplus as regards policyholders on May 31, 2022, was \$15,114,110 (See Exhibit N, page 4, line 39). Since the company had been accounting for the Weston Cell arrangement as if it had been approved, its surplus would be reduced by approximately \$5,000,000. WESTON was unable to commit to future finding to support the company's operations. WESTON was impaired as defined in Section 631.011(13) Florida Statutes as of May 31, 2022.
 - 37. WESTON was determined to be impaired on July 19, 2022.

BASIS TWO: WESTON IS INSOLVENT OR ABOUT TO BECOME INSOLVENT Authority: §§ 631.051(1) and 631.061(2) Fla. Stat.

38. Section 631.011(14), Florida Statutes, defines "insolvency" as a condition in which all of the assets of the insurer, if made immediately available, would be insufficient to discharge all of the liabilities of the insurer.

- 39. WESTON's total liabilities reported on its month ended May 31, 2022, financial statement were \$102,602,519 (See Exhibit M, page 3, line 28) and its total assets were \$118,466,203 (See Exhibit M, page 2, line28).
- 40. On the July 27, 2022, conference call noted in paragraph 31, above, WESTON disclosed that it owed approximately \$50 million in premium payments to reinsurers that were not included as a liability on its month ended May 31, 2022 financial statement. Section 631.011(14), Florida Statutes, defines insolvency to mean that all the assets of the insurer, if made immediately available, would not be sufficient to discharge all its liabilities. The premium payments owed by WESTON, but not recorded as a liability would, when added to the liabilities reported on its month ended May 31, 2022 financial statement, exceed the amount WESTON reported as assets. WESTON's assets are insufficient to discharge all its liabilities, when adjusted for the reinsurance premiums due, thereby rendering WESTON insolvent as defined in Section 631.011(14) Florida Statutes as of May 31, 2022.
 - 41. WESTON was determined to be insolvent on July 27, 2022.

BASIS THREE: FURTHER TRANSACTION OF INSURANCE BY WESTON IS HAZARDOUSTO POLICYHOLDERS, CREDITORS, STOCKHOLDERS, OR THE PUBLIC

Authority: §631.051(3), Fla. Stat.

- 42. WESTON's 2022-2023 catastrophe reinsurance has not been fully placed.
- 43. WESTON currently has a \$25M reinsurance retention with less than \$15M in surplus. Therefore, it has insufficient surplus or other assets or reinsurance to pay claims to policyholders below its reinsurance retention level to cover its existing policyholders during the 2022-2023 Atlantic Hurricane season that began June 1, 2022.

44. Based on the above, the OFFICE has determined that WESTON is operating in an unsound condition that is hazardous to policyholders, creditors, and the public.

BASIS FOUR: CONSENT TO REHABILITATION OR LIQUIDATION

Authority: §631.051(11), Fla. Stat.

- 45. On July 29, 2022, WESTON, through a majority of its directors, executed a Consent to Order of Receivership for the appointment of the Department of Financial Services, Division of Rehabilitation and Liquidation as Receiver. (See, Exhibit N). In the Consent, WESTON specifically admits that it is insolvent as that term is defined in Section 631.011(14), Florida Statutes.
- 46. The Consent admits "that grounds exist for the appointment of a Receiver for Rehabilitation or Liquidation pursuant to Sections 631.051 and 631.061, Florida Statutes." See Exhibit N, paragraph 4.

47. The Consent states as follows:

Pursuant to Sections 631.051 and 631.061, Florida Statutes, Respondent consents through a majority of its directors, stockholders, members or subscribers, to the entry of an Order of Liquidation, appointing the Florida Department of Financial Services, [hereinafter "the Department"] as the Receiver for Respondent, for purposes of liquidation, with the determination of the type of order to be sought and entered to be made at the sole discretion of the Department, and consents to any injunctions the receivership court, as defined by Section 631.021, deems necessary and appropriate, without the necessity of any hearing by the court.

Exhibit N, paragraph 4.

48. Further, the consent states:

Respondent additionally agrees that the Department may, at its sole discretion, apply to the Court for any additional orders regarding Respondent, and that all such orders entered shall be final when entered,

with Respondent waiving any right to appeal any of the orders entered by the receivership court as to the appointment of the Department as Receiver pursuant to Chapter 631, Part I, Florida Statutes, and any other matter, with all such orders being final orders.

<u>Id.</u>

CONCLUSION

As set forth above, WESTON PROPERTY & CASUALTY INSURANCE COMPANY is impaired and insolvent or about to become insolvent; is in such condition or is using or has been subject to such methods or practices in the conduct of its business, as to render its further transaction of insurance presently or prospectively hazardous to its policyholders, creditors, stockholders, or the public; and has consented to rehabilitation or liquidation. Thus, grounds for issuing an Order for entry into receivership exist under Sections 631.051(1), 631.051(3), 631.051(11), and 631.061(1), Florida Statutes.

[REMAINDER OF PAGE LEFT INTENTIONALLY BLANK]

FURTHER AFFIANT SAYETH NOT.

Virginia A. Christy, Director Property & Casualty Financial Oversight Office of Insurance Regulation
STATE OF Florida
COUNTY OF Leon
The foregoing instrument was acknowledged before me by means of physical presence
or online notarization, this 2nd day of August 2022, by Virginia Christy (name of person) (type of authority; e.g., officer, trustee, attorney in fact) (Print Type Stelly Avgs 10 signed Name of Notary) (Print Types February 26, 2024
Bonded Thru Troy Fain Insurance 800-385-7019
Personally Known OR Produced Identification
Type of Identification Produced
My Commission Expires February 26, 2024



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT

For the Year Ended December 31, 2019 OF THE CONDITION AND AFFAIRS OF THE

Weston Insurance Company

NAIC Group Code 049	<u>957</u> , <u>04957</u> N	AIC Company Code	14930 Employ	er's ID Number	90-0797817
(Current	Period) (Prior Period)				
Organized under the Laws of	Florida	, Sta	ate of Domicile or Port of Ent	ry	Florida
Country of Domicile		Un	ited States		
Incorporated/Organized	02/21/2012	Comm	nenced Business	12/21/	2012
Statutory Home Office	2555 Ponce de Leon Bou	levard, Suite 300	. Coral G	Sables, FL, US 3	3134-6037
	(Street and Nun	nber)	(City or T	own, State, Country a	and Zip Code)
Main Administrative Office	2555 Ponce de Leon Bouleva		oral Gables, FL, US 33134-6		88-800-5002-1009
	(Street and Number)	(0	City or Town, State, Country and Zip Co		Code) (Telephone Number)
Mail Address	P.O.Box 14-2057			s, FL, US 33114	
B: 1 # 4B 1 1	(Street and Number or P.O. Box)	D 1 10 3 000		State, Country and Zip	
Primary Location of Books and	Records 2555 Ponce de Leon (Street and		Coral Gables, FL, US 331 (City or Town, State, Country and		786-646-1189 vea Code) (Telephone Number)
Internet Web Site Address	(Street and	,	(City or Town, State, Country and /.weston-ins.com	1 Zip Code) (A	rea Code) (Telephone Number)
Statutory Statement Contact	Pachaol I	ynn Aldulaimi	.WC3t011 III3.C0111	786-646-1189	
Statutory Statement Contact		Name)	(Area Cod	e) (Telephone Numbe	
rachael.aldu	llaimi@weston-ins.com	valle)		2-7390	a) (Extension)
(I	E-Mail Address)		(Fax N	umber)	
		OFFICERS	}		
Name	Title	5 <u>5</u>	Name		Title
Michael Christopher Lyon:	s Chief Executive Officer	& President	Bryan Triplett McCully	SVP CA	AO & General Counsel
Richard Bruno Primerano			Diyan Impion moodily		io a conoral councer
		OTHER OFFICE	EBS		
	•	JI HER OFFICI	EKS		
	·			·	
	DIRE	CTORS OR TR	USTEES		
Michael Christopher Lyons	s Bryan Triplett Mc	Cully Gregor	y Ernest Alexander Morrison	Deanr	ne Dietrich Nixon
Richard Bruno Primerano					
State of					
County of	88				
County of					
	being duly sworn, each depose and s				
	ssets were the absolute property of the				
	lated exhibits, schedules and explana ffairs of the said reporting entity as of				
	dance with the NAIC Annual Statemer				
	regulations require differences in rep				
	Furthermore, the scope of this attests				
	y (except for formatting differences du	ue to electronic filing) of the	e enclosed statement. The electro	onic filing may be r	equested by various
regulators in lieu of or in addition to	the enclosed statement.				
Michael Christoph		Bryan Triplett McCu		Richard Brund	
Chief Executive Office	r & President	SVP, CAO & General C	ounser a. Is this an original fi	SVP, CFO, CO	Yes [X] No []
Subscribed and sworn to before n	ne		a. is this an original fil b. If no:	mig!	wa [w] wn []
this day			1. State the amendme	ent number	
			2. Date filed		
			Number of pages a	ttached	

ASSETS

	70	SEIS			
			Current Year		Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	18,506,264	110110011111100110	18,506,264	18,661,868
		10,300,204		10,500,204	10,001,000
2.	Stocks (Schedule D):	0		0	0
	2.1 Preferred stocks				0
		5,009,195		5,009,195	183,400
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less				
	\$encumbrances)			0	0
	4.2 Properties held for the production of income				
	(less \$encumbrances)			0	0
	4.3 Properties held for sale (less			_	_
	\$ encumbrances)			0	0
5.	Cash (\$18,887,765 , Schedule E-Part 1), cash equivalents				
	(\$18,775,602 , Schedule E-Part 2) and short-term				
	investments (\$436,586 , Schedule DA)	38,099,954		38,099,954	38,593,327
6.	Contract loans (including \$premium notes)			0	0
7.		0		0	0
8.	Other invested assets (Schedule BA)			1.800.000	2,400,000
9.	Receivables for securities			0	000,000, عــــــــــــــــــــــــــــــ
1				0	0
10.	-				0
11.		0	0	0	0
12.		63,415,413	0	63,415,413	59,838,595
13.	Title plants less \$charged off (for Title insurers				
	only)			O	0
14.	Investment income due and accrued	85,145		85,145	88,494
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
		1,744,821	220 656	1,524,165	E 604 400
		1,744,021	220,030	1,324,103	3,004,402
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
		3,499,277		3,499,277	3,668,721
	15.3 Accrued retrospective premiums (\$) and				
	contracts subject to redetermination (\$))			0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	655,340		655,340	1,271,938
	16.2 Funds held by or deposited with reinsured companies			0	0
		4,840,000		4,840,000	0
17.				0	0
ı	Amounts receivable relating to uninsured plans				
1	Current federal and foreign income tax recoverable and interest thereon			887 , 183	887 , 184
1	Net deferred tax asset			456,444	539,471
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software.			Ω	0
21.	Furniture and equipment, including health care delivery assets				
	(\$)			0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates	9,624,299	3,338,353	6,285,946	5,482,315
24.	Health care (\$) and other amounts receivable			0,200,540	n
1	Aggregate write-ins for other-than-invested assets	957 500	0		2 000 044
25.	32 3	357 , 588	и	357 ,588	2,069,041
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	85,565,510	3,559,009	82,006,501	79,530,242
27.	From Separate Accounts, Segregated Accounts and Protected		1		
	Cell Accounts			0	0
28.	Total (Lines 26 and 27)	85,565,510	3,559,009	82,006,501	79,530,242
-	s of write-ins				
1101.				0	n
1102.			l	0	0
1			l		رـــــــــــــــــــــــــــــــــــــ
1103.			 	0	0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.				0	0
2502.	Brokerage Sharing Commission Receivable	180,890		180,890	1,892,311
2503.	State Income Tax Recoverable	176,698	L	176,698	176,699
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	31
1			0		2,069,041
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	357,588	U	357,588	2,009,041

LIABILITIES, SURPLUS AND OTHER FUNDS

7	LIABILITIES, SURPLUS AND OTHER FO	1	2
		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)	2,671,130	745,819
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	<u> </u>	1,576
	Loss adjustment expenses (Part 2A, Line 35, Column 9)	397,280	247 ,904
4.	Commissions payable, contingent commissions and other similar charges		0
5.	Other expenses (excluding taxes, licenses and fees)		0
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	136,700	492,195
7.1	Current federal and foreign income taxes (including \$ on realized capital gains (losses))		0
7.2	Net deferred tax liability		0
8.	Borrowed money \$ and interest thereon \$		0
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of		
	\$		
	health experience rating refunds including \$	2,016,667	1,562,500
40	Service Act)	1,731,555	1,362,500
	Advance premium	1,731,333	1,221,320
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		0
	Ceded reinsurance premiums payable (net of ceding commissions)		27,910,596
			3,403,109
	Amounts withheld or retained by company for account of others .		0
	Remittances and items not allocated	 	0
	Provision for reinsurance (including \$ certified) (Schedule F, Part 3, Column 78)	<u> </u>	0
17.	Net adjustments in assets and liabilities due to foreign exchange rates	<u> </u>	0
1	Drafts outstanding		0
19.	Payable to parent, subsidiaries and affiliates	745	0
20.	Derivatives	<u></u>	0
21.	Payable for securities	<u> </u>	0
22.	Payable for securities lending		0
23.	Liability for amounts held under uninsured plans		0
24.	Capital notes \$ and interest thereon \$		0
25.	Aggregate write-ins for liabilities	1,204,236	870,343
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	43,596,036	36,455,567
27.	Protected cell liabilities		0
28.	Total liabilities (Lines 26 and 27)	43,596,036	36,455,567
29.	Aggregate write-ins for special surplus funds		0
30.	Common capital stock	2,500,000	2,500,000
31.	Preferred capital stock		0
32.	Aggregate write-ins for other-than-special surplus funds		0
33.	Surplus notes		0
34.	Gross paid in and contributed surplus	38,800,000	41,500,000
35.	Unassigned funds (surplus)	(2,889,535)	(925,325)
	Less treasury stock, at cost:		
	36.1 shares common (value included in Line 30 \$)	0	0
	36.2 shares preferred (value included in Line 31 \$)		0
37	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	38,410,465	43,074,675
	Totals (Page 2, Line 28, Col. 3) LS OF WRITE-INS	82,006,501	79,530,242
		200 000	704 600
	Deferred Ceding Commissions	690,809	734,368
	Refunds Payable	162,747	135,975
l	Escheat Payable	350,680	0
	Summary of remaining write-ins for Line 25 from overflow page	4 204 226	0
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,204,236	870,343
2901.			0
2902.			0
2903.		 	0
2998.	Summary of remaining write-ins for Line 29 from overflow page		0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.			0
3202.		ļ	0
3203.		<u> </u>	0
3298.	Summary of remaining write-ins for Line 32 from overflow page	0	0
3299.	Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

		1 Current Year	2 Prior Year
1.	UNDERWRITING INCOME Premiums earned (Part 1, Line 35, Column 4) DEDUCTIONS:	5,576,898	5,327,44
2	Losses incurred (Part 2, Line 35, Column 7)	4 870 214	8.858.57
		711,489	(36.12
	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	(822,855)	(1,323,24
	Aggregate write-ins for underwriting deductions	0	3 1 1
	Total underwriting deductions (Lines 2 through 5)	4,758,848	7,499,20
	Net income of protected cells		
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	818,051	(2,171,76
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	413,839	420,7
	Net realized capital gains (losses) less capital gains tax of \$(Exhibit of Capital Gains (Losses))	44,884	220,9
	Net investment gain (loss) (Lines 9 + 10)	458,723	641,67
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$15,348 amount		
	charged off \$125,261)	(109,663)	(51,4
13.	Finance and service charges not included in premiums	289,206	268,2
	Aggregate write-ins for miscellaneous income	0	
	Total other income (Lines 12 through 14)	179,543	216,7
	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes	4 450 047	/4 040 0
		1,456,317	(1,313,3
18.	Dividends to policyholders Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,456,317	(1,313,3
	Federal and foreign income taxes incurred	1,400,517	(10,17
	Net income (Line 18 minus Line 19) (to Line 22)	1,456,317	(1,303,1
	CAPITAL AND SURPLUS ACCOUNT		
	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	43,074,674	44,572,87
	Net income (from Line 20)	1,456,317	
	Net transfers (to) from Protected Cell accounts	(9,450)	/169 9/
	Change in net unrealized capital gains or (losses) less capital gains tax of \$	(9,430)	(100,0
	Change in net deferred income tax		246.6
	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	, , ,	(272,7
	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	0	
	Change in surplus notes		
30.	Surplus (contributed to) withdrawn from protected cells		
31.	Cumulative effect of changes in accounting principles		
32.	Capital changes: 32.1 Paid in		
	32.2 Transferred from surplus (Stock Dividend)		
	32.3 Transferred to surplus		
33.	Surplus adjustments:		
	33.1 Paid in	(2,700,000)	
	33.2 Transferred to capital (Stock Dividend)		
24	33.3 Transferred from capital		
	Net remittances from or (to) Home Office		
	Dividends to stockholdersChange in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	0	
	Aggregate write-ins for gains and losses in surplus	0	
	Change in surplus as regards policyholders for the year (Lines 22 through 37)	(4,664,208)	(1,498,2
	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	38,410,465	43,074,6
	S OF WRITE-INS	,,	,,.
0501.			
503.			
	Summary of remaining write-ins for Line 5 from overflow page	0	
	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	
402.			
403.			
	Summary of remaining write-ins for Line 14 from overflow page		
	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	
3701.			
700			
		I	
3702. 3703.	Summary of remaining write-ins for Line 37 from overflow page	0	

CASH FLOW

		1	2
		Current Year	Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	5,484,792	389,383
2.	Net investment income	452,241	458,588
3.	Miscellaneous income	179,543	216,736
4.	Total (Lines 1 through 3)	6,116,577	1,064,707
5.	Benefit and loss related payments	2,328,304	9,634,641
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	(422,459)	(1,380,960)
8.	Dividends paid to policyholders	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$tax on capital gains (losses)	(568, 461)	503,389
10.	Total (Lines 5 through 9)	1,337,385	8,757,070
11.	Net cash from operations (Line 4 minus Line 10)	4,779,192	(7,692,364)
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:	23 20000110000	
	12.1 Bonds	6,403,658	9,687,011
	12.2 Stocks	5,206,397	13,936,449
	12.3 Mortgage loans		0
	12.4 Real estate		0
	12.5 Other invested assets	600,000	600,000
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		(844)
	12.7 Miscellaneous proceeds		150,289
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	12,210,056	24,372,906
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		3,235,251
	13.2 Stocks	9,999,837	9,667,152
	13.3 Mortgage loans		0
	13.4 Real estate	<u>0</u>	0
	13.5 Other invested assets		0
	13.6 Miscellaneous applications		0
	13.7 Total investments acquired (Lines 13.1 to 13.6)		12,902,403
	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(4,063,843)	11,470,502
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		0
	16.2 Capital and paid in surplus, less treasury stock		0
	16.3 Borrowed funds		0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
	16.5 Dividends to stockholders		0
	16.6 Other cash provided (applied)	1,491,278	(4,451,613)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(1,208,722)	(4,451,613)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
I	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(493,373)	(673,474)
19.	Cash, cash equivalents and short-term investments:	00 500	
	19.1 Beginning of year	38,593,327	39,266,801
	19.2 End of year (Line 18 plus Line 19.1)	38,099,954	38,593,327

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

	PARI 1-P	1 Net Premiums Written per	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's	3 Unearned Premiums Dec. 31 Current Year - per Col. 5	4 Premiums Earned During Year
	Line of Business	Column 6, Part 1B	Part 1	Part 1A	(Cols. 1 + 2 - 3)
1.	Fire	0	0	0	0
2.	Allied lines	6,031,065	1,562,500	2,016,667	5,576,898
3.	Farmowners multiple peril	0	0	0	0
4.	Homeowners multiple peril		0	0	0
100		0			
5.	Commercial multiple peril		0	0	0
6.	Mortgage guaranty		0	0	
8.	Ocean marine	0	0	0	
9.	Inland marine		o	0	
10.	Financial guaranty		0	0	
11.1	Medical professional liability-occurrence		Ω	0	
11.2	Medical professional liability-claims-made	0	0	٥	
12.	Earthquake	0	0	0	
13.	Group accident and health		0	0	
14.	Credit accident and health (group and individual)	.0	0	0	
15.	Other accident and health		0	0	(
		0	0	0	
16.	Workers' compensation				
17.1	Other liability-occurrence		0	0	
17.2	Other liability-claims-made	0	0		
17.3	Excess workers' compensation	0	0	٥	
18.1	Products liability-occurrence		0	ο	
18.2	Products liability-claims-made	0	0	0	
19.1,19	.2 Private passenger auto liability	0	0	0	
19.3,19	.4 Commercial auto liability	.0	0	0	
21.	Auto physical damage	٥٥		٥	
22.	Aircraft (all perils)	٥٥		0	
23.	Fidelity		0		
24.	Surety		0	0	
	•			0	
26.	Burglary and theft		0		
27.	Boiler and machinery	0	0	0	
28.	Credit		0	0	
29.	International	0	0	0	
30.	Warranty		ο	0	
31.	Reinsurance-nonproportional assumed property	0	0	٥	
32.	Reinsurance-nonproportional assumed liability	٥٥	0	0	
33.	Reinsurance-nonproportional assumed financial lines		0	0	
34.	Aggregate write-ins for other lines of business	0	0	0	(
35.	TOTALS	6,031,065	1,562,500	2,016,667	5,576,898
	OF WRITE-INS	0,031,003	1,302,300	2,010,007	3,310,090
3401.		0	0	0	(
3402.		0	0	0	
3403.			0	0	
3498.	Sum. of remaining write-ins for Line 34 from overflow page		0	0	
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	(

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

		1 Amount Unearned (Running One Year or	2 Amount Unearned (Running More Than	3 Formed	4 Reserve for Rate Credits and	5 Total Reserve
	Line of Business	Less from Date of Policy) (a)	One Year from Date of Policy) (a)	Earned but Unbilled Premium	Retrospective Adjustments Based on Experience	for Unearned Premiums Cols. 1 + 2 + 3 + 4
1.	Fire	(a)	(4)	Olibilica Fichilani	OII Experience	0
2.	Allied lines	2,016,667				2,016,667
3.	Farmowners multiple peril	2,010,007				0
4.	INTERPRETATION OF THE ACTION AND AND ADDRESS AND ADDRE					0
5.	Homeowners multiple peril					0
6.						0
8.	Mortgage guaranty					0
9.						0
	Inland marine					0
10.	Financial guaranty					0
11.1	Medical professional liability-occurrence					
11.2	Medical professional liability-claims-made					0
12.	Earthquake					0
13.	Group accident and health	-				0
14.	Credit accident and health (group and individual)					0
15.	Other accident and health					0
16.	Workers' compensation					0
17.1	Other liability-occurrence					0
17.2	Other liability-claims-made					0
17.3	Excess workers' compensation					0
18.1	Products liability-occurrence					0
18.2	Products liability-claims-made					0
19.1,19	.2 Private passenger auto liability					0
19.3,19	.4 Commercial auto liability					0
21.	Auto physical damage					0
22.	Aircraft (all perils)					0
23.	Fidelity					0
24.	Surety					0
26.	Burglary and theft					0
27.	Boiler and machinery					0
28.	Credit					0
29.	International					0
30.	Warranty					0
31.	Reinsurance-nonproportional assumed property					0
32.	Reinsurance-nonproportional assumed liability					0
33.	Reinsurance-nonproportional assumed financial lines					0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0
35.	TOTALS	2,016,667	0	0	0	2,016,667
36.	Accrued retrospective premiums based on experier					
37.	Earned but unbilled premiums					
38.	Balance (Sum of Lines 35 through 37)					2,016,667
	OF WRITE-INS					2,010,007
3401.		1				
3402.						l
3403.						
3498.	Sum. of remaining write-ins for Line 34 from overflow page.	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0
			U	U		

⁽a) State here basis of computation used in each case.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

	Ĭ	1	Reinsuranc	e Assumed	Reinsurar	ice Ceded	6
		Direct	2	3	4	5	Net Premiums
	Line of Business	Business (a)	From Affiliates	From Non-Affiliates	To Affiliates	To Non-Affiliates	Written Cols. 1 + 2 + 3 - 4 - 5
1.	Fire	3-7				-0.000000000000000000000000000000000000	0
2.	Allied lines	80,127,861		51.894		74,148,690	6,031,065
3.	Farmowners multiple peril						0
4.							0
105	Homeowners multiple peril						0
5.	Commercial multiple peril						
6.	Mortgage guaranty						0
8.	Ocean marine						0
9.	Inland marine						0
10.	Financial guaranty						0
11.1	Medical professional liability-occurrence						0
11.2	Medical professional liability-claims-made						0
12.	Earthquake						0
13.	Group accident and health						0
14.	Credit accident and health (group and individual)						0
15.	Other accident and health						0
16.	Workers' compensation						0
17.1	Other liability-occurrence						0
17.2	Other liability-claims-made						0
17.3	Excess workers'						0
40.4							
18.1	Products liability-occurrence						0
18.2	Products liability-claims- made						0
19.1,19.	2 Private passenger auto liability						0
19 3 19	4 Commercial auto liability						0
21.	Auto physical damage						0
22.	Aircraft (all perils)						0
23.	Fidelity						0
24.							0
	Surety						
26.	Burglary and theft						0
27.	Boiler and machinery						0
28.	Credit						0
29.	International						0
30.	Warranty						0
31.	Reinsurance- nonproportional assumed property	xxx					n
32.	Reinsurance-						
52.	nonproportional assumed liability	xxx					0
33.	Reinsurance- nonproportional assumed						-
34.	financial lines Aggregate write-ins for other	XXX					0
	lines of business	0	0	0	0	0	0
35.	TOTALS	80,127,861	0	51,894	0	74,148,690	6,031,065
	OF WRITE-INS						
3401.							
3402.							
3403.							
3498.	Sum. of remaining write- ins for Line 34 from overflow page	0	0	0	0	0	0
3499.	Totals (Lines 3401 through						
3.00.	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 \$

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 2 - LOSSES PAID AND INCURRED Losses Paid Less Salvage 5

			Losses Paid Le	ess Salvage		5	6	/	8
	Line of Business	1 Direct Business	2 Reinsurance Assumed	Reinsurance Recovered	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 - 8)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
2.	Fire	40,827,513	1 101 044	39,074,455	2,944,902	2,671,130	745.819	4,870,214	07.0
3.	Allied lines Farmowners multiple peril	40,021,313	1,131,011	33,074,433	2,544,502	2,0/1,130		7,070,214	
4	Homeowners multiple peril								
5	Commercial multiple peril	 							
8	Mortgage guaranty								0.0
8	Ocean marine	 							0.0
9.	Inland marine								0.0
10.	Financial guaranty								0.0
11.1	Medical professional liability-occurrence	 			0				0.0
11.2	Medical professional liability-occurrence				0				0.0
									0.0
12.	Earthquake							0	
14.	Group accident and health						0	0	
	Credit accident and health (group and individual)	 					0	0	
15.	Other accident and health			F1 F2 F3333393 3334		0	0	0	J.0
16.	Workers' compensation					0	0	0	0.0
17.1	Other liability-occurrence				0	0	0	0	0.0
17.2	Other liability-claims-made	 			0	0	0	0	0.0
17.3	Excess workers' compensation.				0	0	0	0	0.0
18.1	Products liability-occurrence				0	0	0	0	0.0
18.2	Products liability-claims-made	 			0	0	0	0	L0.0
19.1,19	9.2 Private passenger auto liability	 			0	0	0	0	L0.0
	9.4 Commercial auto liability				0	0	0	0	L0.0
21.	Auto physical damage				0	0	0	0	L0.0
22.	Aircraft (all perils)	!			0	0	0	0	L0.0
23.	Fidelity				0	0	0	0	L0.0
24.	Surety	1			0	0	0	0	L0.0
26.	Burglary and theft	1			0	0	0	0	L0.0
27.	Boiler and machinery	1			0	0	0	0	L0.0
28.	Credit				0	0	0	0	0.0
29.	International				0	0	0	0	0.0
30.	Warranty				0	0	0	0	0.0
31.	Reinsurance-nonproportional assumed property	XXX			0	0	0	0	0.0
32.		xxxI						0	0.0
33.	Reinsurance-nonproportional assumed financial lines							0	0.0
34.	Aggregate write-ins for other lines of business	0		0				0	0.0
35.	TOTALS	40.827.513	1.191.844	39.074.455	2.944.902	2.671.130	745.819	4.870.214	87.3
	S OF WRITE-INS	10,027,515	1,131,011	35,671,135	2,511,502	2,011,130	115,015	1,010,211	U
3401.	of marches	1 1			0	0	0		0.0
3402.		t							0.0
3402. 3403.		t							0.0
3403. 3498.	Sum. of remaining write-ins for Line 34 from overflow page	t 						L	0.0
3498. 3499.		t"	<u>°</u>					<u>0</u>	0.0
5 4 88.	Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0.

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Weston Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		2	Reporte	d Losses	A V	Incurred But Not Reported		ed	8	9
		-1	2	3	4	5	6	7		
	Line of Business	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 +5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1.	Fire				0				0	
2.	Allied lines			26,574,854			0	19,026,259	2,671,130	397,280
3.	Farmowners multiple peril	N 23			0				0	
4.	Homeowners multiple peril				0				0	
5.	Commercial multiple peril								0	
6.	Mortgage guaranty	 						_		
8.	Ocean marine								0	
9.	Inland marine				0				0	
10.	Financial guaranty	-			0	L			0	l
11.1	Medical professional liability-occurrence				0				0	
11.2	Medical professional liability-claims-made				0				0	
12.	Earthquake			L	0	L			0	
13.	Group accident and health				0				(a)0	
14.	Credit accident and health (group and individual)				0				0	
15.	Other accident and health				0				(a)0	
16.	Workers' compensation				0				0	
17.1	Other liability-occurrence				0				0	
17.2	Other liability-claims-made				0				0	
17.3	Excess workers' compensation	_L		L	0				0	L
18.1	Products liability-occurrence		0.000 0.000 0.000 0.000 0.000		0	55 80 55 80 80 80 80 80 80 80			0	
18.2	Products liability-claims-made			L	L0				0	l
19.1,19.2	2 Private passenger auto liability	-			0				0	
19.3,19.4	4 Commercial auto liability	_L		L	L0				0	l
21.	Auto physical damage				0				0	l
22.	Aircraft (all perils)				o				0	l
23.	Fidelity			L	0				0	l
24.	Surety	_LL		L	o	L			0	l
26.	Burglary and theft				0				0	
27.	Boiler and machinery			L	L0				0	l
28.	Credit			L	0				0	l
29.	International			L	L0				0	L
30.	Warranty	_L		L	L0					L
31.	Reinsurance-nonproportional assumed property	xxx		L	L0	xxx			0	L
32.	Reinsurance-nonproportional assumed liability	xxx		L	0	XXX			0	l
33.	Reinsurance-nonproportional assumed financial lines	xxx		L	L0	xxx		L	0	l
34.	Aggregate write-ins for other lines of business	0	0	0	0	L0	9		0	
35.	TOTALS	27,228,949	7,500	26,574,854	661,595	21,035,794	0	19,026,259	2,671,130	397,280
	OF WRITE-INS									
3401.		_L		L	L0	L		L	0	l
3402.					0				0	
3403.					0				0	l
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	
3499.	Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0		0	0	0	0	0	0	

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	PARIS	- EXPENSES	2	3	4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1.	Claim adjustment services:				
	1.1 Direct	2,420,370			2,420,370
	1.2 Reinsurance assumed	16,178			16,178
	1.3 Reinsurance ceded	1,725,058			1,725,058
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	711,489	0	0	711,489
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent		0		0
	2.2 Reinsurance assumed, excluding contingent		447,563		447 ,563
	2.3 Reinsurance ceded, excluding contingent		25,265,933		25,265,933
	2.4 Contingent-direct				0
	2.5 Contingent-reinsurance assumed				0
	2.6 Contingent-reinsurance ceded				0
	2.7 Policy and membership fees		1,191,065		1,191,065
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	(23,627,305)	0	(23,627,305
3.	Allowances to manager and agents		20,608,191		20,608,191
	Advertising		-,,-3		0
	Boards, bureaus and associations		171,872		171,872
	Surveys and underwriting reports		,.,.		0
	Audit of assureds' records				0
	Salary and related items:				·
0.	8.1 Salaries				0
	8.2 Payroll taxes				0
0	Employee relations and welfare				0
					0
					0
					0
	Travel and travel items				0
	Rent and rent items				0
	Equipment		21 167		
	Cost or depreciation of EDP equipment and software				31 , 167
	Printing and stationery				0
	Postage, telephone and telegraph, exchange and express		204 750		264 750
	Legal and auditing		364,750		364,750
	Totals (Lines 3 to 18)	0	21,175,980	0	21,175,980
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$		1,433,334		1,433,334
	20.2 Insurance department licenses and fees		12,869		12,869
	20.3 Gross guaranty association assessments				ļ0
	20.4 All other (excluding federal and foreign income and real estate)				0
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	1,446,203	0	1,446,203
	Real estate expenses				0
22.	Real estate taxes				0
	Reimbursements by uninsured plans				0
24.	Aggregate write-ins for miscellaneous expenses	0	182,267	460,686	642,953
25.	Total expenses incurred	711,489	(822,855)	460,686	(a)349,320
26.	Less unpaid expenses-current year	397,280	136,700		533,980
27.	Add unpaid expenses-prior year	247,329	492,195	0	739 , 524
28.	Amounts receivable relating to uninsured plans, prior year	0		0	ļ0
29.	Amounts receivable relating to uninsured plans, current year				0
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	561,538	(467,360)	460,686	554,864
DETAI	LS OF WRITE-INS				
2401.	Miscellaneous Expenses				69,943
2402.	Consulting/Professional Fees.		112,324		112,324
2403.	Investment Fees			460,686	460,686
2498	Summary of remaining write-ins for Line 24 from overflow page	0		0	0
2100.			ı		

(a) Includes management fees of \$___20,397,284 to affiliates and \$ _______0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

1 U.S. Government bonds				1 Collected During Year		2 Earned During Year
1.1 Bonds exempt from U.S. tax	1.	U.S. Government bonds	(a)	110.869	0353	110.840
12 Other bonds (unaffiliated)	1.1					
1.3 Bonds of affiliates			(a)	272 131	0.000	272 415
2.1 Preferred stocks (unaffiliates (b)			(0)	0	333	0
2.1 Preferred stocks of affiliates				0		
22 Common stocks (unaffiliated)						
2.21 Common stocks of affiliates	22		(0)	22 889	8500	
3. Mortgage loans	2000000		-	0		
Real estate	0.0000000000000000000000000000000000000					
5. Contract loans	3700					
Cash, cash equivalents and short-term investments						
7. Derivative instruments				979 920		272 220
8. Other invested assets 95,061 95,061 9			(e)	3/3,320		373,320
9. Aggregate write-ins for investment income			(f)	05.004		0
10. Total gross investment income 874, 269 874, 259				95,061		
11. Investment expenses (g)	(500)					0
12.	10.	Total gross investment income		874,269		
12.	11.	Investment expenses			(g)	460,686
13. Interest expense	12.	Investment taxes, licenses and fees, excluding federal income taxes				
15. Aggregate write-ins for deductions from investment income	13.				(h)	
15. Aggregate write-ins for deductions from investment income	14.	Depreciation on real estate and other invested assets			(i)	
16. Total deductions (Lines 11 through 15)	15.	Aggregate write-ins for deductions from investment income			.,	0
17. Net investment income (Line 10 minus Line 16) DETAILS OF WRITE-INS 0901. 0902. 0903. 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) 1501. 1502. 1598. Summary of remaining write-ins for Line 9 from overflow page 0 0 0 1501. 1502. 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 (a) Includes \$15,128 accrual of discount less \$50,181 amortization of premium and less \$49,992 paid for accrued interest on purchases. (b) Includes \$accrual of discount less \$mortization of premium and less \$paid for accrued dividends on purchases. (d) Includes \$0 accrual of discount less \$0 amortization of premium and less \$paid for accrued interest on purchases. (d) Includes \$32,018 accrual of discount less \$9 amortization of premium and less \$paid for accrued interest on purchases. (e) Includes \$32,018 accrual of discount less \$9 amortization of premium and less \$paid for accrued interest on purchases. (f) Includes \$32,018 accrual of discount less \$9 amortization of premium and less \$9 at for accrued interest on purchases. (f) Includes \$32,018 accrual of discount less \$9 amortization of premium and less \$9 at for accrued interest on purchases. (f) Includes \$32,018 accrual of discount less \$99 amortization of premium and less \$91 and for accrued interest on purchases. (f) Includes \$32,018 accrual of discount less \$99 amortization of premium and less \$91 and for accrued interest on purchases. (f) Includes \$32,018 accrual of discount less \$99 amortization of premium and less \$91 and for accrued interest on purchases. (f) Includes \$32,018 accrual of discount less \$99 amortization of premium and less \$91 and for accrued interest on purchases. (f) Includes \$91 and for accrued interest on purchases. (f) Includes \$91 and for accrued interest on purchases. (f) Includes \$91 and for accrued interest on purchases. (f)	16.					
DETAILS OF WRITE-INS 0901 0902 0903 0909. Summary of remaining write-ins for Line 9 from overflow page 0 0 0 1501 1502 1503. Summary of remaining write-ins for Line 9 from overflow page 0 0 0 1599. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) 0 0 0 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 1699. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 1699. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 1699. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 1699. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 1699. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 1699. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 1699. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 1699. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 1699. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 0 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 0 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 0 0 1501. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 0 0 1502. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 0 0 0 0 0 0 1502. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 1590. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 1590. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 1590. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 1590. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 1590. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 1590. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) 0 1590. Totals (Lines 1501 through 1503 plus 1598) (17				1	
1992 1998 1998 1999						,
0993. Summary of remaining write-ins for Line 9 from overflow page 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0901.					
D998. Summary of remaining write-ins for Line 9 from overflow page						
0 0 0 1501.						
1501. 1502. 1598. Summary of remaining write-ins for Line 15 from overflow page	0998.	Summary of remaining write-ins for Line 9 from overflow page	J	0		0
1502 1503 1598 Summary of remaining write-ins for Line 15 from overflow page	0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)		0		0
1502 1503 1598 Summary of remaining write-ins for Line 15 from overflow page	1501					
1503. 1598. Summary of remaining write-ins for Line 15 from overflow page						
1598. Summary of remaining write-ins for Line 15 from overflow page						
(a) Includes \$15, 128 accrual of discount less \$50, 181 amortization of premium and less \$49,992 paid for accrued interest on purchases. (b) Includes \$accrual of discount less \$amortization of premium and less \$paid for accrued dividends on purchases. (c) Includes \$accrual of discount less \$amortization of premium and less \$paid for accrued dividends on purchases. (d) Includes \$accrual of discount less \$paid for accrued interest on purchases. (e) Includes \$32,018 accrual of discount less \$299 amortization of premium and less \$872 paid for accrued interest on purchases. (f) Includes \$accrual of discount less \$amortization of premium and less \$872 paid for accrued interest on purchases. (g) Includes \$accrual of discount less \$amortization of premium. (g) Includes \$accrual of discount less \$amortization of premium and less \$accrual of discount less \$amortization of premium. (g) Includes \$accrual of discount less \$amortization of premium. (g) Includes \$accrual of discount less \$amortization of premium. (g) Includes \$investment expenses and \$investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts. (h) Includes \$interest on surplus notes and \$interest on capital notes.						
(a) Includes \$15,128 accrual of discount less \$50,181 amortization of premium and less \$49,992 paid for accrued interest on purchases. (b) Includes \$accrual of discount less \$amortization of premium and less \$paid for accrued dividends on purchases. (c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$paid for accrued interest on purchases. (d) Includes \$source = _source = _sour						
(b) Includes \$accrual of discount less \$amortization of premium and less \$0 paid for accrued dividends on purchases. (c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$paid for accrued interest on purchases. (d) Includes \$for company's occupancy of its own buildings; and excludes \$interest on encumbrances. (e) Includes \$32,018 accrual of discount less \$299 amortization of premium and less \$872 paid for accrued interest on purchases. (f) Includes \$accrual of discount less \$amortization of premium. (g) Includes \$investment expenses and \$investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts. (h) Includes \$interest on surplus notes and \$interest on capital notes.	1599.	Totals (Lines 1501 tillough 1505 plus 1590) (Line 15 above)				<u> </u>
	(b) Incl (c) Incl (d) Incl (e) Incl (f) Incl (g) Incl seg	udes \$accrual of discount less \$amortization of premium and less \$udes \$0 accrual of discount less \$0 amortization of premium and less \$udes \$for company's occupancy of its own buildings; and excludes \$for company's occupancy of its own buildings; and excludes \$amortization of premium and less \$udes \$accrual of discount less \$amortization of premium and less \$amortization of premium. udes \$accrual of discount less \$amortization of premium. udes \$investment expenses and \$investment taxes, licenses and fees, expended and Separate Accounts.	st on e	paid for accrued paid for accrued paid for accrued ncumbrances872 paid for accrued	d dividen d interest d interest	ds on purchases. t on purchases. t on purchases.
(i) Includes \$depreciation on real estate and \$ depreciation on other invested assets.						
	(i) Incl	udes \$depreciation on real estate and \$ depreciation on other invested asset	ts.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

		• • • · · · · ·			- ,	
		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds		_	302	(
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	2,776		2,776		
1.3	Bonds of affiliates			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)			41,805	(18,645)	0
2.21	Common stocks of affiliates	0	0	0	9,195	0
3.	Mortgage loans			0	0	0
4.	Real estate			0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments	0		0	0	0
7.	Derivative instruments			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)	44,884	0	44,884	(9,450)	0
DETAI	LS OF WRITE-INS					
0901.						
0902.						
0903.				ļ <u> </u>		
0998.	Summary of remaining write-ins for Line 9 from	0			0	
0999.	overflow page Totals (Lines 0901 through 0903 plus 0998) (Line 9	0		0		
	above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)	0	0	0
	Stocks (Schedule D):	3.000		
	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	
1	Derivatives (Schedule DB)	0	0	0
ı	Other invested assets (Schedule BA)	0	0	0
1	Receivables for securities		0	
1	Securities lending reinvested collateral assets (Schedule DL)	0	0	0
		0	0	0
1	Aggregate write-ins for invested assets		0	0
1			0	0
1	Title plants (for Title insurers only)	0	0	
1	Investment income due and accrued			
15.				
	15.1 Uncollected premiums and agents' balances in the course of	220 656	454 695	(69.074
	collection	220,656	151,685	(68,971
	15.2 Deferred premiums, agents' balances and installments booked but deferred			_
	and not yet due	0	0	
	15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	
16.	Reinsurance:		_	
	16.1 Amounts recoverable from reinsurers	0	0	
	16.2 Funds held by or deposited with reinsured companies	0	0	
	16.3 Other amounts receivable under reinsurance contracts	0	0	0
1	Amounts receivable relating to uninsured plans	0	0	
18.1	Current federal and foreign income tax recoverable and interest thereon	0	0	
18.2	Net deferred tax asset	0	240,841	240,841
19.	Guaranty funds receivable or on deposit	0	0	
20.	Electronic data processing equipment and software.	0	0	
21.	Furniture and equipment, including health care delivery assets	0	0	
22.	Net adjustment in assets and liabilities due to foreign exchange rates	0	0	
23.	Receivables from parent, subsidiaries and affiliates	3,338,353	0	(3,338,353
24.	Health care and other amounts receivable.	0	0	
25.	Aggregate write-ins for other-than-invested assets	0	0	
26.	Total assets excluding Separate Accounts, Segregated Accounts and			
	Protected Cell Accounts (Lines 12 to 25)	3,559,009	392,526	(3,166,483
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28.	Total (Lines 26 and 27)	3,559,009	392,526	(3,166,483
DETAI	LS OF WRITE-INS			
1101.				
1102.				
1103.				
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	
1	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501.				
2502.				
2503.				
1	Summary of remaining write-ins for Line 25 from overflow page	0	0	(
1	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	
	round (Enros 2001 timough 2000 plus 2000) (Ellie 20 above)	V	V	

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Weston Insurance Company (the Company) are presented on a basis of accounting practices prescribed or permitted by the Florida Office of Insurance Regulation.

The Florida Office of Insurance Regulation recognizes only statutory accounting practices prescribed by or permitted by the State of Florida for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Florida Insurance Law. The National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of permitted practices by the State of Florida.

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

	SSAP#	F/S Page	F/S Line #	2019	2018
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	xxx	\$ 1,456,317	\$(1,303,181)
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$1,456,317	\$(1,303,181)
Surplus					3
(5) State basis (Page 3, Line 37, Columns 1 & 2)	xxx	xxx	xxx	\$ 38,410,465	\$ 43,074,675
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	xxx	xxx	XXX	\$38,410,465	\$43,074,675

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

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

C. Accounting Policy

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.

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

In addition, the company uses the following accounting policies:

- (1) Basis of valuation of short-term investments stated at amortized value using the effective interest method.
- (2) Basis of valuation of bonds Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Basis of valuation of common stock Common stock is stated at fair value.
- (4) Preferred stocks Not Applicable
- (5) Mortgage loans Not Applicable
- (6) Loan-backed securities Not Applicable
- (7) Basis of valuation of subsidiary, controlled and affiliated Investments in subsidiaries are carried at the lower of cost or fair value.
- (8) Investments in joint ventures, partnerships and limited liability companies Not Applicable
- (9) Derivatives Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation Not Applicable
- (11) Method of establishing loss and LAE reserves 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. In spite of the variability inherent in such estimates, management believes that the liabilities for unpaid losses and loss adjustment expenses are adequate. The methods, for making such estimates and for establishing the resulting liability are continually reviewed and any changes are reflected in the period determined. Subrogation and salvage recoveries are reviewed and any adjustments are recorded as reductions in losses and loss adjustment expenses when received.
- (12) Changes in capitalization policy Not Applicable
- (13) Pharmaceutical rebate receivables Not Applicable
- D. Going Concem Not Applicable
- 2. Accounting Changes and Corrections of Errors Not Applicable
- 3. Business Combinations and Goodwill Not Applicable
- 4. Discontinued Operations Not Applicable

Notes to the Financial Statements

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans Not Applicable
- B. Debt Restructuring Not Applicable
- C. Reverse Mortgages Not Applicable
- D. Loan-Backed Securities Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- J. Real Estate Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC) Not Applicable
- L. Restricted Assets
 - (1) Restricted assets (including pledged)

			Gross (Admitted & Nonadmitted) Restricted									
				Current Year			- 1			Current Y	/ear	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity	Total (1 + 3)	Total From Prior Year	Increase / (Decrease) (5 - 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5-8)	Gross (Admitted & Nonadmitted Restricted to Total Assets, %	
a.	Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	\$	\$	\$	\$	%	%
b.	Collateral held under security lending agreements											
C.	Subject to repurchase agreements											
d.	Subject to reverse repurchase agreements											
e.	Subject to dollar repurchase agreements											
f.	Subject to dollar reverse repurchase agreements											
g.	Placed under option contracts											
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock,	BH 104804BBH-88041 BBB 1	100001 (1000100101000000000000000000000		1000-1 00000000000000000000000000000000				100000000000000000000000000000000000000		.000011000000	
i.	FHLB capital stock				<u></u>							
j.	On deposit with states	335,984				335,984	449,832	(113,848)		335,984	0.391	0.408
k.	On deposit with other regulatory bodies											
I.	Pledged as collateral to FHLB (including assets backing funding agreements)											
m.	Pledged as collateral not captured in other categories											
n.	Other restricted assets	4,840,000				4,840,000	3,750,000	1,090,000		4,840,000	5.638	5.882
0.	Total restricted assets	\$ 5,175,984	\$	\$	\$	\$ 5,175,984	\$ 4,199,832	\$ 976,152	\$	\$ 5,175,984	6.030%	6.290%

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

The Company has restricted assets in the amount of \$4,840,000 per the terms of a reinsurance contract, requiring deposit accounting, incepting June 1, 2019.

Notes to the Financial Statements

5. Investments (Continued)

			Gross (Admit	ted & Nonadmit	ted) Restricted				Perce	entage
			Current Year							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Description of Assets	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity	Total (1 + 3)	Total From Prior Year	Increase/ (Decrease) (5 - 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets, %	Admitted Restricted to Total Admitted Assets, %
Asset Protection Contract	\$ 4,840,000	\$	\$	\$	\$ 4,840,000	\$ 3,750,000	\$ 1,090,000	\$	5.638%	%
Total	\$ 4,840,000	\$	\$	\$	\$_4,840,000	\$ 3,750,000	\$1,090,000	\$	5.638%	%

- (4) Collateral received and reflected as assets within the reporting entity's financial statements Not Applicable
- M. Working Capital Finance Investments Not Applicable
- N. Offsetting and Netting of Assets and Liabilities Not Applicable
- O. 5GI Securities Not Applicable
- P. Short Sales Not Applicable
- Q. Prepayment Penalty and Acceleration Fees Not Applicable
- 6. Joint Ventures, Partnerships and Limited Liability Companies Not Applicable

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

The Company non-admits investment income due and accrued if amounts are over 90 days past due.

- B. Total Amount Excluded Not Applicable
- 8. Derivative Instruments Not Applicable

9. Income Taxes

- A. Components of the Net Deferred Tax Asset/(Liability)
 - (1) Change between years by tax character

			2019			2018		Change			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
		Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)	
(a)	Gross deferred tax assets	\$ 476,402	\$(8,995)	\$ 467,407	\$ 776,359	\$ 3,952	\$ 780,311	\$(299,957)	\$(12,947)	\$(312,904)	
(b)	Statutory valuation allowance adjustments										
(c)	Adjusted gross deferred tax assets (1a - 1b)	476,402	(8,995)	467,407	776,359	3,952	780,311	(299,957)	(12,947)	(312,904)	
(d)	Deferred tax assets nonadmitted				236,890	3,952	240,842	(236,890)	(3,952)	(240,842)	
(e)	Subtotal net admitted deferred tax asset (1c - 1d)	\$ 476,402	\$(8,995)	\$ 467,407	\$ 539,469	\$	\$ 539,469	\$(63,067)	\$(8,995)	\$(72,062)	
(f)	Deferred tax liabilities	10,964		10,964				10,964		10,964	
(g)	Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ 465,438	\$ (8,995)	\$ 456,443	\$ 539,469	\$ -	\$ 539,469	\$ (74,031)	\$ (8,995)	\$ (83,026)	
	, , , , , , , , , , , , , , , , , , , ,					-		. , , , , ,		, ,,,,,,,,	
	(2) Admission calcu	lation compo	nents SSAP N	0. 101							
			2019			2018			Change		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
				Total			Total	Ordinary	Capital	Total	
-	E. d	Ordinary	Capital	(Col 1+2)	Ordinary	Capital	(Col 4+5)	(Col 1-4)	(Col 2-5)	(Col 7+8)	
(a)	Federal income taxes paid in prior years recoverable through loss carrybacks	\$	\$	\$	\$	\$	\$	\$	\$	\$	
(b)	Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)						539,470	(72,063)		(72,063)	
	Adjusted gross deferred tax assets expected to be realized following the										
		467,407		467,407	539,470		539,470	(72,063)		(72,063)	
	Adjusted gross deferred tax assets allowed per limitation threshold	xxx	xxx		xxx	xxx	5,998,841	xxx	xxx	(5,998,841)	
(c)	Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	**************************************	***************************************	**************************************	TALEST	~	· what becomen proven the fi	(10,964)	~~~~~	(10,964)	
(d)	Deferred tax assets admitted as the result of application of										

456,443 \$

539,470 \$

539,470 \$

(83,027) \$

Notes to the Financial Statements

9. Income Taxes (Continued)

(3) Ratio used as basis of admissibility

		2019	2018
(a)	Ratio percentage used to determine recovery period and threshold limitation amount	360.000%	543.000%
(b)	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 38,448,828	\$ 39,992,275

(4) Impact of tax-planning strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

		2019		20	18	Change		
		(1)	(2)	(3)	(4)	(5)	(6)	
		Ordinary	Capital	Ordinary	Capital	Ordinary (Col. 1-3)	Capital (Col. 2-4)	
1.	Adjusted gross DTAs amount from Note 9A1(c)	\$476,402	\$(8,995)	\$776,359	\$3,952	\$(299,957)	\$(12,947)	
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		%	%	%		%	
3.	Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 476,402	\$(8,995)	\$ 539,469	\$	\$(63,067)	\$(8,995)	
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	-%		%	*		<u></u> %	

(b) Use of reinsurance-related tax-planning strategies

Does the company's tax-planning strategies include the use of reinsurance? NO

- B. Regarding Deferred Tax Liabilities That Are Not Recognized Not Applicable
- C. Major Components of Current Income Taxes Incurred

Cui	rrent i	ncome taxes incurred consist of the following major components:	 (1) 2019	(2) 2018	(3) Change (1-2)
1.	Cun	rent Income Tax			
	(a)	Federal	\$ 	\$(10,174)	\$ 10,174
	(b)	Foreign	 		
	(c)	Subtotal	\$	\$(10,174)	\$ 10,174
		Federal income tax on net capital gains			
	(e)	Utilization of capital loss carry-forwards	 		
	(f)	Other	 		
	(g)	Federal and foreign income taxes incurred	\$ _	\$ (10,174)	\$ 10,174

Notes to the Financial Statements

9. Income Taxes (Continued)

Curre	ent ir	ncom	ne taxes incurred consist of the following major components:		(1)		(2) 2018	Ch	(3) ange (1-2)
			Tax Assets	-		9			
		Ordi							
	(-)	(1)	The second state of the second	S	12.887	\$	4.180	\$	8.707
		(2)	Unearned premium reserve						40,496
		(3)	Policyholder reserves					-	
		(4)	Investments						
		(5)	Deferred acquisition costs						
		(6)							
		(7)	Fixed assets						
		(8)	Compensation and benefits accrual						
		(9)						0.000	
			Receivables - nonadmitted		46.338		31,854		14,484
			Net operating loss carry-forward				623,396		(363,644
									(000)
			Other (including items less than 5% of total ordinary tax assets)						
		(,	(99) Subtotal		476 402	¢	776,359	\$	(299,957
	(b)	Stat	utory valuation allowance adjustment			V	//0,007	V	(255,507
	(c)						236,890		(236,890
	(d)		nitted ordinary deferred tax assets (2a99 - 2b - 2c)			6		\$	(63,067
	(e)			>	4/6,402	٠	539,409	\$	(03,007
	(e)			٠		Ś		٥	
		(1)				٥		٥	
		(2)	Net capital loss carry-forward				10		
		(3)	Real estate				2027		(12.047
		(4)	Other (including items <5% of total capital tax assets)						(12,947
	(0	O	(99) Subtotal		(8,995)	\$	3,952	\$	(12,947
	(f)		utory valuation allowance adjustment				2050		/0.05/
	(g)		nadmitted		(0.005)		3,952		(3,952
	(h)		nitted capital deferred tax assets (2e99 - 2f - 2g)			_			(8,995
	(i)	Adn	nitted deferred tax assets (2d + 2h)	\$	467,407	<u>\$</u>	539,469	\$	(72,062
					(1)		(2)		(3)
urre	ent ir	ncom	ne taxes incurred consist of the following major components:		2019		2018	Ch	ange (1-2)
3.	Defe	erred	Tax Liabilities						
	(a)	Ordi	inary						
		(1)	Investments	\$		\$		\$	
		(2)	Fixed assets			,			
		(3)	Deferred and uncollected premium						
		(4)	Policyholder reserves						
		(5)	Other (including items <5% of total ordinary tax liabilities)		10,964				10,964
			(99) Subtotal	\$	10,964	\$		\$	10,964
	(b)	Сар	ital						
		(1)		\$		\$		\$	
		(2)	Real estate						
		٠,	Other (including items <5% of total capital tax liabilities)						9000 O
			(99) Subtotal	\$		\$		\$	
	(c)	Defe	erred tax liabilities (3a99 + 3b99)	\$	10,964	\$		\$	10,964
	Net	defei	rred tax assets/liabilities (2i - 3c)	\$	456,443	\$	539,469	\$	(83,026

The change in net deferred income taxes is composed of the following (this analysis is exclusive of nonadmitted DTAs as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	12/31/19	12/31/18	Change
Total deferred tax assets	467,407	780,311	(312,904)
Total deferred tax liabilities	(10,964)	-	(10,964)
Net deferred tax assets/liabilities	456,443	780,311	(323,868)
Statutory valuation allowance	-	-	-
Net deferred tax assets/liabilities after valuation allowance	456,443	780,311	(323,868)
Tax effect of unrealized gains/(losses)	-	-	-
Statutory valuation allowance on unrealized	-		
Change in net deferred income tax [(expense)/benefit]	456,443	780,311	(323,868)

Reconciliation of Federal Income Tax Rate to Actual Effective Rate.

D. Among the More Significant Book to Tax Adjustments

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to pre-tax income. The significant terms causing this difference are as follows:

Notes to the Financial Statements

9. Income Taxes (Continued)

	2019	Effective Tax Rate
Provision computed at statutory rate	\$ 305,826	21.000%
Non-deductible expenses	 	
Change in the statutory valuation allowance		
Change in non-admitted assets	 14,484	0.995
Change in enacted rate		
Other, including prior year true-up	 3,558	0.244
Total	\$ 323,868	22.239%
	2019	Effective Tax Rate
Federal and foreign income taxes incurred	\$	%
Change in net deferred income taxes	 323,868	22.239
Total statutory income taxes	\$ 323,868	22.239%

E. Operating Loss and Tax Credit Carryforwards

The Company had net operating losses of: 1,236,914

The net operating losses carryforwards begin to expire in 2039.

The following represents income tax expense for 2018 and 2019 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2018	-	-	-
2019	-	-	-

- (1) The net operating losses carryforwards begin to expire in 2039.
- (2) Income tax expense available for recoupment Not Applicable
- (3) Deposits admitted under IRC Section 6603 Not Applicable
- F. Consolidated Federal Income Tax Return
 - (1) The Company's federal income tax return is consolidated with the following entity:
 - · Weston Insurance Holding Corporation
 - (2) The method of allocation is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with a credit for current losses pursuant to the terms of the tax.
- G. Federal or Foreign Income Tax Loss Contingencies Not Applicable
- H. Repatriation Transition Tax (RTT) Not Applicable
- I. Alternative Minimum Tax (AMT) Credit Not Applicable

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

A. Nature of relationships

All outstanding shares of the Company are owned by Weston Insurance Holdings Corporation (WIHC), a Florida Corporation.

B. Detail of transaction greater than 0.5% of admitted assets

In December 2016, the Company converted a portion of its intercompany balance with Weston Insurance Management (WIM) to a loan in the amount of (USD 3,250,000). The loan may be partially or fully repaid at any time by WIM upon mutual written agreement between the parties but at a minimum in compliance with applicable amortization requirements for admissibility of any outstanding balance by the Company as an asset pursuant to Chapter 625, Florida Statutes. The loan will be automatically terminated on December 30, 2021 (the "Termination Date") unless otherwise agreed in writing between WIM and the Company. All capital amounts outstanding under the loan will be due and payable to the Company on the Termination Date.

On December 31, 2019, the amount of the loan outstanding is \$1,800,000. Interest income in the amount of \$95,061 was recorded by the Company in 2019.

The Company invested \$50for 25,000 shares of its wholly-owned subsidiary, Weston Select Insurance Company on May 1, 2019.

- C. Amount of Transactions & Effects of Change in Terms of Intercompany Arrangements Not Applicable
- D. Amounts due to or from related parties

The Company has a receivable of \$10,011,903 from WIM.

- E. Guarantees or Contingencies Not Applicable
- F. Management, service contracts, cost sharing arrangements

WIM, an affiliate of the Company, is the exclusive management general agent for the Company. Under the Managing General Agency (MGA) Agreement with WIM, the Company pays a commission to the MGA for expenses incurred that are related to underwriting, acquisition, operations management, and for claims administration. An expense of \$21,042,869 and \$22,320,619 was recorded for the twelve months ending December 31, 2019 and 2018 respectively, per the terms of the MGA agreement.

Notes to the Financial Statements

- 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)
 - G. Nature of Relationships that Could Affect Operations Not Applicable
 - H. Amount Deducted for Investment in Upstream Company Not Applicable
 - I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets Not Applicable
 - J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies Not Applicable
 - K. Foreign Subsidiary Value Using CARVM Not Applicable
 - L. Downstream Holding Company Value Using Look-Through Method Not Applicable
 - M. All SCA Investments
 - (1) Balance sheet value (admitted and nonadmitted) all SCAs (except 8b(i) entities)

	SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a.	SSAP No. 97 8a Entities				
	Total SSAP No. 97 8a Entities	XXX	\$	\$	\$
b.	SSAP No. 97 8b(ii) Entities				
	Total SSAP No. 97 8b(ii) Entities	xxx	\$	\$	\$
C.	SSAP No. 97 8b(iii) Entities				
	Weston Select Insurance Company	100.000%	\$ 5,009,436	\$ 5,009,436	\$
	Total SSAP No. 97 8b(iii) Entities	xxx	\$ 5,009,436	\$ 5,009,436	\$
d.	SSAP No. 97 8b(iv) Entities				
	Total SSAP No. 97 8b(iv) Entities	xxx	\$	\$	\$
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities) (b+c+d)	xxx	\$ 5,009,436	\$ 5,009,436	\$
f.	Aggregate Total (a+e)	xxx	\$ 5,009,436	\$ 5,009,436	\$ -

(2) NAIC filing response information

	SCA Entity	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received (Yes/No)	NAIC Disallowed Entities Valuation Method, Resubmission Required (Yes/No)	Code**
a.	SSAP No. 97 8a Entities						
	Total SSAP No. 97 8a Entities			\$			
b.	SSAP No. 97 8b(ii) Entities						
	Total SSAP No. 97 8b(ii) Entities			\$			
C.	SSAP No. 97 8b(iii) Entities						
	Total SSAP No. 97 8b(iii) Entities			\$			
d.	SSAP No. 97 8b(iv) Entities						
	Total SSAP No. 97 8b(iv) Entities			\$			
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities) (b+c+d)			\$			
f.	Aggregate Total (a+e)			\$			

^{*}S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing

N. Investment in Insurance SCAs

(1)

(2) The monetary effect on net income and surplus

	Monetary Effect on NAIC SAP		Amount of	Investment
SCA Entity (Investments in Insurance SCA Entities)	Net Income Increase (Decrease)	Surplus Increase (Decrease)	Per Audited Statutory Equity	If the Insurance SCA had Completed Statutory Financial Statements*
Weston Select Insurance Company	\$	\$	\$ 5,009,436	\$ 5,009,436

^{*} Per AP&P Manual (without permitted or prescribed practices)

(3)

^{**} I - Immaterial or M - Material

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

^{11.} Debt - Not Applicable

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

Notes to the Financial Statements

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

1. Outstanding shares

As of December 31, 2019 and 2018 the Company has 25,000 shares of authorized, issued and outstanding common stock at par value of one hundred dollars (\$100) per share.

- 2. Dividend Rate of Preferred Stock Not Applicable
- 3. Dividend restrictions

Florida Statute 628.371 restricts dividend payment for State of Florida insurance companies without prior approval by the Insurance Commission to the larger of: 10% of the policyholders' surplus or the entire net income of the preceding year plus a two year carry forward. The dividend may also be computed as 10% of surplus with dividends constrained to unassigned funds minus 5% of unrealized capital gain. A third computation provides for the lesser of 10% of surplus or net investment income plus a year carry-forward with dividends constrained to unassigned funds minus 25% of unrealized capital gains. The maximum allowed for dividend restrictions is the lesser of the above calculations or the unassigned funds at year end. After computation the total amount of dividend restriction for WIC is \$3,876,162, which is 10% of surplus.

4. Dates and amounts of dividends paid

The company paid a total of \$2,700,000 to parent Weston Insurance Holdings Company during the first quarter of 2019.

- 5. Company Profits Paid as Ordinary Dividends Not Applicable
- 6. Surplus Restrictions Not Applicable
- 7. Surplus Advances Not Applicable
- 8. Stock Held for Special Purposes Not Applicable
- 9. Changes in Special Surplus Funds Not Applicable
- 10. Unassigned funds (surplus) Not Applicable
- 11. Company-Issued Surplus Debentures or Similar Obligations Not Applicable
- 12. Impact of Any Restatement Due to Prior Quasi-Reorganizations Not Applicable
- 13. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years Not Applicable

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments Not Applicable
- B. Assessments Not Applicable
- C. Gain Contingencies Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Extra contractual obligation and bad faith losses – The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

Claims-related ECO and bad faith losses paid during the reporting period _____ \$____ 17,500

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

(a)	(D)	(c)	(a)	(e)
0-25 Claims	26-50 Claims	51-100 Claims	101-500 Claims	More than 500 Claims
X				

Α

Method used to disclose claim count information:

- (f) Per Claim [X]
- (g) Per Claimant []
- E. Product Warranties Not Applicable
- F. Joint and Several Liabilities Not Applicable
- G. All Other Contingencies

Various lawsuits against the Company have arisen in the normal course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets that it considers to be impaired.

- 15. Leases Not Applicable
- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk Not Applicable
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities Not Applicable
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans Not Applicable

Annual Statement for the Year 2019 of the Weston Insurance Company

Notes to the Financial Statements

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

In 2012, the Company entered into a Managing General Agent and Claims Administration Agreement with WIM. The terms of the MGA contract give the MGA authority for the claims payment (C), claims adjustment (CA), reinsurance ceding (R), binding authority (B), premium collection (P), and underwriting (U) in each state in which the Company is licensed. On October 1, 2016 the Company amended the Managing General Agent and Claims Administration Agreement with WIM to increase the commission to WIM by 2.25% to a total of 26.50% for services to the Company. All authorities for WIM with respect to the MGA contract remain unchanged.

Name and Address of Managing General Agent or Third Party Administration	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premium Written / Produced By
Weston Insurance Management, LLC, P.O. Box 14-2057, Coral Gables, FL 33114	_45-2754156_	YES	Fire/Allied/ Homeowners Multi peril/Commercial Multi peril	C,CA,R,P,B,U	\$ 80,127,861
Total					\$ 80,127,861

20. Fair Value Measurements

- A. Fair Value Measurement
 - (1) Fair value measurements at reporting date

	Description for each class of asset or liability	Level 1 Level 2		Level 3 Net Asset Value (NAV)		Total		
a.	Assets at fair value							
	Common Stock	\$	5,028,238	\$	\$	\$	\$	5,028,238
	Total assets at fair value/NAV	\$	5,028,238	\$	\$	\$	\$	5,028,238
b.	Liabilities at fair value			2				
	Total liabilities at fair value	\$		\$	\$	\$	\$	

(2) Fair value measurements in Level 3 of the fair value hierarchy

	Description	Ending balance as of 12/31/2018	Transfers Into Level 3	Transfers Out of Level 3	and (Losses) Included in Net Income	and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2019
a.	Assets										
	Total assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
b.	Liabilities							0.0			
	Total liabilities	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

- (3)
- (4)
- (5)
- B. Other Fair Value Disclosures Not Applicable
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 18,506,264	\$ 18,506,264	\$ 18,506,264	\$	\$	\$	\$
Common Stock	5,028,238	5,028,238	5,028,238				
Cash, Cash Equivalents and Short-Term Investments	38,101,518	38,101,518	38,101,518				

- D. Not Practicable to Estimate Fair Value Not Applicable
- E. Nature and Risk of Investments Reported at NAV Not Applicable

21. Other Items

- A. Unusual or Infrequent Items Not Applicable
- B. Troubled Debt Restructuring Not Applicable
- C. Other Disclosures
 - Assets in the amount of \$335,983 are on deposit with the State of Florida, Department of Financial Services, and \$125,685 is on deposit
 with the State of South Carolina, as required by law.
 - 2. For the twelve months ending December 31, 2019, the Company wrote \$78,202,196 of direct premium, assumed \$64,119 of premium from Citizens Property Insurance Corporation, and assumed \$116,013 from Texas Windstorm Insurance Association (TWIA). The TWIA premium is a result of a reclassification of assumed reinsurance premium to direct premium via a novation contract that incepted on June 1, 2019.
 - 3. Agent balances certification
 - $\circ~$ Agents' balance or uncollected premiums as reported on Page 2, Line 15.1 were \$2,484,609.
 - Amounts of agents' balances or uncollected premiums from Page 2, Line 15.1 that is due from "controlled" or "controlling" persons were \$0.
 - Amount reported in #2 above and secured by a trust fund, letter of credit and financial guaranty bond as required by Section 625.012, Florida Statutes were \$0.
- D. Business Interruption Insurance Recoveries Not Applicable

Annual Statement for the Year 2019 of the Weston Insurance Company

Notes to the Financial Statements

21. Other Items (Continued)

- E. State Transferable and Non-Transferable Tax Credits Not Applicable
- F. Subprime-Mortgage-Related Risk Exposure Not Applicable
- G. Insurance-Linked Securities (ILS) Contracts Not Applicable
- H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to

(1)	Amount of admitted balance that could be realized from an investment vehicle	\$
(2)	Percentage bonds	 9
(3)	Percentage stocks	9
(4)	Percentage mortgage loans	9
(5)	Percentage real estate	 9
	Percentage cash and short-term investments	
(7)	Percentage derivatives	 9
(8)	Percentage other invested assets	 9

22. Events Subsequent

		Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act?		
В.	ACA fee assessment payable for the upcoming year	\$	\$
C.	ACA fee assessment paid	\$	\$
D.	Premium written subject to ACA 9010 assessment	\$	\$
E.	Total adjusted capital before surplus adjustment	\$	
F.	Total adjusted capital after surplus adjustment	\$	
G.	Authorized control level	\$	
H.	Would reporting the ACA assessment as of Dec 31 have triggered an RBC action level?		

Type II
In January 2020, the Company's parent, Weston Insurance Holdings Corporation, issued a letter of intent to purchase 100% of the outstanding shares of Anchor Specialty Insurance Company (NAIC No. 11853). The purchase is expected to close in the first quarter 2020.

A. Unsecured Reinsurance Recoverables

The Company's unsecured reinsurance balances (including ceded case and IBNR reserves and unearned premium) in excess of 3% of the policyholders' surplus with any one reinsurer.

Amount (000) omitted

NAIC Group Code	Federal ID#	Name of Reinsurer	Amount
26921	22-2005057	EVEREST REINS CO LTD	\$4,415
19453	13-5616275	TRANSATLANTIC REINS CO	2,129
23680	47-0698507	ODYSSEY REINS CO	1,488
10227	13-4924125	MUNICH REINS AMER CORP	1,997
0	AA-9991310	FHCF	32,304
0	AA-3190686	Partner Reins Co Ltd	1,593
0	AA-3191315	XL Bermuda Ltd	1,271

- B. Reinsurance Recoverable in Dispute Not Applicable
- Reinsurance Assumed and Ceded
 - (1) Maximum amount of return commission that would have been due reinsurers if all of the company's reinsurance was canceled or if the company's insurance assumed was canceled

		Assumed R	teinsurance	Ceded Re	insurance	N	et	
		Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	
a.	Affiliates	\$	\$	\$	\$	\$	\$	
b.	All other			38,785,037	11,408,619	(38,785,037)	(11,408,619)	
C.	Total	\$ -	\$ -	\$ 38,785,037	\$ 11,408,619	\$ (38,785,037)	\$ (11,408,619)	
d.	Direct unearned premium reserve			\$ 40.801.703				

- (2) The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this statement as a result of existing contractual arrangements is accrued as follows: - Not Applicable
- (3) Risks attributed to each of the company's protected cells Not Applicable
- D. Uncollectible Reinsurance Not Applicable
- E. Commutation of Ceded Reinsurance Not Applicable
- F. Retroactive Reinsurance Not Applicable

Annual Statement for the Year 2019 of the Weston Insurance Company

Notes to the Financial Statements

23. Reinsurance (Continued)

G. Reinsurance Accounted for as a Deposit

The Company participates in a reinsurance agreement that is accounted for as a deposit. The contract covers \$2,420,000 per occurrence and \$4,840,000 in the aggregate with a retention of \$590,335. The contract incepted June 1, 2019.

Description	Interest Income	Cash Recoveries	Deposit Balance
Asset Protection Cover	\$	\$	\$ 4,840,000

- H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements Not Applicable
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation Not Applicable
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation Not Applicable
- 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination Not Applicable
- 25. Changes in Incurred Losses and Loss Adjustment Expenses
 - A. Reasons for Changes in the Provision for Incurred Loss and Loss Adjustment Expenses Attributable to Insured Events of Prior Years

Reserves as of December 31, 2018 were \$993,723. For the twelve months ending December 31, 2019, \$780,647 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$314,990 resulting in unfavorable development of \$101,914. Increases or decreases of this nature occur as a result of claim settlements during the current year and as additional information is received regarding individual claims, causing changes from the original estimates of the cost of the claims.

- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses Company and relevant industry loss development patterns are taken into account in evaluating the overall adequacy of unpaid losses and loss adjustment expenses.
- 26. Intercompany Pooling Arrangements Not Applicable
- 27. Structured Settlements Not Applicable
- 28. Health Care Receivables Not Applicable
- 29. Participating Policies Not Applicable
- 30. Premium Deficiency Reserves Not Applicable
- 31. High Deductibles Not Applicable
- 32. Discounting of Liabilities by Withdrawal Characteristics For Unpaid Losses or Unpaid Loss Adjustment Expenses Not Applicable
- 33. Asbestos/Environmental Reserves Not Applicable
- 34. Subscriber Savings Accounts Not Applicable
- 35. Multiple Peril Crop Insurance Not Applicable
- 36. Financial Guaranty Insurance Not Applicable

PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or m which is an insurer?	ore of	Yes [X	1	No []
	If yes, complete Schedule Y, Parts 1, 1A and 2.				
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with sur regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providir disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Mod Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject standards and disclosure requirements substantially similar to those required by such Act and regulations?	ng lel to	X] No [] N	/A []
1.3	State Regulating? Florida				
	Is the reporting entity publicly traded or a member of a publicly traded group?		Yes [1	No [X]
	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.				
	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement reporting entity?	of the	Yes [1	No [X]
	If yes, date of change: State as of what date the latest financial examination of the reporting entity was made or is being made.			12	/31/2015
	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity			_121	3172013
	date should be the date of the examined balance sheet and not the date the report was completed or released.			12	/31/2015
3.3	State as of what date the latest financial examination report became available to other states or the public from either the state of dom the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance date).			05	/30/2017
3.4	By what department or departments? Florida Office Of Insurance Regulation	_			
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial		1 No. f	1 N	/A F V 1
	statement filed with Departments?	_] No [
3.6	Have all of the recommendations within the latest financial examination report been complied with?	res [] No [] N	/A [X]
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions control a substantial part (more than 20 percent of any major line of business measured on direct				
	premiums) of: 4.11 sales of new business?			-	No []
	4.12 renewals?		Yes [X		No []
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measu direct premiums) of:				
	4.21 sales of new business?			•	No [X]
	4.22 renewals?			-	No [X]
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?		res [1	No [X]
5.2	If yes, complete and file the merger history data file with the NAIC. If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity the ceased to exist as a result of the merger or consolidation.	at has			
	1 2 3	_			
	Name of Entity NAIC Company Code State of Domicil	е			
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) sust or revoked by any governmental entity during the reporting period?	pended	Yes [1	No [X]
6.2	If yes, give full information				
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?		Yes []	No [X]
7.2	If yes,				
	7.21 State the percentage of foreign control			-	0.0 9
	7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationalit manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or a in-fact).				
	1 2 Nationality Type of Entity				
	·				

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Weston Insurance Company

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?								No [X]
8.2	If response to 8.1 is yes, please identify the name of the bar	ink holding company.						
	Is the company affiliated with one or more banks, thrifts or so if response to 8.3 is yes, please provide the names and loc financial regulatory services agency [i.e. the Federal Resenvederal Deposit Insurance Corporation (FDIC) and the Secregulator.	ations (city and state of the main office) ve Board (FRB), the Office of the Comp	otroller of the Cu	rrency (OCC),	the	Yes [1	No [X]
	1	2	3	4	5	6	T	
	Affiliate Name	Location (City, State)	FRB	occ	FDIC	SEC		
	Alimate Name	(City, State)	FRB	OCC	FDIC	SEC	1	
9.	What is the name and address of the independent certified RSM 100 Second Avenue South, Suite 600, St. Petersburg	-	etained to condu	ct the annual a	udit?			
10.1	Has the insurer been granted any exemptions to the prohi- requirements as allowed in Section 7H of the Annual Finan- law or regulation?					Yes [] N	lo [X]
10.2	If the response to 10.1 is yes, provide information related to	this exemption:						
	Has the insurer been granted any exemptions related to allowed for in Section 18A of the Model Regulation, or subs	stantially similar state law or regulation?		rting Model R	egulation as	Yes [] N	lo [X]
10.4	If the response to 10.3 is yes, provide information related to	this exemption:						
10.5	Has the reporting entity established an Audit Committee in	compliance with the domiciliary state in	surance laws?		Yes	[X] No [] N	I/A []
10.6	If the response to 10.5 is no or n/a, please explain							
	What is the name, address and affiliation (officer/emploconsulting firm) of the individual providing the statement of Ryan Purdy, FCAS, MAAA, Consulting Actuary Merlinos & Does the reporting entity own any securities of a real estate	actuarial opinion/certification? & Associates 3274 Medlock Bridge Rd. I	Peachtree Corni al estate indirect real estate holdi	ers, GA 30092 dy? ng company		Yes [_	No [X]
		12.13 Total bool	•		\$_			
12.2	If yes, provide explanation			-				
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTIN	NG ENTITIES ONLY:						
13.1	What changes have been made during the year in the United	ed 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 State	es Branch on ris	ks wherever lo	cated?	Yes []	No [X]
	Have there been any changes made to any of the trust inde						-	No [X]
	If answer to (13.3) is yes, has the domiciliary or entry state					[] No [] N	I/A [X]
14.1	Are the senior officers (principal executive officer, principal similar functions) of the reporting entity subject to a code of			ller, or person	s performing	Yes [Х]	No [
	 a. Honest and ethical conduct, including the ethical handli relationships; 	ing of actual or apparent conflicts of in	nterest between	personal and	professional			
	b. Full, fair, accurate, timely and understandable disclosure		led by the repor	ting entity;				
	 c. Compliance with applicable governmental laws, rules and d. The prompt internal reporting of violations to an appropria 	_	rode: and					
	The prompt internal reporting of violations to an appropria Accountability for adherence to the code.	ato porsoni or persons luctifulicu in the t	code, and					
14.11	If the response to 14.1 is no, please explain:							
		_				W *		N- 1 2 3
	Has the code of ethics for senior managers been amended					Yes []	No [X]
14.21	If the response to 14.2 is yes, provide information related to	amendment(s).						
14.3	Have any provisions of the code of ethics been waived for a	any of the specified officers?				Yes [1	No [X]
14.31	1.31 If the response to 14.3 is yes, provide the nature of any waiver(s).							

15.1	.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 ye		merican Bankers Association (ABA) R circumstances in which the Letter of 0		and the name of the issuing or confirmed.	ing					•
		1		2		3	1	4				
		Americ Banke Associat (ABA) Ro Numbe	rs tion uting	Issuing or Confirming Bank Name	Circumstance	s That Can Trigger the Letter of Credi	t .	Amount	<u> </u>	9931		
				200000 100000 100000		was was said						
										-		
										_		
				BOARD OF D								
16.	Is the		all investments o	of the reporting entity passed upon ei	ther by the boa	ard of directors or a subordinate comr	nittee	Yes	[X]	No]]
17.	Does there		eep a complete	permanent record of the proceedings	of its board o	f directors and all subordinate comm	ittees	Yes	[X]	No]]
18.	the p					ees of any material interest or affiliations is likely to conflict with the official duti		Yes	[X]	No]]
				FINANCIAL								
19.	Has t	his statement been pro	epared using a ba	asis of accounting other than Statutory	Accounting Pri	inciples (e.g., Generally Accepted						
	Acco	unting Principles)?			_				[]		-	1
20.1	Total	amount loaned during	the year (inclusiv	ve of Separate Accounts, exclusive of	policy loans):	20.11 To directors or other officers 20.12 To stockholders not officers						
						20.13 Trustees, supreme or grand (Fraternal only)	i					
20.2			anding at the end	of year (inclusive of Separate Accour	nts, exclusive of	f						
	policy	loans):				20.21 To directors or other officers 20.22 To stockholders not officers						
						20.23 Trustees, supreme or grand (Fraternal only)						•
21.1		any assets reported in		subject to a contractual obligation to tra	ansfer to anothe		v —.	Yes	[]	No	[X]
21.2	If yes	, state the amount the	reof at December	31 of the current year:	21.21 Rented fr	rom others	\$					_
					21.22 Borrowed		\$					-
					21.23 Leased fr 21.24 Other	rom others	\$					
22.1				sessments as described in the Annua		tructions other than guaranty fund or	•—.					-
22.2	-	inty association asses	sments?		22.24.4				[]		-]
22.2	ir ans	wer is yes:				paid as losses or risk adjustment paid as expenses						-
					22.23 Other an							_
23.1	Does	the reporting entity re	port any amounts	due from parent, subsidiaries or affilia	ates on Page 2	of this statement?		Yes	[]	No	[X]
23.2	If yes	, indicate any amounts	s receivable from	parent included in the Page 2 amount	:		\$					-
				INVEST	MENT							
24.01				es owned December 31 of current yea on said date? (other than securities le		ne reporting entity has exclusive contro addressed in 24.03)	ol, in	Yes	[X]	No]]
24.02	If no,	give full and complete	information, rela	ting thereto								
24.03				escription of the program including versions and escription of the program including versions.		eral and amount of loaned securities this information is also provided)	, and					
24.04		the company's secur	ity lending progra	am meet the requirements for a confi	orming program	n as outlined in the Risk-Based Capit] No	[]	NA	[X]
			•	ollateral for conforming programs.							-	
				llateral for other programs. ire 102% (domestic securities) and 1	05% (foreign e	securities) from the counterparty at the					_	
	outse	t of the contract?					Yes [] No			•	•
				e collateral received from the counterp	-] No	[]	NA	[X]
	cond	uct securities lending?				curities Lending Agreement (MSLA)] No	[]	NA	[X]
24.10	For th			gram, state the amount of the followin	_	-	•				1	
				of reinvested collateral assets reported sted/carrying value of reinvested collate		orted on Schedule DL, Parts 1 and 2						
							-					

25.1	Were any of the stocks, bonds control of the reporting entity or (Exclude securities subject to In	has the reporting ent	tity sold or transf							Yes [X] N	lo []
25.2	If yes, state the amount thereof	at December 31 of the	e current year:									
		25.21	Subject to repu	ırchase agre	ements				\$			
		25.22	Subject to reve	erse repurcha	ase agreemer	its			\$			
		25.23	Subject to dolla	ar repurchase	e agreements				\$			
		25.24	Subject to reve	rse dollar re	purchase agi	eements			\$			
		25.25	Placed under o	ption agreer	ments				\$			
		25.26	Letter stock or	securities re	stricted as to	sale – exc	luding	FHLB Capital Stock	\$			
			FHLB Capital S					•				
			On deposit with									
			On deposit with		aton/ hodies							
				o agree of the second	A CONTRACTOR OF THE PARTY OF TH	al pladas	d to on	EULD				
			Pledged as col									
			-	lateral to FH	LB – including	assets b	acking	funding agreements				
05.0	F / (05.00) :		Other						\$		4,0	40,000
25.3	For category (25.26) provide the	tollowing:										
		1				2				3	\neg	
	Nature o	f Restriction				Descrip	otion			Amount		
26.1	Does the reporting entity have a	ny hedging transactio	ons reported on	Schedule DB	1?					Yes [] No	[X]
26.2	If yes, has a comprehensive des	scription of the hedgin	ig program beer	made availa	able to the do	miciliary st	tate?	1	Yes [] No [] N/A	[X]
	If no, attach a description with the	nis statement.										
LINES	26.3 through 26.5: FOR LIFE/FR	ATERNAL REPORT	ING ENTITIES (ONLY:								
	Does the reporting entity utilize				subject to fluc	tuations a	s a resi	ult of interest		V 5		u- r v 1
26.4	rate sensitivity? If the response to 26.3 is YES, d	loes the reporting ent	itv utilize:							res [1 1	Wo [X]
			Special accour	ntina provisio	n of SSAP No	108				Yes [1 1	No ſ 1
			Permitted acco			J. 100				Yes [•	Vo []
										Yes [•	
20.5	D		Other accounti			100 #				les [1 "	10 []
26.5	6.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to						Vee [un f 1			
	the following:									Yes [] 1	Wo []
	 The reporting entity has obtained explicit approval from the domiciliary state. 											
	 Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21. 											
								within the establishment of al Tail Expectation Amount				
	Hedging Strategy wi	thin VM-21 and that t	the Clearly Defir					e definition of a Clearly Def egy being used by the comp				
		ay risk mitigation effo										
27.1	Were any preferred stocks or bo the issuer, convertible into equity		ember 31 of the	current year	mandatorily	convertible	e into e	equity, or, at the option of		Yes [1 No	F Y 1
27.2	If yes, state the amount thereof		e current veer						\$	103 [1 110	["]
	Excluding items in Schedule E -		_	e mortagne	loane and inv	aetmante l	hald nh	veically in the reporting	φ			
20.	entity's offices, vaults or safety of											
	pursuant to a custodial agreeme											
	Considerations, F. Outsourcing Handbook?	of Critical Functions,	Custodiai or Sat	ekeeping agi	reements of t	ne NAIC F	Inancia	al Condition Examiners		Yes [X	1 No	1 1
28.01	For agreements that comply with	h the requirements of	the NAIC Finan	cial Condition	n Examiners I	Handbook	. comp	lete the following:				
	,,								1			
		1 Name of Cus	stodian(s)			Custo	2 dian's	Address				
	Merrill		(-/		355 Albambra			Coral Gables, FL 33134				
	Mellilli	Lyncit			JJJ KIIIdiiiDi'd	on, ore	1302 (oorar oables, it sois4				
									l			
28.02	For all agreements that do not o		ements of the N	AIC Financia	I Condition E	kaminers l	Handbo	ook, provide the name,				
	location and a complete explana	ition:										
		1		2				3				
	N	ame(s)		Location	n(s)			Complete Explanation(s)				
28 N3	28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]								[X 1			
	If yes, give full and complete info			and the state of t	20.01 (adming the	Juntoll	a your i			,	1
				2		-	_			—		
	1			2		3 Date of		4				
	Old Custod	ian	New	Custodian		Change		Reason				

28.05 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
Weston Insurance Management LLC	A

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?	Yes []	No	[X	1
28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?	Yes []	No	[X	1

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

29.1	Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and				
	Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?	Yes []	N	0 [Χ]
20.2	If you complete the following achodule:				

29.2 If yes, complete the following schedule

1	2	3
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 TOTAL	0	

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or

stateme	atement value for fair value.							
		1	2	3				
				Excess of Statement				
				over Fair Value (-),				
		Statement (Admitted)		or Fair Value				
		Value	Fair Value	over Statement (+)				
30.1	Bonds	18,960,825	187,775,603	168,814,778				
30.2	Preferred Stocks	0		0				
30.3	Totals	18,960,825	187,775,603	168,814,778				

30.4 Describe the sources or methods utilized in determining the fair values:

	Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?	Yes [X] No [] Yes [X] No []	
31.3	If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:		
	Have all the filing requirements of the <i>Purposes and Procedures Manual of the NAIC Investment Analysis Office</i> been followed? If no, list exceptions:	Yes [X] No []	

33.	a.Documentation n FE or PL security	Il securities, the reporting entity is certifying the following elements of each self-designated 50 accessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit r is not available. s current on all contracted interest and principal payments.	CANADA STATE OF STATE		
	77.177	n actual expectation of ultimate payment of all contracted interest and principal.			
		y self-designated 5GI securities?		Yes [] No [X]
34.	a. The security was b. The reporting en c. The NAIC Design which is shown or regulators. d. The reporting en	GI securities, the reporting entity is certifying the following elements of each self-designated in purchased prior to January 1, 2018. It is is holding capital commensurate with the NAIC Designation reported for the security. It is holding capital commensurate with the NAIC Designation reported for the security as an each ervived from the credit rating assigned by an NAIC CRP in its legal capacity as an an a current private letter rating held by the insurer and available for examination by state insufity is not permitted to share this credit rating of the PL security with the SVO. by self-designated PLGI securities?	NRSRO	Yes [] No [X]
35.	designated FE fund: a. The shares were b. The reporting en c. The security had to January 1, 20 d. The fund only or e. The current repo CRP in its legal f. The public credit	chedule BA non-registered private fund, the reporting entity is certifying the following element purchased prior to January 1, 2019. It is is holding capital commensurate with the NAIC Designation reported for the security. a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capact predominantly holds bonds in its portfolio. The NAIC Designation was derived from the public credit rating(s) with annual surveillance as capacity as an NRSRO. Tating(s) with annual surveillance assigned by an NAIC CRP has not lapsed. y assigned FE to Schedule BA non-registered private funds that complied with the above critical capacity.	ity as an NRSRO prior	Yes [] No [X]
		OTHER			
36.1	Amount of payments to	trade associations, service organizations and statistical or rating bureaus, if any?	\$		171,872
36.2		organization and the amount paid if any such payment represented 25% or more of the rganizations, and statistical or rating bureaus during the period covered by this statement.	e total payments to trade	e	
		1	2		
		Name	Amount Paid		
		Insurance Serivces Office	\$71,561		
		or legal expenses, if any? m and the amount paid if any such payment represented 25% or more of the total payments this statement.	\$ for legal expenses during	g	209
		1	2		
		Name	Amount Paid		
			\$		
			s		
			¢		
			V		
	if any? List the name of the fir	or expenditures in connection with matters before legislative bodies, officers, or departments m and the amount paid if any such payment represented 25% or more of the total payment e islative bodies, officers, or departments of government during the period covered by this stat	\$ expenditures in connection	<u>.</u>	48,000
		1 Name	2 Amount Paid		
		Koon Group LLC	\$48,000		
		NOOII OTOUP LEV	ø40,000		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Weston Insurance Company

GENERAL INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supp	lement Insurance in force?				Yes	[] No	[X]
1.2	If yes, indicate premium earned on U. S. business only.					\$		0
1.3	.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?					\$ <u></u>		
	1.31 Reason for excluding							
1.4	Indicate amount of earned premium attributable to Cana			10 III 10 10 10 10 10 10 10 10 10 10 10 10 10	(1000)			
1.5	Indicate total incurred claims on all Medicare Supplement	t insurance				\$		0
1.6	Individual policies:							
				ent three years:				73
				al premium earned		\$		
				al incurred claims				
				mber of covered lives				0
		la la		prior to most current thre		_		0
				al premium earned al incurred claims				
				mber of covered lives				
17	Group policies:		1.00 Nu	libel of covered lives				
	Group politics.		Most curr	ent three years:				
				al premium earned		S		0
				al incurred claims				
				mber of covered lives				
				prior to most current thre				
				al premium earned	_	\$_		0
				al incurred claims				
			1.76 Nu	mber of covered lives				0
2.	Health Test:							
				1		2		
			_	Current Year		Prior Year		
	2.1	Premium Numerator		0		0		
	2.2	Premium Denominator Premium Ratio (2.1/2.2)	\$	5,576,898 0.000	\$	5,327,443		
	2.3	A THE PARTY OF THE	•	0.000		0.000		
	2.4	Reserve Numerator Reserve Denominator		5,085,077		2,557,798		
	2.6	Reserve Ratio (2.4/2.5)	ð	0.000		0.000		
	2.0	reserve reado (2.4/2.5)						
3.1	Does the reporting entity issue both participating and no	n-participating policies?				Yes	[] No	[X]
3.2	If yes, state the amount of calendar year premiums written							
				ticipating policies				
			3.22 Non	-participating policies		\$		
4.	For Mutual reporting entities and Reciprocal Exchanges	only:						
4.1	Does the reporting entity issue assessable policies?	•				Yes	[] No	[]
4.2	Does the reporting entity issue non-assessable policies?						[] No	[]
4.3	If assessable policies are issued, what is the extent of the							<u>"</u> . %
4.4	Total amount of assessments paid or ordered to be paid	during the year on deposit	notes or	contingent premiums		\$		
5.	For Reciprocal Exchanges Only:							
5.1	Does the exchange appoint local agents?					Yes	[] No	[]
5.2	If yes, is the commission paid:							
				of Attorney's-in-fact com			No [] N/A	
5.3	What expenses of the Exchange are not paid out of the			direct expense of the ex	change	res []	No [] N/A	A [X]
5.5	Trinat expenses of the Exchange are not paid out of the	Compensation of the Attorn	dCl					
5.4	Has any Attorney-in-fact compensation, contingent on fu					Yes	f 1 No	[]
	If yes, give full information	Ifillment of certain condition	is, been o	leterred?			[] 110	

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:	
	N/A The Company does not write Worker's Compensation Insurance	
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:	
	The Company is exposed to hurricane risks in FL and TX. The probable maximum loss is derived from multiple catastrophe modeling software applications. The software uses historical occurences and modeled event probabilities along with stochastic distributions to calculate probable maximum losses	
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising	
	from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? Weston's reinsurance program includes quota share and XOL protection. Cat XOL is purchased in excess of the 100 year return period. The maximum exposure is \$10.8M in the aggregate and \$5.4M for the first occurrence."	
6.4	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?	Yes [X] No []
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss	ies [x] iec]
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	Yes [X] No []
	If yes, indicate the number of reinsurance contracts containing such provisions	1
8.1	provision(s)? Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any	Yes [X] No [] Yes [] No [X]
8.2	loss that may occur on this risk, or portion thereof, reinsured?	iez [] wo [x]
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit, and (iii) the contract(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;	
	(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 (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity	Yes [] No [X]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity is a member 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.	
9.4	Except for transactions meeting the requirements of paragraph 37 of SSAP No. 62R - Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial 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	
9.5	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is	Yes [] No [X]
	treated differently for GAAP and SAP. The reporting 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.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?	Yes [X] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Weston Insurance Company

GENERAL INTERROGATORIES

11.1	Has the reporting entity guaranteed policies issued by any other entity and now in force:	-15	Yes [] No [X]
12.1	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:		
	12.11 Unpaid losses	\$	
122	12.12 Unpaid underwriting expenses (including loss adjustment expenses)	2	
12.3	If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?		
12.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement: 12.41 From		%
	12.42 To		%
	Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpal losses under loss deductible features of commercial policies?	id	Yes [] No [X]
12.6	If yes, state the amount thereof at December 31 of current year:		
	12.61 Letters of Credit		
	12.62 Collateral and other funds	\$	
	Largest net aggregate amount insured in any one risk (excluding workers' compensation): Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a		2,700,000
	reinstatement provision?		Yes [X] No []
13.3	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obliqatory contracts) considered in the calculation of the amount.		2
	facilities or facultative obligatory contracts) considered in the calculation of the amount.		
14.1	Is the reporting entity a cedant in a multiple cedant reinsurance contract?		Yes [] No [X]
14.2	If yes, please describe the method of allocating and recording reinsurance among the cedants:	_	103 [] 110 [11]
14.3	If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?		Yes [] No [X]
14.4	If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?		Yes [X] No []
14.5	If the answer to 14.4 is no, please explain:		ies [x] io []
15.1			
	Has the reporting entity guaranteed any financed premium accounts?	_	Yes [] No [X]
15.2	If yes, give full information		
16.1	Does the reporting entity write any warranty business?	_	Yes [] No [X]
	If yes, disclose the following information for each of the following types of warranty coverage:		
	1 2 3 4		5
	Direct Losses Direct Losses Direct Written Direct Premiur Incurred Unpaid Premium Unearned		Direct Premium Earned
16 11	Home \$ \$ \$ \$		
	Products \$		
	Automobile \$ \$ \$ \$		
	Other*\$\$\$\$		
10.14			

^{*} Disclose type of coverage:

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Weston Insurance Company

GENERAL INTERROGATORIES

17.1		rized reinsurance in Schedule F – Part 3 that is exempt from the statuto		Yes [1	No [X	1
	Incurred but not reported losses on contracts in force prior to Jul provision for unauthorized reinsurance. Provide the following information of the contract	эгу					
		ross amount of unauthorized reinsurance in Schedule F – Part 3 tempt from the statutory provision for unauthorized reinsurance	\$				_33
	17.12 Ui	nfunded portion of Interrogatory 17.11	\$				
	17.13 Pa	aid losses and loss adjustment expenses portion of Interrogatory 17.11	\$				_83
	17.14 Ca	ase reserves portion of Interrogatory 17.11	\$		—		-);;
	17.15 In	curred but not reported portion of Interrogatory 17.11	\$				_88
	17.16 Ui	nearned premium portion of Interrogatory 17.11	\$		_		-33
	17.17 Co	ontingent commission portion of Interrogatory 17.11	\$				_88
18.1	Do you act as a custodian for health savings accounts?			Yes [1	No [X]
18.2	If yes, please provide the amount of custodial funds held as of the	reporting date.	\$				_
18.3	Do you act as an administrator for health savings accounts?			Yes [1	No [X]
18.4	If yes, please provide the balance of the funds administered as of t	he reporting date	\$				_
19.	Is the reporting entity licensed or chartered, registered, qualified, et	ligible or writing business in at least two states?		Yes [X]	No []
19.1		covers risks residing in at least one state other than the state of domicile	of	Yes []	No []

FIVE-YEAR HISTORICAL DATA

1.		2019	2018	2017	2016	2015
1.				100.000	1000 Section 1	100.100
	Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3,	0	0	0	0	
2.	18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	80,179,755	86,550,165	.88.034.446	100,621,224	113,986,002
	Property and liability combined lines (Lines 3, 4, 5,					
4	8, 22 & 27)	9	0		0	
	29, 30 & 34)	0	0	0	0	0
	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
	Total (Line 35)	80,179,755	86,550,165	88,034,446	100,621,224	113,986,002
	miums Written (Page 8, Part 1B, Col. 6)	0.00 TO 0.00 TO 0.00	>			
	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)	0	0	0	0	0
		6,031,065	4,889,943	5,691,505	713,125	722,664
	Property and liability combined lines					
	(Lines 3, 4, 5, 8, 22 & 27)	0	0	0		
	(Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)		0	0	0	0
	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
	Total (Line 35)	6,031,065	4,889,943	5,691,505	713,125	722,664
Stateme	ent of Income (Page 4)					
	Net underwriting gain (loss) (Line 8)		(2,171,765)	(832,870)	(2,226,217)	3,327,766
		458,723	641,675	764,423 145,490	68,309	13,769 202,227
	Dividends to policyholders (Line 17)	0	210,730	0	0	
	Federal and foreign income taxes incurred		(40, 474)	10 . 175	4 000	4 420 024
	(Line 19) Net income (Line 20)	1.456.317	(10,174)	10,175	1,098	1,126,024 2,417,739
	e Sheet Lines (Pages 2 and 3)	1,400,011	(1,000,101)		(1,000,010)	
	Total admitted assets excluding protected cell					
	business (Page 2, Line 26, Col. 3)	82,006,501	79,530,242		83,071,102	108 , 467 , 121
	20.1 In course of collection (Line 15.1)	1,524,165	5,684,482	2,793,042	6,578,946	1,995,447
		3,499,277	3,668,721	4,341,092	4,640,514	4,290,968
	20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
	Total liabilities excluding protected cell business (Page 3, Line 26)	43 .596 .036	36 ,455 ,567	41.479.480	38 .049 .884	62,097,047
22.	Losses (Page 3, Line 1)	2,671,130	745,819	285,682	514,479	202,259
	(-3, ,	397,280	247,904	226,313	609,446	354,157
		2,016,667 2,500,000	1,562,500	2,000,000	0	0
	Surplus as regards policyholders (Page 3, Line 37)	38,410,465	43,074,675	.44,572,876	45,021,218	46,370,074
	ow (Page 5)					
	Net cash from operations (Line 11)	4,779,192	(7,692,364)	1,337,080	6,239,714	19,618,103
	sed Capital Analysis Total adjusted capital	38,410,465	43,074,675	44,572,876	45,021,218	46,370,074
		10,724,501	7,923,656	9,806,992	3,315,752	2,504,401
	age Distribution of Cash, Cash Equivalents					
	ested Assets					
	(Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0					
30.	Bonds (Line 1)	29.2	31.2	35.0	0.2	0.0
	Stocks (Lines 2.1 & 2.2)	7.9	0.3	6.2	0.0	0.0
	Mortgage loans on real estate (Lines 3.1 and 3.2) Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	.0.0
	Cash, cash equivalents and short-term investments					
	(Line 5)	60.1	64.5	54.6	94.8	100.0
	Contract loans (Line 6) Derivatives (Line 7)	0.0	0.0 0.0	0.0	0.0	0.0
	Other invested assets (Line 8)	2.8	4.0	4.2	5.0	.0.0
	Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	.0.0
	Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	.0.0
	Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
	Cash, cash equivalents and invested assets (Line					
	12) nents in Parent, Subsidiaries and Affiliates	100.0	100.0	100.0	100.0	100.0
	Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)	0	0		0	0
43.	Affiliated preferred stocks					
	(Sch. D, Summary, Line 18, Col. 1)	0	0	0		0
	(Sch. D, Summary, Line 24, Col. 1)	5,009,195	0		0	0
45.	Affiliated short-term investments (subtotals included		0			
	in Schedule DA Verification, Col. 5, Line 10)	0	0	0		0
	All other affiliated	0	2,400,000	3,000,000	3,250,000	0
	Total of above Lines 42 to 47	5,009,195	2,400,000	3,000,000	3,250,000	0
	Total Investment in parent included in Lines 42 to 47 above		0	0	0	0
	Percentage of investments in parent, subsidiaries					
	and affiliates to surplus as regards policyholders					
	(Line 48 above divided by Page 3, Col. 1, Line 37 x			1		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Weston Insurance Company

FIVE-YEAR HISTORICAL DATA

		(0	Continued)			
		1 2019	2 2018	3 2017	4 2016	5 2015
Capita	l and Surplus Accounts (Page 4)	2010	2010	2017	2010	2010
51.	Net unrealized capital gains (losses) (Line 24)	(9,450)	(168,842)	140,331	0	0
1000		0	0	(342,000)	0	0
53.	Change in surplus as regards policyholders for the year (Line 38)	(4,664,208)	(1,498,201)	(448,342)	(1,348,856)	2,340,371
Gross	Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
		0	0	0	0	0
	Property lines (Lines 1, 2, 9, 12, 21 & 26)	42,019,357	87,950,937	62,775,820	10,047,457	202,031
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0		0		0
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59.		42,019,357	87,950,937	62,775,820	10,047,457	202,031
Net Lo	sses 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)	0	0	0		
61.		2,944,902	8,398,440	7,678,570	6,943,617	202,031
62.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
63.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)		0	0	0	0
65.	Total (Line 35)			7,678,570		202,031
(Item o	ting Percentages (Page 4) ivided by Page 4, Line 1) x 100.0					
	Premiums earned (Line 1)		100.0	100.0	100.0	100.0
	Loss expenses incurred (Line 3)			0.1		30.3
	Other underwriting expenses incurred (Line 4)		(24.8)			(623.0
		14.7		(22.6)		606.9
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)	(16.6)	(31.5)	(54.0)	(709.3)	(500.7
72.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	100.1	165.6	201.9	1 097 6	116.1
73.	Net premiums written to policyholders' surplus				1,007.0	
	(Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	15.7	11.4	12.8	1.6	1.6
One Y	ear Loss Development (\$000 omitted)					
74.	Development in estimated losses and loss expenses incurred prior to current year	(195)	4 720	(110)	100	140
75.	(Schedule P, Part 2-Summary, Line 12, Col. 11) Percent of development of losses and loss	(186)	1,729	(110)	100	149
	expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)	(0.4)	3.9	(0.2)	0.2	0.3
Two Y	ear 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)	1,466	1,789	(242)	149	174
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)	3.3	4.0	(0.5)	0.3	0.3

NOTE: 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?

Yes [] No [] If no, please explain

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES SCHEDULE P - PART 1 - SUMMARY

	723				(:	\$000 Omitted)					
25 NOV 308	Pi	remiums Earr	ned			Los	s and Loss E	xpense Paym	ents			12
Years in Which	1	2	3	Loss Pa	ayments		and Cost nt Payments		and Other nents	10	11	Number of
Premiums Were Earned and Losses Were Incurred	Direct and Assumed Ceded	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Claims Reported Direct and Assumed
1. Prior_	xxx	xxx	XXX	0	0	0	0	0	0	0	0	XXX
2. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2012	4,272	4,272	0	19	19	0	0	2	2	0	0	XXX
5. 2013	72,428	73,083	(655)	347	92	108	88	51	15	0	391	XXX
6. 2014	103,521	105,786	(2,265)	141	0	84	0	41	0	0	265	XXX
7. 2015	126,068	125,520	548	246	0	165	0	35	0	0	446	XXX
8. 2016	104,785	104,072	713	28,715	19,408	2,617	2,265	1,034	917	0	9,777	XXX
9. 2017	94,101	90,409	3,692	122,688	115,729	16,507	16,421	4,312	4,300	0	7,056	XXX
10. 2018	87,508	82,181	5,327	48,696	41,697	2,446	2,342	499	255	0	7 ,347	XXX
11. 2019	83,455	77,878	5,577	2,558	0	319	0	149	0	0	3,026	XXX
12. Totals	XXX	xxx	XXX	203,411	176,945	22,246	21,036	6,122	5,488	0	28,309	XXX

					Defere	1 0 1	Dt-:t	Hid		and Other	23	24	25
	Case		Unpaid Bulk +	IBNR		Basis	Containment Bulk +		21	paid 22	1	Total	Number of
	13	14	15	16	17	18	19	20		22	Salvage and Subrog-	Net Losses and	Claims Outstand- ing Direct
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	ation Anticipated	Expenses Unpaid	and Assumed
1	0	0	0	0	0	0	0	0	0	0	0	0	xxx
2	0	0		0	0	٥	0	0	0		0	0	xxx
3	0	0	0	0	0	٥	0	٥	0	٥	0	0	xxx
4	0	0	0	0	0	0	0	0	0	0	0	0	xxx_
5	0	0	0	0	0	0	0	0	0	0	0	0	xxx
6	0	0	0	0	0	٥	0	0	0		0	0	XXX
7	0	0	0	0	0	٥	0	0	0		0	0	xxx
8	375	375	2,351	2,302	<u>4</u> 9	49	327	320	0		0	57	xxx
9	22,719	22,719	10,621	10,592	907	893	1,476	1,472	0	0	0	47	xxx
10	3,561	3,481	6,226	6,132	132	107	865	852	0	0	0	211	xxx
11.	582	0	1,838	0	78	0	255	0	0	0	0	2,753	XXX
12.	27,236	26,575	21,036	19,026	1,166	1,048	2,924	2,645	0	0	0	3,068	xxx

		Total			oss Expense F				34		nce Sheet
		Loss Expense			ed/Premiums E		Nontabula		Inter-		ter Discount
	26	27	28	29	30	31	32	33	Company	35	.36
	Direct and			Direct and				Loss	Pooling Participation	Losses	Loss
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Expenses Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
	-										
2	0	0	0	0.0	0.0	0.0	0	0		0	0
3	0	0	0	0.0	0.0	0.0	0	0		0	0
4	20	20	0	0.5	0.5	0.0	0	0		0	0
5	507	115	391	0.7	0.2	(59.8)	0	0		0	0
6	265	0	265	0.3	0.0	(11.7)	0	0		0	0
7	446	0	446	0.4	0.0	81.3	0	0		0	0
8	35,468	25,635	9,833	33.8	24.6	1,378.9	0	0		50	
9	179,231	172,127	7 , 103	190.5	190 . 4	192.4	0	0		29	19
10	62,424	54,866	7,558	71.3	66.8	141.9	0	0		173	38
11.	5,780	0	5,780	6.9	0.0	103.6	0	0		2,420	334
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	2,671	397

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 2019 OF THE Weston Insurance Company

SCHEDULE P - PART 2 - SUMMARY

	INC	URRED NET	LOSSES AN	D DEFENSE /	AND COST CO (\$000 OM		T EXPENSE	S REPORTE	AT YEAR E	ND	DEVELOPMENT	
Years in Which Losses Were	1	2	3	4	5	6	7	8	9	10	11	12
Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	One Year	Two Year
1. Prior	0	0	0	0	0	o	0	0	0	0	0	0
2. 2010 _	0	0	0	0	0	0	0	0	0	0	0	
3. 2011	XXX	0	0	0	0	0	0	0	0	0	0	
4. 2012	XXX	xxx	0	0	0	0	0	0	0	0	0	
5. 2013 _	xxx	xxx	xxx	279	373	453	453	352	403	356	(47)	4
6. 2014	XXX	xxx	xxx	xxx	317	386	386	247	236	225	(12)	(22
7. 2015	xxx	xxx	_xxx	_xxx	xxx	452	552	450	439	411	(28)	(39
8. 2016	xxx	xxx	_xxx	xxx	xxx	_xxx	7,651	7,883	9,753	9,716	(37)	1,833
9. 2017	xxx	xxx	xxx_	xxx	xxx	_xxx	xxx	7,401	7,230	7,092	(139)	(309
10. 2018	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	7 ,237	7,314	77	xxx
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,631	XXX	xxx
										12. Totals	(186)	1,466

SCHEDULE P - PART 3 - SUMMARY

	CONTEDUCE I TAKE C COMMINANT											
	CUMULAT	IVE PAID NE	T LOSSES AN	ND DEFENSE	AND COST OMIT		NT EXPENS	ES REPORTE	D AT YEAR I	END (\$000	11	12 Number of
Years in Which	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss	Claims Closed Without Loss
Incurred	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Payment	Payment
1. Prior	000	0	0	0	0	0	0	0	0	0	xxx	xxx
2. 2010	0	0	0	0	0	0	0	0	0	0	xxx	xxx
3. 2011	XXX	0	0	0	0	0	0	0	0	0	xxx	xxx
4. 2012	XXX	xxx	0	0	0	0	0	0	0	0	xxx	xxx
5. 2013	XXX	xxx	xxx	193	335	349	352	352	356	356	xxx	xxx
6. 2014	xxx	xxx	xxx	xxx	78	193	223	225	225	225	xxx	xxx
7. 2015	XXX	xxx	xxx	xxx	xxx	198	298	374	409	411	xxx	xxx
8. 2016	XXX	xxx	xxx	XXX	xxx	xxx	7,055	7,604	9,647	9,659	xxx	xxx
9. 2017	XXX	xxx	xxx	xxx	xxx	xxx	xxx	7,268	6,946	7,044	xxx	xxx
10. 2018	XXX	xxx	xxx	xxx	xxx	xxx	xxx	xxx	6,788	7,103	xxx	xxx
11. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,877	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which	BULK AND IE	BNR RESERVES	ON NET LOSS	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	0 OMITTED)		
Losses Were Incurred	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior_	0	0	0	0	0	0	0	0	0	0
2. 2010 _	0	0	0	0	0	0	0	0	0	0
3. 2011 _	xxx	0	0	0	0	0	0	0	0	0
4. 2012	xxx	XXX	0	0	0	0	0	0	0	0
5. 2013 _	xxx	XXX	xxx	49	14	24	101	0	7	0
6. 2014	xxx	XXX	xxx	XXX	202	141	140	23	12	0
7. 2015	xxx	XXX	xxx	XXX	XXX	131	107	44	28	0
8. 2016	xxx	xxx	xxx	xxx	xxx	xxx	68	96	60	57
9. 2017	xxx	XXX	xxx	XXX	xxx	xxx	xxx	63	314	33
10. 2018	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	269	106
11. 2019	xxx	XXX	XXX	XXX	XXX	XXX	xxx	XXX	xxx	2,093

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

		1	Gross Premiur Policy and Mem Less Return Pr Premiums on Take	ns, Including abership Fees remiums and Policies Not en	4 Dividends Paid	And Territories	6	7	8 Finance and	9 Direct Premium Written for Federal
	States, etc.	Active Status (a)	2 Direct Premiums Written	3 Direct Premiums Earned	or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses	Direct Losses Unpaid	Service Charges Not Included in Premiums	Purchasing Groups (Included in Col. 2)
	Alabama AL	L	0	0	0	0	0	0	0	
	AlaskaAK	N			0	0	0	0	0	
	ArizonaAZArkansasAR	NN	0	0	0	0	0	0	0	
5.	CaliforniaCA_	N_	0	0	0	0	0	0	0	
6.	ColoradoCO	N_	0	0	0	0	0	0	0	
7.	Connecticut CT	N	0	0	0	0	0	0	0	
8.		N	0	0	0	0	0	0	0	
	Dist. ColumbiaDC	N	60 972 127	63 574 244	0	29 122 076	28,839,295	4F 2F9 F76	0	
11.	Florida FL Georgia GA	N_	60,873,127	63,574,244	0	38,132,076	0	45,258,576 0	0	
	Hawaii HI	N		0	0	0	0	0	0	
	IdahoID	N	0	0	0	0	0	0	0	
	IllinoisIL	N	0	0	0	0	0	0	0	
	IndianaIN	N	0	0	0	0	0	0	0	
16.	lowaIA	N	0	0	0		0	0	0	
	Kansas KS Kentucky KY	NN	0	0	0	0	0	0	0	
	LouisianaLA	N	0	0	0	0	0	0	0	
	Maine ME	N.	ŏ		0	0	0	0	ŏ	
	Maryland MD_	N	0	0	0	0	0	0	0	
22.		N	0	0	0	0	0	0	0	
	Michigan MI_	N	0	0	0	0	0	0	0	
	MinnesotaMN_	N	0	0	0	0	0	0	0	
	Mississippi MS Missouri MO	I	10, 136		0	0	0	0	0	
27.	MontanaMT	N	0	0	0	0	0	0	0	
28.	NebraskaNE	N	0	0	0	0	0	0	0	
29.	Nevada NV_	N	0	0	0	0	0	0	0	
30.	New Hampshire NH	N	0	0	0	0	0	0	0	
	New JerseyNJ	N		0	0	0		0	0	
	New MexicoNM_ New YorkNY	NN	0	0	0	0	0	0	0	
	No.Carolina NC	N	0	0	0	0	0	0	0	
	No.Dakota ND	N	0	0	0	0	0	0	0	
	OhioOH	N	0	0	0	0	0	0	0	
	Oklahoma OK	N	0	0	0	0	0	0	0	
	OregonOR_	N			0	0	0	0	0	
39.	Pennsylvania PA	N	0	0	0	0	0	0	0	
	Rhode Island RI So. Carolina SC	N		0	0	0	0	0	0	
42.	So. DakotaSD_	N	ő	0	0	0	0	0	ő	
	TennesseeTN	N	0	0	0	0	0	0	0	
44.	Texas TX		19,244,578	17,749,871	0	2,695,252	(22,628)	3,006,167	68,897	
	UtahUT	N	0	0	0	0	0	0	0	
	Vermont VT	N	0		0	0	0	0	0	
	VirginiaVA Washington, WA	N	0	0	0	0	0	0	0	
	West Virginia WV	N	0	0	0	0	0	0	0	
50.		N	0	0	0	0	0	0	0	
51.		N	0	0	0	0	0	0	0	
	American Samoa AS	N	0			0	0	0	0	
53.	Guam GU	N	0	0	0	0	0	0	0	
	Puerto Rico PR. U.S. Virgin Islands	Q	0	0	0	0	0	0	0	
56.	Northern Mariana Islands	N			0		0	0	0	
57	Canada CAN.	N	<u>0</u>	0	0	0	0	0	0	
	Aggregate other									
	alienOT	XXX	0	0	0	0	0	0	0	0
$\overline{}$	Totals LS OF WRITE-INS	XXX	80,127,861	81,328,021	0	40,827,328	28,816,667	48,264,743	289,206	0
58001.		XXX								
58002.		XXX.								
58003.		XXX								
	Sum. of remaining	l T								
	write-ins for Line 58 from overflow page	xxx.		0	0	0	0		0	0
58999.	Totals (Lines 58001 through 58003 + 58998)									
	(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG5	R – Registered – Non-domiciled RRGs
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
D – Domestic Surplus Lines Insurer (DSLI) – Reporting entities authorized to write surplus	
lines in the state of domicile0	N - None of the above - Not allowed to write business in the state5

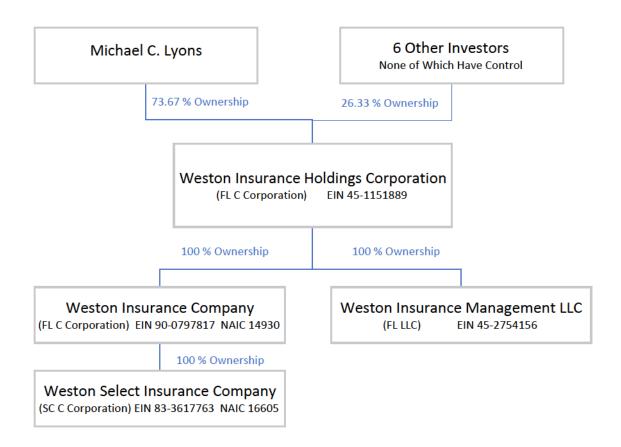
⁽b) Explanation of basis of allocation of premiums by states, etc.

All premiums are allocated to the state in which the risk is located.

STATEMENT FOR DECEMBER 31, 2019 OF WESTON INSURANCE COMPANY SCHEDULE Y -

INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY

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E17

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QUARTERLY STATEMENT

AS OF MARCH 31, 2020 OF THE CONDITION AND AFFAIRS OF THE

Weston Insurance Company

						Number	
	irrent Period)	(Prior Period)		0			EL 11.
Organized under the Laws	of	Florida		, State of Domicile or P	ort of Entry		Florida
Country of Domicile				United States			
Incorporated/Organized		02/21/2012		Commenced Business		12/21/20	112
Statutory Home Office	2	2555 Ponce de Leon B			Coral Gables, F		
Main Administrative Office	2555 F	once de Leon Bouleva		Coral Gables, FL, U			8-800-5002-1009
Mail Address		(Street and Number) P.O.Box 14-2057	_	(City or Town, State, Cour . Co	ntry and Zip Code) ral Gables, FL, U		ode) (Telephone Number 157
	-	reet and Number or P.O. Box		(Cit	y or Town, State, Coun		
Primary Location of Books	and Record		eon Boulevard, Suit 300		_ US 33134-6037	,	786-646-1189
			nd Number)	(City or Town, State,	Country and Zip Code)		Code) (Telephone Numbe
Internet Web Site Address				www.weston-ins.com			
Statutory Statement Contact	ct	Rachae	l Lynn Aldulaimi			46-1189	
rachael	aldulaimi@	weston-ins.com	(Name)		(Area Code) (Telepho 888-862-7390	ine Number) (E	ixtension)
	(E-Mail Ade				(Fax Number)		
			OFFICI	FRS			
Name		Title	0.1.0.	Name			Title
Michael Christopher L		Chief Executive Office		Bryan Triplett McC	cultyS	SVP, CAO 8	General Counsel
Richard Bruno Primer	rano	SVP, CFO, COO	& Treasurer				
			OTHER OF	FICERS			
Michael Christopher L Richard Bruno Prime			ECTORS OF	FICERS R TRUSTEES Gregory Ernest Alexande	r Morrison	Deanne	Dietrich Nixon
Michael Christopher L	ntity being do bed assets w with related e and affairs of accordance w ate rules or lief, respectiv is an exact of	Bryan Triplett ss ly sworn, each depose a ere the absolute property xhibits, schedules and e the said reporting entity ith the NAIC Annual Stat regulations require diffe- ely. Furthermore, the sco- opy (except for formattin	md say that they are to of the said reporting xplanations therein c as of the reporting pement Instructions arences in reporting the period of the said reporting pement instructions arences in reporting the control of the said reporting the said the said reporting the said the said reporting the s	R TRUSTEES Gregory Ernest Alexande the described officers of said entity, free and clear from a ontained, annexed or referr tried stated above, and of its and Accounting Practices and oot related to accounting p by the described officers als	I reporting entity, an iny liens or claims to d to, is a full and income and deduct Procedures manua actices and proced is includes the relate	id that on the true stateme tions therefro il except to the ures, accord dc correspond	e reporting period state pt as herein stated, an nt of all the assets an m for the period ende ne extent that: (1) sta ing to the best of the ting electronic filing wi
Michael Christopher L Richard Bruno Prime State of County of The officers of this reporting e above, all of the herein describant this statement, together visibilities and of the condition and have been completed in a law may differ; or, (2) that st information, knowledge and be the NAIC, when required, that various regulators in lieu of or i	ntity being di bed assets with related e and affairs of scoordance water ules or clief, respecti is an exact on pher Lyons	Bryan Triplett Ss ss ss sy swom, each depose a ere the absolute property stribits, schedules and e the said reporting entity ithe NAIC Annual Stat regulations require diffe ely. Furthermore, the sco poy (except for formattin the enclosed statement.	md say that they are to of the said reporting pareness in reporting perenent Instructions are rences in reporting of the said reporting of the said reporting perenest in reporting or of this attestation of differences due to early the said reporting of the said reporting or of the said reporting	the described officers of said entity, free and clear from a nontained, annexed or referred stated above, and of its and accounting Practices and to related to accounting proby the described officers also electronic filling) of the enclose McCully	I reporting entity, an ny liens or claims ti d to, is a full and income and deduct Procedures manua actices and proced o includes the relate ed statement. The	id that on the increon, exception of the increon of	e reporting period state pt as herein stated, an to fall the assets an m for the period ende ne extent that (1) sta ing to the best of the ting electronic filing w ng may be requested to
Michael Christopher L Richard Bruno Primer State of County of The officers of this reporting e above, all of the herein describate this stakement, together wiabilities and of the condition and have been completed in a law may differ; or, (2) that st information, knowledge and be the NAIC, when required, that various regulators in lieu of or in	ntity being di bed assets with related e and affairs of scoordance water ules or clief, respecti is an exact on pher Lyons	Bryan Triplett Ss ss ss sy swom, each depose a ere the absolute property stribits, schedules and e the said reporting entity ithe NAIC Annual Stat regulations require diffe ely. Furthermore, the sco poy (except for formattin the enclosed statement.	md say that they are to of the said reporting as the reporting to meet the reporting to the reporting of the reporting of this attestation g differences due to e	the described officers of said entity, free and clear from a nontained, annexed or referrenced stated above, and of its and Accounting Practices and not related to accounting proby the described officers alselectronic filing) of the enclose McCully eral Counsel	I reporting entity, an ny liens or claims ti d to, is a full and income and deduct Procedures manua actices and proced o includes the relate ed statement. The	id that on the increon, exception of the increon of	e reporting period state pt as herein stated, a nt of all the assets a sm for the period ende e extent that: (1) sta- ing to the best of the tring electronic filing w ng may be requested

ASSETS

		03E13			
			Current Statement Date		4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
4	Bonds	18,664,737	11011001111110011	18,664,737	18,506,264
	Stocks:	10,004,737		10,004,737	10,300,204
2.					0
	2.1 Preferred stocks			0	U
	2.2 Common stocks	5,009,195		5,009,195	5,009,195
3.	Mortgage loans on real estate:				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less				
	\$ encumbrances)			0	0
	4.2 Properties held for the production of income				
				0	0
	(less \$ encumbrances)				
	4.3 Properties held for sale (less				
	\$ encumbrances)			0	0
5.	Cash (\$17,740,774),				
	cash equivalents (\$16,865,417)				
	and short-term investments (\$286,427)	34,892,618		34,892,618	38,099,954
6	Contract loans (including \$premium notes)			0	0
		0		0	0
	Other invested assets			3,100,000	1.800.000
		3,100,000	l	5,100,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Receivables for securities				0
	Securities lending reinvested collateral assets		ł	0	0
11.		0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	61,666,550	0	61,666,550	63,415,413
13.	Title plants less \$charged off (for Title insurers				
	only)			0	0
14.	Investment income due and accrued	154,428		154,428	85,145
15	Premiums and considerations:			,	
10.					
	15.1 Uncollected premiums and agents' balances in the course of	44 004 070	200 070	44 570 000	7 000 547
	collection	11,834,070	260,678	11,573,392	
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums)	3,171,571		3,171,571	3,499,277
	15.3 Accrued retrospective premiums (\$) and				
	contracts subject to redetermination (\$)			0	0
16.	Reinsurance:				
		52,331		52,331	655 ,340
	16.2 Funds held by or deposited with reinsured companies			0	0.000,000
	16.3 Other amounts receivable under reinsurance contracts	4 840 000		4,840,000	4,840,000
47					
				0	0
	Current federal and foreign income tax recoverable and interest thereon		·····	887 , 183	887 , 183
18.2	Net deferred tax asset	407 , 180		407 , 180	456,444
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software			0	0
21.	Furniture and equipment, including health care delivery assets				
	(\$)			0	0
22	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
	Receivables from parent, subsidiaries and affiliates	12,436,594	4,486,041	7 ,950 ,553	6,285,946
		12,430,334			
	Health care (\$) and other amounts receivable	252.000		252.090	
	Aggregate write-ins for other-than-invested assets	352,080	l0	352,080	357 , 588
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	95,801,988	4,746,719	91,055,269	87,805,883
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts		.	0	0
28.	Total (Lines 26 and 27)	95,801,988	4,746,719	91,055,269	87,805,883
	DETAILS OF WRITE-INS		.,,		3. 12221200
4404	DETAILS OF WRITE-INS			0	0
1101.			t	0	0
1102.			·····	0	0
1103.				0	0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.				0	0
	Brokerage Sharing Commission Receivable	175,382		175,382	180,890
	State Income Tax Recoverable	176,698		175,382	176,698
					170,090
	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	352,080	0	352,080	357,588

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current	2 December 31,
		Statement Date	Prior Year
1.	Losses (current accident year \$)	2,987,027	2,671,130
2.	Reinsurance payable on paid losses and loss adjustment expenses	451,307	0
3.	Loss adjustment expenses	412,618	397 , 280
4.	Commissions payable, contingent commissions and other similar charges		0
5.	Other expenses (excluding taxes, licenses and fees)		0
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	379,722	136,700
7.	1Current federal and foreign income taxes (including \$ on realized capital gains (losses)).		0
7.3	2 Net deferred tax liability		0
8.	Borrowed money \$ and interest thereon \$		0
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$48,711,403 and		
	including warranty reserves of \$ and accrued accident and health experience rating refunds		
	including \$ for medical loss ratio rebate per the Public Health Service Act)	806,667	2,016,667
10.	Advance premium	2,987,784	1,731,555
11.	Dividends declared and unpaid:		
	11.1 Stockholders		0
	11.2 Policyholders		0
12.	Ceded reinsurance premiums payable (net of ceding commissions)	36,813,105	32,199,709
13.	Funds held by company under reinsurance treaties	7,560,304	9,037,396
14.	Amounts withheld or retained by company for account of others		0
15.	Remittances and items not allocated		0
16.	Provision for reinsurance (including \$ certified)		0
17.	Net adjustments in assets and liabilities due to foreign exchange rates		0
18.	Drafts outstanding		0
19.	Payable to parent, subsidiaries and affiliates	745	745
20.	Derivatives	0	0
21.	Payable for securities		0
22.	•		0
23.	Liability for amounts held under uninsured plans		0
	Capital notes \$and interest thereon \$		0
		1,197,409	1,204,236
26.		53,596,688	49,395,418
27.		33,333,333	0
		53,596,688	49,395,418
29.		0	0.000,410
	Common capital stock	2,500,000	2.500.000
	Preferred capital stock	2,000,000	0
	Aggregate write-ins for other than special surplus funds	0	
	Surplus notes		
34.		38,800,000	38,800,000
		(3,841,421)	(2,889,535)
		(3,041,421)	(2,009,333)
36.	Less treasury stock, at cost: 36.1		0
	•		0
0.7	36.2 shares preferred (value included in Line 31 \$)	97 459 570	
	Surplus as regards policyholders (Lines 29 to 35, less 36)	37,458,579	38,410,465
38.	Totals (Page 2, Line 28, Col. 3)	91,055,267	87,805,883
	DETAILS OF WRITE-INS		
	Deferred Ceding Commissions	666,439	690,809
	Refunds Payable	152,745	162,747
	Escheat Payable	378,226	350,680
	Summary of remaining write-ins for Line 25 from overflow page		0
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,197,409	1,204,236
2901.		<u> </u>	0
2902.			0
2903.		ļ	0
2998.	Summary of remaining write-ins for Line 29 from overflow page		0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.			0
3202.		<u> </u>	0
3203.			0
3298.	Summary of remaining write-ins for Line 32 from overflow page		0
	Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

	STATEMENT OF INC	OIVIE		
		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	UNDERWRITING INCOME			
1.	Premiums earned:		201000 200	
	1.1 Direct (written \$16,443,564)		20,090,363	
	1.2 Assumed (written \$		1,287,337	2,126,872 77,877,995
	1.4 Net (written \$293,608)		1,177,251	5,576,898
	DEDUCTIONS:			
2.	Losses incurred (current accident year \$1,291,287):			
	2.1 Direct	571,764	446,212	28,816,667
	2.2 Assumed		17,214	204,345
	2.3 Ceded	(103,356)	3,290 460,136	24,150,798 4,870,214
3	2.4 Net Loss adjustment expenses incurred	159,980	78 . 163	4,670,214
	Other underwriting expenses incurred		(205.916)	(822,855)
	Aggregate write-ins for underwriting deductions	(100,000)	0	(021,000)
	Total underwriting deductions (Lines 2 through 5)	1,369,847	332,383	4,758,848
7.	Net income of protected cells		0	0
8.	Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	133,761	844,868	818,050
	INVESTMENT INCOME			
1	Net investment income earned	71,482	116,102	413,839
	Net realized capital gains (losses) less capital gains tax of \$	(7,062)	12,090	44,884
11.	Net investment gain (loss) (Lines 9 + 10)	64,420	128,193	458,723
12	OTHER INCOME Net gain or (loss) from agents' or premium balances charged off			
12.	(amount recovered \$ amount charged off \$)	(40, 022)	(13.587)	(109,663)
13.	Finance and service charges not included in premiums		67,260	
1	Aggregate write-ins for miscellaneous income	0	0	0
	Total other income (Lines 12 through 14)	36,407	53,673	179,543
	Net income before dividends to policyholders, after capital gains tax and before all other federal			
	and foreign income taxes (Lines 8 + 11 + 15)	234,588	1,026,733	1,456,317
	Dividends to policyholders		0	0
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	234,588	1,026,733	1,456,317
19	Federal and foreign income taxes incurred	234,300	1,020,733	1,450,517
	Net income (Line 18 minus Line 19)(to Line 22)	234,588	1.026.733	1,456,317
	That mount (Line to minds Line to)(to Line 12)	201,000	1,020,100	1,100,011
	CAPITAL AND SURPLUS ACCOUNT			
21.	Surplus as regards policyholders, December 31 prior year			
	Net income (from Line 20)			1,456,317
	Net transfers (to) from Protected Cell accounts.		0	0
24.	Change in net unrealized capital gains or (losses) less capital gains tax of		0	(0.450)
25	\$Change in net unrealized foreign exchange capital gain (loss)		0	(9,450)
	Change in net deferred income tax		(113, 175)	(244,592)
	Change in nonadmitted assets	(1,137,209)	12,400	(3,166,483)
	Change in provision for reinsurance		0	0
29.	Change in surplus notes		0	0
	Surplus (contributed to) withdrawn from protected cells		0	0
	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	
33	Surplus adjustments:			
	33.1 Paid in		(2.700.000)	(2,700,000)
	33.2 Transferred to capital (Stock Dividend)			
	33.3 Transferred from capital		0	0
	Net remittances from or (to) Home Office		0	0
	Dividends to stockholders		0	0
36.	Change in treasury stock		0	<u>0</u>
	Aggregate write-ins for gains and losses in surplus	(051 996)	(1.774.042)	(4,664,209)
38.	Change in surplus as regards policyholders (Lines 22 through 37)	(951,886) 37,458,579	(1,774,042) 41,300,632	38,410,465
35.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38) DETAILS OF WRITE-INS	31,430,319	41,300,032	30,410,400
0501.	DETAILS OF WRITE-INS		0	n
0501.				0
0503.			0	0
0598.	Summary of remaining write-ins for Line 5 from overflow page		0	0
-	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401.				0
1402.			0	0
1403.				ļ <u>-</u>
	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
3701.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	U	0	0
3701.				0
3702.			0	0
	Summary of remaining write-ins for Line 37 from overflow page	0		0
1	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0
			_	

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	0.160	To Date	To Date	December 31
	Cash from Operations	2,201,071	(729 E12)	5.484.792
	Premiums collected net of reinsurance			
	Net investment income	2,199		452,241
	Miscellaneous income	36,407	53,673	179,543
	Total (Lines 1 to 3)	2,239,677	(624,661)	6,116,577
	Benefit and loss related payments	486,027	3,661,794	2,328,304
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
	Commissions, expenses paid and aggregate write-ins for deductions	111,293	61,502	(422,459)
	Dividends paid to policyholders		0	0
9.	Federal and foreign income taxes paid (recovered) net of \$tax on capital	(00.500)	(000, 050)	1500 101
	gains (losses).	(98,529)	(396,953)	(568, 461)
	Total (Lines 5 through 9)	498,791	3,326,343	1,337,385
11.	Net cash from operations (Line 4 minus Line 10)	1,740,886	(3,951,004)	4,779,192
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:	650500000000000000000000000000000000000	2000	20 000000000
	12.1 Bonds	1,292,857	1,458,081	6,403,658
	12.2 Stocks	0	179,929	5,206,397
	12.3 Mortgage loans	0	0	0
	12.4 Real estate	ļ	0	0
	12.5 Other invested assets	150,000	150,000	600,000
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	
	12.7 Miscellaneous proceeds	0	1,831	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,442,857	1,789,840	12,210,056
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	1,463,244	1,215,215	6,274,061
	13.2 Stocks	0	0	9,999,837
	13.3 Mortgage loans	0	0	0
	13.4 Real estate	0 <u> </u>	0	
	13.5 Other invested assets	1,450,000	0	0
	13.6 Miscellaneous applications	5,967	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	2,919,211	1,215,215	16,273,899
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)	(1,476,354)	574,626	(4,063,843)
	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	(2,700,000)	(2,700,000)
	16.3 Borrowed funds	0	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
	16.5 Dividends to stockholders	0	0	0
	16.6 Other cash provided (applied)	(3,471,868)	(2,228,186)	1,491,278
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(3,471,868)	(4,928,186)	(1,208,722)
	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)	(3,207,336)	(8,304,564)	(493,373)
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	38,099,954	38,593,327	38,593,327
	19.2 End of period (Line 18 plus Line 19.1)	34,892,618	30,288,763	38,099,954

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Weston Insurance Company (the Company) are presented on a basis of accounting practices prescribed or permitted by the Florida Office of Insurance Regulation.

The Florida Office of Insurance Regulation recognizes only statutory accounting practices prescribed by or permitted by the State of Florida for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Florida Insurance Law. The National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Florida.

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

	SSAP#	F/S Page	F/S Line #	03/31/2020	12/31/2019
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 234,588	\$ 1,456,317
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 234,588	\$ 1,456,317
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	xxx	XXX	xxx	\$ 37,458,579	\$ 38,410,465
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 37,458,579	\$ 38,410,465

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

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

C. Accounting Policy

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.

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

In addition, the company uses the following accounting policies:

- (1) Basis of valuation of short-term investments stated at amortized value using the effective interest method.
- (2) Basis of valuation of bonds Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Basis of valuation of common stock Common stock is stated at fair value.
- (4) Preferred stocks Not Applicable
- (5) Mortgage loans Not Applicable
- (6) Loan-backed securities Not Applicable
- (7) Basis of valuation of subsidiary, controlled and affiliated Investments in subsidiaries are carried at the lower of cost or fair value.
- (8) Investments in joint ventures, partnerships and limited liability companies Not Applicable
- (9) Derivatives Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation Not Applicable
- (11) Method of establishing loss and LAE reserves 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. In spite of the variability inherent in such estimates, management believes that the liabilities for unpaid losses and loss adjustment expenses are adequate. The methods, for making such estimates and for establishing the resulting liability are continually reviewed and any changes are reflected in the period determined. Subrogation and salvage recoveries are reviewed and any adjustments are recorded as reductions in losses and loss adjustment expenses when received.
- (12) Changes in capitalization policy Not Applicable
- (13) Pharmaceutical rebate receivables Not Applicable
- D. Going Concem Not Applicable
- 2. Accounting Changes and Corrections of Errors Not Applicable
- 3. Business Combinations and Goodwill Not Applicable
- 4. Discontinued Operations Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans Not Applicable
- B. Debt Restructuring Not Applicable
- C. Reverse Mortgages Not Applicable
- D. Loan-Backed Securities Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- J. Real Estate Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC) Not Applicable
- L. Restricted Assets
 - (1) Restricted assets (including pledged)

				Gross (Admit	tted & Nonadmitt	ted) F	Restricted								
				Current Year									Current Y	'ear	
		(1)	(2)	(3)	(4)		(5)		(6)	(7)		(8)	(9)	(10)	(11)
	Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity		Total (1 + 3)		otal From rior Year	Increa (Decrei	ase)	Total Nonadmitted Restricted	al Admitted lestricted (5-8)		Admitted ed) Restricted to Total Admitted Assets, %
a.	Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$		\$		\$		\$	\$		*
b.	Collateral held under security lending agreements								010000000000000000000000000000000000000				 		
C.	Subject to repurchase agreements												 	***************************************	
d.	Subject to reverse repurchase agreements							.,							
e.	Subject to dollar repurchase agreements												 		
f.	Subject to dollar reverse repurchase agreements												 		
g.	Placed under option contracts												 		
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock														
i.	FHLB capital stock														
j.	On deposit with states	339,614					339,614		335,984		3,630		339,614		
k	On deposit with other regulatory bodies														
l.	Pledged as collateral to FHLB (including assets backing funding agreements)														
m.	Pledged as collateral not captured in other categories														
n.	Other restricted assets	4,840,000					4,840,000		4,840,000				 4,840,000		
0.	Total restricted assets	\$ 5,179,614	\$	\$	\$	\$	5,179,614	\$	5,175,984	\$	3,630	\$	\$ 5,179,614	94	%

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

The Company has restricted assets in the amount of \$4,840,000 per the terms of a reinsurance contract, requiring deposit accounting, incepting June 1, 2019.

5. Investments (Continued)

			Gross (Admit	ted & Nonadmit	ted) Restricted			9	Perce	entage
			Current Year							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Description of Assets	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity		Total From Prior Year	Increase/ (Decrease) (5 - 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets, %	Admitted Restricted to Total Admitted Assets, %
Asset Protection Contract	\$ 4,840,000	\$	\$	\$	\$ 4,840,000	\$ 4,840,000	\$	\$	%	%
Total	\$ 4,840,000	\$	\$	\$	\$4,840,000	\$4,840,000	\$	\$	%	%

- (4) Collateral received and reflected as assets within the reporting entity's financial statements Not Applicable
- M. Working Capital Finance Investments Not Applicable
- N. Offsetting and Netting of Assets and Liabilities Not Applicable
- O. 5GI Securities Not Applicable
- P. Short Sales Not Applicable
- Q. Prepayment Penalty and Acceleration Fees Not Applicable
- 6. Joint Ventures, Partnerships and Limited Liability Companies Not Applicable

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

The Company non-admits investment income due and accrued if amounts are over 90 days past due.

- B. Total Amount Excluded Not Applicable
- 8. Derivative Instruments Not Applicable
- 9. Income Taxes No Significant Changes

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

A. Nature of relationships

All outstanding shares of the Company are owned by Weston Insurance Holdings Corporation (WIHC), a Florida Corporation.

B. Detail of transaction greater than 0.5% of admitted assets

In December 2016, the Company converted a portion of its intercompany balance with Weston Insurance Management (WIM) to a loan in the amount of (USD 3,250,000). The loan may be partially or fully repaid at any time by WIM upon mutual written agreement between the parties but at a minimum in compliance with applicable amortization requirements for admissibility of any outstanding balance by the Company as an asset pursuant to Chapter 625, Florida Statutes. The loan will be automatically terminated on December 30, 2021 (the Termination Date) unless otherwise agreed in writing between WIM and the Company. All capital amounts outstanding under the loan will be due and payable to the Company on the Termination Date.

On March 31, 2020, the amount of the loan outstanding is \$3,100,000. Interest income in the amount of \$36,889 was recorded by the Company in 2020.

- C. Amount of Transactions & Effects of Change in Terms of Intercompany Arrangements Not Applicable
- D. Amounts due to or from related parties

The Company has a receivable of \$10,011,903 from WIM.

- E. Guarantees or Contingencies Not Applicable
- F. Management, service contracts, cost sharing arrangements

WIM, an affiliate of the Company, is the exclusive management general agent for the Company. Under the Managing General Agency (MGA) Agreement with WIM, the Company pays a commission to the MGA for expenses incurred that are related to underwriting, acquisition, operations management, and for claims administration. An expense of \$5,526,124 and \$3,995,441 was recorded for the three months ending March 31, 2020 and 2019 respectively, per the terms of the MGA agreement.

- G. Nature of Relationships that Could Affect Operations Not Applicable
- H. Amount Deducted for Investment in Upstream Company Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies Not Applicable
- K. Foreign Subsidiary Value Using CARVM Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method Not Applicable

Quarterly Statement as of March 31, 2020 of the Weston Insurance Company

Notes to the Financial Statements

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

M. All SCA Investments

(1) Balance sheet value (admitted and nonadmitted) all SCAs (except 8b(i) entities)

	SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a.	SSAP No. 97 8a Entities				
	Total SSAP No. 97 8a Entities	XXX	\$	\$	\$
b.	SSAP No. 97 8b(ii) Entities				
	Total SSAP No. 97 8b(ii) Entities	XXX	\$	\$	\$
C.	SSAP No. 97 8b(iii) Entities				
	Weston Select Insurance Company	%	\$	\$	\$
	Total SSAP No. 97 8b(iii) Entities	XXX	\$	\$	\$
d.	SSAP No. 97 8b(iv) Entities				
	Total SSAP No. 97 8b(iv) Entities	XXX	\$	\$	\$
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities) (b+c+d)	xxx	\$	\$	\$
f.	Aggregate Total (a+e)	·XXX	\$	\$	\$

NAIC Disallawed

(2) NAIC filing response information

	SCA Entity	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received (Yes/No)	NAIC Disallowed Entities Valuation Method, Resubmission Required (Yes/No)	Code**
a.	SSAP No. 97 8a Entities						
	Total SSAP No. 97 8a Entities			\$			
b.	SSAP No. 97 8b(ii) Entities						
	Total SSAP No. 97 8b(ii) Entities			\$			
C.	SSAP No. 97 8b(iii) Entities						
	Total SSAP No. 97 8b(iii) Entities			\$			
d.	SSAP No. 97 8b(iv) Entities						
	Total SSAP No. 97 8b(iv) Entities			\$	•		
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities) (b+c+d)			\$	•		
f.	Aggregate Total (a+e)			\$			
	*S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disal	lowed Filin	a				

S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing

N. Investment in Insurance SCAs

(1)

(2) The monetary effect on net income and surplus

	Monetary Effe	ect on NAIC SAP	Amount of	Investment
SCA Entity (Investments in Insurance SCA Entities)	Net Income Increase (Decrease)	Surplus Increase (Decrease)	Per Audited Statutory Equity	If the Insurance SCA had Completed Statutory Financial Statements*
Weston Select Insurance Company	\$	\$	\$	\$

^{*} Per AP&P Manual (without permitted or prescribed practices)

11. Debt - Not Applicable

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

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

1. Outstanding shares

As of March 31, 2020 and 2019 the Company has 25,000 shares of authorized, issued and outstanding common stock at par value of one hundred dollars (\$100) per share.

- 2. Dividend Rate of Preferred Stock Not Applicable
- 3. Dividend restrictions

^{**} I - Immaterial or M - Material

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

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

Florida Statute 628.371 restricts dividend payment for State of Florida insurance companies without prior approval by the Insurance Commission to the larger of: 10% of the policyholders' surplus or the entire net income of the preceding year plus a two year carry forward. The dividend may also be computed as 10% of surplus with dividends constrained to unassigned funds minus 5% of unrealized capital gain. A third computation provides for the lesser of 10% of surplus or net investment income plus a year carry-forward with dividends constrained to unassigned funds minus 25% of unrealized capital gains. The maximum allowed for dividend restrictions is the lesser of the above calculations or the unassigned funds at year end. After computation the total amount of dividend restriction for WIC is \$3,876,162, which is 10% of surplus.

4. Dates and amounts of dividends paid

The company paid a total of \$2,700,000 to parent Weston Insurance Holdings Company during the first quarter of 2019.

- 5. Company Profits Paid as Ordinary Dividends Not Applicable
- 6. Surplus Restrictions Not Applicable
- 7. Surplus Advances Not Applicable
- 8. Stock Held for Special Purposes Not Applicable
- 9. Changes in Special Surplus Funds Not Applicable
- 10. Unassigned funds (surplus) Not Applicable
- 11. Company-Issued Surplus Debentures or Similar Obligations Not Applicable
- 12. Impact of Any Restatement Due to Prior Quasi-Reorganizations Not Applicable
- 13. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years Not Applicable

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments Not Applicable
- B. Assessments Not Applicable
- C. Gain Contingencies Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Extra contractual obligation and bad faith losses – The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

Α

Method used to disclose claim count information:

- (f) Per Claim
- (g) Per Claimant
- E. Product Warranties Not Applicable
- F. Joint and Several Liabilities Not Applicable
- G. All Other Contingencies

Various lawsuits against the Company have arisen in the normal course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets that it considers to be impaired.

- 15. Leases Not Applicable
- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk Not Applicable
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities Not Applicable
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans Not Applicable
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

In 2012, the Company entered into a Managing General Agent and Claims Administration Agreement with WIM. The terms of the MGA contract give the MGA authority for the claims payment (C), claims adjustment (CA), reinsurance ceding (R), binding authority (B), premium collection (P), and underwriting (U) in each state in which the Company is licensed. On October 1, 2016 the Company amended the Managing General Agent and Claims Administration Agreement with WIM to increase the commission to WIM by 2.25% to a total of 26.50% for services to the Company. All authorities for WIM with respect to the MGA contract remain unchanged.

Quarterly Statement as of March 31, 2020 of the Weston Insurance Company

Notes to the Financial Statements

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators (Continued)

Name and Address of Managing General Agent or Third Party Administration	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Premium Written / Produced By	
Weston Insurance Management, LLC, P.O. Box 14-2057, Coral Gables, FL 33114	45-2754156	YES	Fire/Allied/ Homeowners Multi peril/Commercial Multi peril	C,CA,R,P,B,U	\$ 16,443,564	
Total					\$ 16,443,564	

20. Fair Value Measurements

- A. Fair Value Measurement
 - (1) Fair value measurements at reporting date

	Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a.	Assets at fair value			8/8	1/2	is
	Common Stock	\$	\$	\$	\$	\$
	Total assets at fair value/NAV	\$	\$	\$	\$	\$
b.	Liabilities at fair value		(5)		50	
	Total liabilities at fair value	\$	\$	\$	\$	\$

(2) Fair value measurements in Level 3 of the fair value hierarchy

	Description	Ending balance as of 12/31/2019	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance for 03/31/2020
a.	Assets					(c) (c)			Sec. 1	18	A 04
	Total assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
b.	Liabilities										
	Total liabilities	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

- (3)
- (4)
- (5)
- B. Other Fair Value Disclosures Not Applicable
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$	\$	\$	\$	\$	\$	\$
Common Stock							
Cash, Cash Equivalents and Short- Term Investments	17,152,001	17,152,001	17,152,001				

- D. Not Practicable to Estimate Fair Value Not Applicable
- E. Nature and Risk of Investments Reported at NAV Not Applicable

21. Other Items

- A. Unusual or Infrequent Items Not Applicable
- B. Troubled Debt Restructuring Not Applicable
- C. Other Disclosures
 - Assets in the amount of \$339,614 are on deposit with the State of Florida, Department of Financial Services, and \$124,812 is on deposit with the State of South Carolina, as required by law.
 - 2. For the twelve months ending December 31, 2019, the Company wrote \$78,202,196 of direct premium, assumed \$64,119 of premium from Citizens Property Insurance Corporation, and assumed \$116,013 from Texas Windstorm Insurance Association (TWIA). The TWIA premium is a result of a reclassification of assumed reinsurance premium to direct premium via a novation contract that incepted on June 1, 2019.
 - 3. Agent balances certification
 - $\circ~$ Agents' balance or uncollected premiums as reported on Page 2, Line 15.1 were \$2,484,609.
 - Amounts of agents' balances or uncollected premiums from Page 2, Line 15.1 that is due from controlled or controlling persons were \$0.
 - Amount reported in #2 above and secured by a trust fund, letter of credit and financial guaranty bond as required by Section 625.012, Florida Statutes were \$0.
- D. Business Interruption Insurance Recoveries Not Applicable
- E. State Transferable and Non-Transferable Tax Credits Not Applicable
- F. Subprime-Mortgage-Related Risk Exposure Not Applicable
- G. Insurance-Linked Securities (ILS) Contracts Not Applicable

Notes to the Financial Statements

21. Other Items (Continued)

H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

(1)	Amount of admitted balance that could be realized from an investment vehicle	\$
(2)	Percentage bonds	 9
(3)	Percentage stocks	 9
(4)	Percentage mortgage loans	 9
(5)	Percentage real estate	 9
(6)	Percentage cash and short-term investments	 9
(7)	Percentage derivatives	 9
(8)	Percentage other invested assets	9

22. Events Subsequent

The dissolution of the Weston Select Insurance Corporation (an affiliated company, WSIC) was authorized by a unanimous written consent action of WSIC's Board of Directors on April 15, 2020, and by a written consent action of WSIC's shareholder on April 15, 2020. The dissolution of WSIC was authorized by resolution of the Board of Directors in accordance with Section 33-14-101 of the South Carolina Statutes, and by WSIC's shareholder in accordance with Section 33-14-102 of the South Carolina Statutes. These Articles of Dissolution are effective as of April 16, 2020.

On April 28, 2020 the Florida Office of Insurance Regulation approved an extraordinary dividend from WIC to Weston Insurance Holdings Corporation for \$5 million

		Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act?		
B.	ACA fee assessment payable for the upcoming year	\$	\$
C.	ACA fee assessment paid	\$	\$
D.	Premium written subject to ACA 9010 assessment	\$	\$
E.	Total adjusted capital before surplus adjustment	\$	
F.	Total adjusted capital after surplus adjustment	\$	
G.	Authorized control level	\$	
H.	Would reporting the ACA assessment as of Dec 31 have triggered an RBC action level?		

Type II

In January 2020, the Company's parent, Weston Insurance Holdings Corporation, issued a letter of intent to purchase 100% of the outstanding shares of Anchor Specialty Insurance Company (NAIC No. 11853). The purchase is expected to close in the second quarter 2020.

23. Reinsurance

A. Unsecured Reinsurance Recoverables

The Company's unsecured reinsurance balances (including ceded case and IBNR reserves and uneamed premium) in excess of 3% of the policyholders' surplus with any one reinsurer.

Amount (000) omitted

NAIC Group Code	Federal ID#	Name of Reinsurer	Amount
0	AA-5320039	Peak Reinsurance Company Limited (Pioneer CAT o/b/o Peak Reinsurance Company Limited)	1,621
26921	22-2005057	Everest Reinsurance Company	15,987
32484	13-2832845	Munich Reinsurance America, Inc.	12,008
23680	47-0698507	Odyssey Reinsurance Company	6,719 .
93483	22-2374444	Swiss Reinsurance America Corporation, By: Swiss Re Underwriters Agency Inc.	
19453	13-5616275	Transatlantic Reinsurance Company	11,697
0	AA-3190873	Ariel Reins Co Ltd	2,120
0	AA-3190686	Partner Reinsurance Company Ltd	9,402
0	AA-3191315	L Bermuda Limited	4,961
0	AA-0057203	General Reins Ltd	4,982
0	AA-9991310	Florida Hurricane Catastrophe Fund	26,853

- B. Reinsurance Recoverable in Dispute Not Applicable
- C. Reinsurance Assumed and Ceded
 - (1) Maximum amount of return commission that would have been due reinsurers if all of the company's reinsurance was canceled or if the company's insurance assumed was canceled

		Assumed F	Reinsurance	Ceded Re	einsurance	Net			
		Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity		
a.	Affiliates	\$ 11,770,166	\$ 3,462,194	\$ 11,770,166	\$ 3,462,194	\$	\$		
b.	All other			35,063,650	10,313,973	(35,063,650)	(10,313,973)		
C.	Total	\$ 11,770,166	\$ 3,462,194	\$ 46,833,816	\$ 13,776,167	\$ (35,063,650)	\$ (10,313,973)		
d.	Direct unearned premium reserve		30	\$ 35,870,316			3.0		

Quarterly Statement as of March 31, 2020 of the Weston Insurance Company

Notes to the Financial Statements

23. Reinsurance (Continued)

- (2) The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this statement as a result of existing contractual arrangements is accrued as follows: Not Applicable
- (3) Risks attributed to each of the company's protected cells Not Applicable
- D. Uncollectible Reinsurance Not Applicable
- E. Commutation of Ceded Reinsurance Not Applicable
- F. Retroactive Reinsurance Not Applicable
- G. Reinsurance Accounted for as a Deposit

The Company participates in a reinsurance agreement that is accounted for as a deposit. The contract covers \$2,420,000 per occurrence and \$4,840,000 in the aggregate with a retention of \$590,335. The contract incepted June 1, 2019.

 Description
 Interest Income
 Cash Recoveries
 Deposit Balance

 Asset Protection Cover
 \$
 \$
 \$

- H. Disclosures for the Transfer of Property and Casualty 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
- 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination Not Applicable
- 25. Changes in Incurred Losses and Loss Adjustment Expenses
 - A. Reasons for Changes in the Provision for Incurred Loss and Loss Adjustment Expenses Attributable to Insured Events of Prior Years

Reserves as of December 31, 2019 were \$3,068,411. For the three months ending March 31, 2020, \$714,935 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$2,344,809 resulting in favorable development of \$8,668. Increases or decreases of this nature occur as a result of claim settlements during the current year and as additional information is received regarding individual claims, causing changes from the original estimates of the cost of the claims.

- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses Company and relevant industry loss development patterns are taken into account in evaluating the overall adequacy of unpaid losses and loss adjustment expenses.
- 26. Intercompany Pooling Arrangements Not Applicable
- 27. Structured Settlements Not Applicable
- 28. Health Care Receivables Not Applicable
- 29. Participating Policies Not Applicable
- 30. Premium Deficiency Reserves Not Applicable
- 31. High Deductibles Not Applicable
- 32. Discounting of Liabilities by Withdrawal Characteristics For Unpaid Losses or Unpaid Loss Adjustment Expenses Not Applicable
- 33. Asbestos/Environmental Reserves Not Applicable
- 34. Subscriber Savings Accounts Not Applicable
- 35. Multiple Peril Crop Insurance Not Applicable
- 36. Financial Guaranty Insurance Not Applicable

PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Did the reporting entity experience any material tra				tate of	Yes	s []	No [X]
1.2	If yes, has the report been filed with the domicilian					Yes	s []	No []
2.1	Has any change been made during the year of this reporting entity?		rporation, or de	eed of settlem	ent of the	Ye:	s []	No [X]
2.2	If yes, date of change:							
3.1	Is the reporting entity a member of an Insurance H which is an insurer?		e affiliated pers	sons, one or n	nore of	Yes	s [X]	No []
	If yes, complete Schedule Y, Parts 1 and 1A.							
3.2	Have there been any substantial changes in the or	rganizational chart since the prior quarter end?				Yes	s [X]	No []
3.3	If the response to 3.2 is yes, provide a brief descri Weston Insurance Holdings Company, the parent Company including a number of their employees	organization of Weston Insurance Company, a	quired Anchor	Specialty I	nsurance			
3.4	Is the reporting entity publicly traded or a member	of a publicly traded group?				Yes	s []	No [X]
3.5	If the response to 3.4 is yes, provide the CIK (Cen	tral Index Key) code issued by the SEC for the en	tity/group					
4.1	Has the reporting entity been a party to a merger of	or consolidation during the period covered by this	statement?			Yes	s []	No [X]
	If yes, complete and file the merger history data fil	e with the NAIC.						
4.2	If yes, provide the name of entity, NAIC Company ceased to exist as a result of the merger or consol		bbreviation) fo	r any entity th	at has			
		1 Name of Entity NAIC 0	2 Company Code	State of [
5.	If the reporting entity is subject to a management a fact, or similar agreement, have there been any significant If yes, attach an explanation.					Yes [] No	[] c	NA []
6.1	State as of what date the latest financial examinat	ion of the reporting entity was made or is being ma	ade				12/	31/2015
6.2	State the as of date that the latest financial examin This date should be the date of the examined bala	nation report became available from either the stat ince sheet and not the date the report was comple	te of domicile of ted or release	r the reporting	g entity.		12/	31/2015
6.3	State as of what date the latest financial examinat or the reporting entity. This is the release date or o sheet date).	ion report became available to other states or the completion date of the examination report and not	public from eith the date of the	ner the state of examination	(balance		05/	30/2017
6.4	By what department or departments?							
e E	Florida Office of Insurance Regulation Have all financial statement adjustments within the			oguent finen				
0.5	statement filed with Departments?					Yes [] No		
6.6	Have all of the recommendations within the latest Has this reporting entity had any Certificates of Au					Yes [] No)[]	NA [X]
7.1	suspended or revoked by any governmental entity					Yes	s []	No [X]
7.2	If yes, give full information:							
8.1	Is the company a subsidiary of a bank holding con	npany regulated by the Federal Reserve Board?				Yes	s []	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	s []	No [X]
8.4	If response to 8.3 is yes, please provide below the federal regulatory services agency [i.e. the Federa Deposit Insurance Corporation (FDIC) and the Seregulator.]	names and location (city and state of the main of al Reserve Board (FRB), the Office of the Comptro	ller of the Curr	ency (OCC), t	he Federal			
	1	2	3	4	5	6	1	
	Affiliate Name	Location (City, State)	FRB	occ	FDIC	SEC	1	
		I			1		1	

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 	l	
	(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).		
	FINANCIAL		
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes []	No [X]
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount\$		
11.1	INVESTMENT Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	Yes []	No [X]
11.2	If yes, give full and complete information relating thereto:		
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:		0
13.	Amount of real estate and mortgages held in short-term investments:\$		0
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes [X]	No []
14.2	If yes, please complete the following:		
	1 2 2 Current Quarter Book/Adjusted Book/Adjusted Carrying Value 14.21 Bonds \$ \$ \$ \$ \$ \$ \$ \$ \$		
	14.22 Preferred Stock \$		
	14.24 Short-Term Investments \$ \$		
	14.25 Mortgage Loans on Real Estate \$		
	14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
	14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above \$ \$		
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?	Yes []	No [X]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	No []	NA [X]
	If no, attach a description with this statement.		
16	For the reporting entity's security lending program, state the amount of the following as of the current statement date: 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$		0

17.	Excluding items in Schedule E – entity's offices, vaults or safety of pursuant to a custodial agreeme Considerations, F. Outsourcing Handbook?	leposit boxes, were all nt with a qualified ban	stocks, bonds and othe k or trust company in ac	er securities, owned the	roughout the current year held n 1, III – General Examination	
17.1	For all agreements that comply	with the requirements	of the NAIC Financial C	ondition Examiners H	andbook, complete the following	90 94 0000 00000 00000
		1 Name of Cust	odion(a)		2 Custodian Address	
	Merrill		odian(s)	355 Alhambra Cir	Custodian Address . Ste 1502 Coral Gables. FL 3:	3134
17.2	For all agreements that do not colocation and a complete explana		ments of the NAIC Fina	ncial Condition Exam	iners Handbook, provide the nan	ne,
		1 Name(s)	2 Location	(s)	3 Complete Explanation(s)	
17.3	Have there been any changes, i	ncluding name change	es, in the custodian(s) ic	lentified in 17.1 during	the current quarter?	Yes [] No [X]
17.4	If yes, give full and complete info	ormation relating there	to:			
		1 istodian	2 New Custodian	3 Date of Change	4 Reason	
17.5	Investment management – Ideni authority to make investment de reporting entity, note as such. [".	cisions on behalf of the	e reporting entity. For a	ssets that are manage	ed internally by employees of the	
	Name of Fin	1 m or Individual		2 Affilia		
	Weston Insurance Management		A			
	Pror those firms/individuals listed (i.e., designated with a "U") man Profirms/individuals unaffiliated does the total assets under man	mage more than 10% o with the reporting enti	f the reporting entity's in ity (i.e., designated with	nvested assets? a "U") listed in the tal	ble for Question 17.5,	Yes [] No [X]
17.6	For those firms or individuals list					
	1	2		3	4	5
	Central Registration Depository Number	Name of Fi Individu		Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
18.1 18.2	Have all the filing requirements of no, list exceptions:	of the <i>Purposes and P</i>	rocedures Manual of th	e NAIC Investment Ar	nalysis Office been followed?	Yes [X] No []
						·····-
19.	 PL security is not available 	ry to permit a full credi ble.	it analysis of the securit	y does not exist or an	elf-designated 5GI security: NAIC CRP credit rating for an F	E or
	 b. Issuer or obligor is curre c. The insurer has an actual 				ncipal.	
	Has the reporting entity self-desi	gnated 5GI securities	?			Yes [] No [X]
20.	By self-designating PLGI securit			ng elements of each s	self-designated PLGI security:	
	 a. The security was purcha b. The reporting entity is here. 		•	esignation reported for	r the security.	
	 shown on a current priva 	te letter rating held by	the insurer and availab	le for examination by	legal capacity as a NRSRO which state insurance regulators.	ch is
	d. The reporting entity is not Has the reporting entity self-desi	•	-	-		Yes [] No [X]
	are reporting entity self-uce					103 [] 100 [h]

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

 a. The shares were purchased prior to January 1, 2019.

 - a. The shares were purchased prior to January 1, 2019.
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 d. The fund only or predominantly holds bonds in its portfolio.
 e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP

 - in its legal capacity as an NRSRO.

 f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes [] No [X]

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.	If the reporting ent		r of a pooling an	rangement, did	the agreement of	or the reporting	g entity's particip	oation change?	·	Yes []	No []	NA [X]
2.	Has the reporting from any loss that	may occur on t								Y	es []	No [X]
3.1	Have any of the re	eporting entity's	primary reinsur	ance contracts	been canceled?					Y	es []	No [X]
3.2	If yes, give full and	d complete infor	mation thereto.									
4.1	Are any of the liab Annual Statement greater than zero? If yes, complete th	Instructions pe	rtaining to disck	osure of discou	nting for definitio	on of "tabular r	eserves,") disco	ounted at a rate	e of interest	. У	es []	No []
					TOTAL DIS	SCOUNT		DISC	COUNT TAKEN	I DURING PER	RIOD	
	1	2 Maximum	3 Discount	4 Unpaid	5 Unpaid	6	7	8 Unpaid	9 Unpaid	10		11
Li	ine of Business	Interest	Rate	Losses	LAE	IBNR	TOTAL	Losses	LAE	IBNR	то	TAL
			TOTAL	0	0	0	0	0	0	0		0
5.		ss percent	percent		penses							% %
6.1	Do you act as a cu	ustodian for hea	alth savings acco	ounts?						Y	es []	No [X]
6.2	If yes, please prov		_									6/4
6.3											es []	No [X]
6.4	If yes, please prov		_									
7.	Is the reporting en										es [X]	No []
7.1	If no, does the rep				at covers risks re				tate of domicile		es []	No []

œ

STATEMENT AS OF MARCH 31, 2020 OF THE Weston Insurance Company

SCHEDULE F - CEDED REINSURANCE Showing All New Reinsurers - Current Year to Date

1	2	3	ew Reinsurers - Current Year to Date	5	6 Cortified	7 Effective Date
NAIC Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
ouripary occu	ID HUMBER	DDADEDTY / CASHALTY ACELL LATES	Dominal Various	Type of Hembares	(Turough o)	Treatment Treating
	1	PROPERTY TOUSDAILTY — U.S. INSURERS PROPERTY TOUSDAILTY — U.S. INSURERS PROPERTY TOUSDAILTY — POOLS AND ASSOCIATIONS PROPERTY TOUSDAILTY — ALL OTHER INSURERS				
	_	DONOSTY (CASINITY BOOK AND ASSOCIATIONS				
	 	PROPERTY/CASUALTY - FOULS AND ASSOCIATIONS DEPOSITY/CASUALTY ALL OTHER INCIDENCE				
		PROPERTITORSUMETT - ALL OTHER INSURERS				
	 					
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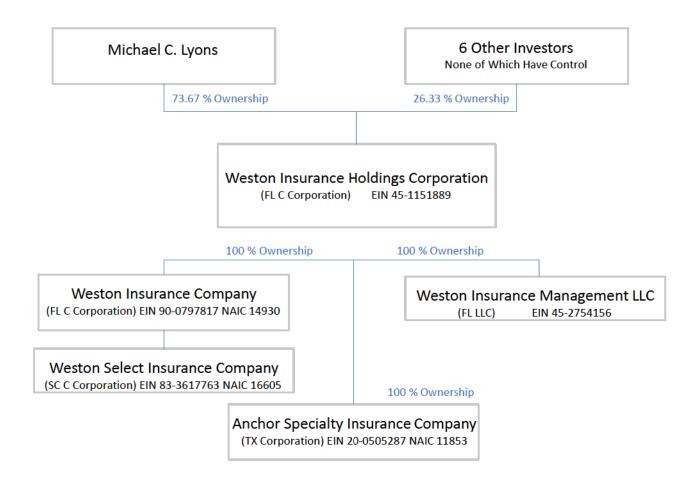
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

		1	Direct Premi		y States and Territo Direct Losses Paid (Direct Loss	es Unpaid
		155	2	3	4	5	6	7
	States, etc.	Active Status (a)	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1	Alabama AL	(a)	10 Date	To Date	10 Date	10 Date	To Date	10 Date
	AlaskaAK	N		0		0		
	Arizona	N		0		0		0
	Arkansas AR	N		0		0		
	CaliforniaCA_	N		0		0		0
	ColoradoCO_	N		0		0		
	Connecticut CT	N		0		0		0
	Delaware DE	N		0		0		0
	Dist. Columbia DC	N		0		0		
	FloridaFL	L	11,760,479	11,361,793	2,773,364	15,072,851	41,849,486	16,556,984
	GeorgiaGA	N		0		0		
12.	Hawaii HI	N		0		0		
13.	IdahoID	N		0		0		
14.	IllinoisIL	N		0		0		
15.	Indiana IN	N		0		0		
16.	lowa IA	N		0		0		
17.	KansasKS	N		0		0		
18.	KentuckyKY_	N		0		0		
	LouisianaLA_	N		0		0		
	Maine ME_	N		0		0		
	MarylandMD_	N		0		0		
22.	MassachusettsMA_	N		0		0		
23.	Michigan MI	N		0		0		
24.	MinnesotaMN_	N		0		0		
25.	Mississippi MS_			0		0		
26.	Missouri MO	N		0		0		
27.	Montana MT	N		0		0		
28.	Nebraska NE	N		0		0		
29.	Nevada NV_	N		0		0		
30.	New HampshireNH	N		0		0		
31.	New Jersey NJ	N		0		0		
32.	New Mexico NM_	N		0		0		
33.	New York NY	N		0		0		0
34.	No. CarolinaNC	N		0		0		
35.	No. DakotaND	N		0		0		
36.	Ohio OH_	N		0		0		
37.	Oklahoma OK	N		0		0		
38.	OregonOR_	N		0		0		
39.	PennsylvaniaPA_	N		0		0		
40.	Rhode IslandRl	N		0		0		
41.	So. Carolina SC_	L		0		0		
42.	So. Dakota SD_	N		0		0		
43.	TennesseeTN	N		0		0		
44.	Texas TX		4,683,085	3,141,554	1,315,072	305,614	2,898,585	4,035,477
45.	Utah UT	N		0		0		
46.	Vermont VT	N		0		0		
47.	VirginiaVA	N		0		0		
48.	Washington WA	N		0		0		
49.	West VirginiaWV	N		0		0		
50.	WisconsinWL	N		0		0		
51.	Wyoming WY_	N		0		0		
52.	American Samoa AS	N		0		0		
53.	Guam GU_	N		0		0		
54.	Puerto RicoPR_	0		0		0		
55.	U.S. Virgin IslandsVI	N		0		0		
56.	Northern Mariana Islands MP_	N		0		0		
57.	Canada CAN	N		0		0		
58.	Aggregate Other Alien OT	XXX	0	0	0	0	0	
59.	Totals	XXX	16,443,564	14,503,347	4,088,436	15,378,465	44,748,071	20,592,46
	DETAILS OF WRITE-INS	W.						
58001. 58002.		XXX						
58003.		XXX						
	Summary of remaining write-							
	ins for Line 58 from overflow				0	0	0	
		YYY						
58998.	page	XXX	0					
58998.		XXX	0	0	0	0	0	

STATEMENT FOR MARCH 31, 2020 OF WESTON INSURANCE COMPANY

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

GROUP PART 1 – ORGANIZATIONAL CHART



STATEMENT AS OF MARCH 31, 2020 OF THE Weston Insurance Company

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	NAIC	4	5	6	Name of Securities Exchange if Publicly	Names of	9	10 Relationship	11	Type of Control (Ownership, Board,	If Control is Ownership	14	15 Is an SCA Filing	16
	l		ID					-	TO	D: # O . # !!	Management,				
Group	0 11	Company		Federal RSSD	CIK	Traded (U.S. or		Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	82
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	
(2007) (2008)	l .	S1000000000000000000000000000000000000	CONTRACTOR OF THE PARTY OF THE	l			Weston Insurance Management,	120000	09772	Weston Insurance Holdings	120000000000000000000000000000000000000	0.0000000000	Michael C. Lyons &		1607
00000		00000	45-2754156				LLC	FL	NIA	Corporat ion	Ownership	100.0	6 Other Investors_	N	0
										Weston Insurance Holdings	NAV STOCKES CO.		Michael C. Lyons &	A 44 10 10 10 10 10 10 10 10 10 10 10 10 10	
00000		14930	90-0797817				Weston Insurance Company	FL	RE	Corporat ion	Ownership	100.0	6 Other Investors_	N	0
OCCUPANCE.	l	commenced of	000000000000000000000000000000000000000	l			Weston Insurance Holdings	40000	BETTO/100 T	and the second second	out of the second	Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MICESON CONSIGNATIONS		750
00000		00000	45-1151889				Corporation	FL	UDP	Michael C. Lyons	Ownership	73.7	Michael C. Lyons	N	0
							Weston Insurance Holdings			the state of the s			Contract Contract Contract	000000000000000000000000000000000000000	
00000	l	00000	45-1151889				Corporation	FI	UDP	6 Other Investors	Ownership	26.3	6 Other Investors_	N	0
							Anchor Specialty Insurance	1 200		Weston Insurance Holdings			Michael C. Lyons &		Content of the
00000	AND THE RESIDENCE OF THE PARTY	11853	20 - 0505287	1200001-00-0200			Company	TX		Corporation	Ownership	100 0	4 Other Investors	N N	0
										Weston Insurance Holdings			Michael C. Lyons &		
00000		16605	86-3617763				Weston Select Insurance Company	32	DS	Corporat ion	Ownership		4 Other Investors	N N	0
00000		10005	00-301//01				mestori serect insurance company.			Corporat for	owner snip.		4 Other Investors		
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Asterisk	Explanation
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PART 1 - LOSS EXPERIENCE

Ť			Current Year to Date	T	4
	Line of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1.	Fire			0.0	0.0
2.	Allied lines		571,764	2.9	2.2
3.	Farmowners multiple peril			0.0	0.0
4.	Homeowners multiple peril			0.0	0.0
5.	Commercial multiple peril			0.0	0.0
6.	Mortgage guaranty			0.0	0.0
8.	Ocean marine			0.0	0.0
9.	Inland marine			0.0	0.0
10.	Financial guaranty			0.0 L	0.0
11.1	Medical professional liability -occurrence			0.0	0.0
11.2	Medical professional liability -claims made			0.0	0.0
12.	Earthquake			0.0	0.0
13.	Group accident and health			0.0	0.0
14.	Credit accident and health			0.0	0.0
15.	Other accident and health			0.0	0.0
16.	Workers' compensation			0.0	0.0
17.1	Other liability occurrence			0.0	0.0
17.2	Other liability-claims made			0.0	0.0
17.3	Excess Workers' Compensation			0.0	0.0
18.1	Products liability-occurrence			0.0	0.0
18.2	Products liability-claims made			0.0	0.0
19.1,19.	2 Private passenger auto liability		I	0.0	0.0
19.3,19.	4 Commercial auto liability			0.0	0.0
21.	Auto physical damage			0.0	0.0
22.	Aircraft (all perils)			0.0	0.0
23.	Fidelity			0.0	0.0
24.	Surety			0.0	0.0
26.	Burglary and theft			0.0	0.0
27.	Boiler and machinery			0.0	0.0
28.	Credit			0.0	0.0
29.	International			0.0	0.0
30.	Warranty			0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property	XXX	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	0.0
35.	TOTALS	20.054.267	571.764	2.9	2.2
	TAILS OF WRITE-INS	20,001,201	5,.5.	2.0	
3401 3402					
3403				0.0	0.0
	m. of remaining write-ins for Line 34 from overflow page		0	0.0	0.0
3499. IO	als (Lines 3401 through 3403 plus 3498) (Line 34)	U	U	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

		1	2	3
		Current	Current	Prior Year
	Line of Business	Quarter	Year to Date	Year to Date
1.	Fire	0		
2.	Allied lines	16,443,564	16,443,564	14,503,347
3.	Farmowners multiple peril	0		
4.	Homeowners multiple peril	0		
5.	Commercial multiple peril	0		
6.	Mortgage guaranty			0
8.	Ocean marine	0		
9.	Inland marine			
10.	Financial guaranty	0		
11.1	Medical professional liability-occurrence	0		
11.2	Medical professional liability-claims made	0		(
12.	Earthquake	0		
13.	Group accident and health	0		(
14.	Credit accident and health			
15.	Other accident and health			(
16.	Workers' compensation	0		0
17.1	Other liability occurrence			
17.2	Other liability-claims made	0		
17.3	Excess Workers' Compensation	0		
18.1	Products liability-occurrence			
18.2	Products liability-claims made			
19.1.19.2	2 Private passenger auto liability			
	4 Commercial auto liability			(
21.	Auto physical damage			
22.	Aircraft (all perils)			(
23.	Fidelity			
24.	Surety			
26.	Burglary and theft			(
27.	Boiler and machinery	0		
28.	Credit	0		(
29.	International			
30.	Warranty			
31.	Reinsurance - Nonproportional Assumed Property		XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines		XXX	XXX
34.	Aggregate write-ins for other lines of business		0	(
35.	TOTALS	16.443.564	16.443.564	14.503.347
	TAILS OF WRITE-INS	10,440,504	10,770,004	14,000,047
	TALES OF WINTERING			
3402				
3403				
	n. of remaining write-ins for Line 34 from overflow page	n	0	
	als (Lines 3401 through 3403 plus 3498) (Line 34)		0	

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STATEMENT AS OF MARCH 31, 2020 OF THE Weston Insurance Company

PART 3 (000 omitted)

	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)	2020 Loss and LAE Payments on Claims Reported as of Prior Year-End	2020 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2020 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. 2017 + Prior	15		104	0	0		15		85	99	0	(5)	
2. 2018	105	106	211	96	0	96	66	23	23	111	57	(61)	(
3. Subtotals 2018 + prior	119	196	315	96	0	96	80	23	107	210	57	(65)	(
4. 2019	660	2,093	2,753	468	151	619	108	119	1,907	2,134	(84)	83	
5. Subtotals 2019 + prior	779	2,289	3,068	564	151	715	188	142	2,015	2,345	(27)		(
6. 2020	xxx	xxx	xxx	xxx	527	527	xxx	634	412	1,046	xxx	xxx	xxx
7. Totals	779	2,289	3,068	564	678	1,242	188	776	2,427	3,391	(27)	18	(1
Prior Year-End 8. Surplus As Regards Policy- holders	38,410										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 3. (0.: Col. 13, Line 7 Line 8

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

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

SCHEDULE B - VERIFICATION

Mortgage Loans		
	1 Year To Date	2 Prior Year Ended December 31
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
2.2 Additional investment made after acquisition		0
Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
Deduct amortization of premium and mortgage interest points and commitment fees		
Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other-than-temporary impairment recognized.		0
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
13. Subtotal (Line 11 plus Line 12)	0	L0
14. Deduct total nonadmitted amounts	0	L0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets						
		1 Year To Date	2 Prior Year Ended December 31			
1. Book/ad	justed carrying value, December 31 of prior year	1,800,000	2,400,000			
2. Cost of a						
2.1 Actu	ıal cost at time of acquisition		0			
2.2 Add	itional investment made after acquisition	1,450,000	0			
Capitaliz	ed deferred interest and other		0			
4. Accrual	of discount		0			
Unrealiz	ed valuation increase (decrease)		0			
Total gai	in (loss) on disposals		0			
Deduct a	amounts received on disposals	150,000	600,000			
8. Deduct a	amortization of premium and depreciation		0			
Total for	eign exchange change in book/adjusted carrying value		0			
	current year's other-than-temporary impairment recognized		0			
11. Book/ad	justed carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	3,100,000	1,800,000			
12. Deduct t	otal nonadmitted amounts	0	0			
13. Stateme	nt value at end of current period (Line 11 minus Line 12)	3,100,000	1,800,000			

SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value of bonds and stocks, December 31 of prior year Cost of bonds and stocks acquired		18,845,268 16,273,899
3. Accrual of discount	3,261	15,128
Unrealized valuation increase (decrease)	0	(9,450)
5. Total gain (loss) on disposals	(1,095)	44,884
Deduct consideration for bonds and stocks disposed of Deduct amortization of premium	1,292,857	11,610,055 50,181
Total foreign exchange change in book/adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized	0	
 Total investment income recognized as a result of prepayment penalties and/or acceleration fees. 	0	5,967
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)		23,515,459
12. Deduct total nonadmitted amounts	0	ļ0
13. Statement value at end of current period (Line 11 minus Line 12)	23,673,932	23,515,459

STATEMENT AS OF MARCH 31, 2020 OF THE Weston Insurance Company

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	erred Stock by NAIC Desig 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)	14,076,335	949,121	918,000	144,755	14,252,212		0	14,076,335
2. NAIC 2 (a)	4,884,489	514,123	543,952	(155,708)	4,698,952	0	0	4,884,489
3. NAIC 3 (a)		0	0	0		0	0	0
4. NAIC 4 (a)			0			0	0	0
5. NAIC 5 (a)		0	0	0		0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	18,960,825	1,463,244	1,461,952	(10,953)	18,951,164	0	0	18,960,825
PREFERRED STOCK								
8. NAIC 1	ا مــــــــــــــــــــــــــــــــــــ					0	0	0
9. NAIC 2						0	0	0
10. NAIC 3	ـا مـــــــــــــــــــــــــــــــــــ						0	0
11. NAIC4						0	0	0
12. NAIC 5	4					0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock		0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	18,960,825	1,463,244	1,461,952	(10,953)	18,951,164	0	0	18,960,825

NAIC 3 \$ ______; NAIC 4 \$ ______; NAIC 5 \$ ______; NAIC 8 \$.______.

STATEMENT AS OF MARCH 31, 2020 OF THE Weston Insurance Company

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
					Paid for Accrued
	Book/Adjusted			Interest Collected	Interest
	Carrying Value	Par Value	Actual Cost	Year To Date	Year To Date
9199999	286,426	XXX	286,854	3,063	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	436,586	6,996,681
Cost of short-term investments acquired		436,853
3. Accrual of discount	134	31,352
Unrealized valuation increase (decrease)	0	0
Total gain (loss) on disposals		0
Deduct consideration received on disposals	150,000	7,028,000
Deduct amortization of premium	294	299
Total foreign exchange change in book/adjusted carrying value		0
Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4	+5-6-7+8-9)286 ,427	436,586
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	286,427	436,586

Schedule DB - Part A - Verification NONE

Schedule DB - Part B - Verification NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION (Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	18,775,602	6,545,462
Cost of cash equivalents acquired	2,584,104	107 , 140 , 023
3. Accrual of discount	25	667
4. Unrealized valuation increase (decrease)		0
Total gain (loss) on disposals	0	0
Deduct consideration received on disposals	4,494,315	94,910,550
7. Deduct amortization of premium	0	0
Total foreign exchange change in book/adjusted carrying value		0
Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	16,865,417	18,775,602
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	16,865,417	18,775,602

<u></u>

STATEMENT AS OF MARCH 31, 2020 OF THE Weston Insurance Company

SCHEDULE A - PART 2

1	Location		4	5	6	7	8	9
Description of Property	2 City	3 State	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition

SCHEDULE A - PART 3

1	Loc	ation	4	5	6	7	8	Change	in Book/Adjus	ted Carrying Va	alue Less Encu	mbrances	es Under Con 14	15	16	17	18	19	20
Description of Property	2 City	3 State	Disposal Date	Name of Purchaser	Actual Cost	Improvements and Changes	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Current Year's Depredation	Impairment	Current Year's Change in Encumbrances	Total Change	Exchange	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain(Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repa and Expens Incurred
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Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

E04

STATEMENT AS OF MARCH 31, 2020 OF THE Weston Insurance Company

SCHEDULE D - PART 3

1	2	3	4	5	6	7	8	9	10 NAIC
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	Designation and Administrative Symbol
Bonds - Industrial an	nd Miscellaneous (Unaffiliated)								
	GENERAL MILLS INC.		01/13/2020	PERSHING LLC	XXX	253 ,838	250,000		2FE
	GOLDMAN SACHS GROUP INC		03/24/2020	Merrill Lynch.	xxx	236,796	250,000		1FE
	JPMORGAN CHASE & CO		02/11/2020	Merrill Lynch	XXX	255,920	250,000	578	1FE
	QUALCOMM INC	22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	03/24/2020	Merrill Lynch	XXX	200,870	200,000		1FE
94973V-BA-4	ANTHEN INC		02/11/2020	CITIGROUP GLOBAL MARKETS INC.	XXX	250 , 285	250,000	042	2FE
	WELLS FARGO & CO.		02/11/2020	GOLDMAN SACHS & CO., NY.	XXX	255_535	250,000	405	1FE
3899999 - Bond	ls - Industrial and Miscellaneous (Unaffiliated)				307	1,403,244	1,450,000	0,594	XXX
8399997 - Bond	ls - Subtotals - Bonds - Part 3					1,463,244	1,450,000	0,594	XXX
8399999 - Bond	ls - Subtotals - Bonds				- 3	1,403,244	1.450.000	0.094	XXX
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9999999 Totals				L		1,463,244	XXX	0.594	XXX

STATEMENT AS OF MARCH 31, 2020 OF THE Weston Insurance Company

SCHEDULE D - PART 4

					Sno	W All Long-I	erm Bonds a	na Stock Soil	a, Kedeemed			During the C	urrent Quan	er						
1	2	3 4	5	6	7	8	9	10		Change in B	look/Adjusted C	arrying Value		16	17	18	19	20	21	22
		F						6	- 11	12	13	14	15						1	1
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		2									Current Year's			Book/		I	l	Bond		NAIC
		<u> </u>													11201000	I	l			
1		e		DECEMBER OF SE				120000 600000	Unrealized	SHOWING WITH THE	Other Than		Total Foreign	Adjusted	Foreign	CAMPARENCE	CONTRACTOR OF THE	Interest/Stock	Stated	Designation
CUSIP		LITERAL MARGINANT		Number of				Prior Year	Valuation	Current Year's	Temporary	ln	Exchange			Realized Gain	Total Gain		Contractual	and
Identi-	107 10700	q Disposal	100 BRANCES	Shares of	200 KW WX	F1535191231919	2000500000	Book/Adjusted	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change In	at	(Loss) on	(Loss) on	(Loss) on	Received	Maturity	Administrative
fication	Description	n Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Carrying Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	Disposal	Disposal	Disposal	During Year	Date	Symbol
	ustrial and Miscellaneous (U		realite of Faranabel	CHOCK	CONTRACTOR	rui vuiuc	ANGEL COOK	Confind value	(Decoreuse)	roorcoor	THEODY REED	(11112-10)	Darco.v.	Diopoddi Daile	Diopoula	Diopoula	Diopouli	During Feet	Duic	Ophibor
								***	_		_			***						
00507U-AF-6.	ACTAVIS FUNDING SCS	_G09/12/2020_	Maturity @ 100.00	XIX.	250,000 250,000	250,000 250,000	255,498 253,955	255,498	0	(235)		(250)		250,000			0	3,790	_05/12/2020_	
022096-A1-0	ALIRIA CHOUP INC	01/14/2020	Maturity & 100.00 Redemption & 100.00		250,000	250,000	23,900		0		<u>9</u>			250,000				3,281	_01/14/2020_	
091162-BK-1_	AMDEN INC	09/22/2020_	Redemption @ 100.00		42,857	42,857	44,227 247,038	44,227	0	(171)	0	(171)		43,952		(1,095)	(1,095)		_11/15/2021_	2FE
58933Y-A5-4	MERCK & GO ING	02/10/2020_	Maturity @ 100.00		250,000	250,000	,247,038	247,098	0	226	9	226		250,000			0	2,313	_02/10/2020_	1FE
	THILIT MORRIS			1					1							I	l			1
	INTERNATIONAL INC.	02/21/2020	Maturity @ 100.00		250,000	250,000	250,973	250,973	0	(50)	0	(50)	0	250,000		0	0	2,500	_02/21/2020_	1FE
						250,000	251,265	251,265	0	(38)	0	(38)	0	250,000			0	2,688	_01/30/2020_	1FE
	Bonds - Industrial and Misc		fillated)		1,292,857	1,292,857	1,302,954	1,302,954	0	(270)	0	(270)	0	1,293,952	0	(1,095)	(1,095)	14,531	XXX	XXX
8399997 -	Bonds - Subtotals - Bonds -	- Part 4			1,292,857	1,292,857	1,302,954	1,302,954	0	(270)	0	(270)	0	1,293,952		(1.095)	(1,095)	14,531	XXX	XXX
	Bonds - Subtotals - Bonds	100000			1,292,857	1,292,857	1,302,954	1,302,954	0	(270)		(270)	0	1,293,952		(1.095)	(1,095)		XXX	XXX
0033333	DOING CADIDATE DOING				1,202,001	1,202,001	1,000,004	1,00,000		(210)		(210)	,	1,200,000	•	11,000	(1,000)	17,001	200	na.
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9999999	referie		·		1,292,857	XXX	1,302,954	1,302,954		(270)		(270)	0	1,293,952		(1,095)	(1,095)	14,531	XXX	XXX
3339399	Utalo				1,292,837	ALL.	1,302,934	1,302,994	U	(210)	U	(270)	U	1,233,302		(1,095)	(1,090)	14,231	AAA	AAA.

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2
NONE

SCHEDULE E - PART 1 - CASH

701	Mont	th End Dep	pository Balance	es				
11	2	3	4	5		Balance at End o		9
			Amount of Interest	Amount of Interest	Month 6	During Current (Quarter 8	
		-	Received	Accrued at				
		Rate	During Current	Current Statement				
Depository	Code	Interest	Quarter	Date	First Month	Second Month	Third Month	
Open Depositories						Name of the last o	100 1000 2000 400	
TD Bank - Master AccountCoral Gables, FL		0.000		0	7,406,610	6,355,766	9,794,234	XXX
TD Bank - ClaimsCoral Gables, FL TD Bank - Premium DepositoryCoral Gables, FL	—	0.000		0 0	(3,436,497)	(2,128,993) 2,839,126	(1,914,572) 4,416,677	XXX
TD Bank - Return PremiumCoral Gables, FL		0.000		0	(81,019)	1,110	1,110	XXX
Webster Bank - MasterHartford, CT		0.000	0	0	13,555	13,555	13,555	XXX
Merrill Lynch - 02024		0.000	0	0	1	2	2	XXX
Merrill Lynch - 02015 Coral Gables FL		0.000		0	1	1	2	XXX
Merrill Lynch - 02037	SD	0.000		0	336,663	336,663	1	XXX
Commerce Bank		0.000	0	0	250,032	250,032	250,032	XXX
TD Bank - Asset Protection		0.000	0	0	4,840,000	4,840,000	4,840,000	XXX
0100001 BB&T Capital Markets		0.000	0	0	159	0	150	XXX
0199998 Deposits in1 depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX	0	0	5	6	6	XXX
0199999 Total Open Depositories	XXX	XXX	0	0	12,422,263	12,507,270	17,740,774	XXX
	 	 				 		
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0399999 Total Cash on Deposit	XXX	XXX	0	0	12,422,263	12,507,270	17,740,774	
0499999 Cash in Company's Office 0599999 Total	XXX	XXX	XXX	XXX	12,422,263	12,507,270	17,740,774	XXX

STATEMENT AS OF MARCH 31, 2020 OF THE Weston Insurance Company

SCHEDULE E - PART 2 - CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
I Other Money Mar	ket Mutual Funds							
1990-33-3	TD BANK DEPOSIT SWEEP		03/31/2020	0.000	XXX	865,084	0	3.0
0284-91-1	MERRILL LYNCH.		03/31/2020	0.000	XXX	298.690	0	
0285-91-8	MERRILL LYNCH		03/26/2020	0.000	XXX	4	0	
0287-91-4	MERRILL LYNCH		03/31/2020	0.000	XXX	245,030	0	
0288-91-2	MERRILL LYNCH		02/04/2020	0.000	XXX	1	0	
8916-FP-0	PREFERRED DEPOSIT (BUS)		03/31/2020	2.070	XXX	15,328,627	0	40.0
0000-55-0	BB&T TRUST DEPOSIT		03/02/2020	0.450	XXX	125,982	0	4
8599999 - ALL OT	her Money Market Mutual Funds	on the desired property and			44,000,000	10,805,418	0	43.7
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MAY 2 1 2020

INSURANCE REGULATION Docketed by: __



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER

COMMISSIONER

IN THE MATTER OF:

CASE NO.: 263849-20-CO

WESTON INSURANCE COMPANY

CONSENT ORDER

THIS CAUSE came on for consideration upon review by the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE") of certain WESTON INSURANCE COMPANY ("WESTON" or "Company") transactions with and receivables from affiliates. After a complete review of the entire record and upon consideration thereof, and otherwise being fully advised in the premises, the OFFICE hereby finds as follows:

- The OFFICE has jurisdiction over the parties and the subject matter of this 1. proceeding.
- WESTON is a domestic property and casualty insurer authorized to transact the 2. business of insurance in Florida pursuant to a subsisting Certificate of Authority issued by the OFFICE in accordance with the provisions of Chapter 624, Part III, Florida Statutes.
- WESTON is owned 100% by Weston Insurance Holdings Corporation ("Weston 3. Holdings"). Weston Insurance Management, LLC ("WIM"), is also owned 100% by Weston Holdings.

- 4. The December 31, 2019, financial statement for WESTON filed with the OFFICE includes assets that are receivables from its affiliates including the following:
 - a. A \$1.8 million loan receivable due from WIM and
 - b. A receivable of approximately \$9.5 million from WIM.
- 5. Subsequent to December 31, 2019, Weston Select Insurance Company ("Weston Select"), a subsidiary of WESTON, was dissolved as a part of a planned expansion into other states that included the acquisition of Anchor Specialty Insurance Company by Weston Holdings. As a result of the dissolution of Weston Select, the stock of Weston Select was cancelled and the underlying assets of Weston Select were absorbed by WESTON. The dissolution of Weston Select provided additional liquidity to WESTON.
- 6. In accordance with Section 628.371(4), Florida Statutes, WESTON requested approval of an extraordinary dividend of up to \$5 million, which the OFFICE approved on April 23, 2020. On April 28, 2020, WESTON paid a dividend to Weston Holdings in the amount of \$5 million.
- 7. Subsequent to December 31, 2019, WESTON loaned additional funds to WIM that increased the \$1.8 million loan balance, listed in paragraph 4.a. above, to \$3.1 million as of March 31, 2020. In addition, the receivable from WIM reported on line 23 of WESTON's March 31, 2020, financial statement, and listed in paragraph 4.b. above, increased to approximately \$12.4 million.
- 8. The amounts receivable from WIM, listed in paragraph 4 above, are more than 10% of WESTON's admitted assets and approximately 60% of its reported March 31, 2020, surplus in excess of the minimum surplus required. This exceeds the limitations of Section 625.325, Florida Statutes.

- 9. In order to improve the liquidity of WESTON, the Company agrees that it will submit a Capital Management Plan ("Plan") to the OFFICE by June 1, 2020. The Plan must address the following:
- a. A schedule of quarterly or more frequent payments to reduce the amount of the current \$3.1 million loan receivable from WIM to a zero balance and the termination of the loan agreement;
- b. A schedule of quarterly or more frequent payments to reduce the amount of the \$12.4 million receivable from WIM and the limitation of the receivable to \$100,000 or less; and
 - c. The planned use of reinsurance to mitigate WESTON's catastrophic risk.
- 10. WESTON agrees to cooperate with the OFFICE in its review of the Plan and to implement the Plan as approved by the OFFICE.
- 11. WESTON agrees to the following restrictions until such time as it completes the Plan as approved by the OFFICE:
- a. WESTON will file monthly financial statements of WIM, including balance sheet, income statement, and a statement of cash flows. Those statements are due 21 days after the end of each month, beginning with a due date of May 21, 2020, for the month ending April 30, 2020.
- b. WESTON will file monthly financial statements of WESTON using the NAIC's Quarterly Financial Statement Blank. Those statements are due 21 days after the end of each month, beginning with a due date of May 21, 2020, for the month ending April 30, 2020.
- c. All premiums produced through WIM will be deposited directly into WESTON accounts only and will not be processed or held by WIM.

- d. WESTON will not loan or advance any additional funds to WIM.
- e. WESTON agrees to maintain total adjusted capital at 3 times the authorized control level risk-based capital.
- f. WESTON will not file applications for a Certificate of Authority, or request authority for any additional lines of business, or seek eligible surplus lines status in any state without the prior written approval of the OFFICE.
- g. WESTON will enter into reinsurance agreements only with non-affiliated reinsurers.
- h. WESTON will provide, by June 1, 2020, a detailed analysis of the reasonableness of the fees and expenses paid by WESTON related to the business of insurance.
- i. WESTON will not participate in any additional take-outs from Citizens

 Property Insurance Corporation or the Texas Windstorm Insurance Association without the prior written approval of the OFFICE.
- j. WESTON will not pay dividends without the prior written approval of the OFFICE.
- 12. WESTON agrees that any failure to comply with any of the terms above will constitute a willful violation of a lawful order of the OFFICE.
- 13. WESTON acknowledges and agrees that failure to comply with any of the terms of this Consent Order would constitute an immediate danger to the public and the OFFICE may immediately suspend, revoke, or take other administrative action as it deems appropriate upon the Certificate of Authority of WESTON in this state, in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.
 - 14. Any prior orders, consent orders, or corrective action plans that WESTON has

entered into with the OFFICE prior to the execution of this Consent Order shall apply and remain in full force and effect for WESTON, except where provisions of such orders, consent orders, or corrective action plans have expired; have been superseded by subsequent orders, consent orders, or corrective action plans; or are inconsistent with this Consent Order.

- 15. Each party to this action shall bear its own costs and fees.
- 16. Any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval of the OFFICE.
- 17. WESTON expressly waives its rights to a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings to which WESTON may be entitled, either by law or by rules of the OFFICE. WESTON hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order, in any forum now or in the future available to them, including the right to any administrative proceeding, state or federal court action, or any appeal.
- 18. The parties agree this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the signature of the authorized representative of WESTON, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, WESTON agrees that the signature of their authorized representative as affixed to this Consent Order shall be under the seal of a Notary Public.

WHEREFORE, the agreement between WESTON INSURANCE COMPANY and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 21 day of May 2020.

David Altmaiae Commissioner

David Altmaier, Commissioner Office of Insurance Regulation

By execution hereof, WESTON INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind WESTON INSURANCE COMPANY to the terms and conditions of this Consent Order. The undersigned also certifies that they have provided the signature below voluntarily and without coercion, based upon the assistance of legal counsel for WESTON INSURANCE COMPANY.

	WESTON INSURANCE COMPANY							
	By:							
	Title: President & CEO							
	Date: May 20, 2020							
STATE OF Florida								
COUNTY OF Miami-Dade								
The foregoing instrument was acknowledged before me by means of □ physical presence or ☒ online notarization, this 20th day of May 2020, by Michael C. Lyons								
as President & CEO	(name of person) for Weston Insurance Company							
(type of authority; e.g., officer, trustee, at								
BFRYAN T MCCULLY MPY COMMISSION # GG 083521 EXPIRES: Nay 1, 2021 Boarded Thru Budgat Malary Services	(Signature of the Notary) Bryan T. McCully (Print, Type or Stamp Commissioned Name of Notary)							
	(Find, Type of Stamp Commissioned Ivalie of Ivotary)							
Personally Known XX OR Pro	oduced IdentificationN/A							
Type of Identification Produced	N/A							
My Commission Expires: May 1,	, 2021							

COPIES FURNISHED TO:

AUSTIN NEAL, ESQ. Foley & Lardner, LLP 106 East College Avenue Suite 900 Tallahassee, Florida 32301 Telephone: (850) 513-3363 Email: aneal@foley.com

MICHAEL LYONS, PRESIDENT

Weston Insurance Company 2555 Ponce De Leon Boulevard Suite 300 Coral Gables, Florida 33134

Email: michael.lyons@weston-ins.com

VIRGINIA CHRISTY, DIRECTOR Property & Casualty Financial Oversight Florida Office of Insurance Regulation 200 East Gaines Street Tallahassee, Florida 32399

Email: virginia.christy@floir.com

MICHAEL KLINER, ASSISTANT GENERAL COUNSEL

Florida Office of Insurance Regulation

200 East Gaines Street Tallahassee, Florida 32399 Telephone: (850) 413-4108 Facsimile: (850) 922-2543

Email: michael.kliner@floir.com





JUL 1 7 2020

INSURANCE REGULATION
Docketed by:

OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 265450-20-CO

Application for the Indirect Acquisition of WESTON INSURANCE COMPANY by ADAM J. BARRON, HSCM BERMUDA FUND LTD., and HSCM BERMUDA SPECIAL OPPORTUNITIES FUND LTD.

CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of an application with the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE") for its approval of the indirect acquisition of WESTON INSURANCE COMPANY ("WESTON") by ADAM J. BARRON, an individual, and HSCM BERMUDA FUND LTD., and HSCM BERMUDA SPECIAL OPPORTUNITIES FUND LTD., each Bermuda exempted companies, (collectively, "HSCM APPLICANTS" and, together with ADAM J. BARRON, "APPLICANTS"), pursuant to Section 628.461, Florida Statutes ("Application"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE hereby finds as follows:

- 1. The OFFICE has jurisdiction over the subject matter the parties herein.
- 2. WESTON is a domestic property and casualty insurer that is authorized to transact property and casualty insurance in Florida pursuant to a subsisting Certificate of Authority issued by the OFFICE, pursuant to Chapter 624, Part III, Florida Statutes.
 - 3. In order to strengthen its liquidity, WESTON is currently operating pursuant to a Page 1 of 18

Capital Management Plan approved by the OFFICE, pursuant to Consent Order 263849-20-CO executed May 21, 2020. A true and correct copy of the Consent Order is attached hereto as Exhibit A.

- 4. All of the voting securities of the HSCM APPLICANTS are owned by HUDSON STRUCTURED CAPITAL MANAGEMENT LTD. ("HUDSON CAPITAL"), a Bermuda exempted company, whose voting securities are owned 99.5% by Hudson Structured Capital Management LP, a Bermuda limited partnership, whose General Partner is HSCM GP LLC, a Delaware limited liability company, whose Managing Member is Michael J. Millette.
- 5. WESTON is owned 100% by WESTON INSURANCE HOLDINGS CORPORATION ("WESTON HOLDINGS"). WESTON HOLDINGS presently has one class of common voting stock, of which 73.67% is currently owned by MICHAEL C. LYONS, an individual, and 13.22% by SOUTHWIND HOLDINGS, LLC ("SOUTHWIND"), with no other 10% or greater shareholders.
- 6. The Application represents that the proposed indirect acquisition of 10% or more of the outstanding voting securities of WESTON would be the result of a planned conversion of all preferred equity (non-voting) shares of WESTON HOLDINGS to common (voting) shares ("Stock Conversion"). Following the Stock Conversion, WESTON HOLDINGS will be owned approximately 11% by MICHAEL LYONS; approximately 14% by ADAM J. BARRON; and approximately 55% by the HSCM APPLICANTS in the aggregate, with no other 10% or greater shareholders. As a result of the Stock Conversion APPLICANTS will have indirectly acquired control of WESTON without any contribution of additional capital by APPLICANTS.
- 7. APPLICANTS, HUDSON CAPITAL, HSCM GP LLC, WESTON, and WESTON HOLDINGS have made material representations that, except as disclosed in the Application,

neither ADAM J. BARRON, nor any of the officers, directors, or managers of the HSCM APPLICANTS, HUDSON CAPITAL, or HSCM GP LLC, nor any of the post-Stock Conversion officers or directors of WESTON HOLDINGS or WESTON have been found guilty of, or have pleaded guilty or nolo contendere to, a felony or a misdemeanor, other than a civil traffic offense.

- 8. Within 30 business days after the execution of this Consent Order, APPLICANTS shall submit, or cause to be submitted, to the OFFICE any documents required by the Application not already provided to the OFFICE, including, but not limited to: Biographical Affidavits; third-party verification reports produced by an approved vendor; fingerprint cards for ADAM J. BARRON, Michael Millette, David Andrews, Dawn Griffiths, Andrew McComb, Ajay Mehra, Jeff Sangster, and Edouard von Herberstein; service of process forms; relevant financial information; and other information as requested by the OFFICE. All documents required to be submitted shall include signatures and notarizations as required.
- 9. APPLICANTS, HUDSON CAPITAL, HSCM GP LLC, WESTON, and WESTON HOLDINGS have further represented that, except as noted in paragraph 8 above, they have submitted complete background information on all individuals referenced in paragraph 7 above. If complete information has not been provided to the OFFICE, or if the sources utilized by the OFFICE in its investigation process reveal that the representations made in paragraph 7 above are inaccurate, said entity shall, within 30 days of receipt of notification from the OFFICE, undertake such remedial actions with regard to the individual at issue as directed by the OFFICE. Such actions may include removing the individual as officer, director, or manager of said entity and replacing them with a person or persons acceptable to the OFFICE, as well the entity requiring that an individual 10% or greater shareholder divest their ownership to below 10%.

- above, APPLICANTS, HUDSON CAPITAL, HSCM GP LLC, WESTON, or WESTON HOLDINGS do not timely take the required corrective action, APPLICANTS, HUDSON CAPITAL, HSCM GP LLC, WESTON, and WESTON HOLDINGS agree that such failure to act would constitute an immediate serious danger to the public and the OFFICE may immediately suspend, revoke, or take other administrative action as it deems appropriate upon the Certificate of Authority of WESTON without further proceedings, pursuant to Sections 120.569(2)(n) and 120.60(6), Florida Statutes.
- 11. All parties to this Consent Order agree that this Consent Order shall be deemed null and void if the Stock Conversion contemplated in the Application is not completed, or required regulatory approvals are not obtained, within 60 days of execution of this Consent Order.
- 12. Within 10 business days after the Stock Conversion contemplated in this Application is completed, APPLICANTS shall submit, or cause to be submitted, to the OFFICE any documents evidencing completion of said Stock Conversion not already provided to the OFFICE. APPLICANTS, WESTON HOLDINGS, or WESTON shall notify the OFFICE within 3 business days of a final determination that the Stock Conversion contemplated in this Application will not occur.
- 13. WESTON shall, no later than 15 days after the month in which the Stock Conversion contemplated in this Application is completed, file an update to its Holding Company Registration Statement, as required by Section 628.801, Florida Statutes, and Rule 690-143.046, Florida Administrative Code.
- 14. Pursuant to Sections 628.461(3)(f)-(g), Florida Statutes, APPLICANTS, or any other party meeting the definition of "ultimate controlling person" as defined in Section

628.801(2), Florida Statutes, shall file with the OFFICE the Enterprise Risk Report required by Section 628.801(2), Florida Statutes, and any and all additional information necessary to evaluate the enterprise risk of WESTON and its affiliates.

- 15. Pursuant to Section 624.10(3), Florida Statutes, and upon completion of the Stock Conversion, APPLICANTS will be controlling entities and, as such, shall comply with Section 628.461(12)(b), Florida Statutes, should APPLICANTS choose to divest their controlling interest in WESTON.
- 16. Any prior orders, consent orders, or corrective action plans that WESTON has entered into with the OFFICE prior to the issuance of this Consent Order shall apply and remain in full force and effect for WESTON, except where provisions of such orders, consent orders, or corrective action plans have expired; have been superseded by subsequent orders, consent orders, or corrective action plans; or are inconsistent with this Consent Order.
- 17. APPLICANTS, HUDSON CAPITAL, HSCM GP LLC, WESTON, and WESTON HOLDINGS affirm and represent that all information, explanations, representations, statements, and documents provided to the OFFICE in connection with this Application, including all attachments and supplements thereto, are true and correct and fully describe all transactions, agreements, ownership structures, understandings, and control with regard to the acquisition and future operations of WESTON. APPLICANTS, HUDSON CAPITAL, HSCM GP LLC, WESTON, and WESTON HOLDINGS further agree and affirm that said information, explanations, representations, statements, and documents, including all attachments and supplements thereto, are material to the issuance of this Consent Order and have been relied upon by the OFFICE in its determination to enter into this Consent Order.
 - 18. WESTON shall report to the OFFICE, Property & Casualty Financial Oversight,

any time that WESTON is named as a party defendant in a class action lawsuit within 15 days after the class is certified. WESTON shall include a copy of the complaint at the time it reports the class action lawsuit to the OFFICE.

- 19. WESTON shall maintain an information security program for the security and protection of confidential and proprietary information under its control that complies with all applicable laws and regulations regarding information security. WESTON agrees that it shall continually monitor and enhance its information security program in order to mitigate data security breaches. WESTON further agrees that it shall notify the OFFICE within 5 business days of identifying a data breach.
- 20. Executive Order 13224 prohibits any transactions by U.S. persons involving the blocked assets and interests of terrorists and terrorist support organizations. WESTON shall maintain and adhere to procedures necessary to detect and prevent prohibited transactions with those individuals and entities, which have been identified at the Treasury Department's Office of Foreign Assets Control website, http://www.treas.gov/ofac.
- 21. Within 60 days from the date of the execution of this Consent Order, APPLICANTS shall submit, or cause to be submitted, to the OFFICE a certification evidencing compliance with all of the requirements of this Consent Order. Any exceptions shall be so noted and contained in the certification. Exceptions noted in the certification shall also include a timeline defining when the outstanding requirements of the Consent Order will be complete. Said certification shall be submitted to the OFFICE via electronic mail and directed to the attention of the Assistant General Counsel representing the OFFICE in this matter and as named in this Consent Order.
 - 22. Any deadlines, reporting requirements, other provisions, or requirements set forth

in this Consent Order may be altered or terminated by written approval of the OFFICE. Such written approval by the OFFICE is subject to statutory or administrative regulation limitations.

- 23. APPLICANTS, HUDSON CAPITAL, HSCM GP LLC, MICHAEL C. LYONS, SOUTHWIND, WESTON, and WESTON HOLDINGS expressly waive a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which they may be entitled by law or rules of the OFFICE. APPLICANTS, HUDSON CAPITAL, HSCM GP LLC, MICHAEL C. LYONS, SOUTHWIND, WESTON, and WESTON HOLDINGS hereby knowingly and voluntarily waive all rights to challenge or to contest this Consent Order in any forum available to them, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.
- 24. APPLICANTS, HUDSON CAPITAL, HSCM GP LLC, WESTON, and WESTON HOLDINGS affirm that all requirements set forth herein are material to the issuance of this Consent Order.
- 25. APPLICANTS, HUDSON CAPITAL, HSCM GP LLC, WESTON, and WESTON HOLDINGS agree that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the OFFICE suspending, revoking, or taking other administrative action as it deems appropriate upon the Certificate of Authority of WESTON in this state, in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.
 - 26. Each party to this action shall bear its own costs and fees.
- 27. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the signatures of APPLICANTS, HUDSON CAPITAL, HSCM GP LLC, MICHAEL C. LYONS, SOUTHWIND,

WESTON, and WESTON HOLDINGS, or their authorized representatives, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, APPLICANTS, HUDSON CAPITAL, HSCM GP LLC, MICHAEL C. LYONS, SOUTHWIND, WESTON, and WESTON HOLDINGS agree that their signatures or the signatures of their authorized representatives as affixed to this Consent Order shall be under the seal of a Notary Public.

WHEREFORE, subject to the terms and conditions set forth above, the Application for the indirect acquisition of WESTON INSURANCE COMPANY by ADAM J. BARRON, HSCM BERMUDA FUND LTD., and HSCM BERMUDA SPECIAL OPPORTUNITIES FUND LTD., pursuant to Section 628.461, Florida Statutes, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this

day of

2020.

David Altmaier, Commissioner Office of Insurance Regulation By execution hereof, WESTON INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind WESTON INSURANCE COMPANY to the terms and conditions of this Consent Order.

\	WESTON INSURANCE COMPANY
	By: Mighael Lyana
P	Print Name: Michael C. Lyons
Γ	Title: President & CEO
Γ	Date: July 8, 2020
STATE OF Florida	
COUNTY OF <u>Miami-Dade</u>	
The foregoing instrument was acknow	ledged before me by means of □ physical presence
or \(\) online notarization, this 8th day	of July 2020, by Michael C. Lyons
as President & CEO	for Weston Insurance Company
(type of authority; e.g., officer, trustee, attor	rney in fact) (company name)
BRYAN TIMOCULLY	Signature of the Notary)
MY COMMISSION # GG 083821 EXPIRES: May 1, 2021	Davis T. McCulli
or not Bonded Thru Budget Notery Services	Bryan T. McCully (Print, Type or Stamp Commissioned Name of Notary)
Personally Known X OR Prod	uced Identification
Type of Identification Produced N/A	
My Commission Expires: May 1, 202	21

By execution hereof, WESTON INSURANCE HOLDINGS CORPORATION consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind WESTON INSURANCE HOLDINGS CORPORATION to the terms and conditions of this Consent Order.

WE	ESTON INSURANCE HOLDINGS CORPORATION
By:	M-f)
Prin	nt Name: Michael C. Lyons
Titl	e: President & CEO
Dat	e:July 8, 2020
STATE OF <u>Florida</u>	
COUNTY OF Miami-Dade	
	lged before me by means of □ physical presence 1 July 2020, by Michael C. Lyons
as President & CEO (type of authority; e.g., officer, trustee, attorney	(name of person)
(type of authority; e.g., officer, trustee, attorney	y in fact) (company name)
	2)22
BRYANT MCCULLY	(Signature of the Notary)
MY COMMISSION IF GG 083521 EXPIRES: May 1, 2021	Bryan T. McCully
Or In Co. Boarded Thru Budget Holery Services	(Print, Type or Stamp Commissioned Name of Notary)
Personally Known X OR Produc	ed Identification
Type of Identification Produced N/A	
My Commission Expires: May 1, 2021	

By execution hereof, ADAM J. BARRON consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein.

$\overline{\mathrm{AD}}$	Adam J. Barron 📦 AM J. BARRON B. July 14, 2020
STATE OF TEXAS COUNTY OF DENTON	
The foregoing instrument was acknowled or Sonline notarization, this day of	ged before me by means of □ physical presence Adam J. Barron 2020, by (name of person)
as(type of authority; e.g., officer, trustee, attorney	for (name of person) in fact) (company name)
MICHELLE ANN BEECHER Notary ID #1565568 My Commission Expires January 30, 2023	Michelle Ann Beecher (Signature of the Notary) Michelle Ann Beecher
Online Notary Public. This notarial act involved the use of online audio/video communication technology.	(Print, Type or Stamp Commissioned Name of Notary)
Personally Known OR Produce British P Type of Identification Produced 01/30/2023	
My Commission Expires:	

By execution hereof, HSCM BERMUDA FUND LTD., consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind HSCM BERMUDA FUND LTD., to the terms and conditions of this Consent Order.

HSC	CM BERMUDA FUND LTD.
By:	Michael Millette
	t Name:Michael J. Millette
Title	Director e:
Date	07/10/2020
STATE OF FLORIDA	
COUNTY OF	
The foregoing instrument was acknowled	ged before me by means of □ physical presence
or online notarization, this 10 day of	July 2020, by MICHAEL J. MILLETTE
as DIRECTOR	(name of person) for HSCM BERMUDA FUND LTD.
(type of authority; e.g., officer, trustee, attorney	in fact) (company name)
	Q. H. Regueja do
Alleen F. REQUEJADO Notary Public - State of Florids Commission & GG 404-09 My Carmit. Explice CG: 22, 2020	(Signature of the Notary)
1	(Print, Type or Stamp Commissioned Name of Notary)
Personally Known OR Produce	ed Identification V
Type of Identification Produced DRIVER	R'S LICENSE
My Commission Expires:	

By execution hereof, HSCM BERMUDA SPECIAL OPPORTUNITIES FUND LTD., consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind HSCM BERMUDA SPECIAL OPPORTUNITIES FUND LTD., to the terms and conditions of this Consent Order.

	HSCM BERMUDA SPECIAL OPPORTUNITIES FUND LTD.
	By: Michael Millette
	Print Name: Michael J. Millette
	Title:
	07/10/2020 Date:
STATE OF FLORIDA	
COUNTY OF MIAMI-DADE	
	nowledged before me by means of □ physical presence
or online notarization, this	day of JULY 2020, by MICHAEL J. MILLETTE HSCM BERMUDA SPECIAL OPPORTUNITIES FUND (company name)
DIRECTOR	HSCM BERMUDA SPECIAL OPPORTUNITIES FUND
(type of authority; e.g., officer, trustee	, attorney in fact) (company name)
	O. Je Requeso do. (Signature of the Notary)
AllEEN F. REQUE JADO Nokary Public - State of Florida Commission # 66 40499 Ny Comm. Expires Oct 22, 2020	(Signature of the Notary)
	(Print, Type or Stamp Commissioned Name of Notary)
Personally Known OR	
Type of Identification Produced_	RIVER'S LICENSE
My Commission Expires:	·

By execution hereof, HUDSON STRUCTURED CAPITAL MANAGEMENT LTD., consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind HUDSON STRUCTURED CAPITAL MANAGEMENT LTD., to the terms and conditions of this Consent Order.

	HUDSON STRUCTURED CAPITAL MANAGEMENT LTD.
	By: Michael Millette
	Print Name: Michael J. Millette
	Title: Managing Partner
	Date: 07/10/2020
STATE OF FLORIDA	
COUNTY OF MIAMI-DADE	
	owledged before me by means of \square physical presence
or online notarization, this	lay of July 2020, by MICHAEL J. MILLETTE
as MANAGING PARTNER	HUDSON STRUCTURE MONAGEMENT LTD for
(type of authority; e.g., officer, trustee, a	ttorney in fact) (company name)
	(Signature of the Notary)
AILEEN F. REQUEJADO Notary Public - State of Florida Commission of GG 42499 My Comm. Expires Oct 22, 2020	(Signature of the Notary)
	(Print, Type or Stamp Commissioned Name of Notary)
Personally KnownOR Pr	oduced Identification
Type of Identification Produced DF	RIVER'S LICENSE
My Commission Expires:	

By execution hereof, HSCM GP LLC consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind HSCM GP LLC to the terms and conditions of this Consent Order.

	HSCM GP LLC
	By: Michael Millette
	Print Name: <u>Michael J. Millette</u>
	Title: Managing Member
	Date: 07/10/2020
STATE OF FLORIDA	
COUNTY OF MIAMI-DADE	
The ferencing instrument was calcu	ovelodged before maky many of \square physical process
The foregoing instrument was acknowledge	owledged before me by means of □ physical presence
or online notarization, this 10	day of July 2020, by MICHAEL J. MILLETTE
as MANAGING MEMBER	ttorney in fact) HSCM GP LLC (name of person) (company name)
(type of authority; e.g., officer, trustee, a	attorney in fact) (company name)
	Q. Je Requero do
AILERN F. REQUEJADO Notary Public - State of Florida Commission 9 60 64499 My Comm. Expires Oct 22, 2020	(Signature of the Notary)
	(Print, Type or Stamp Commissioned Name of Notary)
Personally Known OR Pr	
Type of Identification Produced_DI	RIVER'S LICENSE
My Commission Expires:	N

By execution hereof, MICHAEL C. LYONS consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein.

$\overline{\mathbf{M}}$	ICHAEL (LYONS		
Da	ate: July 8	, 2020		
STATE OF Florida				
COUNTY OF Miami-Dade				
The foregoing instrument was acknowle	edged befor	re me by means	of □ physical presence	
or ☑ online notarization, this 8th day of	of July	2020, by	Michael C. Lyons	
NI/A		or N/A	(name of person)	
as N/A (type of authority; e.g., officer, trustee, attorno	ey in fact)		(company name)	- 0
BRYAN T MCCULLY MY COMMISSION # GG 053521 EXPRES: May 1, 2021 Bonded Their Budget Notary Services	Bryan T	. McCully	of the Notary) Commissioned Name of Notary)	-
Personally Known X OR Production OR Production OR Produced N/A	ced Identif	ication	_	
My Commission Expires: May 1, 2021			_	

By execution hereof, SOUTHWIND HOLDINGS, LLC, consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind SOUTHWIND HOLDINGS, LLC, to the terms and conditions of this Consent Order.

5	SOUTHWAY HOLDINGS, LLC
I	By:
F	Print Name: Peter A. Appel
1	Title: Managing member
I	Date: _July 9, 2020
STATE OF Florida	
COUNTY OF Miami-Dade	
	violedged before me by means of □ physical presence violedged before me by means of □ physical presence violedged before me by means of □ physical presence
of \(\Delta \) offile flotarization, this \(\frac{9th}{} \) day	(name of person)
as Managing Member (type of authority; e.g., officer, trustee, attor	rney in fact) Southwind Holdings, LLC (company name)
BRYANT MCCULLY	(Company hame) (Signature of the Notary) Bryan T. McCully
EXPIRES: May 1, 2021 Bonded Thru Budget Notery Services	(Print, Type or Stamp Commissioned Name of Notary)
- of to- poices and profes noise assume	(, -J _F
Personally Known X OR Prod	luced Identification
Type of Identification Produced N/A	
My Commission Expires: May 1, 2021	

COPIES FURNISHED TO:

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HSCM Bermuda Special Opportunities Fund
Ltd.
Hudson Structured Capital Management
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FILED
MAY 2 1 2020

INSURANCE REGULATION
Docketed by:



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 263849-20-CO

WESTON INSURANCE COMPANY

CONSENT ORDER

THIS CAUSE came on for consideration upon review by the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE") of certain WESTON INSURANCE COMPANY ("WESTON" or "Company") transactions with and receivables from affiliates. After a complete review of the entire record and upon consideration thereof, and otherwise being fully advised in the premises, the OFFICE hereby finds as follows:

- 1. The OFFICE has jurisdiction over the parties and the subject matter of this proceeding.
- 2. WESTON is a domestic property and casualty insurer authorized to transact the business of insurance in Florida pursuant to a subsisting Certificate of Authority issued by the OFFICE in accordance with the provisions of Chapter 624, Part III, Florida Statutes.
- WESTON is owned 100% by Weston Insurance Holdings Corporation ("Weston Holdings"). Weston Insurance Management, LLC ("WIM"), is also owned 100% by Weston Holdings.

- 4. The December 31, 2019, financial statement for WESTON filed with the OFFICE includes assets that are receivables from its affiliates including the following:
 - a. A \$1.8 million loan receivable due from WIM and
 - b. A receivable of approximately \$9.5 million from WIM.
- 5. Subsequent to December 31, 2019, Weston Select Insurance Company ("Weston Select"), a subsidiary of WESTON, was dissolved as a part of a planned expansion into other states that included the acquisition of Anchor Specialty Insurance Company by Weston Holdings. As a result of the dissolution of Weston Select, the stock of Weston Select was cancelled and the underlying assets of Weston Select were absorbed by WESTON. The dissolution of Weston Select provided additional liquidity to WESTON.
- 6. In accordance with Section 628.371(4), Florida Statutes, WESTON requested approval of an extraordinary dividend of up to \$5 million, which the OFFICE approved on April 23, 2020. On April 28, 2020, WESTON paid a dividend to Weston Holdings in the amount of \$5 million.
- 7. Subsequent to December 31, 2019, WESTON loaned additional funds to WIM that increased the \$1.8 million loan balance, listed in paragraph 4.a. above, to \$3.1 million as of March 31, 2020. In addition, the receivable from WIM reported on line 23 of WESTON's March 31, 2020, financial statement, and listed in paragraph 4.b. above, increased to approximately \$12.4 million.
- 8. The amounts receivable from WIM, listed in paragraph 4 above, are more than 10% of WESTON's admitted assets and approximately 60% of its reported March 31, 2020, surplus in excess of the minimum surplus required. This exceeds the limitations of Section 625.325, Florida Statutes.

- 9. In order to improve the liquidity of WESTON, the Company agrees that it will submit a Capital Management Plan ("Plan") to the OFFICE by June 1, 2020. The Plan must address the following:
- a. A schedule of quarterly or more frequent payments to reduce the amount of the current \$3.1 million loan receivable from WIM to a zero balance and the termination of the loan agreement;
- A schedule of quarterly or more frequent payments to reduce the amount of the \$12.4 million receivable from WIM and the limitation of the receivable to \$100,000 or less;
 - c. The planned use of reinsurance to mitigate WESTON's catastrophic risk.
- 10. WESTON agrees to cooperate with the OFFICE in its review of the Plan and to implement the Plan as approved by the OFFICE.
- 11. WESTON agrees to the following restrictions until such time as it completes the Plan as approved by the OFFICE:
- a. WESTON will file monthly financial statements of WIM, including balance sheet, income statement, and a statement of cash flows. Those statements are due 21 days after the end of each month, beginning with a due date of May 21, 2020, for the month ending April 30, 2020.
- b. WESTON will file monthly financial statements of WESTON using the NAIC's Quarterly Financial Statement Blank. Those statements are due 21 days after the end of each month, beginning with a due date of May 21, 2020, for the month ending April 30, 2020.
- c. All premiums produced through WIM will be deposited directly into WESTON accounts only and will not be processed or held by WIM.

- d. WESTON will not loan or advance any additional funds to WIM.
- e. WESTON agrees to maintain total adjusted capital at 3 times the authorized control level risk-based capital.
- f. WESTON will not file applications for a Certificate of Authority, or request authority for any additional lines of business, or seek eligible surplus lines status in any state without the prior written approval of the OFFICE.
- g. WESTON will enter into reinsurance agreements only with non-affiliated reinsurers.
- h. WESTON will provide, by June 1, 2020, a detailed analysis of the reasonableness of the fees and expenses paid by WESTON related to the business of insurance.
- i. WESTON will not participate in any additional take-outs from Citizens
 Property Insurance Corporation or the Texas Windstorm Insurance Association without the prior written approval of the OFFICE.
- j. WESTON will not pay dividends without the prior written approval of the OFFICE.
- 12. WESTON agrees that any failure to comply with any of the terms above will constitute a willful violation of a lawful order of the OFFICE.
- 13. WESTON acknowledges and agrees that failure to comply with any of the terms of this Consent Order would constitute an immediate danger to the public and the OFFICE may immediately suspend, revoke, or take other administrative action as it deems appropriate upon the Certificate of Authority of WESTON in this state, in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.
 - 14. Any prior orders, consent orders, or corrective action plans that WESTON has

entered into with the OFFICE prior to the execution of this Consent Order shall apply and remain in full force and effect for WESTON, except where provisions of such orders, consent orders, or corrective action plans have expired; have been superseded by subsequent orders, consent orders, or corrective action plans; or are inconsistent with this Consent Order.

- 15. Each party to this action shall bear its own costs and fees.
- 16. Any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval of the OFFICE.
- 17. WESTON expressly waives its rights to a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings to which WESTON may be entitled, either by law or by rules of the OFFICE. WESTON hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order, in any forum now or in the future available to them, including the right to any administrative proceeding, state or federal court action, or any appeal.
- 18. The parties agree this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the signature of the authorized representative of WESTON, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, WESTON agrees that the signature of their authorized representative as affixed to this Consent Order shall be under the seal of a Notary Public.

WHEREFORE, the agreement between WESTON INSURANCE COMPANY and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this ______ day of _____ May ____ 2020.

David Altmaier, Commissioner Office of Insurance Regulation

Page 6 of 8

By execution hereof, WESTON INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind WESTON INSURANCE COMPANY to the terms and conditions of this Consent Order. The undersigned also certifies that they have provided the signature below voluntarily and without coercion, based upon the assistance of legal counsel for WESTON INSURANCE COMPANY.

	WESTON INSURANCE COMPANY
	By:
	Title: President & CEO
	Date:May 20, 2020
STATE OF Florida	
COUNTY OF Miami-Dade	
	wledged before me by means of \square physical presence by of $\underline{\text{May}}$ 2020, by $\underline{\text{Michael C. Lyons}}$
	(name of person)
as President & CEO (type of authority; e.g., officer, trustee, att	for Weston Insurance Company comey in fact) (company name)
MY COMMASSION & GG 083821 SOPRES: May 1, 2021 Go ex Bonded Thre Budget Haley Sunices	(Signature of the Notary) Bryan T. McCully (Print, Type or Stamp Commissioned Name of Notary)
Personally KnownXX OR Pro	duced Identification N/A
Type of Identification Produced	N/A
My Commission Expires: May 1,	2021

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QUARTERLY STATEMENT

AS OF JUNE 30, 2020 OF THE CONDITION AND AFFAIRS OF THE

Weston Insurance Company

(Current			14930 Er		
Organized under the Laws of	Period) (Prior Period) Florida	, State	of Domicile or Port of	f Entry	Florida
Country of Domicile		Unite	d States	904 - 103	
Incorporated/Organized	02/21/2012	Comn	nenced Business		12/21/2012
Statutory Home Office	2555 Ponce de Leon Boule (Street and Numb			ral Gables, FL, I	
Main Administrative Office	2555 Ponce de Leon Boulevard,	Suite 300 Co	ral Gables, FL, US 33	134-6037	888-800-5002-1009
Mail Address	(Street and Number) P.O.Box 14-2057	(Cit		ables, FL, US 3	
Primary Location of Books and	(Street and Number or P.O. Box) Records 2555 Ponce de Leon 300	<u> </u>	Coral Gables, FL, US		786-646-1189
Internet Web Site Address	(Street and N	•	(City or Town, State, Coun veston-ins.com	try and Zip Code)	(Area Code) (Telephone Number
Statutory Statement Contact	Rachael Ly	nn Aldulaimi		786-646-	1189
rachael aldu	laimi@weston-ins.com	ame)		a Code) (Telephone I 38-862-7390	Number) (Extension)
	E-Mail Address)			(Fax Number)	
		OFFICERS			
Name	Title		Name		Title
Michael Christopher Lyons Richard Bruno Primerano			ryan Triplett McCully	,SVF	P, CAO & General Counsel
		THER OFFICE	DC		
		TORS OR TRU			
Michael Christopher Lyons Richard Bruno Primerano	DIREC	CTORS OR TRU		orrison	Deanne Dietrich Nixon
Richard Bruno Primerano State of County of The officers of this reporting entity above, all of the herein described a that this statement, together with reliabilities and of the condition and a and have been completed in according the control of the condition and and have been completed in according the control of the condition and and have been completed in according the control of the condition and a control of	Bryan Triplett McC Bryan Triplett McC s Bryan Triplett McC ss being duly sworn, each depose and subsets were the absolute property of lelated exhibits, schedules and explainfains of the said reporting entity as of dance with the NAIC Annual Statemen	cases that they are the describe said reporting entity, from the said reporting entity, from the said reporting entity, from the reporting period state and the said reporting and Account instructions are set of the said in the said instruction in the said in	JSTEES Ernest Alexander Mo sibed officers of said represe and clear from any lie annexed or referred to d above, and of its inconting Practices and Proving	orting entity, and the ens or claims there i, is a full and true me and deduction dedures manual ex	nat on the reporting period state eon, except as herein stated, ar statement of all the assets ar s therefrom for the period ende cept to the extent that: (1) sta
Richard Bruno Primerano State of	Bryan Triplett McC Bryan Triplett McC Bryan Triplett McC ss being duly sworn, each depose and sussets were the absolute property of related exhibits, schedules and explainfairs of the said reporting entity as odance with the NAIC Annual Stateme ules or regulations require difference respectively. Furthermore, the scope research to yellow (except for formatting difficient to the enclosed statement.	Gregory Gre	JSTEES Ernest Alexander Mo sibed officers of said represe and clear from any lic annexed or referred to d above, and of its inconting Practices and Prod d to accounting practice scribed officers also incl filing) of the enclosed si	orting entity, and thens or claims there is a full and true me and deduction edures manual existed and procedure udes the related c tatement. The elect	nat on the reporting period state, son, except as herein stated, ar s tatement of all the assets ar s therefrom for the period ende ccept to the extent that: (1) sta s, according to the best of the orresponding electronic filing wi stronic filing may be requested it
Richard Bruno Primerano State of	Bryan Triplett McC Bryan Triplett McC Bryan Triplett McC Bryan Triplett McC See and see an	gregory Gre	JSTEES Ernest Alexander Mo sibed officers of said represe and clear from any lie annexed or referred to do above, and of its inconting Practices and Prod to accounting practices cribed officers also inclifiling) of the enclosed s	orting entity, and the solution of claims there is a full and true me and deduction endures manual ess and procedure udes the related clatement. The electric statement is a support to the clatement is a support to the claim is a support to the	nat on the reporting period state con, except as herein stated, ar statement of all the assets as stherefrom of the period ende ccept to the extent that: (1) sta s, according to the best of the orresponding electronic filing wi
Richard Bruno Primerano State of	Bryan Triplett McC Bryan Triplett McC Bryan Triplett McC Bryan Triplett McC See and see an	gregory Say that they are the describe said reporting entity, from the reporting period state ent instructions and Accounters in reporting not related of this attestation by the deferences due to electronic Bryan Triplett McCully	STEES Ernest Alexander Mo sibed officers of said represe and clear from any lice annexed or referred to do above, and of its incoming Practices and Prod to accounting practices cribed officers also inclifiling) of the enclosed significant of the enclosed	orting entity, and the solution of claims there is a full and true me and deduction endures manual ess and procedure udes the related clatement. The electric statement is a support to the clatement is a support to the claim is a support to the	hat on the reporting period state, as to as herein stated, as statement of all the assets as as therefrom for the period ende (cept to the extent that: (1) state, according to the best of the orresponding electronic filing wittronic filing may be requested the state of the stat

ASSETS

20		33E13			
			Current Statement Date	9	4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
2	101 0		Worldwillitted Assets	5 00 0 M (10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C 48 (27 X) (61 x)
	Bonds	11,034,171		11,034,171	18,506,264
2.	Stocks:				
	2.1 Preferred stocks			0	0
	2.2 Common stocks			0	5,009,195
3	Mortgage loans on real estate:				
3.	(E)			0	
	3.1 First liens			1893 18880W 18 74	
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less				
	\$ encumbrances)			0	0
	4.2 Properties held for the production of income				
	(less \$ encumbrances)			0	0
	4.3 Properties held for sale (less				
	\$ encumbrances)			0	0
_	Cash (\$15,559,934),				
5.					
	cash equivalents (\$39,655,079)				
	and short-term investments (\$268,242)	55,483,255		55,483,255	38,099,954
6.	Contract loans (including \$premium notes)		 	0	0
	Derivatives	0	L	0	0
	Other invested assets	2.950.000		2.950.000	1.800.000
		2,930,000		, , , , , , , , , , , , , , , , , , , ,	
	Receivables for securities		 	0	0
10.	Securities lending reinvested collateral assets		 	0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
	Subtotals, cash and invested assets (Lines 1 to 11)	69,467,425	0	69 , 467 , 425	63,415,413
	Title plants less \$charged off (for Title insurers			,,	,,
13.					
	only)			0	0
14.	Investment income due and accrued	124,349		124,349	85,145
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	17.846.744	210 787	17,626,957	7 323 547
		17,040,744	219,707	11,020,931	
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums)	4,893,190		4,893,190	3,499,277
	15.3 Accrued retrospective premiums (\$) and				
	contracts subject to redetermination (\$)			0	0
40					
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	659,355		659,355	655,340
	16.2 Funds held by or deposited with reinsured companies			0	0
	16.3 Other amounts receivable under reinsurance contracts	11,550,000		11,550,000	4,840,000
17				0	0
	= -		887.183	0	887 , 183
	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset	1,453,747	600,000	853,747	456,444
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software			0	٥
	Furniture and equipment, including health care delivery assets				
	(\$			0	0
				†····	
	Net adjustment in assets and liabilities due to foreign exchange rates		 	0	0
23.	Receivables from parent, subsidiaries and affiliates	12,149,837	4,486,041	7 ,663 ,796	6,285,946
24.	Health care (\$) and other amounts receivable			0	0
	Aggregate write-ins for other-than-invested assets	967,364	176,699	790,665	357 , 588
	Total assets excluding Separate Accounts, Segregated Accounts and				
20.		110 000 105	c oco 700	110 500 405	97 905 999
	Protected Cell Accounts (Lines 12 to 25)	119,999,195	6,369,709	113,629,486	87,805,883
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts		ļ	0	0
28.	Total (Lines 26 and 27)	119,999,195	6,369,709	113,629,486	87,805,883
		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
	DETAILS OF WRITE-INS			_	_
1101.			ł	0	0
1102.				0	0
1103.			.	0	0
	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
			·····		
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.			 	0	0
2502.	Brokerage Sharing Commission Receivable	790,665	.	790,665	180,890
	State Income Tax Recoverable	176,699	176,699	0	176,698
		0		0	
	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	967,364	176,699	790,665	357,588

LIABILITIES, SURPLUS AND OTHER FUNDS

	LIABILITIES, SURFLUS AND OTHER PO	1	2
		Current Statement Date	December 31, Prior Year
1.	Losses (current accident year \$2,130,869)	3,004,485	2,671,130
2.	Reinsurance payable on paid losses and loss adjustment expenses	6,564,935	0
3.	Loss adjustment expenses	593,800	397 , 280
4.	Commissions payable, contingent commissions and other similar charges		0
5.	Other expenses (excluding taxes, licenses and fees)		0
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	482,620	136,700
7.	1 Current federal and foreign income taxes (including \$ on realized capital gains (losses)).		0
7.:	Net deferred tax liability		0
8.	Borrowed money \$ and interest thereon \$		0
	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$52,355,588 and		
5000	including warranty reserves of \$ and accrued accident and health experience rating refunds		
	including \$ for medical loss ratio rebate per the Public Health Service Act)	10,587,500	2,016,667
10.	Advance premium	3,885,706	1,731,555
	Dividends declared and unpaid:		
	11.1 Stockholders		0
	11.2 Policyholders		
12	•	46,447,921	32,199,709
		13,704,786	9,037,396
14.	,	13,704,760	9,037,390
	Remittances and items not allocated		0
	Net adjustments in assets and liabilities due to foreign exchange rates		0
	Drafts outstanding		0
	Payable to parent, subsidiaries and affiliates		745
	Derivatives	0	0
	Payable for securities		0
22.	Payable for securities lending		0
	Liability for amounts held under uninsured plans		0
24.	Capital notes \$ and interest thereon \$		0
25.	Aggregate write-ins for liabilities	1,497,287	1,204,236
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	86,769,039	49,395,418
27.	Protected cell liabilities		0
28.	Total liabilities (Lines 26 and 27)	86,769,039	49,395,418
29.	Aggregate write-ins for special surplus funds	0	0
30.	Common capital stock	2,500,000	2,500,000
31.	Preferred capital stock		0
32.	Aggregate write-ins for other than special surplus funds		0
33.	Surplus notes		0
34.	Gross paid in and contributed surplus	38,800,000	38,800,000
35.	Unassigned funds (surplus)	(14,439,553)	(2,889,535
36.	Less treasury stock, at cost:		
	36.1 shares common (value included in Line 30 \$)		0
	36.2 shares preferred (value included in Line 31 \$)		0
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	26,860,447	38,410,465
	Totals (Page 2, Line 28, Col. 3)	113,629,486	87,805,883
50.	DETAILS OF WRITE-INS	,,	5. ,000,000
2501	Deferred Ceding Commissions	891,406	690 , 809
	Refunds Payable	282,268	162,747
	Escheat Payable	323,613	350 , 680
	Summary of remaining write-ins for Line 25 from overflow page	025,010	00
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,497,287	1,204,236
2901.		1,701,201	1,204,230
2901.			
2902.			
			٧
	Summary of remaining write-ins for Line 29 from overflow page		
	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
			0
3202.			0
3203.			0
3298.	Summary of remaining write-ins for Line 32 from overflow page	0	0
3299.	Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

Discovering Prior Year Discovering Prior		OTATEMENT OF INC	OIME		
1. Premiums earned: 1.1 Dense (certifiers)			Current Year		3 Prior Year Ended December 31
1 1 1 1 1 1 1 1 1 1		UNDERWRITING INCOME			
1.2 Assumeriary 1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5	1.		550W 940W 550W 5	W-0.000.0000000000000000000000000000000	
1.3 Cedest quittles \$51,731,736)					81,328,021
1. Net rewritten s					
Common control (current recident year \$ 1.2 1.5					77,877,995
2. Losses incurred (current accident year \$			3,812,157	2,5/4,154	5,576,898
2.2 Direct	2				
2.2 Assumed 9, 18, 769 4, 409, 988 204, 12, 23, 268, 201, 14, 661, 918, 24, 150, 25, 25, 254, 114, 4, 801, 26, 26, 26, 26, 26, 26, 26, 26, 26, 26	2.		800 432	12 505 026	28 816 667
2.3 Cested					
2.4 Not					
30. 169 (200 pt.) 4. Other underwifting expenses incurred (90.) (67.9 pt.) 5. Aggregate write-ins for underwifting deductions (90.) (67.0 pt.) 6. Total underwifting deductions (190.) (90.0 pt.) 6. Total underwifting deductions (190.0 pt.) 6. Net underwifting deductions (190.0 pt.) 6. Net underwifting gain (poss) (Line 1 minus Line 6 + Line 7) (5.02,009) (90.) (93.) (4.730,1.0 pt.) 7. Net reaction of capital gains (posse) (Line 1 minus Line 6 + Line 7) (90.0 pt.) 8. Net reaction capital gains (posse) (Line 1 minus Line 6 + Line 7) (90.0 pt.) (90.0					4,870,214
4. Other underwriting expenses incurred	3				
5. Agargapate with-line for underwriting deductions 0					(822,855)
6. Total underwriting deductions (Lines 2 through 5)				0.5	0
7. Net income of protected cells				1,920,970	4,758,848
### INVESTMENT INCOME 9. Net investment income earned 100, 419 342 (065 413, 413, 410). Net reacted capital gains to see capital gains tax of \$ 9, 480 15,720 441, 411, 111, 111, 111, 111, 111, 111				0	0
9. Net investment income carmed 103, 419 242, 655 1,37,50 444, 11. Net investment gain (loss) (Lines 9 + 10) 112,880 255,815 458,71. Net gain or (loss) from agenta' or premium balances charged off 112,880 112,880 255,815 458,71. Net gain or (loss) from agenta' or premium balances charged off 112,880 112,880 255,815 458,71. Net gain or (loss) from agenta' or premium balances charged off 112,880 115,875 145,505 209, 209, 209, 209, 209, 209, 209, 209,				653,184	818,050
10 Net realized capital gaine (loses) (Lines 9 + 10)			400 440		
11. Net investment gain (loss) (Lines 9 + 10) OTHER RICOME 12. Net gain or (loss) from agents or premium basinese sharped off (amount recovered \$ amount charged off \$.					,
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered 5					44,884
12 Net gain or (loss) from agents' or premium balances charged off 5 11,292	11.	Net investment gain (loss) (Lines 9 + 10)	112,880	255,815	458,723
Camount recovered \$	12.				
13 Finance and service charges not included in premiums			11,292	(94, 251)	(109,663)
14. Aggregate write-ins for miscellaneous income	13.			145,505	289,206
15. Total other income (Lines 12 through 14)					0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 9 + 11 + 15)			166,866	51.253	179.543
and foreign income taxes (Lines 8 + 11 + 15)					, , , , , , , , , , , , , , , , , , , ,
and foreign income taxes (Line 16 minus Line 17)	17.	and foreign income taxes (Lines 8 + 11 + 15)	(4,749,063)		1,456,317 0
19. Federal and foreign income taxes incurred 0	18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal	(4.740.000)	000 000	4 450 047
20. Net income (Line 18 minus Line 19)(to Line 22)		and foreign income taxes (Line 16 minus Line 17)	(4,749,063)		1,456,317
CAPITAL AND SURPLUS ACCOUNT 38,410,465 43,074,673 43,074,673 43,074,673 43,074,673 43,074,673 43,074,673 43,074,673 43,074,673 43,074,673 43,074,673 43,074,673 45,074,673					0
21 Surplus as regards policyholders, December 31 prior year 33, 410, 455 43, 074, 673 43, 074, 673 560, 252 1, 456, 12 22. Net transfers (to) from Protected Cell accounts (4, 749, 663) 560, 252 1, 456, 12 22. Change in net unrealized capital gains or (losses) less capital gains tax of 12, 442 0 0 (9, 4 250, 12) 0 (9, 4 250, 12) 0 (10, 42) 0 0 (10, 42) 0 0 0 0 0 0 0 0 0	20.	Net income (Line 18 minus Line 19)(to Line 22)	(4,749,063)	960,252	1,456,317
21 Surplus as regards policyholders, December 31 prior year 33, 410, 455 43, 074, 673 43, 074, 673 560, 252 1, 456, 12 22. Net transfers (to) from Protected Cell accounts (4, 749, 663) 560, 252 1, 456, 12 22. Change in net unrealized capital gains or (losses) less capital gains tax of 12, 442 0 0 (9, 4 250, 12) 0 (9, 4 250, 12) 0 (10, 42) 0 0 (10, 42) 0 0 0 0 0 0 0 0 0					
22. Net income (from Line 20)					
23. Net transfers (b) from Protected Cell accounts.					
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 5. Change in net unrealized foreign exchange capital gain (loss). 25. Change in net deferred income tax. 26. Change in nonadmitted assets. 27. Change in provision for reinsurance. 28. Change in surplus notores. 29. Change in surplus notores. 30. Surplus (contributed to) withdrawn from protected cells. 31. Cumulative reflect of changes in accounting principles. 32. Palad in. 32. Transferred from surplus (Slock Dividend). 32. Transferred from surplus (Slock Dividend). 33. Surplus adjustments: 33.1 Pad in. 33.2 Transferred to capital (Slock Dividend). 33.3 Transferred to capital (Slock Dividend). 33.3 Transferred from capital. 34. Net remittances from or (to) Home Office. 35. Dividends to stockholders. 36. Change in virules and losses in surplus. 37. Aggregate write-ins for gains and losses in surplus. 38. Change in a surplus and losses in surplus. 39. Dividends to stockholders. 30. Dividends to stockholders. 31. Change in a surplus and stockholders. 31. Change in a surplus and stockholders. 32. Transferred from capital. 33. Transferred from capital. 34. Net remittances from or (to) Home Office. 35. Dividends to stockholders. 36. Change in virules are gards policyholders (Lines 22 through 37). 37. Aggregate write-ins for gains and losses in surplus. 38. Surplus as regards policyholders (Lines 22 through 37). 39. Surplus as gards policyholders, as of statement date (Lines 21 plus 38). 30. DETAILS OF WRITE-INS 30. DETAILS OF WRITE-INS 30. Summary of remaining write-ins for Line 5 from overflow page. 30. D.					
\$				0	0
25. Change in net unrealized foreign exchange capital gain (loss)	24.		42.442	0	(0.450)
26. Change in not deferred income tax	25				
Change in nonadmitted assets					
28. Change in provision for reinsurance			(2 810 700)		
29. Change in surplus notes					(5,100,405)
30. Surplus (contributed to) withdrawn from protected cells					
31. Cumulative effect of changes in accounting principles 0 32. Capital changes: 0 0 32.1 Transferred from surplus (Stock Dividend) 0 0 32.2 Transferred from surplus (Stock Dividend) 0 0 32.3 Transferred to surplus 0 0 33.2 Surplus adjustments: 0 0 33.3 Surplus adjustments: 0 0 33.3 Transferred to capital (Stock Dividend) 0 33.3 Transferred from capital 0 0 33.3 Transferred from capital 0 0 0 33.5 Transferred from capital 0 0 0 0 0 0 0 0 0					
32. Capital changes:			I I		
32.1 Paid in 0 0 32.2 Transferred from surplus (Stock Dividend) 0 0 32.3 Transferred to surplus 0 0 0 33.3 Surplus adjustments: (2,700,000) (2,7					
32.2 Transferred from surplus (Stock Dividend)	32.			0	0
32.3 Transferred to surplus			1 1		0
33. Surplus adjustments: (2,700,000) (0
33.1 Paid in	33				
33.2 Transferred to capital (Stock Dividend) 33.3 Transferred from capital 0 0 0 0 0 0 0 0 0	55.			(2.700.000)	(2.700.000)
33.3 Transferred from capital 0 34. Net remittances from or (to) Home Office 0 0 0 0 0 0 0 0 0					0
34. Net remittances from or (to) Home Office 0 35. Dividends to stockholders (5,000,000) 0 36. Change in treasury stock 0 0 37. Aggregate write-ins for gains and losses in surplus 0 0 38. Change in surplus as regards policyholders (Lines 22 through 37) (11,550,018) (2,082,112) (4,664,2 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) 26,860,447 40,992,561 38,410,4 DETAILS OF WRITE-INS 0501. 0 0502. 0 0 0503. 0 0 0598. Summary of remaining write-ins for Line 5 from overflow page 0 0 0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) 0 0 1401. 0 0 1402. 0 0 1403. 0 0 1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) 0 0 3701. 0 0 3703. 0 0 0 3703. 0 0 0 3703. 0 0 0 <td>1</td> <td></td> <td></td> <td></td> <td>0</td>	1				0
35. Dividends to stockholders (5,000,000) 0 0	34.				
36. Change in treasury stock		• •	(5.000.000)		0
37. Aggregate write-ins for gains and losses in surplus 0 0 38. Change in surplus as regards policyholders (Lines 22 through 37) (11,550,018) (2,082,112) (4,664,2 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) 26,860,447 40,992,561 38,410,4 DETAILS OF WRITE-INS 0501. 0 0 0502. 0 0 0503. 0 0 0598. Summary of remaining write-ins for Line 5 from overflow page 0 0 0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) 0 0 1401. 0 0 1402. 0 0 1403. 0 0 1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) 0 0 3701. 0 0 3703. 0 0 0 3709. 0 0 0 3709. 0 0 0			(-,-55,555)		0
38. Change in surplus as regards policyholders (Lines 22 through 37) (11,550,018) (2,082,112) (4,664,2 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) 26,860,447 40,992,561 38,410,4 DETAILS OF WRITE-INS DETAILS OF WRITE-INS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			. 0		0
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) DETAILS OF WRITE-INS 0501. 0502. 0 0 0503. 0598. Summary of remaining write-ins for Line 5 from overflow page 0 0 1401. 1402. 1403. 1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) 0 0 3701. 3702. 3703. 3798. Summary of remaining write-ins for Line 37 from overflow page 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			(11,550,018)	(2,082,112)	(4,664,209)
DETAILS OF WRITE-INS 0501.					38,410,465
0501			,,	,,	,
0502	0501			0	0
0503. 0					0
0598. Summary of remaining write-ins for Line 5 from overflow page				0	0
0 0 0 0 1401.			0	0	0
1401. 0 1402. 0 1403. 0 1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) 0 0 3701. 0 3702. 0 0 3703. 0 0 3798. Summary of remaining write-ins for Line 37 from overflow page 0 0			0	0	0
1402	_			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page 0 0 1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) 0 0 3701. 0 0 3702. 0 0 3703. 0 0 3798. Summary of remaining write-ins for Line 37 from overflow page 0 0				0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	1403.				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
3701. 0 3702. 0 3703. 0 3798. Summary of remaining write-ins for Line 37 from overflow page 0 0 0					0
3702. 0 3703. 0 3798. Summary of remaining write-ins for Line 37 from overflow page 0	$\overline{}$			0	0
3703. 0 3798. Summary of remaining write-ins for Line 37 from overflow page 0				0	0
3798. Summary of remaining write-ins for Line 37 from overflow page00					0
			0		0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above) U U U		TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

CASH FLOW

		200		
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
		To Date	To Date	December 31
	Cash from Operations	24 C44 202	44 000 000	E 404 700
	Premiums collected net of reinsurance	21,644,293	14,362,052	5,484,792
	Net investment income	279,226		452,241
	Miscellaneous income	166,866	51,253	179,543
	Total (Lines 1 to 3)	22,090,385	14,662,538	6,116,577
	Benefit and loss related payments	7,200,994	4,050,156	2,328,304
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	
	Commissions, expenses paid and aggregate write-ins for deductions	1,275,828	(514,783)	(422,459)
	Dividends paid to policyholders	0	0	
9.	Federal and foreign income taxes paid (recovered) net of \$tax on capital			
	gains (losses).	0	(556,450)	(568, 461)
10.	Total (Lines 5 through 9)	8,476,823	2,978,924	1,337,385
11.	Net cash from operations (Line 4 minus Line 10)	13,613,562	11,683,614	4,779,192
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:	505.00000000000000000000000000000000000	1001 0000000000000000000000000000000000	*** **********************************
	12.1 Bonds	11,228,569	2,502,796	6,403,658
	12.2 Stocks	0	179,929	5,206,397
	12.3 Mortgage loans	0	0	0
	12.4 Real estate	0	0	0
	12.5 Other invested assets	300,000	300,000	600,000
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
	12.7 Miscellaneous proceeds	17,759	5,486	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	11,546,328	2,988,210	12,210,056
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	3,760,747	2,740,600	6,274,061
	13.2 Stocks	0	5,000,000	9,999,837
	13.3 Mortgage loans	0	0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets	1,450,000	0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	5,210,747	7,740,600	16,273,899
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	6.335.581	(4.752.390)	(4.063.843)
	Cash from Financing and Miscellaneous Sources	5,555,551	(1,102,000)	(1,000,010)
16	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	٥
	16.2 Capital and paid in surplus, less treasury stock	0	(2,700,000)	(2.700.000)
	16.3 Borrowed funds	0	(2,700,000)	(2,700,000)
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
	16.5 Dividends to stockholders	5,000,000	0	0
	16.6 Other cash provided (applied).	2,434,157	7.034.261	1,491,278
17	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5	2,404,101	7,004,201	1,401,210
17.	plus Line 16.6)	(2,565,843)	4,334,261	(1,208,722)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	17,383,300	11,265,486	(493,373)
19.	Cash, cash equivalents and short-term investments:	00 000 5	00 500 555	00 500
	19.1 Beginning of year	38,099,954	38,593,327	38,593,327
	19.2 End of period (Line 18 plus Line 19.1)	55,483,255	49,858,813	38,099,954

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Weston Insurance Company (the Company) are presented on a basis of accounting practices prescribed or permitted by the Florida Office of Insurance Regulation.

The Florida Office of Insurance Regulation recognizes only statutory accounting practices prescribed by or permitted by the State of Florida for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Florida Insurance Law. The National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Florida.

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

		SSAP#	F/S Page	F/S Line #	06/30/2020	12/31/2019
Net Income						
(1) State basis (Pa	ge 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$(4,749,062)	\$ 1,456,317
(2) State prescribe from NAIC SAF	d practices that are an increase / (decrease)					
(3) State permitted from NAIC SAF	d practices that are an increase / (decrease)					
(4) NAIC SAP (1-2-	3=4)	XXX	XXX	XXX	\$ (4,749,062)	\$ 1,456,317
Surplus						
(5) State basis (Pa	ge 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 26,860,447	\$ 38,410,465
(6) State prescribe from NAIC SAF	d practices that are an increase / (decrease)					
(7) State permitted from NAIC SAF	d practices that are an increase / (decrease)					
(8) NAIC SAP (5-6-	7=8)	XXX	XXX	XXX	\$ 26,860,447	\$ 38,410,465

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

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

C. Accounting Policy

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.

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

In addition, the company uses the following accounting policies:

- (1) Basis of valuation of short-term investments stated at amortized value using the effective interest method.
- (2) Basis of valuation of bonds Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Basis of valuation of common stock Common stock is stated at fair value.
- (4) Preferred stocks Not Applicable
- (5) Mortgage loans Not Applicable
- (6) Loan-backed securities Not Applicable
- (7) Basis of valuation of subsidiary, controlled and affiliated Investments in subsidiaries are carried at the lower of cost or fair value.
- (8) Investments in joint ventures, partnerships and limited liability companies Not Applicable
- (9) Derivatives Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation Not Applicable
- (11) Method of establishing loss and LAE reserves 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. In spite of the variability inherent in such estimates, management believes that the liabilities for unpaid losses and loss adjustment expenses are adequate. The methods, for making such estimates and for establishing the resulting liability are continually reviewed and any changes are reflected in the period determined. Subrogation and salvage recoveries are reviewed and any adjustments are recorded as reductions in losses and loss adjustment expenses when received.
- (12) Changes in capitalization policy Not Applicable
- (13) Pharmaceutical rebate receivables Not Applicable
- D. Going Concem Not Applicable
- 2. Accounting Changes and Corrections of Errors Not Applicable
- 3. Business Combinations and Goodwill Not Applicable
- 4. Discontinued Operations Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans Not Applicable
- B. Debt Restructuring Not Applicable
- C. Reverse Mortgages Not Applicable
- D. Loan-Backed Securities Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- J. Real Estate Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC) Not Applicable
- L. Restricted Assets
 - (1) Restricted assets (including pledged)

				Gross (Admit	ted & Nonadmit	ted) I	Restricted									
				Current Year		,							Current Y	'ear		
		(1)	(2)	(3)	(4)		(5)	(6)		(7)	(8)		(9)	(10)		(11)
	Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity		Total (1 + 3)	otal From rior Year	(D	crease / ecrease) (5 - 6)	Total Nonadmitted Restricted		I Admitted estricted (5-8)	Gross (Admitted Nonadmi Restricte to Total Assets,	tted) i	
a.	Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$		\$	\$		\$. \$	**************		%	%
b.	Collateral held under security lending agreements															
C.	Subject to repurchase agreements															
d.	Subject to reverse repurchase agreements															
e.	Subject to dollar repurchase agreements															
f.	Subject to dollar reverse repurchase agreements															
g.	Placed under option contracts							 								
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock.															
i.	FHLB capital stock															
j.	On deposit with states	467,776					467,776	335,984		131,792			467,776	0.39)	0.412
k	On deposit with other regulatory bodies															
L	Pledged as collateral to FHLB (including assets backing funding agreements)															
m.	Pledged as collateral not captured in other categories															
n.	Other restricted assets							 4,840,000		(4,840,000)						
0.	Total restricted assets	\$ 467,776	\$	\$	\$	\$	467,776	\$ 5,175,984	\$	(4,708,208)	\$	\$	467,776	0.39)%	0.412%

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

The Company has restricted assets in the amount of \$11,550,000 per the terms of a reinsurance contract, requiring deposit accounting, incepting June 1, 2020.

5. Investments (Continued)

			Gross (Admit	ted & Nonadmitt	ted) Restricted				Perce	ntage
			Current Year			_				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Description of Assets	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity	Total (1 + 3)	Total From Prior Year	Increase/ (Decrease) (5 - 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets, %	Admitted Restricted to Total Admitted Assets, %
Total	\$	\$	\$	\$	\$	\$ 4,840,000	\$ (4,840,000)	\$	%	%

- (4) Collateral received and reflected as assets within the reporting entity's financial statements Not Applicable
- M. Working Capital Finance Investments Not Applicable
- N. Offsetting and Netting of Assets and Liabilities Not Applicable
- O. 5GI Securities Not Applicable
- P. Short Sales Not Applicable
- Q. Prepayment Penalty and Acceleration Fees Not Applicable
- 6. Joint Ventures, Partnerships and Limited Liability Companies Not Applicable

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

The Company non-admits investment income due and accrued if amounts are over 90 days past due.

- B. Total Amount Excluded Not Applicable
- 8. Derivative Instruments Not Applicable
- 9. Income Taxes No Significant Changes

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

A. Nature of relationships

All outstanding shares of the Company are owned by Weston Insurance Holdings Corporation (WIHC), a Florida Corporation.

B. Detail of transaction greater than 0.5% of admitted assets

In December 2016, the Company converted a portion of its intercompany balance with Weston Insurance Management (WIM) to a loan in the amount of (USD 3,250,000). The loan may be partially or fully repaid at any time by WIM upon mutual written agreement between the parties but at a minimum in compliance with applicable amortization requirements for admissibility of any outstanding balance by the Company as an asset pursuant to Chapter 625, Florida Statutes. The loan will be automatically terminated on December 30, 2021 (the "Termination Date") unless otherwise agreed in writing between WIM and the Company. All capital amounts outstanding under the loan will be due and payable to the Company on the Termination Date.

On June 30, 2020, the amount of the loan outstanding is \$2,950,000. Interest income in the amount of \$78,294 was recorded by the Company in 2020.

The dissolution of the Weston Select Insurance Corporation (an affiliated company, WSIC) was authorized by a unanimous written consent action of WSIC's Board of Directors on April 15, 2020, and by a written consent action of WSIC's shareholder on April 15, 2020. The dissolution of WSIC was authorized by resolution of the Board of Directors in accordance with Section 33-14-101 of the South Carolina Statutes, and by WSIC's shareholder in accordance with Section 33-14-102 of the South Carolina Statutes. These Articles of Dissolution are effective as of April 16, 2020.

- C. Amount of Transactions & Effects of Change in Terms of Intercompany Arrangements Not Applicable
- D. Amounts due to or from related parties

The Company has a receivable of \$12,433,216 from WIM, \$7,663,796 of such value has been admitted.

- E. Guarantees or Contingencies Not Applicable
- F. Management, service contracts, cost sharing arrangements

WIM, an affiliate of the Company, is the exclusive management general agent for the Company. Under the Managing General Agency (MGA) Agreement with WIM, the Company pays a commission to the MGA for expenses incurred that are related to underwriting, acquisition, operations management, and for claims administration. An expense of \$11,753,402 and \$11,166,429 was recorded for the three months endingJune 30, 2020 and 2019 respectively, per the terms of the MGA agreement.

- G. Nature of Relationships that Could Affect Operations Not Applicable
- H. Amount Deducted for Investment in Upstream Company Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies Not Applicable
- K. Foreign Subsidiary Value Using CARVM Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method Not Applicable

Quarterly Statement as of June 30, 2020 of the Weston Insurance Company

Notes to the Financial Statements

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

M. All SCA Investments

(1) Balance sheet value (admitted and nonadmitted) all SCAs (except 8b(i) entities)

	SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a.	SSAP No. 97 8a Entities				
	Total SSAP No. 97 8a Entities	XXX	\$	\$	\$
b.	SSAP No. 97 8b(ii) Entities				
	Total SSAP No. 97 8b(ii) Entities	XXX	\$	\$	\$
C.	SSAP No. 97 8b(iii) Entities				
	Weston Select Insurance Company	%	\$	\$	\$
	Total SSAP No. 97 8b(iii) Entities	XXX	\$	\$	\$
d.	SSAP No. 97 8b(iv) Entities				
	Total SSAP No. 97 8b(iv) Entities	XXX	\$	\$	\$
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities) (b+c+d)	XXX	\$	\$	\$
f.	Aggregate Total (a+e)	XXX	\$	\$	\$

NAIC Disallawed

(2) NAIC filing response information

	SCA Entity	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received (Yes/No)	NAIC Disallowed Entities Valuation Method, Resubmission Required (Yes/No)	Code**
a.	SSAP No. 97 8a Entities						
	Total SSAP No. 97 8a Entities			\$			
b.	SSAP No. 97 8b(ii) Entities						
	Total SSAP No. 97 8b(ii) Entities			\$			
C.	SSAP No. 97 8b(iii) Entities						
	Total SSAP No. 97 8b(iii) Entities			\$			
d.	SSAP No. 97 8b(iv) Entities						
	Total SSAP No. 97 8b(iv) Entities			\$	•		
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities) (b+c+d)			\$	•		
f.	Aggregate Total (a+e)			\$			
	* S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disal	lowed Filing	a				

^{*}S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing

N. Investment in Insurance SCAs

(1) Not Applicable

(2) The monetary effect on net income and surplus

	Monetary Eff	ect on NAIC SAP	Amount of Investment		
	Net Income	Surplus	Dan Auditand	If the Insurance SCA had Completed Statutory	
SCA Entity (Investments in Insurance SCA Entities)	(Decrease)	(Decrease)	Per Audited Statutory Equity	Financial Statements*	
Weston Select Insurance Company	\$	\$	\$	\$	

^{*} Per AP&P Manual (without permitted or prescribed practices)

- (3) Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking Not Applicable
- 11. Debt Not Applicable

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

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

1. Outstanding shares

As of June 30, 2020 and 2019 the Company has 25,000 shares of authorized, issued and outstanding common stock at par value of one hundred dollars (\$100) per share.

- 2. Dividend Rate of Preferred Stock Not Applicable
- 3. Dividend restrictions

^{**} I - Immaterial or M - Material

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

Florida Statute 628.371 restricts dividend payment for State of Florida insurance companies without prior approval by the Insurance Commission to the larger of: 10% of the policyholders' surplus or the entire net income of the preceding year plus a two year carry forward. The dividend may also be computed as 10% of surplus with dividends constrained to unassigned funds minus 5% of unrealized capital gain. A third computation provides for the lesser of 10% of surplus or net investment income plus a year carry-forward with dividends constrained to unassigned funds minus 25% of unrealized capital gains. The maximum allowed for dividend restrictions is the lesser of the above calculations or the unassigned funds at year end. After computation the total amount of dividend restriction for WIC is \$3,876,162, which is 10% of surplus.

4. Dates and amounts of dividends paid

The company paid a total of \$2,700,000 to parent, Weston Insurance Holdings Company, during the first quarter of 2019. The company paid a total of \$5,000,000 to parent, Weston Insurance Holdings Company, during the second quarter of 2020.

- 5. Company Profits Paid as Ordinary Dividends Not Applicable
- 6. Surplus Restrictions Not Applicable
- 7. Surplus Advances Not Applicable
- 8. Stock Held for Special Purposes Not Applicable
- 9. Changes in Special Surplus Funds Not Applicable
- 10. Unassigned funds (surplus) Not Applicable
- 11. Company-Issued Surplus Debentures or Similar Obligations Not Applicable
- 12. Impact of Any Restatement Due to Prior Quasi-Reorganizations Not Applicable
- 13. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years Not Applicable

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments Not Applicable
- B. Assessments Not Applicable
- C. Gain Contingencies Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Extra contractual obligation and bad faith losses – The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

(f) Per Claim []

- (1) 1 d oldini []
- (g) Per Claimant []
- E. Product Warranties Not Applicable
- F. Joint and Several Liabilities Not Applicable
- G. All Other Contingencies

Various lawsuits against the Company have arisen in the normal course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets that it considers to be impaired.

- 15. Leases Not Applicable
- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk Not Applicable
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities Not Applicable
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans Not Applicable
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

In 2012, the Company entered into a Managing General Agent and Claims Administration Agreement with WIM. The terms of the MGA contract give the MGA authority for the claims payment (C), claims adjustment (CA), reinsurance ceding (R), binding authority (B), premium collection (P), and the Managing General Agent and Claims Administration Agreement with WIM to increase the commission to WIM by 2.25% to a total of 26.50% for services to the Company. All authorities for WIM with respect to the MGA contract remain unchanged.

Quarterly Statement as of June 30, 2020 of the Weston Insurance Company

Notes to the Financial Statements

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators (Continued)

Name and Address of Managing General Agent or Third Party Administration	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premium Written Produced By	
Weston Insurance Management, LLC, P.O. Box 14-2057, Coral Gables, FL 33114	45-2754156	YES	Fire/Allied/ Homeowners Multi peril/Commercial Multi peril	C,CA,R,P,B,U	\$	47,544,430
Total					\$	47,544,430

20. Fair Value Measurements

- A. Fair Value Measurement
 - (1) Fair value measurements at reporting date

	Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a.	Assets at fair value			Mes		
	Bonds	\$ 11,238,111	\$	\$	\$	\$ 11,238,111
	Total assets at fair value/NAV	\$ 11,238,111	\$	\$	\$	\$ 11,238,111
b.	Liabilities at fair value		•	•		
	Total liabilities at fair value	\$	\$	\$	\$	\$

- (2) Fair value measurements in Level 3 of the fair value hierarchy Not Applicable
- (3) Policy on transfers into and out of Level 3 Not Applicable
- (4) Inputs and techniques used for Level 2 and Level 3 fair values Not Applicable
- (5) Derivatives Not Applicable
- B. Other Fair Value Disclosures Not Applicable
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 11,238,111	\$ 11,238,111	\$ 11,238,111	\$	\$	\$	\$
Common Stock							
Cash, Cash Equivalents and Short- Term Investments	39,655,079	39,655,079	39,655,079				

- D. Not Practicable to Estimate Fair Value Not Applicable
- E. Nature and Risk of Investments Reported at NAV Not Applicable

21. Other Items

- A. Unusual or Infrequent Items Not Applicable
- B. Troubled Debt Restructuring Not Applicable
- C. Other Disclosures
 - Assets in the amount of \$339,614 are on deposit with the State of Florida, Department of Financial Services, and \$124,812 is on deposit
 with the State of South Carolina, as required by law.
 - For the six months ending June 30, 2020, the Company wrote \$47,544,430 of direct premium, assumed \$4,762,796 of premium from
 Citizens Property Insurance Corporation, assumed \$11,322,654 from Weston Specialty Insurance Company, and assumed(342,038) from
 Texas Windstorm Insurance Association (TWIA). The TWIA premium is a result of a reclassification of assumed reinsurance premium to
 direct premium via a novation contract that incepted on June 1, 2020.
 - 3. Agent balances certification
 - o Agents' balance or uncollected premiums as reported on Page 2, Line 15.1 were \$17,846,744
 - Amounts of agents' balances or uncollected premiums from Page 2, Line 15.1 that is due from "controlled" or "controlling" persons were \$0.
 - Amount reported in #2 above and secured by a trust fund, letter of credit and financial guaranty bond as required by Section 625.012, Florida Statutes were \$0.
- D. Business Interruption Insurance Recoveries Not Applicable
- E. State Transferable and Non-Transferable Tax Credits Not Applicable
- F. Subprime-Mortgage-Related Risk Exposure Not Applicable
- G. Insurance-Linked Securities (ILS) Contracts Not Applicable
- H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy Not Applicable

Notes to the Financial Statements

22. Events Subsequent

		Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act?		
B.	ACA fee assessment payable for the upcoming year	\$	\$
C.	ACA fee assessment paid	\$	\$
D.	Premium written subject to ACA 9010 assessment	\$	\$
E.	Total adjusted capital before surplus adjustment	\$	
F.	Total adjusted capital after surplus adjustment	\$	
G.	Authorized control level	\$	
H.	Would reporting the ACA assessment as of Dec 31 have triggered an RBC action level?		

23. Reinsurance

A. Unsecured Reinsurance Recoverables

The Company's unsecured reinsurance balances (including ceded case and IBNR reserves and unearmed premium) in excess of 3% of the policyholders' surplus with any one reinsurer.

Amount (000) omitted

NAIC Group Code	Federal ID#	Name of Reinsurer	Amount		
26921	22-2005057	Everest Reinsurance Company	\$ 3,032,456		
0	AA3191315	Munich Reinsurance America, Inc.			
0	AA3191267	Securis Investment Partners			
0	AA9991310	Florida Hurricane Catastrophe Fund			

- B. Reinsurance Recoverable in Dispute Not Applicable
- C. Reinsurance Assumed and Ceded
 - Maximum amount of return commission that would have been due reinsurers if all of the company's reinsurance was canceled or if the company's insurance assumed was canceled

		Assumed R	teinsurance	Ceded Re	einsurance	Net		
		Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	
a.	Affiliates	\$ 12,541,233	\$ 3,762,370	\$ 12,541,233	\$ 3,762,379	\$	\$(9)	
b.	All other			39,814,355	11,944,307	(39,814,355)	(11,944,307)	
C.	Total	\$ 12,541,233	\$ 3,762,370	\$ 52,355,588	\$ 15,706,686	\$ (39,814,355)	\$ (11,944,316)	
d	Direct unearned premium reserve			\$ 62,943,088				

- (2) The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this statement as a result of existing contractual arrangements is accrued as follows: Not Applicable
- (3) Risks attributed to each of the company's protected cells Not Applicable
- D. Uncollectible Reinsurance Not Applicable
- E. Commutation of Ceded Reinsurance Not Applicable
- F. Retroactive Reinsurance Not Applicable
- G. Reinsurance Accounted for as a Deposit

The Company participates in two reinsurance agreements that are accounted for as a deposit. The first contract covers \$3,262,500 in the aggregate with a retention of \$5,000,000. The second contract covers \$8,287,500 in the aggregate with a retention of \$10,000,000. The contracts incepted June 1, 2020

Description	Interest Income	Cash Recoveries	Deposit Balance
Asset Protection Cover	Ś	\$	\$

- H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements Not Applicable
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation Not Applicable
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used to Estimate

Not Applicable

B. Method Used to Record

Not Applicable

C. Amount and Percent of Net Retrospective Premiums

Not Applicable

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

Not Applicable

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

		(1)	(2)	(3)	(4)	(5)
		Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prio	r Reporting Year					
(1)	Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(2)	Medical loss ratio rebates paid					
(3)	Medical loss rebates unpaid					
(4)	Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(5)	Less reinsurance ceded amounts	xxx	xxx	XXX	xxx	
(6)	Rebates unpaid net of reinsurance	xxx	xxx	XXX	XXX	
Cun	rent Reporting Year-to-Date					
(7)	Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(8)	Medical loss ratio rebates paid					
(9)	Medical loss rebates unpaid					
(10)	Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	
(11)	Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	
(12)	Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	

E. Calculation of Nonadmitted Retrospective Premium

Not Applicable

(1) For Ten Percent (10%) Method of determining nonadmitted retrospective premium

Ten percent of the amount of accrued retrospective premiums not offset by retrospective return premiums, other liabilities to the same party (other than loss and loss adjustment expense reserves), or collateral as permitted by SSAP No. 66-Retrospectively Rated Contracts has been nonadmitted.

a.	Total accrued retro premium \$
b.	Unsecured amount
C.	Less: nonadmitted amount (10%)
d.	Less: nonadmitted for any person for whom agents' balances or uncollected premiums are nonadmitted
e.	Admitted amount (a-c-d) \$

No

(2) For Quality Rating Method of determining nonadmitted retrospective premium

		(1)	(2)		(3)	(4)	
	Insured's Current Quality Rating	Total Amount	Unsecured Balances	%	Nonadmitted Amount (2) x %	Admitted Amount (1 - 3)	_
a.	1	\$	\$	1%	\$	\$	
b.	2			2%			
C.	3			5%			
d.	4			10%			
e.	5			20%			
f.	6			100%			
g.	Nonadmitted for any perso balances or uncollected pre	n for whom agents' emiums are nonadmitte	d				
h.	Total (a) through (f) - (g)	\$	\$	-	\$	\$	-

F. Risk-Sharing Provisions of the Affordable Care Act (ACA)

Not Applicable

(1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? NO

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

(2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year

		Amount
a.	Permanent ACA Risk Adjustment Program	
	Assets	
	1. Premium adjustments receivable due to the ACA risk adjustment (including high risk pool payment	ıts)\$
	Liabilities	
	Risk adjustment user fees payable for ACA risk adjustment	
	3. Premium adjustments payable due to ACA risk adjustment (including high risk pool premium)	
	Operations (Revenue & Expense)	
	 Reported as revenue in premium for accident and health contracts (written/collected) due to ACA adjustment 	risk \$
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	
b.	Transitional ACA Reinsurance Program	
	Assets	
	Amounts recoverable for claims paid due to ACA reinsurance	\$
	2. Amounts recoverable for claims unpaid due to ACA reinsurance (contra liability)	
	3. Amounts receivable relating to uninsured plans for contributions for ACA reinsurance	
	Liabilities	
	4. Liabilities for contributions payable due to ACA reinsurance - not reported as ceded premium	\$
	5. Ceded reinsurance premiums payable due to ACA reinsurance	
	6. Liabilities for amounts held under uninsured plans contributions for ACA reinsurance	
	Operations (Revenue & Expense)	
	7. Ceded reinsurance premiums due to ACA reinsurance	\$
	8. Reinsurance recoveries (income statement) due to ACA reinsurance payments or expected payments	nts
	ACA reinsurance contributions - not reported as ceded premium	
C.	Temporary ACA Risk Corridors Program	
	Assets	
	Accrued retrospective premium due to ACA risk corridors liabilities	\$
	2. Reserve for rate credits or policy experience rating refunds due to ACA risk corridors	
	Operations (Revenue & Expense)	
	Effect of ACA risk corridors on net premium income (paid/received)	\$
	Effect of ACA risk corridors on change in reserves for rate credits	

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

(3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance

							Differences		Adjustments			Unsettled Balances as of the Reporting Date		
			Year on Bus Before Dec 3	ring the Prior siness Written 31 of the Prior lear	Current Yea Written Befor	Paid as of the or on Business re Dec 31 of the or Year	Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)	
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		(9)	(10)	
			Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)	
a.		rmanent ACA Risk justment Program												
	1.	Premium adjustments receivable (including high risk pool payments)	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$	
	2.	Premium adjustments (payable) (including high risk pool premium)									В			
	3.	Subtotal ACA Permanent Risk Adjustment Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$	
b.		nsitional ACA nsurance Program												
	1.	Amounts recoverable for claims paid	\$	\$. \$. \$	\$	\$	\$	\$	С	\$	\$	
	2.	Amounts recoverable for claims unpaid (contra liability)									D			
	3.	Amounts receivable relating to uninsured plans									E			
	4.	Liabilities for contributions payable due to ACA reinsurance-not reported as ceded premium									F			
	5.	Ceded reinsurance premiums payable									G			
	6.	Liability for amounts held under uninsured plans									н			
	7.	Subtotal ACA Transitional Reinsurance Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$	
C.		mporary ACA Risk rridors Program	•	•	•	•	•	•	•	•		•	•	
	1.	Accrued retrospective premium	\$. \$. \$. \$	\$	\$	\$	\$	1	\$	\$	
	2.	Reserve for rate credits or policy experience rating refunds							***************************************		J		***************************************	
	3.	Subtotal ACA Risk Corridors Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$	
d.		tal for ACA risk sharing ovisions	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$	

Explanations of Adjustments: None

(4) Roll-forward of risk corridors asset and liability balances by program benefit year

						Differences		Adjustments			Unsettled Balances as of the Reporting Date									
		Year on Bus Before Dec 3	Year on Business Written Current Year on Business A		Year on Business Written Before Dec 31 of the Prior Current Year on Business A Written Before Dec 31 of the		ear on Business Written efore Dec 31 of the Prior Current Year on Business Accrued Les Written Before Dec 31 of the Payments		rent Year on Business Accru en Before Dec 31 of the Pay		Current Year on Business Written Before Dec 31 of the		ess Written Current Year on Business of the Prior Written Before Dec 31 of the		s Accrued Less Payments	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		(9)	(10)								
Ris	k Corridors Program Year	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)								
a.	2014																			
	Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$								
	Reserve for rate credits for policy experience rating refunds									В										
b.	2015																			
	Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$								
	 Reserve for rate credits for policy experience rating refunds 									D										
C.	2016																			
	Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	E	\$	\$								
	Reserve for rate credits for policy experience rating refunds									F										
d.	Total for Risk Corridors	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$								

Explanations of Adjustments: None

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

(5) ACA risk corridors receivable as of reporting date

		(1)	(2)	(3)	(4)	(5)	(6)
Ris	sk Corridor Program Year	Estimated Amount to be Filed or Final Amount Filed with CMS	Nonaccrued Amounts for Impairment or Other Reasons		Asset Balance Gross of Nonadmissions (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
a.	2014	\$	\$	\$	\$	\$	\$
b.	2015				***************************************		
C.	2016			***************************************	***************************************		
d.	Total (a+b+c)	\$	\$	\$	\$	\$	\$

25. Changes in Incurred Losses and Loss Adjustment Expenses

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

Reserves as of December 31, 2019 were \$3,068,411. For the six months ending June 30, 2020, \$958,140 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$2,130,870 resulting in unfavorable development of \$20,599. Increases or decreases of this nature occur as a result of claim settlements during the current year and as additional information is received regarding individual claims, causing changes from the original estimates of the cost of the claims.

- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses Company and relevant industry loss development patterns are taken into account in evaluating the overall adequacy of unpaid losses and loss adjustment expenses.
- 26. Intercompany Pooling Arrangements Not Applicable
- 27. Structured Settlements Not Applicable
- 28. Health Care Receivables Not Applicable
- 29. Participating Policies Not Applicable
- 30. Premium Deficiency Reserves Not Applicable
- 31. High Deductibles Not Applicable
- 32. Discounting of Liabilities by Withdrawal Characteristics For Unpaid Losses or Unpaid Loss Adjustment Expenses Not Applicable
- 33. Asbestos/Environmental Reserves Not Applicable
- 34. Subscriber Savings Accounts Not Applicable
- 35. Multiple Peril Crop Insurance Not Applicable
- 36. Financial Guaranty Insurance Not Applicable

PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Did the reporting entity experience any material to Domicile, as required by the Model Act?	tate of	Yes	s []	No [X]			
1.2	If yes, has the report been filed with the domicilia	ry state?				Yes	s []	No []
2.1	Has any change been made during the year of the reporting entity?					Ye:	s []	No [X]
2.2								
3.1	Is the reporting entity a member of an Insurance which is an insurer?	Holding Company System consisting of two	or more affiliated per	sons, one or n	nore of	Yes	s [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 of	end?			Yes	s [X]	No []
3.3	If the response to 3.2 is yes, provide a brief desc Weston Select Insurance Company was disolved							
3.4	Is the reporting entity publicly traded or a member	er of a publicly traded group?				Yes	s []	No [X]
3.5	If the response to 3.4 is yes, provide the CIK (Ce	ntral Index Key) code issued by the SEC fo	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	s []	No [X]
	If yes, complete and file the merger history data	file with the NAIC.						
4.2	If yes, provide the name of entity, NAIC Compan ceased to exist as a result of the merger or cons		state abbreviation) fo	r any entity th	at has			
		1	2	3				
		Name of Entity	NAIC Company Code	State of E	omicile			
6.1 6.2	If yes, attach an explanation. State as of what date the latest financial examine. State the as of date that the latest financial examined bate should be the date of the examined ba	ination report became available from either	the state of domicile of	or the reporting				
6.3	State as of what date the latest financial examina or the reporting entity. This is the release date or sheet date).						05/	30/2017
6.4	By what department or departments?							
	Florida Office of Insurance Regulation							
6.5	Have all financial statement adjustments within to statement filed with Departments?	he latest financial examination report been a	ccounted for in a sub	sequent finan	ial 	Yes [] No	0[]	NA [X]
6.6	Have all of the recommendations within the lates					Yes [] No	0 []	NA [X]
7.1	Has this reporting entity had any Certificates of A suspended or revoked by any governmental enti		corporate registration	, if applicable)		Yes	s []	No [X]
7.2	If yes, give full information:							
8.1	Is the company a subsidiary of a bank holding co	mpany regulated by the Federal Reserve B				Yes	s []	No [X]
8.2	If response to 8.1 is yes, please identify the nam							
8.3	Is the company affiliated with one or more banks					Yes	s []	No [X]
8.4	If response to 8.3 is yes, please provide below the federal regulatory services agency [i.e. the Fede Deposit Insurance Corporation (FDIC) and the S regulator.]	ral Reserve Board (FRB), the Office of the C	omptroller of the Curr	ency (OCC), t	he Federal			
	1	2 Location	3	4	5	6]	
	Affiliate Name	(City, State)	FRB	осс	FDIC	SEC	1	
	ı	1					1	

3.1	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	į.	
	(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).		
	FINANCIAL		
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes [X] No []
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount\$		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 [X]
11.2	If yes, give full and complete information relating thereto:		
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:		0
13.	Amount of real estate and mortgages held in short-term investments:		0
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes [] No [X]
14.2	? If yes, please complete the following:		
	1 2		
	Prior Year-End Current Quarter Book/Adjusted Book/Adjusted		
	Carrying Value Carrying Value		
	14.21 Bonds \$0 14.22 Preferred Stock \$0		
	14.23 Common Stock \$5,009,195 \$0		
	14.24 Short-Term Investments \$0 \$0		
	14.25 Mortgage Loans on Real Estate \$		
	14.26 All Other\$\$0 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\$0		
	Has the reporting entity entered into any hedging transactions reported on Schedule DB?] No [X]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	No [] NA [X]
16	If no, attach a description with this statement.		
16	For the reporting entity's security lending program, state the amount of the following as of the current statement date: 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$		0
	16.1 Total hair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$		
	16.3 Total payable for securities lending reported on the liability page \$		

17.	Excluding items in Schedule E – entity's offices, vaults or safety of pursuant to a custodial agreeme Considerations, F. Outsourcing Handbook?	leposit boxes, were all nt with a qualified ban	stocks, bonds and othe k or trust company in ac	er securities, owned the	roughout the current year held n 1, III – General Examination	
17.1	For all agreements that comply	with the requirements	of the NAIC Financial C	ondition Examiners H	andbook, complete the following	90 94 0000 00000 00000
		1 Name of Cust	odion(a)		2 Custodian Address	
	Merrill		odian(s)	355 Alhambra Cir	Custodian Address . Ste 1502 Coral Gables. FL 3:	3134
17.2	For all agreements that do not colocation and a complete explana		ments of the NAIC Fina	ncial Condition Exam	iners Handbook, provide the nan	ne,
		1 Name(s)	2 Location	(s)	3 Complete Explanation(s)	
17.3	Have there been any changes, i	ncluding name change	es, in the custodian(s) ic	lentified in 17.1 during	the current quarter?	Yes [] No [X]
17.4	If yes, give full and complete info	ormation relating there	to:			
		1 istodian	2 New Custodian	3 Date of Change	4 Reason	
17.5	Investment management – Ideni authority to make investment de reporting entity, note as such. [".	cisions on behalf of the	e reporting entity. For a	ssets that are manage	ed internally by employees of the	
	Name of Fin	1 m or Individual		2 Affilia		
	Weston Insurance Management		A			
	Pror those firms/individuals listed (i.e., designated with a "U") man Profirms/individuals unaffiliated does the total assets under man	mage more than 10% o with the reporting enti	f the reporting entity's in ity (i.e., designated with	nvested assets? a "U") listed in the tal	ble for Question 17.5,	Yes [] No [X]
17.6	For those firms or individuals list					
	1	2		3	4	5
	Central Registration Depository Number	Name of Fi Individu		Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
18.1 18.2	Have all the filing requirements of no, list exceptions:	of the <i>Purposes and P</i>	rocedures Manual of th	e NAIC Investment Ar	nalysis Office been followed?	Yes [X] No []
						·····-
19.	 PL security is not available 	ry to permit a full credi ble.	it analysis of the securit	y does not exist or an	elf-designated 5GI security: NAIC CRP credit rating for an F	E or
	 b. Issuer or obligor is curre c. The insurer has an actual 				ncipal.	
	Has the reporting entity self-desi	gnated 5GI securities	?			Yes [] No [X]
20.	By self-designating PLGI securit			ng elements of each s	self-designated PLGI security:	
	 a. The security was purcha b. The reporting entity is here. 		•	esignation reported for	r the security.	
	 shown on a current priva 	te letter rating held by	the insurer and availab	le for examination by	legal capacity as a NRSRO which state insurance regulators.	ch is
	d. The reporting entity is not Has the reporting entity self-desi	•	-	-		Yes [] No [X]
	are reporting entity self-uce					103 [] 100 [h]

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

 a. The shares were purchased prior to January 1, 2019.

 - a. The snares were purchased prior to January 1, 2019.
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 d. The fund only or predominantly holds bonds in its portfolio.
 e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in the large description on NAISERO.

 - in its legal capacity as an NRSRO.

 f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes [] No [X]

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.	If the reporting ent	LOSS NOS	of a pooling arr	rangement, did	the agreement	or the reporting	g entity's particip	pation change?		Yes [] M	lo []	NA [X]
2.	Has the reporting from any loss that	may occur on the								Ye	es []	No [X]
3 1	Have any of the re	enorting entity's	nrimary reinsura	ance contracts l	neen canceled?					Ye	1 2	No [X]
	If yes, give full and		54,10,420,5 200,004,007	and contiduts i	occii caricolca :							[]
4.1 4.2	Are any of the liab Annual Statement greater than zero?	Instructions per	rtaining to disclo	sure of discour	ting for definition	on of "tabular r	eserves,") disco	ounted at a rate	of interest	Ye	es []	No []
					TOTAL DIS	SCOUNT		DISC	OUNT TAKEN	DURING PER	IOD	П
	1	2 Maximum	3 Discount	4 Unpaid	5 Unpaid	6	7	8 Unpaid	9 Unpaid	10	1	1
Li	ine of Business	Interest	Rate	Losses	LAE	IBNR	TOTAL	Losses	LAE	IBNR	то	TAL
			TOTAL	0	0	0	0	0	0	0		0
5.	Operating Percent	tages:										
	5.1 A&H los	•							•			%
		st containment	-						-			%
		pense percent	excluding cost of						-			%
6.1			_								s []	No [X]
	If yes, please prov											
6.3	,		_								es []	No [X]
6.4	If yes, please prov								-			
7.	Is the reporting en	tity licensed or o	chartered, regis	tered, qualified,	eligible or writing	ng business in	at least two sta	tes?		Ye	es [X]	No []
7.1	If no, does the rep of the reporting	oorting entity ass g entity?						her than the st	ate of domicile		es []	No []

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STATEMENT AS OF JUNE 30, 2020 OF THE Weston Insurance Company

SCHEDULE F - CEDED REINSURANCE

	35	Showing All Ne	ew Reinsurers - Current Year to Date	690	99	
1 NAIC	2	70-00 MARGONI	ew Reinsurers - Current Year to Date 4	5	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified
Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	(1 through 6)	Reinsurer Rating
	8	PROPERTY/CASUALTY - AFFILIATES		3		
		PROPERTY/CASUALTY - U.S. INSURERS	3	8		
		PROPERTY/CASUALTY — POOLS AND ASSOCIATIONS PROPERTY/CASUALTY — ALL OTHER INSURERS				
	1	DODOEDTY/CASIAITY ALL OTHER INCIDENCE				
00000	44 1120101	Constant In IN 144				
00000	AA 1127061	CORVEX INS UK L'Ed. LLOYD'S SYNDICATE MANGER 1861. LLOYD'S SYNDICATE MANGER 609. CORVEX RE Ltd.	GBR	 		
00000	AA-1127001_	LLOVID'S CYNDICATE NUMBER 1001	GBR			
00000	_AA-1120009_	ELLOYD'S SYNDICATE NUMBER 609.	BMU			
00000	_AA-3191400_	convex Re Ltd				
				 		
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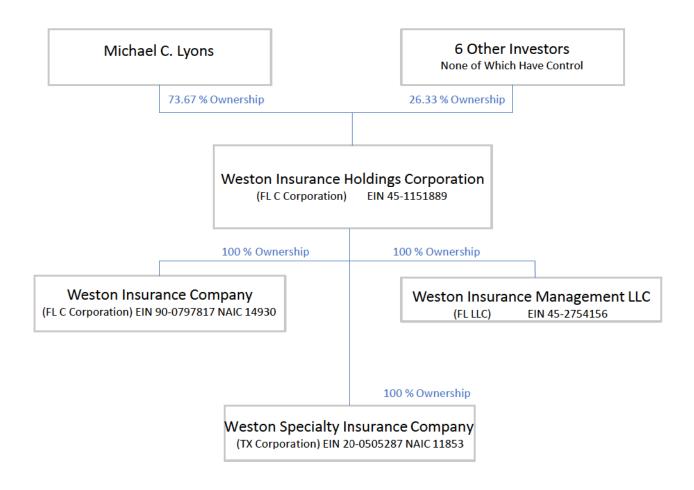
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN Current Year to Date - Allocated by States and Territories

		1	Direct Premi		by States and Territor Direct Losses Paid (Direct Loss	es Unpaid
		255	2	3	4	5	6	7
		Active	Current Year	Dries Vees	Current Veer	Drier Voor	Current Year	Drier Veer
	States, etc.	Status (a)	To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	To Date	Prior Year To Date
1	AlabamaAL	1		0		0		
	AlaskaAK	N		0		0		
	Arizona	N		0		0		100000000000000000000000000000000000000
	Arkansas AR	N		0		0		
	1000	N		0		0		
	CaliforniaCA	9)						
	ColoradoCO	N		0		0		
	Connecticut CT.	N		0		0		
	Delaware DE	N		0		0		
9.	Dist. Columbia DC	N		0		0		
10.	FloridaFL		33,395,334	30,366,589	14,042,343	24,537,679	31,916,291	42,255
11.	GeorgiaGA	N		0		0		
12.	HawaiiHl.	N		0		0		
13.	IdahoID	N		0		0		
14.	IllinoisIL	N		0		0		
15.	Indiana IN	N		0		0		
	lowa IA_	N		0		0		
	KansasKS	N		0		0		
	KentuckyKY.	N		0		0		
	LouisianaLA	N		0		0		
		NN		0		0		
	Maine ME							
	MarylandMD	N		0		0		
	MassachusettsMA	N	 	0		0		
23.	Michigan MI_	N		0		0		
24.	MinnesotaMN	N		0		0		
25.	MississippiMS	L	2,266	0		0		
26.	Missouri MC	N		0		0		
27.	Montana MT	N		0		0		
28.	Nebraska NE	N		0		0		
29.	Nevada NV	N		0		0		
	New HampshireNH	N		0		0		
	New Jersey NJ.	N		0		0		
	New Mexico NM	1		0		0		
		N		0		0		
		N		0		0		
	No. CarolinaNC							
	No. DakotaND	N		0		0		
	Ohio OH	N		0		0		
	OklahomaOK	N		0		0		
38.	OregonOR	N		0				
39.	PennsylvaniaPA	N		0		0		
40.	Rhode IslandRl.	N		0		0		
11.	So. Carolina SC	<u>L</u>		0		0		
12.	So. Dakota SD.	N		0		0		
43.	Tennessee TN	N		0		0		
14.	Texas TX.		14,146,830	10,464,402	1,730,474	1,081,958	1,466,069	4,99
	Utah UT	N		0	, , ,	0	, ,	
	VermontVT.	N		0		0		
	VirginiaVA	N		0		0		
	WashingtonWA	N		0		0		
				0		0		
	WisconsinWL	N		0		0		
	Wyoming WY			0		0		
	American Samoa AS.	N	<u> </u>	0		0		
	Guam GU		ļ	0		0		
	Puerto RicoPR	.0	ļ	0		0		
55.	U.S. Virgin IslandsVI_	N	ļ	0		0		
56.	Northern Mariana Islands MP	N		0		0		
57.	Canada CA	N		0		0		
58.	Aggregate Other Alien OT.	XXX	0	0	0	0	0	
	Totals	XXX	47,544,430	40,830,991	15,772,817	25,619,637	33,382,359	47,250
	DETAILS OF WRITE-INS							,
01.		XXX						
02.		XXX						
03. 98		XXX						
JO.	Summary of remaining write- ins for Line 58 from overflow							
	page	XXX	0	0	0	0	0	
99.	TOTALS (Lines 58001 through	1						
	58003 plus 58998) (Line 58	1	0	0	0	0	0	
	above)	XXX						

STATEMENT FOR JUNE 30, 2020 OF WESTON INSURANCE COMPANY

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

GROUP PART 1 – ORGANIZATIONAL CHART



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STATEMENT AS OF JUNE 30, 2020 OF THE Weston Insurance Company

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	2	3	1	5		Name of Securities Exchange if			Relationship		Type of Control (Ownership, Board.	If Control is	14		Is an SCA	10
		NAIC				Publicly	Names of		to		Management.	Ownership			Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Co	ntrolling		
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/P	erson(s)	(Y/N)	
							Weston Insurance Management.		1	Weston Insurance Holdings			Michael C.	Lyons &		
00000		00000	45-2754156				LLC	FL	NIA	Corporat ion	Ownership	100.0	6 Other Inv	estors_	N	0
INDUSTRICA.		distribution of	THE STATE OF THE S				100 mm - 100	0.000000	S 329/2 SS	Weston Insurance Holdings	SOUS-RESIDENCE TO SE	Contract Con	Michael C.	Lyons &		271000000000000000000000000000000000000
00000		14930	90-0797817				Weston Insurance Company	FL	RE	Corporat ion	Ownership	100.0	6 Other Inv	restors_	N	0
120471000		200000	200000000000				Weston Insurance Holdings	FI	1000	and the second	2000	72072	2000 17297	100		
00000		00000	45-1151889				Weston Insurance Holdings			Michael C. Lyons	Ownership	/3./	Michael C.	Lyons	N	0
00000		00000	45-1151889				Corboration	FI	uno	6 Other Investors.	Owhotobin	26.2	6 Other Inv	natara		
00000		00000	43-1131003				Weston Specialty Insurance			Weston Insurance Holdings	owner snip	20.5	Michael C.	Lunha &		
00000		11853	20 -0505287				Company	TX	JA	Corporat ion	Ownership	100.0	4 Other Inv	estors	N	0
			2 10						0		01 01 03		357			
			1 20						8		35 - 43		100			
																
							 									
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Asterisk	Explanation
0000001	

PART 1 - LOSS EXPERIENCE

Ť	I AKI I E		Current Year to Date		4
	Line of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1.	Fire			0.0	0.0
2.	Allied lines	41,870,890	890,432	2.1	
3.	Farmowners multiple peril			0.0	0.0
4.	Homeowners multiple peril			0.0	0.0
5.	Commercial multiple peril			0.0	0.0
6.	Mortgage guaranty			0.0	0.0
8.	Ocean marine			0.0	0.0
9.	Inland marine			0.0	0.0
10.	Financial guaranty			0.0	0.0
11.1	Medical professional liability -occurrence			0.0	0.0
11.2	Medical professional liability -claims made			0.0	0.0
12.	Earthquake			0.0	0.0
13.	Group accident and health			0.0	0.0
14.	Credit accident and health			0.0	0.0
15.	Other accident and health			0.0	0.0
16.	Workers' compensation			0.0	0.0
17.1	Other liability occurrence			0.0	0.0
17.2	Other liability-claims made			0.0	0.0
17.3	Excess Workers' Compensation			0.0	0.0
18.1	Products liability-occurrence			0.0	0.0
18.2	Products liability-claims made			0.0	0.0
	.2 Private passenger auto liability			0.0	0.0
	.4 Commercial auto liability			0.0	0.0
21.	Auto physical damage			0.0	0.0
22.	Aircraft (all perils)			0.0	0.0
23.	Fidelity			0.0	0.0
24.	Surety			0.0	0.0
26.	Burglary and theft			0.0	0.0
27.	Boiler and machinery			0.0	0.0
28.	Credit			0.0	0.0
29.	International			0.0	0.0
30.	Warranty			0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property	YYY	YYY	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability		XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Liability			******	NAME OF TAXABLE PARTY.
34.	Aggregate write-ins for other lines of business			XXX0.0	0.0
35.	TOTALS	41.870.890	890.432	2.1	30.5
	TAILS OF WRITE-INS	41,670,690	090,432	2.1	30.5
3402					
			0	0.0	0.0
	m. of remaining write-ins for Line 34 from overflow page		0	0.0	
3499. To	tals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

	Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	Quarter	Teal to Date	near to Date
2.	Allied lines	31,100,866	47 544 430	40,830,991
3.	Farmowners multiple peril	0		0
4.	Homeowners multiple peril	0		
5.	Commercial multiple peril	0		0
6.	Mortgage guaranty			0
8.	Ocean marine	0		0
9.	Inland marine	0		0
10.	Financial quaranty	<u></u>		
11.1	Medical professional liability-occurrence			<u>.</u>
11.2	Medical professional liability-occurrence	0		۷ـــــــــــــــــــــــــــــــــ
12.				
13.	Earthquake			
14.				
14.	Credit accident and health			u
16.	Other accident and health Workers' compensation	ا ٧		
		<u>ا</u>		
17.1	Other liability occurrence	<u>v</u>		
17.2	Other liability-claims made.	ا پــــــــــــــــــــــــــــــــــــ		
17.3	Excess Workers' Compensation	<u>u</u>		
18.1	Products liability-occurrence	ا پــــــــــــــــــــــــــــــــــــ		
18.2	Products liability-claims made			
	Private passenger auto liability	0		0
	Commercial auto liability			0
21.	Auto physical damage			<u>.</u>
22.	Aircraft (all perils)	0		
23.	Fidelity			<u>.</u>
24.		0		
26.	Burglary and theft			0
27.	Boiler and machinery			0
28.	Credit	0		0
29.	International	0		0
30.	Warranty			0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability		XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business		0	(
35.	TOTALS	31,100,866	47,544,430	40,830,991
	AILS OF WRITE-INS	,,	,,	,,
	NES OF WAITE INC			
3403				
	of remaining write-ins for Line 34 from overflow page	0	0	
	s (Lines 3401 through 3403 plus 3498) (Line 34)			
9439. 10tal	s (Lines 3401 unough 3403 plus 3490) (Line 34)	U	U	

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STATEMENT AS OF JUNE 30, 2020 OF THE Weston Insurance Company

PART 3 (000 omitted)

	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)	2020 Loss and LAE Payments on Claims Reported as of Prior Year-End	2020 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2020 Loss and LAE Payments (Cots. 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. 2017 + Prior	15	89	104	2	17	19	23	(5)	67	85	10	(10)	
2. 2018	105	106	211	98	1	99	6	53	52	112	(1)		
3. Subtotals 2018 + prior	119	196	315	100	19	118	29	48	119	197		(9)	
4. 2019	660	2,093	2,753	562	278	840	96	187	1,631	1,914	(3)	3	
5. Subtotals 2019 + prior	779	2,289	3,068	661	297	958	125	236	1,750	2,110		(7)	
6. 2020	xxx	xxx	xxx	xxx	6,973	6,973	xxx	1,159	329	1,488	xxx	xxx	xxx
7. Totals	779	2,289	3,068	661	7,270	7,931	125	1,395	2,079	3,598	7	(7)	
Prior Year-End 8. Surplus As Regards Policy- holders	38,410				-						Col. 11, Line 7 As % of Col. 1, Line 7 1. 0.9	Col. 12, Line 7 As % of Col. 2, Line 7 2. (0.3)	Col. 13, Line 7 As % of Col. 3, Line 7 3. 0. Col. 13, Line 7 Line 8 4. 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Response
1.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	N0
Expla	nation:	
Bar C	ode:	
1.		
2.		
3.		
4.	I NEBOL ÎNU	

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

	Real Estate		
		1 Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	0
2.	Cost of acquired:	1002000 1002000 NO	
	2.1 Actual cost at time of acquisition		0
	2.2 Additional investment made after acquisition		0
3.	Current year change in encumbrances		0
4.	Total gain (loss) on disposals		0
5.	Deduct amounts received on disposals		0
6.	Total foreign exchange change in book/adjusted carrying valuevalue		0
7.	Deduct current year's other-than-temporary impairment recognized.		0
8.	Deduct current year's depreciation		0
9.	Book/adjusted carrying value at the 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

SCHEDULE B - VERIFICATION

Mortgage Loans		
	1 Year To Date	2 Prior Year Ended December 31
Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:	1	
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
Deduct amortization of premium and mortgage interest points and commitment fees		0
Total foreign exchange change in book value/recorded investment excluding accrued interest		0
Deduct current year's other-than-temporary impairment recognized		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
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

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	1.800.000	2,400,000
	Cost of acquired:	,	,,,,,,,,,
	2.1 Actual cost at time of acquisition		0
	2.2 Additional investment made after acquisition	1,450,000	0
3.	Capitalized deferred interest and other		0
4.	Accrual of discount		0
5.	Unrealized valuation increase (decrease)		0
6.	Total gain (loss) on disposals		0
7.	Deduct amounts received on disposals	300,000	600,000
8.	Deduct amortization of premium and depreciation		0
9.	Total foreign exchange change in book/adjusted carrying value		0
	Deduct current year's other-than-temporary impairment recognized		0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	2,950,000	1,800,000
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	2,950,000	1,800,000

SCHEDULE D - VERIFICATION

Bonds and Stocks		
	1	2 Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value of bonds and stocks, December 31 of prior year	.23,515,459	18,845,268
2. Cost of bonds and stocks acquired	3,760,747	16,273,899
3. Accrual of discount	7,750	15,128
Unrealized valuation increase (decrease)	13,071	(9,450)
Total gain (loss) on disposals	4,144	44,884
Deduct consideration for bonds and stocks disposed of	16,237,764	11,610,055
Deduct amortization of premium	30,588	50,181
Total foreign exchange change in book/adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized		0
 Total investment income recognized as a result of prepayment penalties and/or acceleration fees. 	1,352	5,967
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	11,034,170	23,515,459
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	11,034,170	23,515,459

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)	14,252,212	1,619,105	8,944,760	244,232	14,252,212	7,170,789	0	14,076,33
2. NAIC 2 (a)	4,698,952	678,398	1,002,362	(256,438)	4,698,952	4,118,551	0	4,884,489
3. NAIC 3 (a)	0					0	0	
4. NAIC 4 (a)	0					0	0	
5. NAIC 5 (a)	0					0	0	
6. NAIC 6 (a)	0				0	0	0	
7. Total Bonds	18,951,164	2,297,503	9,947,122	(12,205)	18,951,164	11,289,340	0	18,960,82
PREFERRED STOCK								
8. NAIC 1						0	0	
9. NAIC 2	0					0	0	
10. NAIC 3						0	0	
11. NAIC4	0					0	0	
12. NAIC 5	0					0	0	
13. NAIC 6	0				0	0	0	
14. Total Preferred Stock	0	0	0	0	0	0	0	(
15. Total Bonds & Preferred Stock	18,951,164	2.297.503	9.947.122	(12.205)	18.951.164	11.289.340	0	18,960,825

SCHEDULE DA - PART 1 Short-Term Investments

	1	2	3	4	5
					Paid for Accrued
	Book/Adjusted	Marion Marion Comp.	MANA MANAGAMETER	Interest Collected	Interest
	Carrying Value	Par Value	Actual Cost	Year To Date	Year To Date
9199999	268,242	XXX	268,979	3,063	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	436,586	6,996,681
Cost of short-term investments acquired		436,853
3. Accrual of discount	243	31,352
Unrealized valuation increase (decrease)		0
Total gain (loss) on disposals		0
Deduct consideration received on disposals	168,000	7,028,000
7. Deduct amortization of premium	587	299
Total foreign exchange change in book/adjusted carrying value Total foreign exchange change in book/adjusted carrying value		0
Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	268,242	436,586
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	268,242	436,586

Schedule DB - Part A - Verification NONE

Schedule DB - Part B - Verification NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION (Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	18,775,603	6,545,463
Cost of cash equivalents acquired	29,799,735	107 , 140 , 023
3. Accrual of discount	25	667
Unrealized valuation increase (decrease)		0
Total gain (loss) on disposals		0
Deduct consideration received on disposals	8,920,285	94,910,550
7. Deduct amortization of premium		0
Total foreign exchange change in book/adjusted carrying value		0
Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	39,655,079	18,775,603
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	39,655,079	18,775,603

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

E04

STATEMENT AS OF JUNE 30, 2020 OF THE Weston Insurance Company

SCHEDULE D - PART 3

1	2	3	4	5	6	7	8	9	NAIC Designation
CUSIP	2000 B-100	550.000	2007 20 44 80		Number of	Actual	2007/09/20	Paid for Accrued	Administrative
Identification	Description	Foreign	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par Value	Interest and Dividends	Symbol
	nd Miscellaneous (Unaffiliated)								
	ABBV IE INC		05/19/2020	Merrill Lynch.	XXX	261,928	250,000		2FE
02005#-CA-7	AMERICAN HONDA FINANCE CORP		05/21/2020	Various	xxx	152,631	150,000		1FE
126650-CV-0	CVS HEALTH CORP			Merrill Lynch	XXX	161,024	150,000		2FE
14912L-50-0	CATERPILLAR FINANCIAL SERVICES CORP	00000000		Merrill Lynch	XXX	210,660	200,000		1FE
	CITIGROUP INC.	100	06/25/2020	Merrill Lynch		250,010	250,000	3.096	1FE
	GENERAL ELECTRIC CO.		05/29/2020	Merrill Lynch	XXX	255_448	250,000	994	2FE
	GOLDMAN SACHS GROUP INC		06/18/2020	GOLDMAN SACHS & CO., NY	XXX	265.028	250.000		1FE
46625H-RL-6	JPMORSAN CHASE & CO.		05/08/2020	Merrill Lynch	XXX	259,708	250,000	3,203	1FE
	MORGAN STANLEY	555	04/14/2020	PERSHING LLC		208,904	200,000	1,441	1FE
	WELLS FARGO & CO		06/03/2020	Merrill Lynch	XXX	262,165	250,000	2,115	1FE
3899999 - Bond	s - Industrial and Miscellaneous (Unaffiliated)	•	•	•		2,297,503	2,200,000	18,377	
8399997 - Bond	ls - Subtotals - Bonds - Part 3				8	2,297,503	2,200,000	18,377	XXX
8399999 - Bonds	ls - Subtotals - Bonds				9	2,297,503	2,200,000	18,377	XXX
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9999999 Totals						2,297,503	XXX	18,377	XXX

SCHEDULE D - PART 4

					Sno	W All Long-1	erm Bonds a	nd Stock Solo	a, Kedeemed				urrent Quart	er						
1	2	3 4	5	6	7	8	9	10		Change in B	look/Adjusted C	arrying Value		16	17	18	19	20	21	22
		F			l			1 1	- 11	12	13	14	15	19					1 '	
		0			l									000000000				and the second second	1 '	
		r	I		I I						Current Year's			Book/			l	Bond	1 '	NAIC
		e			l			*****	Unrealized		Other Than	Total Change	Total Foreign		Foreign			Interest/Stock	Stated	Designation
CUSIP		Ī	I	Number of	l			Prior Year	Valuation	Current Year's		In In	Exchange	Carrying Value	Exchange Gain	Realized Gain	Total Gain	Dividends	Contractual	and
Identi-	100 9.000	q Disposal	and production	Shares of	THE CHI MY	7770010020000	NO REPORT OF THE PARTY.	Book/Adjusted	Increase/	(Amortization)/		B./A.C.V.	Change In	at	(Loss) on	(Loss) on	(Loss) on	Received		Administrative
fication	Description	n Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Carrying Value		Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	Disposal	Disposal	Disposal	During Year	Date	Symbol
	Governments	III Date	realize of Full Glaber	CHOCK	CONTOGGRADON	rui vuide	ANGEL COOK	Cult yang value	(Decrease)	roorcoor	THEOOG FACE	(11112-10)	Darco.v.	Diopoddi Dalic	Diopoula	Diopoud	Diopouli	During Feet	Duit	Opinion
	UNITED STATES TREASURY.	06/16/2020	Maturity # 100 00	XIX		7.500,000	7 .507 .433	7,501,143		(1,145)		71 1/0	104.0004.000.00	7,500,000	0 9 9 7		0	46 240	_05/15/2020_	
	Bonds - U.S. Government	E	materity & rooton		7,500,000	7,500,000	7.507.433	7,501,143		(1,143)		(1,143)		7,500,000				55,250		m
		5			7,500,000	7,500,000	7,007,433	7,301,143		(1,143)		(1,143)	U	7,500,000	U	U	U	20,230	AAA	ш
	ustrial and Miscellaneous (and the second second										2		02 0					
00287Y-AT-6 037833-BD-1	ABBYTE INC	05/14/2020	Maturity & 100.00		250,000	250,000	252,005	250,263 250,243		(203)		(243)		250,000		l		2,403	05/14/2020	IFE
09/833-60-1 09002X-AG-7		05/00/2020	Macurity & 100.00	AUX.	251,953	250,000	255,315	251, 158		(243)		(243)		250,494		1,459	1.490	5.095	09/15/2020	IFE
	FIFTH THIRD BANCORF		Werrill Lynch	XIX	245,965	250,000	248,913	249.669		795		795		249,955		(7 990)	(2 990)	9,623	07/77/2020	700
	LOCKHEED MARTIN CORF	05/15/2020	Gall # 100.00	XIX	177 .352	175,000	178.503	176,611		(945)		(343)		176.266		(266)	(200)	3 949	11/29/2020	IFF
	MORDAN STANLEY	05/15/2020	Maturity 6 100 00	XIX	250,000	250,000	248, 178	249.589		411		411		250,000	20 00 00 0		0	3,500	06/16/2020	1FE
744320-BH-6	PRUDENTIAL FINANCIAL INC.	06/21/2020	Maturity 6 100.00	XXX	250,000	250,000	273,918	253,776		(3,776)		(3,776)		250,000				6,719	_05/21/2020_	1FE_
747525-AD-5	QUALCOM INC	05/20/2020	Maturity @ 100.00	XIX	250,000	250,000	252,280	250,299		(299)		(299)		250,000	S S S S S	0	0	2,813	05/20/2020	1FE_
761713-EE-5	REYNOLDS AMERICAN INC	06/12/2020	Maturity @ 100.00		250,000	250,000	,258,568	251,279		(1,279)		(1,279)		250,000			0	4,063	_05/12/2020_	ZFE
	VERIZON COMMUNICATIONS INC			XIX	259,442	250,000	253,782	253,079		(672)		(672)		252,407	5 8 8 8	7,035	7,095	8,377	03/16/2022	ZFE
	Bonds - Industrial and Mis		fillated)		2,435,712	2,425,000	2,474,094	2,435,965	0	(6,843)	0	(6,843)	0	2,429,122	0	5,238	5,238	49,065	3000	XXX
8399997 -	Bonds - Subtotals - Bonds	- Part 4			9,935,712	9,925,000	9,981,527	9,937,109	0	(7.987)	0	(7,987)	0	9,929,122	. 0	5,238	5,238	105,316	XXX	XXX
8399999 -	Bonds - Subtotals - Bonds				9,935,712	9,925,000	9,981,527	9,957,109	0	(7.987)	0	(7.987)	0	9,929,122	0	5,238	5,238	105,316	XXX	XXX
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9999999 T	ntais	+			9,935,712	XXX	9,981,527	9,957,109		(7,987)	0	(7,987)		9,929,122		5,238	5,238	105,316	XXX	XXX

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH

	Mont	th End Dep	ository Balance	ces	4			
11	2	3	4	5		Balance at End of During Current		9
		Rate of	Amount of Interest Received During Current	Amount of Interest Accrued at Current Statement	6	7	8	
Depository	Code	Interest	Quarter	Date	First Month	Second Month	Third Month	*
Open Depositories BB&T Capital Markets					98	350	774	XXX
Merrill Lynch					8,317	4	4	XXX
TD Bank - Master Account					8, 111, 569	1,673,376	1,154,400	XXX
TD Bank - Craims TD Bank - Premium Depository	—				(2,217,141)	(2,309,325) 3,575,818	(2,492,559)	XXX
TD Bank - Return Premium					1,110	756	268	XXX
TD Bank - Asset Protection					4,840,000 13,555	4,840,000 13,555	4,840,000 13,555	XXX
Bank of America - State of Florida	SD				339,574	339,574	341,903	XXX
Commerce Bank		ļ			249,920	249,920	249,920	XXX
								XXX
0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						XXX
0199999 Total Open Depositories	XXX	XXX	0	0	15,416,212	8,384,027	15,559,934	XXX
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0399999 Total Cash on Deposit	XXX	XXX	0	0	15,416,212	8,384,027	15,559,934	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX	0	0	15,416,212	8,384,027	15,559,934	

SCHEDULE E - PART 2 - CASH EQUIVALENTS

	Sh	ow investments Owne	d End of Current Quarter				
1 2 CUSIP 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
II Other Money Market Mutual Funds	20	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	200	Annual Control			en e
11990-33-3 TD BANK DEPOSIT SWEEP	L	05/29/2020		XXX	15,867,645		4,61
90284-91-1 MERRILL LYNCH		06/30/2020		XXX.	7 ,837 ,947		9
90285-91-8 MERRILL LYNCH				XXX		0 0	
90287-91-4 MERRILL LYNCH		06/30/2020		XXX	492,004		
90288-91-2 MERRILL LYNCH		02/04/2020		XXX	1		
98916-FP-Q PREFERRED DEPOSIT (BUS)		06/30/2020	2.070	XXX	15,331,605		43,00
A0000-56-Q BBST TRUST DEPOSIT		06/01/2020	0.450	XXX	125,873		
8699999 - All Other Money Market Mutual Funds				2007/007	39,055,079	0	48,34
	- po (n. 4- po) 1/2	100 00 2000000	O 200 (5)	25/20/20/20/20	A1 10 10 10 10 10 10 10 10 10 10 10 10 10	40 40	200
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8800000 Total Cash Equivalents					90 000 070		48.94

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2020 OF THE CONDITION AND AFFAIRS OF THE

Weston Insurance Company

Incorporated/Organized 0221/2012 Commenced Business 12/21/2012 Statutory Home Office 2555 Ponce de Leon Boulevard, Suite 300 Coral Gables, FL, US 33134-6037 Main Administrative Office 2555 Ponce de Leon Boulevard, Suite 300 Coral Gables, FL, US 33134-6037 Sines and Number of PO. Box (Carel Sand Number) (City or Town. State, Country and Zip Code) Mail Address P.O. Box 14-2057 (Sinest and Number or PO. Box) (Carel Gables, FL, US 331144-6037 888-800-5002-1009) Mail Address P.O. Box 14-2057 (Sinest and Number or PO. Box) (Carel Gables, FL, US 331144-6037 Rose) (Sinest and Number or PO. Box) (Carel Gables, FL, US 331144-6037 Rose) (Sinest and Number or PO. Box) (City or Town. State, Country and Zip Code) Primary Location of Books and Records 2555 Ponce de Leon Boulevard, Suite 300 (Sinest and Number) (City or Town. State, Country and Zip Code) (Para Code) (Telephone Number or State) Internet Web Site Address (City or Town. State, Country and Zip Code) (Para Code) (Telephone Number or PO. Box) (Example of Town. State, Country and Zip Code) (Para Code) (Telephone Number or PO. Box) (City or Town. State, Country and Zip Code) (Para Code) (Telephone Number or PO. Box) (City or Town. State, Country and Zip Code) (Para Code) (Telephone Number or PO. Town. State, Country and Zip Code) (Para Code) (Telephone Number or PO. Town. State, Country and Zip Code) (Para Code) (Telephone Number or Po. Town. State, Country and Zip Code) (Para Code) (Telephone Number or Po. Town. State, Country and Zip Code) (Para Code) (Telephone Number or Po. Town. State, Country and Zip Code) (Para Code) (Telephone Number or Po. Town. State, Country and Zip Code) (Para Code) (Telephone Number or Po. Town. State, Country and Zip Code) (Para Code) (Telephone Number or Po. Town. State, Country and Zip Code) (Para Code) (Telephone Number or Po. Town. State, Country and Zip Code) (Para Code) (Telephone Number or Po. Town. State, Country and Zip Code) (Para Code) (Telephone Number or Po. Town. State, Country and Zip Code) (Para Code) (Tele	Organized under the Law	Current Period)			Code 14930	Lilipioyei 3 io	Number	90-0797817
Country of Domicile United States Incorporated/Organized 02/21/2012 Commenced Business 12/21/2012 Statutory Home Office 2555 Ponce de Leon Boulevard, Suite 300 Coral Gables, FL, US 33134-6037 (Sieva and Number) Gibber and Number Office 2555 Ponce de Leon Boulevard, Suite 300 Coral Gables, FL, US 33134-6037 (Sieva and Number Office 2555 Ponce de Leon Boulevard, Suite 300 Coral Gables, FL, US 33134-6037 (Sieva and Number Office 2555 Ponce de Leon Boulevard, Suite 300 Coral Gables, FL, US 33134-6037 (Sieva and Number Office) (Cay or Town. State, Coral Gables, FL, US 33134-6037 (Sieva and Number Office) (Cay or Town. State, Coral Gables, FL, US 33114-6037 (Cay or Town. State, Coral Gables, FL, US 33114-6037 (Cay or Town. State, Coral Gables, FL, US 33114-6037 (Cay or Town. State, Coral Gables, FL, US 33114-6037 (Cay or Town. State, Coral Gables, FL, US 33114-6037) (Cay o	Country of Domicile		,					
Incorporated/Organized District Commenced Business 12/21/2012 Commenced Business 12/21/2012		s of	Florida		State of Domicile or Po	ort of Entry		lorida
Statutory Home Office 2555 Ponce de Leon Boulevard, Suite 300 (Sireet and Number) (City or Town, State, Courty and Zer Code) (Main Administrative Office 2555 Ponce de Leon Boulevard, Suite 300 (City or Town, State, Courty and Zer Code) (Mail Address P. D. Box 14-2057 (Sireet and Number) (City or Town, State, Courty and Zer Code) (Mail Address Primary Location of Books and Records 2555 Ponce de Leon Boulevard, Suite 300 (Corria Gables, FL, US 33134-6037 (Corria Gables, FL, US 3314-6037 (Corria Gables, FL, US 344-6047 (Corria Gables, FL, US	Innovation of Organizad				United States			
Main Administrative Office 2555 Ponce de Leon Boulevard, Sulte 300 Coral Gables, FL, US 33134-037 888-800-5002-1009 Main Administrative Office 2555 Ponce de Leon Boulevard, Sulte 300 Coral Gables, FL, US 33134-037 888-800-5002-1009 Main Address P, O, Box 14-2057 (Cay or Town, Sulte Courty and 2p Code) (Cay or Town, Sulte, Courty and 2p Code) (Cay or Town, Sulte	incorporated/Organized		02/21/2012		Commenced Business		12/21/20	12
Main Address P. D. Box 14-2057 (Cay or Town, State Cautry and Zer Code) (Man Address P. D. Box 14-2057 (Cay or Town, State Cautry) and Zer Code) (Man Address P. D. Box 14-2057 (Cay or Town, State Cautry) and Zer Code) (Man Address P. D. Box 14-2057 (Cay or Town, State Cautry) and Zer Code) (Man Address P. D. Box 14-2057 (Cay or Town, State, Country) and Zer Code) (Man Address P. D. Box 14-2057 (Cay or Town, State, Country) and Zer Code) (Man Address P. D. Box 14-2057 (Cay or Town, State, Country) and Zer Code) (Man Address P. D. Box 14-2057 (Cay or Town, State, Country) and Zer Code) (Man Code) (Telephone Number) (City or Town, State, Country) and Zer Code) (Man Code) (Telephone Number) (City or Town, State, Country) and Zer Code) (Man Code) (Telephone Number) (Man Code) (Telephone Number) (Statutory Statement Contact Rachael Lynn Addularini (Number) (Nuna Code) (Telephone Number) (Ettension) (Nuna Code) (Telephone Number) (Tele	Statutory Home Office	2			¥6			
Since and Number) City or Town, State, Courty and Zip Code) (Area	Main Administrative Office	2555 P	•		Coral Gables FL 11			
System and Number of P.O. Book Cary or Town, State, Country and Zep Code	Main Administrative Office	23331						
Primary Location of Books and Records 2555 Ponce de Leon Boulevard, Suite 300 Coral Gables, F.L., US 33134-6037 786-646-1189 (Steve and Humber) Copy or Town, State, Coverly and Zop Code) (Area Code) (Telephone Number) (Read Code) (Telephone Number) (R	Mail Address							
Statutory Statement Contact Rachael Lynn Aldulaimi City or Toen, State, Courtry and Zip Code) City or Toen, State, Code) City or Toen, State, Code) City or Toen, State Code, State Code) City or Toen, State Code, State Code) City or Toen, State Code, State C	Drivers I contine of Dools	•	•	Davidaviand Cuit		or Town, State, Cou	intry and Zip Coo	le)
Statutory Statement Contact Rachael Lynn Aldulaimi 786-546-1189 (Pase Northern Aldulaimi) 786-546-1189 (Pase Northern Aldulaimi) 786-546-1189 (Pase Northern Aldulaimi) 786-546-1189 (Pase Northern Aldulaimi) (Pase Northern Aldulaimi) 786-546-1189 (Pase Northern Aldulaimi) (Pase Northern Aldulaimi) 786-546-1189 (Pase Northern Aldulaimi) (Pase Northern Aldulaim	Primary Location of Book	s and Records				II S 33134-603	7	786-646-1189
Statutory Statement Contact Rachael Lynn Aldulaimi rachael. aldulaimi@weston-ins.com (E-Mail Address) OFFICERS Name Michael Christopher Lyons Richard Bruno Primerano DIRECTORS OR TRUSTEES Bryan Triplett McCulty Deanne Dietrich Nixon State of County of C								
rachael aldulaimi@weston-ins.com (E-Mai Address) OFFICERS Name Title Michael Christopher Lyons Richard Bruno Primerano OTHER OFFICERS Michael Christopher Lyons Richard Bruno Primerano DIRECTORS OR TRUSTEES Michael Christopher Lyons Richard Bruno Primerano DIRECTORS OR TRUSTEES Michael Christopher Lyons Richard Bruno Primerano DIRECTORS OR TRUSTEES Michael Christopher Lyons Richard Bruno Primerano State of County of ss The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period state 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 sheled, are that this stakement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets are labilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of this success and Proceedures manual except to the extent that (1) state was my differ, or, (2) that state rules or regulations require differences in reporting period stated above, and of its income and deductions herefore for the period ende and have been completed in accordance with the NAIC, when required, that is an exact copy (except) for formating differences in reporting price destined and contained procedures, according to the best of the information, knowledge and belief, respectively. Furthermore, the scope of this altestation by the described officers also includes the related corresponding election filing when NAIC, when required, that is an exact copy (except) for formating differences in reporting price destined to accounting practices and procedures, according to the best of the information, knowledge and belief, respectively. Furthermore, the scope of this altestation by the described officers also includes the related correspon	Internet Web Site Address	s			www.weston-ins.com			
rachael aldulaimi@weston-ins.com (E-Mai Address) OFFICERS Name Title Michael Christopher Lyons Richard Bruno Primerano OTHER OFFICERS Michael Christopher Lyons Richard Bruno Primerano DIRECTORS OR TRUSTEES Michael Christopher Lyons Richard Bruno Primerano DIRECTORS OR TRUSTEES Michael Christopher Lyons Richard Bruno Primerano DIRECTORS OR TRUSTEES Michael Christopher Lyons Richard Bruno Primerano State of County of ss The officers of this reporting entity being duly swom, each depose and say that they are the described officers of said reporting entity, and that on the reporting period state 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 stakement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and thus statement of all the assets and has this at lease or regulations require differences in reporting period stated above, and of this income and deductions thereform for the period ende and have been completed in accordance with the NAIC, when required, that is an exact copy (except) for formation, knowledge and belief, respectively. Furthermore, the scope of this altestation by the described officers also includes the related corresponding electronic filing with NAIC, when required, that is an exact copy (except) for formating differences in reporting period statement. Michael Christopher Lyons Chief Executive Officer & President Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Late of the required that is a mendant on the reporting period statement. Late of the required that is a mendant number 2. Date filed Late of the required that is a mendant number 2. Date filed	Statutory Statement Cont	act	Rachael	Lvnn Aldulaimi		7864	646-1189	
Chief Executive Officer & President SvP, CAO & General Counsel						(Area Code) (Teleph	none Number) (E	xtension)
Name Title Name Title Name Title SVP, CFO, COO & Treasurer Richard Bruno Primerano DIRECTORS OR TRUSTEES Michael Christopher Lyons Bryan Triplett McCully Deanne Dietrich Nixon Edouard von Herberstein # DIRECTORS OR TRUSTEES Michael Christopher Lyons Bryan Triplett McCully Deanne Dietrich Nixon Edouard von Herberstein # Site of County of Site o	rachae)	
Name Title Michael Christopher Lyons Chief Executive Officer & President Bryan Triplett McCulty SVP, CAO & General Counsel **SVP, CFO, COO & Treasurer** **OTHER OFFICERS** **DIRECTORS OR TRUSTEES** **Michael Christopher Lyons** **Richard Bruno Primerano** **DIRECTORS OR TRUSTEES** **Bryan Triplett McCulty** **Deanne Dietrich Nixon** **Edouard von Herberstein #* **County of		(E-Mail A00	ress)			(Fax Number)		
Michael Christopher Lyons Richard Bruno Primerano Chief Executive Officer & President SVP, CFO, COO & Treasurer OTHER OFFICERS DIRECTORS OR TRUSTEES Michael Christopher Lyons Richard Bruno Primerano State of County of County of County of County of Interest of this reporting entity being duty sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period state above, all of the herein described assets were the absolute property of the said reporting entity, free and elear from any liens or claims thereon, except as herein stated, at that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and frue statement of all the assets are than the statement of the condition and affairs of the said reporting entity as of the reporting period stated above, and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions thereform for the period end have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that (1) stall aw 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 the information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the describers also includes the related corresponding electronic filling withe NAIC, when required, that is an exact copy (except for formatting differences due to electronic filling) of the enclosed statement. The electronic filling may be requested to various regulators in lieu of or in addition to the enclosed statement. Michael Christopher Lyons Chief Executive Officer & President Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this 2. Date filed				OFFICI	ERS			
Richard Bruno Primerano SVP, CFO, COO & Treasurer OTHER OFFICERS DIRECTORS OR TRUSTEES Bryan Triplett McCully Deanne Dietrich Nixon Edouard von Herberstein # Richard Bruno Primerano State of County of County of 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 state 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 sheled, are 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 at labilities 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 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 way differ, or, (2) that state rules or regulations regulated in the reporting point or telated to accounting practices and procedures, according to the best of the 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 to an addition to the enclosed statement. Michael Christopher Lyons Chief Executive Officer & President SVP, CAO & General Counsel Subscribed and sworn to before me this day of Listing an original filing? Yes [X] No [1] Subscribed and sworn to before me this day of Listing an exact of the amendment number 2. Date filed	Name		Title		Name			Title
DIRECTORS OR TRUSTEES Michael Christopher Lyons Richard Bruno Primerano State of County of Ss The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period state 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, are 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 at 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 at that this state rules or regulations regulations regulated in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that (1) state way differ, or, (2) that state rules or regulations regulated inferences in reporting not related to accounting practices and procedures and procedures the said reporting on the said concounting practices and procedures manual except to the extent that (1) state way differ, or, (2) that state rules or regulations regulated inferences in reporting not related to accounting practices and procedures, according to the best of the 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 it various regulators in fieu of or in addition to the enclosed statement. Michael Christopher Lyons Chief Executive Officer & President Subscribed and sworn to before me this day of 1. State the amendment number 2. Data field 1. State the amendment number	Michael Christopher	Lyons	Chief Executive Office	er & President	Bryan Triplett McC	ully ,	SVP, CAO 8	General Counsel
DIRECTORS OR TRUSTEES Michael Christopher Lyons Richard Bruno Primerano Slate of County of Sas 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 state 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 shated, are 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 are 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 ende and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that (1) stall aw 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 the NAIC, when required, that is an exact copy (except for formatting differences by the described officers also includes the related corresponding electronic filling with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filling) of the enclosed statement. The electronic filling may be requested twanious regulators in lieu of or in addition to the enclosed statement. Michael Christopher Lyons Chief Executive Officer & President Subscribed and swom to before me this day of Subscribed and swom to before me this day of 1. State the amendment number 2. Date filled	Richard Bruno Prim	erano	SVP, CFO, COO 8	Treasurer				
DIRECTORS OR TRUSTEES Michael Christopher Lyons Richard Bruno Primerano State of County of Signary Triplett McCulty Signary Triplett McCulty Deanne Dietrich Nixon Edouard von Herberstein # Edouard von Herberstein # 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 state 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 shaled, an 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 an 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) stat 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 the 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 Christopher Lyons Chief Executive Officer & President Bryan Triplett McCulty SVP, CAO & General Counsel SVP, CFO, COO & Treasurer a. Is this an original filing? Yes [X] No [] Subscribed and swom to before me this day of 1. State the amendment number 2. Date filed				OTHER OF	FICERS			
State of						con	Edouard vo	on Herberstein #
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 I various regulators in lieu of or in addition to the enclosed statement. Michael Christopher Lyons Chief Executive Officer & President SVP, CAO & General Counsel SVP, CFO, COO & Treasurer a. Is this an original filing? Yes [X] No [] Subscribed and sworn to before me this day of J. State the amendment number 2. Date filed	County of The officers of this reporting above, all of the herein desc	entity being dul afbed assets we with related en and affairs of	y sworn, each depose all ere the absolute property chibits, schedules and en the said reporting entity	of the said reporting eplanations therein on as of the reporting pe	entity, free and clear from an ontained, annexed or referre riod stated above, and of its	ny liens or claims d to, is a full and income and dedu	thereon, except true statement ctions therefronal except to the	ot as herein stated, ar nt of all the assets ar m for the period ende
Chief Executive Officer & President SVP, CAO & General Counsel SVP, CFO, COO & Treasurer a. Is this an original filing? Yes [X] No [] Subscribed and sworn to before me this day of 1. State the amendment number 2. Date filed	liabilities and of the condition and have been completed in law may differ; or, (2) that			ences in reporting n	ot related to accounting pra			ing to the best of the
Subscribed and sworn to before me this b. If no: about 1. State the amendment number 2. Date filed	liabilities and of the condition and have been completed in law may differ; or, (2) that infonnation, knowledge and the the NAIC, when required, that various regulators in lieu of or	belief, respective at is an exact or r in addition to t	ely. Furthermore, the sco ppy (except for formatting	ences in reporting n pe of this attestation differences due to e	oot related to accounting proby the described officers also electronic filing) of the enclose	includes the related statement. The	ted correspond e electronic filin	ing to the best of the ling electronic filing wi ig may be requested to
day of . 1. State the amendment number 2. Date filed	liabilities and of the condition and have been completed in law may differ; or, (2) that infonnation, knowledge and It the NAIC, when required, the various regulators in lieu of or Michael Chrisi	belief, respective at is an exact or r in addition to t	ely. Furthermore, the sco ppy (except for formatting the enclosed statement.	ences in reporting n pe of this attestation differences due to e Bryan Triplett	not related to accounting proby the described officers also electronic filing) of the enclosed McCully	includes the related statement. The	ted correspond electronic filin	ing to the best of the ling electronic filing wi og may be requested to rimerano Treasurer
	liabilities and of the condition and have been completed in law may differ; or, (2) that infonnation, knowledge and It the NAIC, when required, the various regulators in lieu of or Michael Chrisi	belief, respective at is an exact or r in addition to t	ely. Furthermore, the sco ppy (except for formatting the enclosed statement.	ences in reporting n pe of this attestation differences due to e Bryan Triplett	ot related to accounting proby the described officers also electronic filing) of the enclosed McCully eral Counsel	nincludes the related statement. The Rich	ted correspond electronic filin	ing to the best of the ling electronic filing wi og may be requested to rimerano Treasurer
	liabilities and of the condition and have been completed in law may differ; or, (2) that infornation, knowledge and it the NAIC, when required, the various regulators in lieu of or Michael Christ Chief Executive Of Subscribed and sworn to be	belief, respective at is an exact or r in addition to t topher Lyons fficer & Presid	ely. Furthermore, the sco ppy (except for formatting the enclosed statement.	ences in reporting n pe of this attestation differences due to e Bryan Triplett	not related to accounting probe the described officers also be tectronic filing) of the enclosed McCully eral Counsel a. Is this b. If no: 1. Stal	includes the related statement. The Rich SVP, an original filing?	ted correspond e electronic filin ard Bruno P CFO, COO 8	ing to the best of the ling electronic filing wi og may be requested to rimerano Treasurer

ASSETS

No.	7.	03E13			
			Current Statement Date	•	4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
2	2 1		Nonaumitted Assets	to the desired to the second	CONTRACTOR AND ADDRESS OF
	Bonds	11,468,855		11,468,855	18,506,264
2.	Stocks:				
	2.1 Preferred stocks			0	0
	2.2 Common stocks	29 4 3 5 4 5		0	5.009.195
3	Mortgage loans on real estate:				
3.				0	
	3.1 First liens			1893 18880W 18 74	
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less				
	\$ encumbrances)			0	0
					ر <u> </u>
	4.2 Properties held for the production of income				
	(less \$encumbrances)			0	0
	4.3 Properties held for sale (less				
	\$ encumbrances)			0	0
5.	Cash (\$7,808,988),				
	cash equivalents (\$26,571,367)				
	and short-term investments (\$54,987)	34,435,342		34,435,342	38,099,954
6	Contract loans (including \$premium notes)		l	n	0
			l	0	
	Derivatives	0			
8.	Other invested assets	2,800,000	·····	2,800,000	1,800,000
9.	Receivables for securities		ļ	0	0
10	Securities lending reinvested collateral assets		L	0	
	_	0	0		
12.	Subtotals, cash and invested assets (Lines 1 to 11)	48,704,197	0	48 ,704 , 197	63,415,413
13.	Title plants less \$ charged off (for Title insurers				
	only)			0	0
44	Investment income due and accrued	161,955		161,955	85.145
		101,933		101,933	03,143
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	3.492.692	180.526	3,312,166	7.323.547
					,,
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums)	5,920,600		5,920,600	3,499,277
	15.3 Accrued retrospective premiums (\$) and				
	contracts subject to redetermination (\$)			0	(
40					
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	12,196,608		12,196,608	655,340
	16.2 Funds held by or deposited with reinsured companies			0	
	16.3 Other amounts receivable under reinsurance contracts			0	4,840,000
17				0	
18.	1 Current federal and foreign income tax recoverable and interest thereon			887 , 183	887 , 183
18.	2 Net deferred tax asset	5,071,246	1,319,994	3,751,252	456,444
19.	Guaranty funds receivable or on deposit			0	
20	Electronic data processing equipment and software			0	(
	Furniture and equipment, including health care delivery assets				
21.				_	
	(\$)		ł	0	
22.	Net adjustment in assets and liabilities due to foreign exchange rates		 	0	ļ
23.	Receivables from parent, subsidiaries and affiliates	11,944,849	.	11,944,849	6,285,946
	Health care (\$) and other amounts receivable			0	, , , , , ,
		0 700 740	0		957 500
	Aggregate write-ins for other-than-invested assets	8,723,712	l	8,723,712	357 , 588
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	97,103,041	1,500,520	95,602,521	87,805,883
27	From Separate Accounts, Segregated Accounts and Protected				
				0	,
	Cell Accounts.			T	
28.	Total (Lines 26 and 27)	97,103,041	1,500,520	95,602,521	87,805,883
	DETAILS OF WRITE-INS		I	1	
1101.				0	(
			l		
1102.			·····	0	
1103.			 	0	
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	
			,		
	SSAP 72 Surplus Contribution due from Weston Insurance Holdings	6,950,077	·····	6,950,077	
2502.	Brokerage Sharing Commission Receivable	1,596,936		1,596,936	180,890
	State Income Tax Recoverable	176,699		176,699	176,698
	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	8,723,712	0	8,723,712	357,588

LIABILITIES, SURPLUS AND OTHER FUNDS

	·	1 Current	2 December 31.
		Statement Date	Prior Year
1.	Losses (current accident year \$7,145,981)	9,661,226	2,671,130
2.	Reinsurance payable on paid losses and loss adjustment expenses		0
3.	Loss adjustment expenses	699,820	397,280
4.	Commissions payable, contingent commissions and other similar charges		0
5.	Other expenses (excluding taxes, licenses and fees)		0
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	893,289	136,700
7.	1 Current federal and foreign income taxes (including \$ on realized capital gains (losses)).		0
7.3	2 Net deferred tax liability		0
8.	Borrowed money \$ and interest thereon \$		0
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$60,204,931 and		
1	including warranty reserves of \$ and accrued accident and health experience rating refunds		
1	including \$ for medical loss ratio rebate per the Public Health Service Act)	9,875,000	2,016,667
10.	Advance premium	2,903,254	1,731,555
11.	Dividends declared and unpaid:		
	11.1 Stockholders		0
	11.2 Policyholders		0
12.	Ceded reinsurance premiums payable (net of ceding commissions)	42,305,248	32,199,709
13.	Funds held by company under reinsurance treaties	2,606,986	9,037,396
14.			0
15.	Remittances and items not allocated		0
16.	Provision for reinsurance (including \$ certified)		0
17.	Net adjustments in assets and liabilities due to foreign exchange rates		0
18.	Drafts outstanding		0
19.	Payable to parent, subsidiaries and affiliates		745
20.	Derivatives		0
21.	Payable for securities		0
22.	Payable for securities lending		0
23.	Liability for amounts held under uninsured plans		0
24.	Capital notes \$ and interest thereon \$		0
25.	Aggregate write-ins for liabilities	1,608,306	1,204,236
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	70,553,129	49,395,418
27.			0
28.	Total liabilities (Lines 26 and 27)	70,553,129	49,395,418
29.	Aggregate write-ins for special surplus funds		0
30.	Common capital stock	2,500,000	2,500,000
31.	Preferred capital stock		0
32.	Aggregate write-ins for other than special surplus funds		0
	Surplus notes		0
34.	Gross paid in and contributed surplus	45,750,077	38,800,000
35.	Unassigned funds (surplus)	(23,200,684)	(2,889,535
	Less treasury stock, at cost:		
	36.1 shares common (value included in Line 30 \$)		0
	36.2		0
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	25,049,393	38,410,465
	Totals (Page 2, Line 28, Col. 3)	95,602,521	87,805,883
55.	DETAILS OF WRITE-INS	55,002,021	57,000,000
2501.	Deferred Ceding Commissions	1,002,425	690 , 809
	Refunds Payable	282,268	162,747
	Escheat Payable	323,613	350,680
	Summary of remaining write-ins for Line 25 from overflow page		0
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,608,306	1,204,236
2901.			0
2902.			0
2903.			0
	Summary of remaining write-ins for Line 29 from overflow page	0	0
	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
	Totals (Emes 2501 through 2500 plus 2500) (Eme 25 above)		
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3202. 3203		ı	۸
3203.	Summary of remaining write-ins for Line 32 from overflow page	0	0

STATEMENT OF INCOME

3 Prior Year Endec December 31 50
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55 5,576,8 50 28,816,6 35 204,3 81 24,150,7 03 4,870,2 28 7,711,4 10) (822,8
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CASH FLOW

	UACITI EUT	<u> </u>		
		1	2	3
		Current Year	Prior Year	Prior Year Ended
		To Date	To Date	December 31
	Cash from Operations	24 C4C 20C	10 100 700	E 404 700
	Premiums collected net of reinsurance	31,616,286	10,109,799	5,484,792
100	Net investment income	232 024	312,663	452,241
	Miscellaneous income			179,543
	Total (Lines 1 to 3)	31,847,662	10,481,787	6,116,577
	Benefit and loss related payments	34,788,641	7,208,637	2,328,304
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	4,845,308	0
	Commissions, expenses paid and aggregate write-ins for deductions	243,765	(730,960)	(422,459)
	Dividends paid to policyholders	ļ		
9.	Federal and foreign income taxes paid (recovered) net of \$tax on capital		(697, 493)	/EC9 4C4)
40	gains (losses).	35.032.407	()	(568,461)
	Total (Lines 5 through 9)		10,625,492	1,337,385
11.	Net cash from operations (Line 4 minus Line 10)	(3,184,745)	(143,706)	4,779,192
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:	42 240 750	0 500 705	C 402 CE0
	12.1 Bonds	12,348,750	3,502,796	
	12.2 Stocks		179,929	5,206,397
	12.3 Mortgage loans	t	0	
	12.4 Real estate	450.000	450.000	600.000
	12.5 Other invested assets	430,000	430,000	000,000
	12.7 Miscellaneous proceeds	29,512	0	
	·	12,828,262	4.132.724	12,210,056
42	12.8 Total investment proceeds (Lines 12.1 to 12.7)	12,020,202	4,132,724	12,210,030
13.		5,451,376	3.250.023	6.274.061
	13.1 Bonds	3,451,370	9.999.837	9.999.837
	13.3 Mortgage loans	t	0	0
	13.4 Real estate		0	0
	13.5 Other invested assets	1,450,000	0	0
	13.6 Miscellaneous applications	9,195	35.373	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	6,910,571	13,285,233	16,273,899
14	Net increase (or decrease) in contract loans and premium notes	0,0,0,0,1	0	0
	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	5.917.691	(9.152.508)	(4.063.843)
13.	Cash from Financing and Miscellaneous Sources	3,317,031	(9,132,300)	(4,005,045)
10	Cash provided (applied):			
10.	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock	6.950.077	(2.700.000)	(2.700.000)
	16.3 Borrowed funds	0,000,017	(2,700,000)	(2,700,000)
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
	16.5 Dividends to stockholders	5,000,000	0	0
	16.6 Other cash provided (applied)	(8,347,635)	7.997.554	1,491,278
17	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5	(0,0,000)	.,,	1,101,210
	plus Line 16.6)	(6,397,558)	5,297,554	(1,208,722)
	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)	(3,664,613)	(3,998,660)	(493,373)
	Cash, cash equivalents and short-term investments:	'' '	• • • • •	. , ,
	19.1 Beginning of year	38,099,954	38,593,327	38,593,327
	19.2 End of period (Line 18 plus Line 19.1)	34,435,341	34,594,667	38,099,954

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Weston Insurance Company (the Company) are presented on a basis of accounting practices prescribed or permitted by the Florida Office of Insurance Regulation.

The Florida Office of Insurance Regulation recognizes only statutory accounting practices prescribed by or permitted by the State of Florida for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Florida Insurance Law. The National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Florida.

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

	SSAP#	F/S Page	F/S Line #	09/30/2020	12/31/2019
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$(21,975,245)	\$ 1,456,317
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (21,975,245)	\$1,456,317
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 25,049,393	\$ 38,410,465
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 25,049,393	\$ 38,410,465

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

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

C. Accounting Policy

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.

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

In addition, the company uses the following accounting policies:

- (1) Basis of valuation of short-term investments stated at amortized value using the effective interest method.
- (2) Basis of valuation of bonds Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Basis of valuation of common stock Common stock is stated at fair value.
- (4) Preferred stocks Not Applicable
- (5) Mortgage loans Not Applicable
- (6) Loan-backed securities Not Applicable
- (7) Basis of valuation of subsidiary, controlled and affiliated Investments in subsidiaries are carried at the lower of cost or fair value.
- (8) Investments in joint ventures, partnerships and limited liability companies Not Applicable
- (9) Derivatives Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation Not Applicable
- (11) Method of establishing loss and LAE reserves 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. In spite of the variability inherent in such estimates, management believes that the liabilities for unpaid losses and loss adjustment expenses are adequate. The methods, for making such estimates and for establishing the resulting liability are continually reviewed and any changes are reflected in the period determined. Subrogation and salvage recoveries are reviewed and any adjustments are recorded as reductions in losses and loss adjustment expenses when received.
- (12) Changes in capitalization policy Not Applicable
- (13) Pharmaceutical rebate receivables Not Applicable
- D. Going Concem Not Applicable
- 2. Accounting Changes and Corrections of Errors Not Applicable
- 3. Business Combinations and Goodwill Not Applicable
- 4. Discontinued Operations Not Applicable

Notes to the Financial Statements

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans Not Applicable
- B. Debt Restructuring Not Applicable
- C. Reverse Mortgages Not Applicable
- D. Loan-Backed Securities Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- J. Real Estate Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC) Not Applicable
- L. Restricted Assets
 - (1) Restricted assets (including pledged)

				Gross (Admit	ted & Nonadmitte	ed) Restricted								
			Current Year								Current Year			
		(1)	(2)	(3)	(4)	(5)		(6)	(7)	(8)		(9)	(10)	(11)
	Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity	Total (1 + 3)		Total From Prior Year	Increas (Decrea (5 - 6)	se) Nonadmi	itted	otal Admitted Restricted (5-8)	Gross (Admitted & Nonadmitted Restricted to Total Assets, %	Admitted) Restricted to Total Admitted Assets, %
a.	Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	\$		\$	\$	\$		%	8
b.	Collateral held under security lending agreements								*****************					*************
C.	Subject to repurchase agreements													**************
d.	Subject to reverse repurchase agreements													
e.	Subject to dollar repurchase agreements													
f.	Subject to dollar reverse repurchase agreements													
g.	Placed under option contracts													****************
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock.													
i.	FHLB capital stock													****************
j.	On deposit with states	343,924				343,9	24	335,984		,940		343,924	0.336	0.341
k	On deposit with other regulatory bodies													
I.	Pledged as collateral to FHLB (including assets backing funding agreements)													
m.	Pledged as collateral not captured in other categories													
n.	Other restricted assets							4,840,000	(4,840),000)			,	
0.	Total restricted assets	\$ 343,924	\$ -	\$ -	\$ -	\$ 343,93	24 \$	5,175,984	\$ (4,832	2,060) \$	\$	343,924	0.336 %	0.341 %

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

Not applicable

5. Investments (Continued)

			Gross (Admit	ted & Nonadmit	ted) Restricted				Perce	entage
			Current Year							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Description of Assets	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity	Total (1 + 3)	Total From Prior Year	Increase/ (Decrease) (5 - 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets, %	Admitted Restricted to Total Admitted Assets, %
Reinsurance contract	\$	\$	\$	\$	\$	\$ 4,840,000	\$(4,840,000)	\$		
Total	\$ -	\$ -	\$ -	\$	\$ -	\$ 4,840,000	\$ (4,840,000)	\$ -	- %	- %

- (4) Collateral received and reflected as assets within the reporting entity's financial statements Not Applicable
- M. Working Capital Finance Investments Not Applicable
- N. Offsetting and Netting of Assets and Liabilities Not Applicable
- O. 5GI Securities Not Applicable
- P. Short Sales Not Applicable
- Q. Prepayment Penalty and Acceleration Fees Not Applicable
- 6. Joint Ventures, Partnerships and Limited Liability Companies Not Applicable

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

The Company non-admits investment income due and accrued if amounts are over 90 days past due.

- B. Total Amount Excluded Not Applicable
- 8. Derivative Instruments Not Applicable

9. Income Taxes

The current federal income tax recoverable reported on line 18.1 of the assets page reflects a previously non-admitted balance of \$887,183. The balance is over 90 days past due from an affiliate under the Company's Tax Sharing Agreement. The balance is now reflected as an admitted asset as it will be settled with proceeds from a capital contribution received by the Company's direct parent after the balance sheet date and admitted as part of a SAP 72 surplus contribution approved by the Florida Office of Insurance Regulation. Similarly, the state income tax recoverable reported as an aggregate write-in and included on line 25 of the assets page is reflects a previously non-admitted balance of \$176,699. The balance is now reflected as an admitted asset as it will be settled with proceeds from a capital contribution received by the Company's direct parent after the balance sheet date and admitted as part of a SAP 72 surplus contribution approved by the Florida Office of Insurance Regulation.

A. Components of the Net Deferred Tax Asset/(Liability)

(1) Change between years by tax character

			09/30/2020			12/31/2019			Change	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a)	Gross deferred tax assets	\$ 5,071,246	\$	\$ 5,071,246	\$ 476,402	\$(8,995).	\$ 467,407	\$ 4,594,844	\$ 8,995	\$ 4,603,839
(b)	Statutory valuation allowance adjustments									
(c)	Adjusted gross deferred tax assets (1a - 1b)	5,071,246		5,071,246	476,402	(8,995)	467,407	4,594,844	8,995	4,603,839
(d)	Deferred tax assets nonadmitted	1,319,994		1,319,994				1,319,994		1,319,994
(e)	Subtotal net admitted deferred tax asset (1c - 1d)	\$ 3,751,252	\$	\$ 3,751,252	\$ 476,402	\$(8,995)	\$ 467,407	\$ 3,274,850	\$ 8,995	\$ 3,283,845
(f)	Deferred tax liabilities				10,964		10,964	(10,964)		(10,964)
(g)	Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ 3,751,252	\$	\$ 3,751,252	\$ 465,438	\$ (8,995)	\$ 456,443	\$ 3,285,814	\$ 8,995	\$ 3,294,809

9. Income Taxes (Continued)

(2) Admission calculation components SSAP No. 101

			09	/30/2020			12,	31/2019			Change	9	
		(1)		(2)	(3)	(4)		(5)	(6)	(7)	(8)		(9)
		 Ordinary		Capital	 Total (Col 1+2)	 Ordinary		Capital	Total ol 4+5)	Ordinary Col 1-4)	Capital (Col 2-5		Total ol 7+8)
(a)	Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 	\$		\$ 	\$ 	\$		\$ 	\$ 	\$		\$
(b)	Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)	 5,071,246			 5,071,246	 467,407			 467,407 .	 . 4,603,839			4,603,839
	Adjusted gross deferred tax assets expected to be realized following the balance sheet date	 5,071,246			 5,071,246	 467,407			 467,407	 . 4,603,839			 4,603,839
	Adjusted gross deferred tax assets allowed per limitation threshold	 xxx		xxx		 xxx		.xxx	 	 xxx	XXX		
(c)	Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	 (1,319,994)			 (1,319,994)	 (10,964)			 (10,964)	 (1,309,030)			 (1,309,030)
(d)	Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 3,751,252	\$		\$ 3,751,252	\$ 456,443	\$		\$ 456,443	\$ 3,294,809	\$	_	\$ 3,294,809

(3) Ratio used as basis of admissibility

		09/30/2020	12/31/2019
(a)	Ratio percentage used to determine recovery period and threshold limitation amount	%	360.000 %
(b)	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$	\$ 38,448,828

- (4) Impact of tax-planning strategies
 - (a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

		09/30	/2020	12/31	/2019	Cha	ange
		(1)	(2)	(3)	(4)	(5)	(6)
		Ordinary	Capital	Ordinary	Capital	Ordinary (Col. 1-3)	Capital (Col. 2-4)
1.	Adjusted gross DTAs amount from Note 9A1(c)	\$ 5,071,246	\$	\$ 476,402	\$(8,995)	\$ 4,594,844	\$ 8,995
2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		%	%	%	%	%
3.	Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 3,751,252	\$	\$ 476,402	\$(8,995)	\$ 3,274,850	\$ 8,995
4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Use of reinsurance-related tax-planning strategies

Does the company's tax-planning strategies include the use of reinsurance? NO

- B. Regarding Deferred Tax Liabilities That Are Not Recognized Not Applicable
- C. Major Components of Current Income Taxes Incurred

			(1)	(2)	(3)
Cur	rent i	ncome taxes incurred consist of the following major components:	09/30/2020	12/31/2019	Change (1-2)
1.	Curr	rent Income Tax			
	(a)	Federal	\$	\$	\$ 1
	(b)	Foreign			
	(c)	Subtotal	\$	\$	\$
	(d)	Federal income tax on net capital gains		 	-
	(e)	Utilization of capital loss carry-forwards			
	(f)	Other			-
	(g)	Federal and foreign income taxes incurred	\$	\$ -	\$ -

9. Income Taxes (Continued)

				0	(1) 9/30/2020	12	(2) 2/31/2019	Ch	(3) nange (1-2)
2.	Def	erred	Tax Assets						
	(a)	Ordi	inary						
		(1)	Discounting of unpaid losses	\$	12,887	\$	12,887	\$	
		(2)	Unearned premium reserve		157,425		157,425		
		(3)	Policyholder reserves						
		(4)	Investments						
		(5)	Deferred acquisition costs						
		(6)	Policyholder dividends accrual						
		(7)	Fixed assets						
		(8)	Compensation and benefits accrual						
		(9)	Pension accrual						
		. ,	Receivables - nonadmitted						
		, ,	Net operating loss carry-forward						
			Tax credit carry-forward						
			Other (including items less than 5% of total ordinary tax assets)						
		(13)						*	
			(99) Subtotal						
	(b)		utory valuation allowance adjustment						
	(c)		nadmitted						
	(d) (e)	Adn Cap	nitted ordinary deferred tax assets (2a99 - 2b - 2c)ital	\$	3,751,252	\$	476,402	\$	3,274,850
	,	(1)		\$		\$		\$	
		(2)	Net capital loss carry-forward				15	•	(15)
		(3)	Real estate						
		(4)	Other (including items <5% of total capital tax assets)						
		(4)	(99) Subtotal						
	(f)	Stat	utory valuation allowance adjustment						
	(g)	Nor	nadmitted						
	(h)	Adn	nitted capital deferred tax assets (2e99 - 2f - 2g)				(8,995)		8,995
	(i)		nitted deferred tax assets (2d + 2h)				467,407		3,283,845
	(1)			······· <u>V</u>	, , , , , ,	Ÿ	, , , , , , , , , , , , , , , , , , , ,	•	,,,
					(1)		(2)		(3)
				0	9/30/2020	12	/31/2019	Ch	nange (1-2)
3.	Def	erred	Tax Liabilities						
	(a)	Ordi	inary						
		(1)	Investments	\$		\$		\$	
		(2)	Fixed assets						
		(3)	Deferred and uncollected premium						
		(4)	Policyholder reserves						
		(5)	Other (including items <5% of total ordinary tax liabilities)				10,964		(10,964)
			(99) Subtotal	\$		\$	10.964	\$	(10.964)
	(b)	Сар	. ,	•		•			
	(-)	(1)	Investments	\$		\$		\$	
		(2)	Real estate					•	
		(3)	Other (including items <5% of total capital tax liabilities)						
		(3)							
	(4)	D-4	(99) Subtotal						
	(c)		erred tax liabilities (3a99 + 3b99)	· ·		\$	10,964		(10,964)
4.	Net	defe	rred tax assets/liabilities (2i - 3c)	\$	3,751,252	\$	456,443	\$	3,294,809

D. Among the More Significant Book to Tax Adjustments

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to pre-tax income. The significant terms causing this difference are as follows:

	09/30/2020	Effective Tax Rate
Provision computed at statutory rate	\$	%
Non-deductible expenses		
Change in the statutory valuation allowance		
Change in non-admitted assets		
Change in enacted rate		
Other, including prior year true-up		
Total	\$	%

9. Income Taxes (Continued)

	09/30/2020	Effective Tax Rate
Federal and foreign income taxes incurred	\$	%
Change in net deferred income taxes		
Total statutory income taxes	\$	%

E. Operating Loss and Tax Credit Carryforwards

The Company had net operating losses of: 5,071,246

The net operating losses carryforwards begin to expire in 2039.

The following represents income tax expense for 2018 and 2019 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Tota
2018		-	-
2019		-	-

- (1) The net operating losses carryforwards begin to expire in 2039.
- (2) Income tax expense available for recoupment Not Applicable
- (3) Deposits admitted under IRC Section 6603 Not Applicable
- Consolidated Federal Income Tax Return
 - (1) The Company's federal income tax return is consolidated with the following entity:
 - Weston Insurance Holding Corporation
 - (2) The method of allocation is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with a credit for current losses pursuant to the terms of the tax.
- G. Federal or Foreign Income Tax Loss Contingencies Not Applicable
- H. Repatriation Transition Tax (RTT) Not Applicable
- Alternative Minimum Tax (AMT) Credit Not Applicable

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

A. Nature of relationships

All outstanding shares of the Company are owned by Weston Insurance Holdings Corporation (WIHC), a Florida Corporation.

B. Detail of transaction greater than 0.5% of admitted assets

In December 2016, the Company converted a portion of its intercompany balance with Weston Insurance Management (WIM) to a loan in the amount of (USD 3,250,000). The loan may be partially or fully repaid at any time by WIM upon mutual written agreement between the parties but at a minimum in compliance with applicable amortization requirements for admissibility of any outstanding balance by the Company as an asset pursuant to Chapter 625, Florida Statutes. The loan will be automatically terminated on December 30, 2021 (the "Termination Date") unless otherwise agreed in writing between WIM and the Company. All capital amounts outstanding under the loan will be due and payable to the Company on the Termination Date.

On September 30, 2020, the amount of the loan outstanding is \$2,800,000, Interest income in the amount of \$118,292 was recorded by the Company in 2020.

The dissolution of the Weston Select Insurance Corporation (an affiliated company, WSIC) was authorized by a unanimous written consent action of WSIC's Board of Directors on April 15, 2020, and by a written consent action of WSIC's shareholder on April 15, 2020. The dissolution of WSIC was authorized by resolution of the Board of Directors in accordance with Section 33-14-101 of the South Carolina Statutes, and by WSIC's shareholder in accordance with Section 33-14-102 of the South Carolina Statutes. These Articles of Dissolution are effective as of April 16, 2020.

- C. Amount of Transactions & Effects of Change in Terms of Intercompany Arrangements Not Applicable

Amounts due to or from related parties
The receivable from affiliates reported on line 23 of the assets page includes a \$11,868,387 receivable from Weston Insurance Management. Of this amount, 4,486,041 is over 90 days past due but now reflected as an admitted asset. It will be settled with proceeds from a capital contribution received by the Company's direct parent after the balance sheet date and admitted as part of a SAP 72 surplus contribution approved by the Florida Office of Insurance Regulation. \$76,462 is receivable from Weston Specialty Insurance Corporation.

- E. Guarantees or Contingencies Not Applicable
- Management, service contracts, cost sharing arrangements

WIM, an affiliate of the Company, is the exclusive management general agent for the Company. Under the Managing General Agency (MGA) Agreement with WIM, the Company pays a commission to the MGA for expenses incurred that are related to underwriting, acquisition, operations management, and for claims administration. An expense of \$18,937,544 and \$17,456,918 was recorded for the nine months ending September 30, 2020 and 2019 respectively, per the terms of the MGA agreement.

- G. Nature of Relationships that Could Affect Operations Not Applicable
- H. Amount Deducted for Investment in Upstream Company Not Applicable
- Detail of Investments in Affiliates Greater Than 10% of Admitted Assets Not Applicable
- Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies Not Applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

- K. Foreign Subsidiary Value Using CARVM Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method Not Applicable
- M. All SCA Investments
 - (1) Balance sheet value (admitted and nonadmitted) all SCAs (except 8b(i) entities)

	SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a.	SSAP No. 97 8a Entities				
	Total SSAP No. 97 8a Entities	XXX	\$	\$	\$
b.	SSAP No. 97 8b(ii) Entities				
	Total SSAP No. 97 8b(ii) Entities	XXX	\$	\$	\$
c.	SSAP No. 97 8b(iii) Entities				
	Weston Select Insurance Company	%	\$	\$	\$
	Total SSAP No. 97 8b(iii) Entities	XXX	\$	\$	\$
d.	SSAP No. 97 8b(iv) Entities				
	Total SSAP No. 97 8b(iv) Entities	XXX	\$	\$	\$
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities) (b+c+d)	XXX	\$	\$	\$
f.	Aggregate Total (a+e)	xxx	\$	\$	\$

(2) NAIC filing response information

	SCA Entity	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received (Yes/No)	NAIC Disallowed Entities Valuation Method, Resubmission Required (Yes/No)	Code**
a.	SSAP No. 97 8a Entities		30-1L			20	
	Total SSAP No. 97 8a Entities			\$			
b.	SSAP No. 97 8b(ii) Entities						
	Total SSAP No. 97 8b(ii) Entities			\$			
C.	SSAP No. 97 8b(iii) Entities						
	Total SSAP No. 97 8b(iii) Entities			\$			
d.	SSAP No. 97 8b(iv) Entities						
	Total SSAP No. 97 8b(iv) Entities			\$			
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities) (b+c+d)			\$			
f.	Aggregate Total (a+e)			\$			
	+ C1 - Cub 1 C2 - Cub 2 or DDE - Decubmission of Disall	owed Filip	_				

^{*} S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing

- N. Investment in Insurance SCAs
 - (1) Not Applicable
 - (2) The monetary effect on net income and surplus

	Monetary Effe	ct on NAIC SAP	Amount of	Investment
	Net Income Increase	Surplus Increase	Per Audited	If the Insurance SCA had Completed Statutory Financial
SCA Entity (Investments in Insurance SCA Entities)	(Decrease)	(Decrease)	Statutory Equity	Statements*
Weston Select Insurance Company	Ś	Ŝ	Ś	\$

^{*} Per AP&P Manual (without permitted or prescribed practices)

- (3) Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking Not Applicable
- 11. Debt Not Applicable
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans Not Applicable
- 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
 - 1. Outstanding shares

As of September 30, 2020 and 2019 the Company has 25,000 shares of authorized, issued and outstanding common stock at par value of one hundred dollars (\$100) per share.

^{**} I - Immaterial or M - Material

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

- 2. Dividend Rate of Preferred Stock Not Applicable
- 3. Dividend restrictions

Florida Statute 628.371 restricts dividend payment for State of Florida insurance companies without prior approval by the Insurance Commission to the larger of: 10% of the policyholders' surplus or the entire net income of the preceding year plus a two year carry forward. The dividend may also be computed as 10% of surplus with dividends constrained to unassigned funds minus 5% of unrealized capital gain. A third computation provides for the lesser of 10% of surplus or net investment income plus a year carry-forward with dividends constrained to unassigned funds minus 25% of unrealized capital gains. The maximum allowed for dividend restrictions is the lesser of the above calculations or the unassigned funds at year end. After computation dividends are restricted to unassigned surplus

4. Dates and amounts of dividends paid

The company paid a total of \$2,700,000 to parent, Weston Insurance Holdings Company, during the first quarter of 2019. The company paid a total of \$5,000,000 to parent, Weston Insurance Holdings Company, during the second quarter of 2020.

- Company Profits Paid as Ordinary Dividends Not Applicable
- 6. Surplus Restrictions Not Applicable
- 7. Surplus Advances Not Applicable
- 8. Stock Held for Special Purposes Not Applicable
- 9. Changes in Special Surplus Funds Not Applicable
- Unassigned funds (surplus) Not Applicable
- 11. Company-Issued Surplus Debentures or Similar Obligations Not Applicable
- 12. Impact of Any Restatement Due to Prior Quasi-Reorganizations Not Applicable
- 13. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years Not Applicable

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments Not Applicable
- B. Assessments Not Applicable
- C. Gain Contingencies Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Extra contractual obligation and bad faith losses – The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

Method used to disclose claim count information:

- (f) Per Claim []
- (g) Per Claimant []
- E. Product Warranties Not Applicable
- F. Joint and Several Liabilities Not Applicable
- G. All Other Contingencies

Various lawsuits against the Company have arisen in the normal course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets that it considers to be impaired.

- 15. Leases Not Applicable
- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk Not Applicable
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities Not Applicable
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans Not Applicable
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

In 2012, the Company entered into a Managing General Agent and Claims Administration Agreement with WIM. The terms of the MGA contract give the MGA authority for the claims payment (C), claims adjustment (CA), reinsurance ceding (R), binding authority (B), premium collection (P), and underwriting (U) in each state in which the Company is licensed. On October 1, 2016 the Company amended the Managing General Agent and Claims Administration Agreement with WIM to increase the commission to WIM by 2.25% to a total of 26.50% for services to the Company. All authorities for WIM with respect to the MGA contract remain unchanged.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators (Continued)

Name and Address of Managing General Agent or Third Party Administration	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premium Written / Produced By
Weston Insurance Management, LLC, P.O. Box 14-2057, Coral Gables, FL 33114	45-2754156	YES	Fire/Allied/ Homeowners Multi peril/Commercial Multi peril	C,CA,R,P,B,U	\$ 78,587,855
Total					\$ 78,587,855

20. Fair Value Measurements

- A. Fair Value Measurement
 - (1) Fair value measurements at reporting date

	Description for each class of asset or liability	 Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a.	Assets at fair value					
	Bonds	\$ 11,468,855	\$	\$	\$	\$ 11,468,855
	Total assets at fair value/NAV	\$ 11,468,855	\$	\$	\$	\$ 11,468,855
b.	Liabilities at fair value					
	Total liabilities at fair value	\$	\$	\$	\$	\$

- (2) Fair value measurements in Level 3 of the fair value hierarchy Not Applicable
- (3) Policy on transfers into and out of Level 3 Not Applicable
- (4) Inputs and techniques used for Level 2 and Level 3 fair values Not Applicable
- (5) Derivatives Not Applicable
- B. Other Fair Value Disclosures Not Applicable
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 11,468,855	\$ 11,468,855	\$ 11,468,855	\$	\$	\$	\$
Cash, Cash Equivalents and Short- Term Investments	34.435.342	34.435.342	34,435,342				

- D. Not Practicable to Estimate Fair Value Not Applicable
- E. Nature and Risk of Investments Reported at NAV Not Applicable

21. Other Items

- A. Unusual or Infrequent Items Not Applicable
- B. Troubled Debt Restructuring Not Applicable
- C. Other Disclosures
 - Assets in the amount of \$339,624 are on deposit with the State of Florida, Department of Financial Services, and \$125,515 is on deposit with the State of South Carolina, as required by law.
 - For the nine months ending September 30, 2020, the Company wrote \$78,587,855 of direct premium, assumed \$4,690,724 of premium
 from Citizens Property Insurance Corporation, assumed \$20,540,569 from Weston Specialty Insurance Company, and assumed(342,038)
 from Texas Windstorm Insurance Association (TWIA). The TWIA premium is a result of a reclassification of assumed reinsurance premium
 to direct premium via a novation contract that incepted on June 1, 2020.
 - 3. Agent balances certification
 - o Agents' balance or uncollected premiums as reported on Page 2, Line 15.1 were \$5,920,600.00
 - Amounts of agents' balances or uncollected premiums from Page 2, Line 15.1 that is due from "controlled" or "controlling" persons were \$0.
 - Amount reported in #2 above and secured by a trust fund, letter of credit and financial guaranty bond as required by Section 625.012, Florida Statutes were \$0.
- D. Business Interruption Insurance Recoveries Not Applicable
- E. State Transferable and Non-Transferable Tax Credits Not Applicable
- F. Subprime-Mortgage-Related Risk Exposure Not Applicable
- G. Insurance-Linked Securities (ILS) Contracts Not Applicable
- H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy Not Applicable

22. Events Subsequent

The receivable from affiliates reported on line 23 of the assets page includes a \$11,868,387 receivable from Weston Insurance Management. Of this amount, 4,486,041 is over 90 days past due but now reflected as an admitted asset. It was settled with proceeds from a capital contribution received by the Company's direct parent after the balance sheet date and admitted as part of a SSAP 72 surplus contribution approved by the Florida Office of Insurance Regulation. The state approved the adjustment on November 16, 2020 and funds of \$6,950,000 were received that same day.

		Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act?		
B.	ACA fee assessment payable for the upcoming year	\$	\$
C.	ACA fee assessment paid	\$	\$
D.	Premium written subject to ACA 9010 assessment	\$	\$
E.	Total adjusted capital before surplus adjustment	\$	
F.	Total adjusted capital after surplus adjustment	\$	
G.	Authorized control level	\$	
H.	Would reporting the ACA assessment as of Dec 31 have triggered an RBC action level?		

23. Reinsurance

A. Unsecured Reinsurance Recoverables

The Company's unsecured reinsurance balances (including ceded case and IBNR reserves and unearned premium) in excess of 3% of the policyholders' surplus with any one reinsurer.

Amount (000) omitted

NAIC Group Code	Federal ID#	Name of Reinsurer	Amount
26921	22-2005057	Everest Reinsurance Company	\$ 1,044,354
0	AA3191315	Munich Reinsurance America, Inc.	
0	AA3190686	Partner Reinsurance Company Ltd	2,078,494
0	AA9991310	Florida Hurricane Catastrophe Fund	

- B. Reinsurance Recoverable in Dispute Not Applicable
- C. Reinsurance Assumed and Ceded
 - Maximum amount of return commission that would have been due reinsurers if all of the company's reinsurance was canceled or if the company's insurance assumed was canceled

		Assumed F	Reinsurance	Ceded Re	insurance	Net			
		Premium Reserve			Commission Equity	Premium Reserve	Commission Equity		
a.	Affiliates	\$ 15,340,253	\$ 4,602,076	\$ 15,340,253	\$ 4,602,076	. \$	\$		
b.	All other		•	44,864,678	13,459,403	(44,864,678)	(13,459,403)		
C.	Total	\$ 15,340,253	\$ 4,602,076	\$ 60,204,931	\$ 18,061,479	\$ (44,864,678)	\$ (13,459,403)		
d.	Direct unearned premium reserve			\$ 70,079,931					

- (2) The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this statement as a result of existing contractual arrangements is accrued as follows: Not Applicable
- (3) Risks attributed to each of the company's protected cells Not Applicable
- D. Uncollectible Reinsurance Not Applicable
- E. Commutation of Ceded Reinsurance Not Applicable
- F. Retroactive Reinsurance Not Applicable
- G. Reinsurance Accounted for as a Deposit

The Company participates in two reinsurance agreements that are accounted for as a deposit. The first contract covers \$3,262,500 in the aggregate with a retention of \$5,000,000. The second contract covers \$8,287,500 in the aggregate with a retention of \$10,000,000. The contracts incepted June 1, 2020

Description	Interest Income	Cash Recoveries	Deposit Balance
Asset Protection Cover	\$	\$	\$

- H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements Not Applicable
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation Not Applicable
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate Not Applicable
- B. Method Used to Record Not Applicable
- C. Amount and Percent of Net Retrospective Premiums Not Applicable
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act Not Applicable
- E. Calculation of Nonadmitted Retrospective Premium Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

F. Risk-Sharing Provisions of the Affordable Care Act (ACA)

Not Applicable

(1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? NO

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year Not Applicable
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance Not Applicable
- (4) Roll-forward of risk corridors asset and liability balances by program benefit year Not Applicable
- (5) ACA risk corridors receivable as of reporting date Not Applicable

25. Changes in Incurred Losses and Loss Adjustment Expenses

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

Reserves as of December 31, 2019 were \$3,068,411. For the nine months ending September 30, 2020, \$546,092 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,954,012 resulting in favorable development of \$568,311. Increases or decreases occur as a result of claim settlements during the current year and as additional information is received regarding individual claims, causing changes from the original estimates of the cost of the claims. The majority of the favorable development is the result of having met the retention for our treaty year 2019 quota share agreement this quarter.

- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses Company and relevant industry loss development patterns are taken into account in evaluating the overall adequacy of unpaid losses and loss adjustment expenses.
- 26. Intercompany Pooling Arrangements Not Applicable
- 27. Structured Settlements Not Applicable
- 28. Health Care Receivables Not Applicable
- 29. Participating Policies Not Applicable
- 30. Premium Deficiency Reserves Not Applicable
- 31. High Deductibles Not Applicable
- 32. Discounting of Liabilities by Withdrawal Characteristics For Unpaid Losses or Unpaid Loss Adjustment Expenses Not Applicable
- 33. Asbestos/Environmental Reserves Not Applicable
- 34. Subscriber Savings Accounts Not Applicable
- 35. Multiple Peril Crop Insurance Not Applicable
- 36. Financial Guaranty Insurance Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Did the reporting entity experience any material to Domicile, as required by the Model Act?	tate of	Yes	[]	No [X]			
1.2	If yes, has the report been filed with the domicilia	ry state?				Yes	i []	No []
2.1	Has any change been made during the year of the reporting entity?					Yes	s []	No [X]
2.2	If yes, date of change:							
3.1	Is the reporting entity a member of an Insurance which is an insurer?	Holding Company System consisting of two	or more affiliated pers	sons, one or n	nore of	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 e	nd?			Yes	[X]	No []
3.3	If the response to 3.2 is yes, provide a brief desc Change in ownship of direct parent	· -						
3.4	Is the reporting entity publicly traded or a member	er of a publicly traded group?				Yes	[]	No [X]
3.5	If the response to 3.4 is yes, provide the CIK (Ce	ntral 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	3 []	No [X]
	If yes, complete and file the merger history data	ile with the NAIC.						
4.2	If yes, provide the name of entity, NAIC Compan ceased to exist as a result of the merger or const		state abbreviation) fo	r any entity th	at has			
		1	2	3				
		Name of Entity	NAIC Company Code	State of D	Jornicile			
6.1 6.2	If yes, attach an explanation. State as of what date the latest financial examine State the as of date that the latest financial exam This date should be the date of the examined ba	ination report became available from either	the state of domicile of	r the reporting				
6.3	State as of what date the latest financial examina or the reporting entity. This is the release date or sheet date).						05/:	30/2017
6.4	By what department or departments?							
6.5	Have all financial statement adjustments within the statement filed with Departments?	ne latest financial examination report been a		sequent finance		Yes [] No) []	NA [X]
	Have all of the recommendations within the lates					Yes [] No	[]	NA [X]
7.1	Has this reporting entity had any Certificates of A suspended or revoked by any governmental entit		corporate registration	if applicable)		Yes	i []	No [X]
7.2	If yes, give full information:							
8.1	Is the company a subsidiary of a bank holding co	mpany regulated by the Federal Reserve Bo				Yes	3 []	No [X]
8.2	If response to 8.1 is yes, please identify the name							
8.3	Is the company affiliated with one or more banks	, thrifts or securities firms?				Yes	3 []	No [X]
8.4	If response to 8.3 is yes, please provide below th federal regulatory services agency [i.e. the Feder Deposit Insurance Corporation (FDIC) and the S regulator.]	ral Reserve Board (FRB), the Office of the C	omptroller of the Curr	ency (OCC), t	he Federal			
	1	2 Location	3	4	5	6	Ī	
	Affiliate Name	(City, State)	FRB	occ	FDIC	SEC	1	
							1	

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Weston Insurance Company

GENERAL INTERROGATORIES

3.1	similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	Yes [X] N	lo []
	(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 [] N	o [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 [] N	o [X]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).			
	FINANCIAL			
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes [)] N	0 []
10.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount\$	6,	809,	195
	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 [] N	o [X]
11.2	If yes, give full and complete information relating thereto:			
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:			0
13.	Amount of real estate and mortgages held in short-term investments:\$		- 00	0
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?	Yes	X]	No []
14.2	2 If yes, please complete the following:			
	1 2			
	Prior Year-End Current Quarter			
	Book/Adjusted Book/Adjusted Carrying Value Carrying Value			
	14.21 Bonds S 0 S			
	14.22 Preferred Stock \$ 0 \$			
	14.23 Common Stock \$			
	14.24 Short-Term Investments \$0 \$ 14.25 Mortgage Loans on Real Estate \$ \$			
	14-26 All Other \$ \$ (5,009,195)			
	14.27 Total Investment in Parent. Subsidiaries and Affiliates			
	(Subtotal Lines 14.21 to 14.26)			
	14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above \$ \$			
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?	Yes [] N	o [X]
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	No [] N	A [X]
	If no, attach a description with this statement.			
16	For the reporting entity's security lending program, state the amount of the following as of the current statement date:			
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$			_0
	16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$			
	16.3 Total payable for securities lending reported on the liability page \$			_0

GENERAL INTERROGATORIES

17.	entity's offices, vaults pursuant to a custodi	chedule E – Part 3 – Specia or safety deposit boxes, w al agreement with a qualifie utsourcing of Critical Functi	ere all stocks, bon d bank or trust co	nds and other empany in acc	securities, owned ordance with Sec	throughou tion 1, III –	t the current year held General Examination	_	Yes	[X] No	[]
17.1	For all agreements th	at comply with the requiren	nents of the NAIC	Financial Cor	ndition Examiners	Handbook	, complete the following	j :			
		4	1		1		2				
		Name o	f Custodian(s)		355 Alhambra C		an Address e 1502 Coral Gables,	FL			
		Merrill Lynch			33134						
		è									
17.2	For all agreements the location and a complete	nat do not comply with the re ete explanation:	equirements of the	NAIC Financ	cial Condition Exa	miners Hai	ndbook, provide the nar	me,			
		1 Name(s)		2 Location(s)	Com	3 plete Explanation(s)				
		changes, including name o		stodian(s) ide	ntified in 17.1 dur	ing the curr	rent quarter?		Yes	[] No	[X]
		1	2		3	T	4				
	_	Old Custodian	New Custo	odian	Date of Change	+	Reason				
		1 lame of Firm or Individual	ess to the investme	g entity. For assets that are managed internally by employees of the ment accounts"; "handle securities"] 2 Affiliation							
7.509	(i.e., designated with 8 For firms/individuals does the total assets	iduals listed in the table for a "U") manage more than unaffiliated with the reportion under management aggre lividuals listed in the table for	10% of the reporting entity (i.e., designate to more than	ing entity's inv ignated with a 50% of the re	ested assets? "U") listed in the porting entity's in	table for Qu vested ass	uestion 17.5, ets?	rmation f	Yes [Yes [] No [
	1	1	2	1	3	1	4		5		_
	Central Regis		e of Firm or		egal Entity				Investment Mana		
	Depository N	umber In	dividual	Id	entifier (LEI)	_	Registered With	+	Agreement (IMA) Filed	-
	Have all the filing req	uirements of the <i>Purposes</i>	and Procedures N	Manual of the	NAIC Investment	Analysis O	office been followed?		Yes	[X] N	No []
19.	Documentation a. PL security is b. Issuer or oblic c. The insurer h	gor is current on all contrac as an actual expectation of	Il credit analysis of ted interest and pr ultimate payment	f the security rincipal payme t of all contrac	does not exist or ents. ted interest and p	an NAIC C	RP credit rating for an F				
	Has the reporting ent	ity self-designated 5GI sec	urities?						Yes	[] No	[X]
20.	a. The security b. The reporting The NAIC De c. shown on a c	LGI securities, the reporting was purchased prior to Jani entity is holding capital consignation was derived from current private letter rating he entity is not permitted to sl	uary 1, 2018. mmensurate with t in the credit rating eld by the insurer	the NAIC Desi assigned by a and available	ignation reported an NAIC CRP in i for examination	for the sec ts legal cap by state ins	urity. pacity as a NRSRO whi	ich is			
		ity self-designated PLGI se		g or allo I L i					Yes	[] No	[X]

GENERAL INTERROGATORIES

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

 a. The shares were purchased prior to January 1, 2019.

 - a. The snares were purchased prior to January 1, 2019.
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 d. The fund only or predominantly holds bonds in its portfolio.
 e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in the large description on NAISERO.

 - in its legal capacity as an NRSRO.

 f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes [] No [X]

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.	If the reporting ent	LOSS Store	r of a pooling ar	rangement, did	the agreement o	or the reporting	entity's particip	ation change?		Yes [] N	lo []	NA [X]
2.	Has the reporting from any loss that	may occur on t								Ye	es []	No [X]
3.1	Have any of the re	eporting entity's	primary reinsur	ance contracts	been canceled?					Ye	es []	No [X]
3.2	If yes, give full and	d complete infor	mation thereto.									
	Are any of the liab Annual Statement greater than zero? If yes, complete th	Instructions pe	rtaining to discl	osure of discou	nting for definitio	n of "tabular r	eserves,") disco	ounted at a rate	of interest	Ye	es []	No [X]
					TOTAL DIS	COUNT		DISC	OUNT TAKEN	DURING PER	IOD	
	1	2 Maximum	3 Discount	4	5 Unpaid	6	7	8	9	10		11
Li	ine of Business	Interest	Rate	Unpaid Losses	LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	то	TAL
			TOTAL	0	0	0	0	0	0	0		0
5.	5.2 A&H co	ss percent	percent		penses				·			% % %
6.1		-	_						•		es []	No [X]
6.2			-									[4]
6.3	Do you act as an a								_		es []	No [X]
6.4	If yes, please prov		_									
7.	Is the reporting en										es [X]	No []
7.1	If no, does the rep	oorting entity as	sume reinsuran	ea hueinaee th	-4 d-l				-tf d:-il-			

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Weston Insurance Company

SCHEDULE F - CEDED REINSURANCE

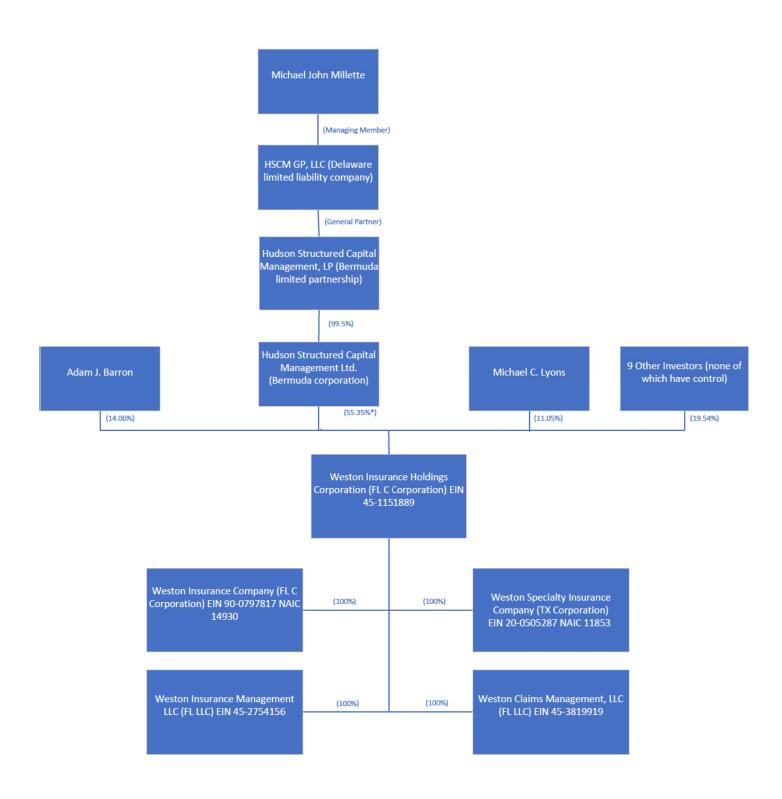
		Showing All Ne	w Reinsurers - Current Year to Date			
1	2	3	w Reinsurers - Current Year to Date	5	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date
NAIC Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
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SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

		,			y States and Territo		Discott	on Unnoid
		1	Direct Premi 2	ums Written 3	Direct Losses Paid (Deducting Salvage) 5	Direct Loss	es Unpaid 7
	States, etc.	Active Status (a)	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1.	AlabamaAL	L	10 Date	0	10 Date	0	TO Date	0
	AlaskaAK_	N		0		0		0
3.	Arizona AZ	N		0		0		0
4.	Arkansas AR_	N		0		0		0
5.	CaliforniaCA_	N		0		0		0
6.	ColoradoCO_	N		0		0		0
	Connecticut CT	N		0		0		0
	Delaware DE	N		0		0		0
	Dist. Columbia DC	N		0	102 (202 (202)	0		0
	FloridaFL	<u>L</u>	54,462,973	49,381,966	17,529,085	33,579,767	47,535,782	41,466,410
	GeorgiaGA	N		0		0		U
	Hawaii HI Idaho ID	N		0		0		۷۵
	Illinois IL	N		0		0		υ
	IndianaIN	N N		0		0		٥
	lowa IA	N		0		0		0
	KansasKS	N		0		0		0
	KentuckyKY_	N		0		0		0
	LouisianaLA_	N		0		0		0
20.	Maine ME_	N		0		0		0
21.	MarylandMD_	N		0		0		0
22.	MassachusettsMA_	N		0		0		0
23.	Michigan MI	N		0		0		0
24.	MinnesotaMN_	N		0		0		0
25.	MississippiMS_		16,545	6,767	0	0		0
26.	Missouri MO	N		0		0		0
	Montana MT	N		0		0		0
	Nebraska NE	N		0		0		0
	Nevada NV_	N		0		0		0
	New HampshireNH	N		0		0		
	New JerseyNJ	N		0		0		0
	New Mexico NM_	N		0		0		
	New YorkNY	N		0		0		D
	No. CarolinaNC No. DakotaND	N		0		0		
	OhioOH_	N		0		0		0
	OklahomaOK	N		0		0		
	OregonOR_	N		0		0		0
	PennsylvaniaPA	N		0		0		0
	Rhode IslandRl	N		0		0		0
41.	So. Carolina SC_			0		0		0
42.	So. DakotaSD_	N		0		0		0
43.	Tennessee TN	N		0		0		0
44.	Texas TX	L	24,108,337	15,446,241	2,371,115	2,111,112	3,103,209	3,649,953
45.	Utah UT	N		0		0		0
46.	VermontVT	N		0		0		0
	VirginiaVA	N		0		0		0
48.	WashingtonWA	N		0		0		0
	West VirginiaWV	N		0		0		0
	WisconsinWL	N		0		0		0
	Wyoming WY_	N		0		0		0
	American Samoa AS	N		0		0		0
	Guam GU_	N		0		0		0
	Puerto Rico PR_	O		0		0		٥
	U.S. Virgin IslandsVI			0				0
	Northern Mariana Islands MP_ Canada CAN.	N		0		0		0
	Canada CAN. Aggregate Other Alien OT_	XXX	Λ.	0	0		0	ν
	Totals DETAILS OF WRITE-INS	XXX	78,587,855	64,834,974	19,900,200	35,690,879	50,638,991	45,116,363
58001.		XXX						
58002.		XXX						
58003. 58998	Summary of remaining write-	XXX						
	ins for Line 58 from overflow							
			0	0	0	0	0	0
	page	XXX						
		XXX						

STATEMENT FOR SEPTEMBER 30, 2020 OF WESTON INSURANCE COMPANY SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURANCE OF A HOLDING COMPANY GROUP PART 1 – ORGANIZATIONAL CHART



^{*}Investment Funds of Hudson Structured Capital Management Ltd. collectively own 55.35% of Weston Insurance Holdings Corporation

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Weston Insurance Company

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Group Code	2 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)	16
00000		00000	45-2754156				Weston Insurance Management, LLC	FL	NIA	Weston Insurance Holdings Corporation	Ownership	100.0	Hudson Structured Capital Management Ltd	N	0
00000		14930	90 -0797817				Weston Insurance Company	FL	RE	Weston Insurance Holdings Corporation	Ownership	NAME OF TAXABLE PARTY.	Hudson Structured Capital Management Ltd.	N	0
00000		00000	45-1151889				Weston Insurance Holdings Corporation	FL	UDP	Michael C. Lyons	Ownership	11.0		N	0
00000		00000	45-1151889				Weston Insurance Holdings Corporation	FL_	UDP	9 Other Investors	Ownership	19.5		N	0
00000		11853	20 -0505287				Weston Specialty Insurance Company Weston Insurance Holdings	тх		Weston Insurance Holdings Corporation	Ownership		Hudson Structured Capital Management Ltd	N	
00000		00000	_				Corporation Weston Insurance Holdings	FL	UDP	Adam J. Barron Hudson Structured Cabital	Ownership	14.0		N	0
00000		00000					Corporation	FL	UDP	Management	Ownership	55.3		N	0
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Asterisk	Explanation
0000001	

PART 1 - LOSS EXPERIENCE

7			Current Year to Date	T	4
	Line of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1.	Fire			0.0	0.0
2.	Allied lines	65,870,968	23,493,708	35.7	27 .6
3.	Farmowners multiple peril			0.0	0.0
4.	Homeowners multiple peril			0.0	0.0
5.	Commercial multiple peril			0.0	0.0
6.	Mortgage guaranty			0.0	0.0
8.	Ocean marine			0.0	0.0
9.	Inland marine			0.0	0.0
10.	Financial guaranty			0.0	0.0
11.1	Medical professional liability -occurrence			0.0	0.0
11.2	Medical professional liability -claims made			0.0	0.0
12.	Earthquake			0.0	0.0
13.	Group accident and health			0.0	0.0
14.	Credit accident and health			0.0	0.0
15.	Other accident and health			0.0	0.0
16.	Workers' compensation			0.0	0.0
17.1	Other liability occurrence			0.0	0.0
17.2	Other liability-claims made			0.0	0.0
17.3	Excess Workers' Compensation			0.0	0.0
18.1	Products liability-occurrence			0.0	0.0
18.2	Products liability-claims made			0.0	0.0
19.1,19.	.2 Private passenger auto liability		I	0.0	0.0
19.3,19.	.4 Commercial auto liability			0.0	0.0
21.	Auto physical damage			0.0	0.0
22.	Aircraft (all perils)			0.0	0.0
23.	Fidelity			0.0	0.0
24.	Surety			0.0	0.0
26.	Burglary and theft			0.0	0.0
27.	Boiler and machinery			0.0	0.0
28.	Credit			0.0	0.0
29.	International		I	0.0	0.0
30.	Warranty			0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property	XXX	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	0.0
35.	TOTALS	65.870.968	23,493,708	35.7	27.6
	TAILS OF WRITE-INS	33,013,000	25,155,155		2
3401 3402					
3403				0.0	0.0
	m. of remaining write-ins for Line 34 from overflow page		0	0.0	
3499. Tot	tals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

		1 Current	2 Current	3 Prior Year
	Line of Business	Quarter	Year to Date	Year to Date
1.	Fire	0	70 507 055	0
2.	Allied lines		78 ,587 ,855	64,834,974
3.	Farmowners multiple peril			0
4.	Homeowners multiple peril	ļ <u>0</u> ļ		0
5.	Commercial multiple peril	ļ <u>0</u> ļ		0
6.	Mortgage guaranty	ļ		0
8.	Ocean marine			<u>0</u>
9.	Inland marine	0		0
10.	Financial guaranty	0		0
11.1	Medical professional liability-occurrence	ļ0 ļ		0
11.2	Medical professional liability-claims made	0		0
12.	Earthquake	0		0
13.	Group accident and health	0		0
14.	Credit accident and health	0		0
15.	Other accident and health	0		0
16.	Workers' compensation	0		0
17.1	Other liability occurrence	0		0
17.2	Other liability-claims made	0		0
17.3	Excess Workers' Compensation	0		0
18.1	Products liability-occurrence	0		0
18.2	Products liability-claims made	0		0
19.1.19.2	Private passenger auto liability	0		0
19.3.19.4	Commercial auto liability	0		0
21.	Auto physical damage	0		0
22.	Aircraft (all perils)	0		0
23.	Fidelity	0		0
24		0		0
26.	Burglary and theft	0		0
27.	Boiler and machinery	0		0
28.	Credit	0		0
29.	International	0		0
30.	Warranty	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.		^^^	0	
	Aggregate write-ins for other lines of business	31.043.425	78.587.855	64.834.974
35.	TOTALS	31,043,425	10,001,000	04,034,974
	AILS OF WRITE-INS			
		 		
3403				
	. of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Total	ls (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

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STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Weston Insurance Company

PART 3 (000 omitted)

	1	2	3	4	5	6	7	8	8	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)	2020 Loss and LAE Payments on Claims Reported as of Prior Year-End	2020 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2020 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. 2017 + Prior	15		104	3	1	4		1	99	100	(11)		
2. 2018	105	106	211	56	46	102	55	28	27	109	6	(6)	
3. Subtotals 2018 + prior	119		315	60	46	106	55		125		(5)	5	
4. 2019	660	2,093	2,753	250	190	440	0	7	1,738	1,745	(410)	(158)	(56
5. Subtotals 2019 + prior	779	2,289	3,068	310	236	546	55		1,863	1,954	(415)	(153)	(56
6. 2020	xxx	xxx	xxx	xxx	22,766	22,766	xxx	326	8,081	8,407	xxx	xxx	xxx
7. Totals	779	2,289	3,068	310	23,002	23,312	55	363	9,944	10,361	(415)	(153)	(56
Prior Year-End 8. Surplus As Regards Policy- holders	38,410										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 3. (18.: Col. 13, Line 7 Line 8

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

	Real Estate		
		1 Year To Date	2 Prior Year Ended December 31
1 Book/adjusts	ed carrying value, December 31 of prior year	n learne bate	December 51
Cost of acqu	ired:		
2.1 Actual c 2.2 Addition	ost at time of acquisition		
Current year	change in encumbrances		
4. Total gain (lo	oss) on disposals		
Deduct amount	unts received on disposals		(
	exchange change in book/adjusted carrying value		
7. Deduct curre	ent year's other-than-temporary impairment recognized.		
	ent year's depreciation		(
9. Book/adjuste	ed carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	
10. Deduct total	nonadmitted amounts	0	
11. Statement va	alue at end of current period (Line 9 minus Line 10)	0	(

SCHEDULE B - VERIFICATION

Mortgage Loans		
	1 Year To Date	2 Prior Year Ended December 31
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
2.2 Additional investment made after acquisition		0
Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals	.	0
7. Deduct amounts received on disposals		0
Deduct amortization of premium and mortgage interest points and commitment fees		0
Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other-than-temporary impairment recognized.		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
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

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	1.800.000	2.400.000
	Cost of acquired:	,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2.1 Actual cost at time of acquisition		0
	2.2 Additional investment made after acquisition	1,450,000	0
3.	Capitalized deferred interest and other		0
	Accrual of discount		0
5.	Unrealized valuation increase (decrease)		0
	Total gain (loss) on disposals		0
	Deduct amounts received on disposals.	450,000	600,000
8.	Deduct amortization of premium and depreciation		0
9.	Total foreign exchange change in book/adjusted carrying value		0
10.	Deduct current year's other-than-temporary impairment recognized.		0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		1,800,000
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	2,800,000	1,800,000

SCHEDULE D - VERIFICATION

	Bonds and Stocks		
		1 Year To Date	2 Prior Year Ended December 31
	sted carrying value of bonds and stocks, December 31 of prior yearnds	23,515,459 5,451,376	18,845,268 16,273,899
	discount	11,792	15,128
	d valuation increase (decrease)	0	(9,450)
	(loss) on disposals	(6,988)	44,884
Deduct co	nsideration for bonds and stocks disposed of	17,472,736	11,610,055
Deduct an	nortization of premium	55,595	50,181
Total forei	gn exchange change in book/adjusted carrying value	0	ļ0
Deduct cu	rrent year's other-than-temporary impairment recognized		L0
Total investigation	stment income recognized as a result of prepayment penalties and/or acceleration fees	25,547	5,967
Book/adju	sted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	11,468,855	23,515,459
12. Deduct to	al nonadmitted amounts	0	0
13. Statement	value at end of current period (Line 11 minus Line 12)	11,468,855	23,515,459

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Weston Insurance Company

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	ferred Stock by NAIC Desig 4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
NAIO DESIGNATION	Current Quarter	Current Quarter	Current Quarter	Culterit Quarter	Trist Quarter	Second Quarter	Tilliu Quartei	Thor real
BONDS								
1. NAIC 1 (a)		1,006,895		(11,453)	14,252,212	7,170,789		14,076,335
2. NAIC 2 (a)	4,118,551	738,715	594,012	(9,746)	4,698,952	4,118,551	4,253,507	4,884,489
3. NAIC 3 (a)	0	0	0		0	0	0	0
4. NAIC 4 (a)			0				0	0
5. NAIC 5 (a)	0	0	0		0		0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	11,289,340	1,745,610	1,375,117	(21, 199)	18,951,164	11,289,340	11,638,634	18,960,825
PREFERRED STOCK								
8. NAIC 1		0	0			0	0	0
9. NAIC 2	0	0	0	0		0	0	0
10. NAIC 3			0	0		0	0	0
11. NAIC4	0	0	0	0		0	0	0
12. NAIC 5		0	0			0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	11,289,340	1,745,610	1,375,117	(21, 199)	18,951,164	11,289,340	11,638,634	18,960,825

NAIC 3 \$ ______; NAIC 4 \$ ______; NAIC 5 \$ ______; NAIC 8 \$.______.

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Weston Insurance Company

SCHEDULE DA - PART 1 Short-Term Investments

	1	2	3	4	5
	DOT RESPECTABLE TO SER			PRODUCT CONTRACTOR CONTRACTOR	Paid for Accrued
	Book/Adjusted		MANA MANAGEMENT	Interest Collected	Interest
	Carrying Value	Par Value	Actual Cost	Year To Date	Year To Date
9199999	54,987	xxx	54,981	0	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	436,586	6,996,681
Cost of short-term investments acquired	54,981	436,853
3. Accrual of discount	281	31,352
Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
Deduct consideration received on disposals	436,000	7,028,000
7. Deduct amortization of premium	861	299
Total foreign exchange change in book/adjusted carrying value		0
Deduct current year's other-than-temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	54,987	436,586
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	54,987	436,586

Schedule DB - Part A - Verification NONE

Schedule DB - Part B - Verification NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification NONE

SCHEDULE E - PART 2 - VERIFICATION (Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	18,775,602	6,545,462
Cost of cash equivalents acquired	33,110,232	107 , 140 , 023
3. Accrual of discount	25	667
Unrealized valuation increase (decrease)		0
Total gain (loss) on disposals	0	0
Deduct consideration received on disposals	25,314,492	94,910,550
7. Deduct amortization of premium	0	0
Total foreign exchange change in book/adjusted carrying value	0	0
Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	26,571,367	18,775,602
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	26,571,367	18,775,602

<u>6</u>

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Weston Insurance Company

SCHEDULE A - PART 2

1	Loc	ation	4	5	6	7	8	9
Description of Property	2 City	3 State	Date Acquired	Name of Vendor	Actual Cost at Time of Acquisition	Amount of Encumbrances	Book/Adjusted Carrying Value Less Encumbrances	Additional Investment Made After Acquisition

SCHEDULE A - PART 3

				Show	ving All Real F	Estate DISPOS				ments Durin		Vear on "Sal	es Under Con	tract"					
1	Loc	cation	4	5	6	7	8			ted Carrying Va			14	15	16	17	18	19	20
Description of Property	2 City	3 State	Disposal Date	Name of Purchaser	Actual Cost	Improvements and Changes	Book/Adjusted Carrying Value Less Encumbrances Prior Year	Gurrent Year's Depreciation	Impairment	Current Year's Change In Encumbrances	Total Change In B./A. C.V.	Exchange	Book/Adjusted Carrying Value Less Encumbrances on Disposal	Amounts Received During Year	Foreign Exchange Gain (Loss) on Disposal	Realized Gain(Loss) on Disposal	Total Gain (Loss) on Disposal	Gross Income Earned Less Interest Incurred on Encumbrances	Taxes, Repairs and Expenses Incurred
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Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

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STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Weston Insurance Company

SCHEDULE D - PART 3

			31101	All Long-Term Bonds and Stock Acquired During the	Current quarter				
1	2	3	4	5	6	7	8	9	NAIC Designation and
CUSIP					Number of	Actual		Paid for Accrued	Administrative
Identification	Description	Foreign	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par Value	Interest and Dividends	
	nd Miscellaneous (Unaffiliated)		Date : Inquired						
02005#-CA-7	AMERICAN HONDA FINANCE CORP.		09/16/2020	PERSHING LLC	IXX	52 295	50 000	441	1FF
000016-EU-9	BANK OF AMERICA CORP		08/14/2020	Merrill Lynch.	XXX	200 753	250,000	848	1FE
120050-CV-0	CVS HEALTH CORP	- P. C.	09/02/2020	CITIGROUP GLOBAL MARKETS INC.	XXX	199.307	185.000	3.327	2FE
14912L-50-0	CATERPILLAR FINANCIAL SERVICES CORP		09/03/2020	MERRILL LYNCH	XXX	52,909	50,000	20	1FE
20030N-BD-2	COMCAST CORP		07/07/2020	GOLDMAN SACHS & CO. NY.	XXX	264 320	250 000	3.776	1FE
26078J-AB-6	DUPONT DE NEWOURS INC.		07/08/2020	WELLS FARGO SECURITIES LLC	XXX	274.860	250,000	1.000	2FE
	MORGAN STANLEY.		09/02/2020	Merrill Lynch	XXX		50.000		1FE
89233P-7F-7	TOYOTA MOTOR CREDIT CORP		09/16/2020	Merrill Lynch	XXX	262 528	250.000	1.240	1FE
92857W-BC-3	VODAFONE GROUP PLC	C	07/28/2020	Merrill Lynch, BONY/TORONTO DOMINION SECURITI	XXX	264,488	250.000	3.298	2FE
	ds - Industrial and Miscellaneous (Unaffiliated)					1,690,629	1,585,000	14,739	
8399997 - Bono	ds - Subtotals - Bonds - Part 3				8	1.690.629	1,585,000	14.739	XXX
8399999 - Bono	ds - Subtotals - Bonds	196	385		50%	1,690,629	1,585,000	14,739	XXX
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9999999 Totals	•					1,690,629	XXX	14,739	XXX

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Weston Insurance Company

SCHEDULE D - PART 4

					Sho	w All Long-T	erm Bonds a	nd Stock Solo	, Redeemed	or Otherwise			urrent Quart	er						
1	2	3 4	5	6	7	8	9	10		Change in E	look/Adjusted C	arrying Value		16	17	18	19	20	21	22
		F 0 1							11	12	13 Current Year's	14	15	Book/				Bond		NAIC
CUSIP Identi-	10 100	e I g Disposal	en moves	Number of Shares of	54 88 38	0.000.000.000	15000000000	Prior Year Book/Adjusted	Unrealized Valuation Increase/	Current Year's (Amortization)		Total Change In B./A.C.V.	Total Foreign Exchange Change in	Carrying Value at	(Loss) on	(Loss) on	(Loss) on	Interest/Stock Dividends Received	Stated Contractual Maturity	Designation and Administrative
fication	Description	n Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Carrying Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	Disposal	Disposal	Disposal	During Year	Date	Symbol
Bonds - Ind	ustrial and Miscellaneous (I	Unaffiliated)																		
	ANHEUSER-BUSCH INSEV WORLDWIDE ING		Merrill Lynch	XIX		250,000									2					
U30231-6F-2	CVS HEALTH CORP		Waturity 6 100.00	- AU	250,648 250,000	250,000	254,327	254, 123 249, 522		(980)	<u>'</u>	478		250,000		7,505	7,505	7,000	07/19/2022	ZE
	CVS HEALTH CORP	08/27/2020	Linknown	XIX	91,746	85,000	91,247	049,522		(977)		(977)		90,870		976	976	1,468	_09/09/2023_	2FE
	COMCAST CORP		Gal I @ 100.00	TIX	262,518	250,000	264, 320	0	0	(1.216)		(1.216)		263, 104		(13.104)	(19 104)	17.617	07/15/2022	IFE
	FIFTH THIRD BANCORF		Gal I @ 100.00	XIX	3,035			0	0							3.035	3.095	(9.095)	07/27/2020	2FE
375558-88-8	DILEND SCIENCES INC.	09/01/2020	Maturity # 100.00	XIX	250,000	250,000	253,743	250,782	0	(782)		(782)		250,000			0	5,375	_09/01/2020_	1FE
92343V-DV-1	VERIZON COMMUNICATIONS INC.	06/29/2020	Gal I @ 100.00	XIX	2,295	0			0	0				0		(9,442)	(9,442)	9,442	_09/16/2022_	2FE
3899999 -	Bonds - Industrial and Mis	cellaneous (Unaf	ffilated)		1,120,181	1,085,000	1,112,029	754,427	0	(2,877)	0	(2,877)	0	1,107,117	0	(11,131)	(11,131)	45,588	XXX	XXX
8399997 -	 Bonds - Subtotals - Bonds 	- Part 4	120		1,120,181	1,085,000	1,112,029	754,427	0	(2,877)	0	(2,877)	0	1,107,117		(11, 131)	(11,131)	45,588	XXX	XXX
8399999	Bonds - Subtotals - Bonds	177700	506		1,120,181	1,085,000	1,112,029	754,427	0	(2.877)	0	(2.877)	0	1,107,117		(11, 131)	(11,131)	45,588	XXX	XXX
	Control Control						1,1.2,12			12,011				.,,	2	,,,,,,,,				
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9999999	Totals				1,120,181	XXX	1,112,029	754,427	0	(2,877)	0	(2,877)	0	1,107,117	0	(11,131)	(11,131)	45,588	1000	XXX

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2
NONE

SCHEDULE E - PART 1 - CASH

	Mont	h End Dep	ository Balance	es				
1	2	3	4	5		Balance at End on During Current (9
		Rate of	Amount of Interest Received During Current	Amount of Interest Accrued at Current Statement	6	7	8	
Depository	Code	Interest	Quarter	Date	First Month	Second Month	Third Month	*
Open Depositories TD Bank - Master Account					22,024,972	2,646,246	1,736,096	xxx_
TD Bank - Premium Depository Account II_Coral Gables, FL					3,363,241	7,313,709	9,142,796	XXX
TD Bank - Claims Account Coral Gables, FL					(2.365.830)	(2,538,776)	(3,730,294)	XXX
Commerce Bank	 				249,635 13,555	249,571 13,555	171,545 13,555	XXX_
TD Bank - Premium RefundCoral Gables, FL					1,110	14,548	840	XXX
TD Bank - Asset ProtectionCoral Gables, FL	 				0	0	0 5,005	XXX
Merrill Lynch	—				125,886	4	125,516	XXX_
Bank of America - State of FloridaTallahassee,FL	SD				341,903	341,903	343,928	XXX
0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX			6	4	1	XXX
0199999 Total Open Depositories	XXX	XXX	0	0	23,754,482	8,166,277	7,808,988	XXX
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0399999 Total Cash on Deposit	XXX	XXX	0	0	23,754,482	8,166,277	7,808,988	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX	0	0	23,754,482	8,166,277	7,808,988	XXX

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE Weston Insurance Company

SCHEDULE E - PART 2 - CASH EQUIVALENTS

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
III Other Money Market Mu	tual Funds							
11990-33-3 TD 8	ANK DEPOSIT SWEEP		08/31/2020	0.000	XXX	3.073.360	0	20.5
0284-91-1 MERR	ILL LYNCH.		09/30/2020	0.000	XXX	7,729,946	0	3
0285-91-8 MERR	ILL LYNCH.		09/18/2020	0.000	XXX	4	0	
	ILL LYNCH.		09/30/2020	0.000	XXX.	308_853		
0288-91-2 MERR	ILL LYNCH		09/01/2020	0.000	XXX	2	0	
98916-FP-0 PREF	ERRED DEPOSIT (BUS)		09/30/2020	2.070	XXX	15,333,687	0	45,1
A0000-56-0 BB&T	TRUST DEPOSIT		09/01/2020	0.450	XXX	125,515	0	5
8099999 - All Other Mo	ney Market Mutual Funds	A THE THEORY OF THE THE	The second secon		20,000,000	25,571,357	0	00.0
		Company of the second	the transfer of	V 225 535 27	2070 700		4.5	
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8899999 Total Cash E	a incleate					25,571,367	0	

PROPERTY AND CASUALTY COMPANIES-ASSOCIATION EDITION

State of_

ANNUAL STATEMENT

For the Year Ended December 31, 2020 OF THE CONDITION AND AFFAIRS OF THE

Weston Insurance Company 90-0797817 NAIC Group Code 04957 14930 Employer's ID Number 04957 NAIC Company Code ___ (Current Period) (Prior Period) Organized under the Laws of Flor ida , State of Domicile or Port of Entry Country of Domicile United States 02/21/2012 Incorporated/Organized Commenced Business 12/21/2012 Coral Gables, FL, US 33134-6037 Statutory Home Office 2555 Ponce de Leon Boulevard, Suite 300 (Street and Number) (City or Town, State, Country and Zip Code) 2555 Ponce de Leon Boulevard, Suite 30(0 Main Administrative Office Coral Gables, FL, US 33134-6037 888-8 00-5002-1009 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) P.O.Box 14-2057 Coral Gables, FL, US 33114-2057 Mail Address (Street and Number or P.O. Box) (City or Town. State. Country and Zip Code) Primary Location of Books and Records 2555 Ponce de Leon Boulevard, Suite 300 Coral Gables, FL, US 33134-603.7 (City or Town, State, Country and Zip Code) (Street and Number) Internet Web Site Address www.weston-ins.com Statutory Statement Contact Rachael Lynn Aldulaimi 786-646 -1189 (Area Code) (Telephone Number) (Extension) 888-86 2-7390 rachael.aldulaimi@weston-ins.com (Fax Number) **OFFICERS** Name Title Name Title Deanne Dietrich Nixon Chief Executive Officer & President Bryan Triplett McCully SVP, CAO & General Counsel Richard Bruno Primerano SVP, CFO, COO & Treasurer **OTHER OFFICERS DIRECTORS OR TRUSTEES** Bryan Triplett McCully Deanne Dietrich Nixon Edouard von Herberstein # Richard Bruno Primerano

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 required 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.

SS

AO & General Counsel SVP. CFO. COO & Treasurer
a. Is this an original filing? Yes [X] No []
b. If no:
State the amendment number
2. Date filed
Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Weston Insurance Company

ASSETS

	AC	3E13			
			Current Year		Prior Year
Ť		1	2	3	4
				Not Admitted Assets	Not Admitted
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1.	Bonds (Schedule D)	11,942,151		11,942,151	18,506,264
		11,342,131		11,542,151	10,300,204
2.	Stocks (Schedule D):	0		0	0
	2.1 Preferred stocks			0	
	2.2 Common stocks	10,228,418		10,228,418	5,009,195
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens			0	
	3.2 Other than first liens			0	
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less				
	\$ encumbrances)			0	0
	4.2 Properties held for the production of income				
	(less \$encumbrances)			0	0
				ν	
	4.3 Properties held for sale (less				_
	\$ encumbrances)			0	0
5.	Cash (\$18,328,806 , Schedule E-Part 1), cash equivalents				
	(\$5,300,399 , Schedule E-Part 2) and short-term				
	investments (\$19,000 , Schedule DA)	23,648,207		23,648,207	38,099,954
6.	Contract loans (including \$premium notes)			0	0
7.	Derivatives (Schedule DB)	0		0	0
8.	Other invested assets (Schedule BA)			2,650,000	1.800.000
9.				0	1,000,000
1	Receivables for securities				
10.				0	
11.		0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	48,468,776	0	48,468,776	63,415,413
13.	Title plants less \$charged off (for Title insurers				
	only)			0	
14.	Investment income due and accrued	175,264		175,264	85,145
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	•	17 ,796 ,379	207 100	17,509,199	7 929 547
			207,100	17,309,199	
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	•	4,579,331		4,579,331	3,499,277
	15.3 Accrued retrospective premiums (\$) and				
	contracts subject to redetermination (\$))			0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	18,186,439		18,186,439	655.340
	16.2 Funds held by or deposited with reinsured companies	, , ,		0	
	16.3 Other amounts receivable under reinsurance contracts	2,451,103		2,451,103	4,840,000
4-7			l		0
17.	Amounts receivable relating to uninsured plans				
1	Current federal and foreign income tax recoverable and interest thereon			0	887 , 183
18.2	Net deferred tax asset	8,014,146	8,014,146		456,444
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software.			0	0
21.	Furniture and equipment, including health care delivery assets				
	(\$)			0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates	6,476,711		6,476,711	6,285,946
1				0,470,711	0,203,340
24.	Health care (\$) and other amounts receivable	A F22 25-	-	0.500.00	
25.	Aggregate write-ins for other-than-invested assets	9,500,000	0	9,500,000	
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	115,648,150	8,301,326	107,346,824	87,805,883
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts.			O	
28.	Total (Lines 26 and 27)	115,648,150	8,301,326	107,346,824	87,805,883
	s of write-ins	, , ,	, ,	, ,	
1101.				0	n
1101.				_	
1				0	
1103.				0	
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.	SSAP 72 Surplus Contribution due from Weston Insurance Holdings	1,500,000		1,500,000	0
2502.	Brokerage Sharing Commission Receivable			0	180,890
2503.	State Income Tax Recoverable			0	176,698
2598.	Summary of remaining write-ins for Line 25 from overflow page	8,000,000	0	8,000,000	Λ
1			I	9,500,000	2E7 F00
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	9,500,000	0	9,500,000	357,588

LIABILITIES, SURPLUS AND OTHER FUNDS

	LIABILITIES, SURFLUS AND OTHER PO	1	2
		Current Year	Prior Year
200	Losses (Part 2A, Line 35, Column 8)	18,891,223	2,671,130
	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	5,335,015	0
	Loss adjustment expenses (Part 2A, Line 35, Column 9)	1,440,826	397,280
	Commissions payable, contingent commissions and other similar charges		
100	Other expenses (excluding taxes, licenses and fees)	917,000	0
	Taxes, licenses and fees (excluding federal and foreign income taxes)		136,700
20,00	Current federal and foreign income taxes (including \$ on realized capital gains (losses))		0
199	Net deferred tax liability		9
	Borrowed money \$ and interest thereon \$		0
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of		
	\$71,510,474 and including warranty reserves of \$ and accrued accident and		
	health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)	(1,559,120)	2,016,667
10.	Advance premium	1,915,491	1,731,555
	Dividends declared and unpaid:		
	11.1 Stockholders		0
	11.2 Policyholders		0
12.	Ceded reinsurance premiums payable (net of ceding commissions)	45,798,300	32,199,709
1	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)	3,365,972	9,037,396
	Amounts withheld or retained by company for account of others	,,	0
1	Remittances and items not allocated.		0
	Provision for reinsurance (including \$ certified) (Schedule F, Part 3, Column 78)		0
	Net adjustments in assets and liabilities due to foreign exchange rates		0
	Drafts outstanding		0
1	Payable to parent, subsidiaries and affiliates		745
	Derivatives		0
21.	Payable for securities		0
22.	Payable for securities lending		0
23.	Liability for amounts held under uninsured plans		0
24.	Capital notes \$ and interest thereon \$		0
25.	Aggregate write-ins for liabilities	2,302,465	1,204,236
	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	78,407,172	49,395,418
	Protected cell liabilities		0
28.	Total liabilities (Lines 26 and 27)	78,407,172	49,395,418
29.	Aggregate write-ins for special surplus funds		0
30.	Common capital stock	2,500,000	2,500,000
31.	Preferred capital stock		0
32.	Aggregate write-ins for other-than-special surplus funds		0
33.	Surplus notes		0
34.	Gross paid in and contributed surplus	59,478,495	38,800,000
35.	Unassigned funds (surplus)	(33,038,843)	(2,889,535)
36.	Less treasury stock, at cost:		
	36.1 shares common (value included in Line 30 \$)		0
	36.2 shares preferred (value included in Line 31 \$)		0
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	28,939,652	38,410,465
	Totals (Page 2, Line 28, Col. 3)	107,346,824	87,805,883
	LS OF WRITE-INS		
2501.	Deferred Ceding Commissions	916,235	690,809
1	Refunds Payable	282,301	162,747
1	Escheat Payable	336,614	350,680
1	Summary of remaining write-ins for Line 25 from overflow page	767,314	0
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,302,465	1,204,236
2901.	,		0
2902.			0
2903.			0
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0
	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.			0
3202.			0
3203.			0
1	Summary of remaining write-ins for Line 32 from overflow page	0	0
	Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

	STATEMENT OF INCOME		
		1 Current Year	2 Prior Year
	UNDERWRITING INCOME	202 52000000	
1.	Premiums earned (Part 1, Line 35, Column 4)	12,402,549	5,576,898
2	DEDUCTIONS: Losses incurred (Part 2, Line 35, Column 7)	44,111,669	4,870,214
l .	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	5,163,156	711,489
l .	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	(420,814)	(822,855)
5.	Aggregate write-ins for underwriting deductions	0	0
	Total underwriting deductions (Lines 2 through 5)	48,854,010	4,758,848
100	Net income of protected cells	(36,451,461)	0 818,051
0.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	(30,431,401)	010,031
	INVESTMENT INCOME		
_		200 500	440.000
	Net investment income earned (Exhibit of Net Investment Income, Line 17) Net realized capital gains (losses) less capital gains tax of \$	303,563	413,839 44,884
1000	Net investment gain (loss) (Lines 9 + 10)	307.999	458,723
0.00	Not involution gain (1000) (Lines 3 + 10)		100,120
	OTHER INCOME		
12	Net gain (loss) from agents' or premium balances charged off (amount recovered \$ amount		
12.	charged off \$	(158,030)	(109,663)
13.	Finance and service charges not included in premiums	298,051	289,206
	Aggregate write-ins for miscellaneous income	0	0
	Total other income (Lines 12 through 14)	140,021	179,543
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(36,003,441)	1 456 317
17.	Dividends to policyholders	30,003,441)	1,430,517
	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes		
	(Line 16 minus Line 17)	(36,003,441)	1,456,317
l .	Federal and foreign income taxes incurred	(47,943)	1,456,317
20.	Net income (Line 18 minus Line 19) (to Line 22)	(33,933,499)	1,430,317
	CAPITAL AND SURPLUS ACCOUNT		
	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	38,410,465	43,074,674
	Net income (from Line 20)	(35,955,499)	1,456,317
l .	Net transfers (to) from Protected Cell accounts	(9,195)	(9,450)
	Change in net unrealized foreign exchange capital gain (loss)	(0,100)	(0,400)
l .	Change in net deferred income tax	7,557,702	(244,592)
	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	(4,742,317)	(3,166,483)
	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	0	
	Change in surplus notes		0
	Cumulative effect of changes in accounting principles		0
32.	Capital changes:		
	32.1 Paid in		
	32.2 Transferred from surplus (Stock Dividend) 32.3 Transferred to surplus		0
33.	Surplus adjustments:		
	33.1 Paid in	20,678,495	(2,700,000)
	33.2 Transferred to capital (Stock Dividend)		0
24	33.3 Transferred from capital		0
	Net remittances from or (to) Home Office	(5,000,000)	0
	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	0	
l .	Aggregate write-ins for gains and losses in surplus	8,000,000	0
l .	Change in surplus as regards policyholders for the year (Lines 22 through 37)	(9,470,814)	(4,664,208)
	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	28,939,652	38,410,465
DETAII 0501.	LS OF WRITE-INS		0
0501.			0
0503.			0
l .	Summary of remaining write-ins for Line 5 from overflow page	0	0
	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0
1401. 1402.			0
1402.			
l .	Summary of remaining write-ins for Line 14 from overflow page	0	0
	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0
l .	Additional Deferred Tax assets guaranteed	8,000,000	
3702. 3703.			0
	Summary of remaining write-ins for Line 37 from overflow page	0	0
	Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	8,000,000	0

CASH FLOW

		1	2
		Current Year	Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance.	13,728,162	5,484,792
2.	Net investment income		452,241
	Miscellaneous income		179,543
	Total (Lines 1 through 3)	14,155,766	6,116,577
5.	Benefit and loss related payments	45,422,675	2,328,304
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	.0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions		(422,459)
8.	Dividends paid to policyholders	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$tax on capital gains (losses)	(47,943)	(568, 461)
10.	Total (Lines 5 through 9)	49,349,780	1,337,385
11.	Net cash from operations (Line 4 minus Line 10)	(35,194,014)	4,779,192
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:	500 MIN TO THE PARTY OF THE PAR	
	12.1 Bonds	14,101,088	6,403,658
	12.2 Stocks	4,535,648	5,206,397
	12.3 Mortgage loans		0
	12.4 Real estate		0
	12.5 Other invested assets		600,000
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0
	12.7 Miscellaneous proceeds		0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	19,236,736	12,210,056
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		6,274,061
	13.2 Stocks		9,999,837
	13.3 Mortgage loans		0
	13.4 Real estate		0
	13.5 Other invested assets	1,450,000	0
	13.6 Miscellaneous applications		0
	13.7 Total investments acquired (Lines 13.1 to 13.6)		16,273,899
	Net increase (decrease) in contract loans and premium notes		0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	10,218,509	(4,063,843
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		_
	16.1 Surplus notes, capital notes		0
	16.2 Capital and paid in surplus, less treasury stock	8,950,077	(2,700,000
	16.3 Borrowed funds		الــــــــــــــــــــــــــــــــــــ
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		۵
	16.5 Dividends to stockholders		4 404 270
	16.6 Other cash provided (applied)	6,573,648	1,491,278
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	10,523,725	(1,208,722
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	(44.454.700)	(400, 070
	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(14,451,780)	(493,3/3
19.	Cash, cash equivalents and short-term investments:	38,099,954	38,593,327
	19.1 Beginning of year	23,648,174	38,099,954
	19.2 End of year (Line 18 plus Line 19.1)	23,040,174	30,099,934

1	Note:	Supplemental disclosures of cash flow information for non-cash transactions:		
1	20.0001.	SSAP 72 Capital contribution	1,500,000	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART	1 -	PREMI	LIMS	FARNE	D

	PARI 1 - P	1 Net Premiums Written per	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's	3 Unearned Premiums Dec. 31 Current Year - per Col. 5	4 Premiums Earned During Year
	Line of Business	Column 6, Part 1B	Part 1	Part 1A	(Cols. 1 + 2 - 3)
1.	Fire		0	0	0
2.	Allied lines	8,826,762	2,016,667	(1,559,120)	12,402,549
3.	Farmowners multiple peril			٥	0
4.	Homeowners multiple peril	0			0
5.	Commercial multiple peril	0	0	0	
6.	Mortgage guaranty	0	0	0	0
8.		0	0	0	
9.			0	0	
10.	Financial guaranty		0	0	
11.1	Medical professional liability-occurrence		Ω		
11.2	Medical professional liability-claims-made	0	0	Ω	
12.	Earthquake	0	0	0	
13.	Group accident and health	0	0	0	
14.	Credit accident and health (group and individual)	0	0	٥٥	
15.	Other accident and health	0	0	0	
16.	Workers' compensation	.0	0	0	
17.1	Other liability-occurrence			0	
17.2	Other liability-claims-made				
17.3	Excess workers' compensation			0	
18.1		0		0	
	Products liability-occurrence				
18.2	Products liability-claims-made		0	0	
	.2 Private passenger auto liability	0	0	0	
19.3,19	.4 Commercial auto liability	J0	0	0	
21.	Auto physical damage	0	0	0	
22.	Aircraft (all perils)	0	0	0	
23.	Fidelity	0		ο	
24.	Surety	0	0	0	
26.	Burglary and theft	0	0	0	
27.	Boiler and machinery	0	0	0	
28.	Credit		0	0	
29.	International		0	0	
30.	Warranty	o	L	٥	
31.	Reinsurance-nonproportional assumed property				
32.	Reinsurance-nonproportional assumed liability			0	
	•				
33.	Reinsurance-nonproportional assumed financial lines	0	0	0	
34.	Aggregate write-ins for other lines of business	0	0	0	(
35.	TOTALS	8,826,762	2,016,667	(1,559,120)	12,402,549
	OF WRITE-INS				
3401.		J0	Ω	0	
3402.		0	0	0	
3403.		0	ο	0	
3498.	Sum. of remaining write-ins for Line 34 from overflow page		0	٥	
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	(

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Reserve for d Premiums + 2 + 3 + 4
+2+3+4
_(1,559,120)
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(1,559,120)
(1,559,120)
(1,559,120)
(1,559,120)
(1,559,120
(1,559,120)
(1,559,120
_ _ _

⁽a) State here basis of computation used in each case.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Г	7	1	Reinsuranc	a Assumed	Raineurar	nce Ceded	6
		Direct	2	3	4	5	Net Premiums
	Line of Business	Business (a)	From Affiliates	From Non-Affiliates	To Affiliates	To Non-Affiliates	Written Cols. 1 + 2 + 3 - 4 - 5
1.		(a)	Ailliates	Non-Annates	Aillidles	NOII-Allillates	1+2+3-4-3
	Fire	98.436.323	20, 000, 000	0.000.700		400, 400, 700	
2.	Allied lines	90,430,323	29,939,382	6,890,786		126,439,729	8,826,762
3.	Farmowners multiple peril						0
4.	Homeowners multiple peril						0
5.	Commercial multiple peril						0
6.	Mortgage guaranty						0
8.	Ocean marine					AND	0
9.	Inland marine						0
10.	Financial guaranty						0
11.1	Medical professional liability-occurrence						0
11.2	Medical professional liability-claims-made						0
12.	Earthquake						0
13.	Group accident and health _				ļ		0
14.	Credit accident and health (group and individual)						0
15.	Other accident and health				l		0
16.	Workers' compensation						0
17.1	Other liability-occurrence						0
17.2	Other liability-claims-made						0
17.3	Excess workers'						0
18.1	Products liability-occurrence						.0
18.2	Products liability-claims-						_
	made						0
19.1,19	.2 Private passenger auto liability						0
10 3 10	4 Commercial auto liability						0
21.	Auto physical damage						0
22.	Aircraft (all perils)						0
23.							0
	Fidelity						
24.	Surety						
26.	Burglary and theft						0
27.	Boiler and machinery						0
28.	Credit						0
29.	International						0
30.	Warranty						0
31.	Reinsurance- nonproportional assumed property	xxx					0
32.	Reinsurance-						
	nonproportional assumed	xxx					
33.	Reinsurance- nonproportional assumed	^^^					
	financial lines	xxx					0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
35.	TOTALS	98,436,323	29,939,382	6,890,786	0	126,439,729	8,826,762
DETAILS 3401.	OF WRITE-INS						
3402.							
3403.							
3498.	Sum. of remaining write- ins for Line 34 from overflow page		0	0	0	0	0
3499.	Totals (Lines 3401 through	_ [
	3403	0	0	0	0	0	0
	plus 3498) (Line 34 above)	U	U	U	U	U	U

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 \$

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

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Weston Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT PART 2 - LOSSES PAID AND INCURRED

			Losses Paid L	ess Salvage		5	6	7	8
		1	2 Reinsurance	3 Reinsurance	4 Net Payments	Net Losses Unpaid Current Year	Net Losses Unpaid	Losses Incurred Current Year	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned
100	Line of Business	Direct Business	Assumed	Recovered	(Cols. 1 + 2 - 3)	(Part 2A, Col. 8)	Prior Year	(Cols. 4 + 5 - 6)	(Col. 4, Part 1)
1.	Fire				0	0	0	0	0.0
2.	Allied lines	34,802,148	31,079,879	37,990,451	27,891,576	18,891,223	2,671,130	44,111,669	355.7
3.	Farmowners multiple peril				0	0	0	0	0.0
4.	Homeowners multiple peril				0	0	0	0	0.0
5.	Commercial multiple peril	!			0	0	0	0	0.0
6.	Mortgage guaranty				0	0	0	0	0.0
8.	Ocean marine	!			0	0	0	0	0.0
9.	Inland marine				0	0	0	0	0.0
10.	Financial guaranty				0	0	0	0	0.0
11.1	Medical professional liability-occurrence				0	0	0	0	0.0
11.2	Medical professional liability-claims-made				0	0	0	0	0.0
12.	Farthquake				0	0	0	0	0.0
13.	Group accident and health	1			0	0	0	0	0.0
14.	Credit accident and health (group and individual)				0	0	0	0	0.0
15.	Other accident and health				0	0	0	0	0.0
16.	Workers' compensation				0	0	0	0	0.0
17.1	Other liability-occurrence				0	0	0	0	0.0
17.2	Other liability-claims-made				0	0	0	0	0.0
17.3	Excess workers' compensation.				0	0	0	0	0.0
18.1	Products liability-occurrence				0	0	0	0	0.0
18.2	Products liability-claims-made				0	0	0	0	0.0
	2 Private passenger auto liability	 							0.0
10 3 10	1.4 Commercial auto liability								0.0
21.	Auto physical damage	t						<u>°</u>	0.0
22.	Aircraft (all perils)	t							0.0
23.	Fidelity	 							0.0
24.	Surety	 						°	
26.	Burglary and theft	 						°	
27.		 						°	0.0
28.	Boiler and machinery	 						<u>°</u>	
28.	Credit	 						<u>°</u>	0.0
	International	 						<u>°</u>	0.0
30.	Warranty	 						<u>°</u>	0.0
31.	Reinsurance-nonproportional assumed property	xxx +				0		<u>°</u>	0.0
32.	Reinsurance-nonproportional assumed liability	xxx				0	0	<u>0</u>	0.0
33.	Reinsurance-nonproportional assumed financial lines	-				0	0	<u>0</u>	<u>0</u> .0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0.0
35.	TOTALS	34,802,148	31,079,879	37,990,451	27,891,576	18,891,223	2,671,130	44,111,669	355.7
	S OF WRITE-INS	1							
3401.		!			0	0	0	0	0.0
3402.		 			0	0	0	0	0.0
3403.		 			0	0	0	0	0.0
3498.	Sum. of remaining write-ins for Line 34 from overflow page	↓	0	0	0	0	0	0	0.0
3499.	Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0.0

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ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Weston Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		2	Reporte	ed Losses		In	curred But Not Reporte	ed be	8	9
		- 31	2	3	4	5	6	7		
17	Line of Business	Direct	Reinsurance Assurned	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 +5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1.	Fire				0				0	
2.	Allied lines	24,178,833	2,532,561	19,325,845		20,237,943	9,223,638	17,955,907	18,891,223	1,440,826
3.	Farmowners multiple peril	0.0		0 0	0				0	
4.	Homeowners multiple peril				0				0	
5.	Commercial multiple peril				0				0	
6.	Mortgage guaranty								0	l
8.	Ocean marine				0				0	l
9.	Inland marine	2 0 0 000000			0				0	
10.	Financial guaranty			L	0	L			0	
11.1	Medical professional liability-occurrence				0					
11.2	Medical professional liability-claims-made				0				0	
	Earthquake				0				0	
13.	Group accident and health				0				(a) 0	
	Credit accident and health (group and individual)								(=)	
15.	Other accident and health	-							(a)	
16.	Workers' compensation								(4)	
17.1	Other liability-occurrence									
					0					
17.2	Other liability-claims-made					h				
17.3	Excess workers' compensation				+	 				
18.1	Products liability-occurrence									
18.2	Products liability-claims-made				+				<u>9</u>	l
19.1,19.2	2 Private passenger auto liability									
19.3,19.4	4 Commercial auto liability			L					ا مــــــــــــــــــــــــــــــــــــ	l
21.	Auto physical damage								o	
22.	Aircraft (all perils)			L	L0	L				l
23.	Fidelity				L0				ا مــــــــــــــــــــــــــــــــــــ	l
24.	Surety	_L			Lp	L		L	o	L
26.	Burglary and theft				0					
27.	Boiler and machinery			L'	0	L			0	
28.	Credit				0				0	
29.	International									
30.	Warranty									
31.	Reinsurance-nonproportional assumed property	XXX			0	XXX				l
32.	Reinsurance-nonproportional assumed liability	XXX			0	XXX				i
33.	Reinsurance-nonproportional assumed financial lines	XXX			0	XXX				i
34.	Aggregate write-ins for other lines of business	1	0	0			0		1	1
35.	TOTALS	24,178,833	2,532,561		7,385,549	20,237,943	9,223,638	17,955,907	18,891,223	1,440,826
	OF WRITE-INS	,	-,,	,,	. ,		-,,		,	.,,
3401.		1			0				0	1
3402.					o					1
3403.				T						i
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	p	0	0		t	t
	Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	<u>"</u>				t				i
	ng \$for present value of life indemnity claims.	U	U		1					

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	PART 3	- EXPENSES			
		Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1.	Claim adjustment services:				
	1.1 Direct	4,094,532			4,094,532
	1.2 Reinsurance assumed	5,257,878			5,257,878
	1.3 Reinsurance ceded	4,189,254			4,189,254
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	5,163,156		0	5,163,156
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent				0
	2.2 Reinsurance assumed, excluding contingent		9,069,741		9,069,741
	2.3 Reinsurance ceded, excluding contingent		41,499,798		41,499,798
	2.4 Contingent-direct				0
	2.5 Contingent-reinsurance assumed				0
	2.6 Contingent-reinsurance ceded				0
	2.7 Policy and membership fees		1,727,460		1,727,460
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	ο	(30,702,597)	0	(30,702,597)
2	Allowances to manager and agents		27,401,413		27,401,413
			27,401,413		27,401,413
	Advertising Boards, bureaus and associations		121,591		121,591
	Surveys and underwriting reports		121,391		
	Audit of assureds' records				
0.	Salary and related items:				
	U. I Guidinos				
_	8.2 Payroll taxes				
	Employee relations and welfare				0
	Insurance				0
	Directors' fees				0
	Travel and travel items				0
	Rent and rent items				0
	Equipment				0
	Cost or depreciation of EDP equipment and software		17 ,281		17,281
	Printing and stationery				
	Postage, telephone and telegraph, exchange and express				
18.	Legal and auditing		259,850		259,850
19.	Totals (Lines 3 to 18)	0	27,800,135	0	27 ,800 ,135
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$		1,758,337		1,758,337
	20.2 Insurance department licenses and fees		18,258		18,258
	20.3 Gross guaranty association assessments				0
	20.4 All other (excluding federal and foreign income and real estate)				0
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	1,776,595	0	1,776,595
21.	Real estate expenses				0
22.	Real estate taxes				0
23.	Reimbursements by uninsured plans				0
24.	Aggregate write-ins for miscellaneous expenses	0	705,053	284,750	989,803
25.	Total expenses incurred	5,163,156	(420,814)	284,750	(a)5,027,091
	Less unpaid expenses-current year	1,440,826	917,000		2,357,826
	Add unpaid expenses-prior year	397,280	136,700	0	533,980
	Amounts receivable relating to uninsured plans, prior year	0	0	0	0
	Amounts receivable relating to uninsured plans, prior year				0
	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	4,119,609	(1,201,114)	284,750	3,203,246
	LS OF WRITE-INS	4,115,009	(1,201,114)	204,730	3,203,240
			SED 169		SED 400
	Miscellaneous Expenses		659,168		659,168
	Consulting/Professional Fees		45,885	204 750	45,885
	Investment Fees		_	284,750	284,750
	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)	0	705,053	284,750	989,803

(a) Includes management fees of \$_29,128,873 to affiliates and \$ ______to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

8. Other invested assets				1 Collected During Year		2 Earned During Year
1.1 Bonds exempt from U.S. tax	1.	U.S. Government bonds	(a)	55.107	(2)(2)	49.881
1.2 Other bonds (unaffiliated)	1.1					
1.3 Bonds of affiliates			(a)	275 022	10,000	297 364
2.1 Preferred stocks (unaffiliated)			(a)	0	333	
2.11 Preferred stocks of affiliates				0		
2.21 Common stocks of affiliates						
221 Common stocks of affiliates	22				939	W. 2000 March 1980 Mar
3. Mortgage loans	2000000					
Real estate	0.0000000000000000000000000000000000000					
5	3700					
6. Cash, cash equivalents and short-term investments (e)						
7. Derivative instruments				90 205		77 440
8. Other invested assets						
9. Aggregate write-ins for investment income			(f)			
10. Total gross investment income						163,628
11. Investment expenses (g)	(500)					0
13. Interest expense	10.	Total gross investment income		410,434		
13. Interest expense	11.	Investment expenses			(a)	284,750
14. Depreciation on real estate and other invested assets 15. Aggregate write-ins for deductions from investment income 16. Total deductions (Lines 11 through 15) 17. Net investment income (Line 10 minus Line 16) DETAILS OF WRITE-INS 0901. 0902. 0903. 0998. Summary of remaining write-ins for Line 9 from overflow page 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) 1501. 1502. 1503. 1598. Summary of remaining write-ins for Line 15 from overflow page 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) (a) Includes \$14,713 accrual of discount less \$87,926 amortization of premium and less \$9 paid for accrued interest on purchases. (b) Includes \$0 amortization of premium and less \$9 paid for accrued interest on purchases. (d) Includes \$0 amortization of premium and less \$9 paid for accrued interest on purchases. (d) Includes \$0 amortization of premium and less \$9 paid for accrued interest on purchases. (d) Includes \$0 amortization of premium and less \$9 paid for accrued interest on purchases. (d) Includes \$0 amortization of premium and less \$9 paid for accrued interest on purchases. (e) Includes \$9 amortization of premium and less \$9 paid for accrued interest on purchases. (e) Includes \$9 amortization of premium and less \$9 paid for accrued interest on purchases. (e) Includes \$9 amortization of premium and less \$9 paid for accrued interest on purchases. (e) Includes \$9 amortization of premium and less \$9 paid for accrued interest on purchases. (e) Includes \$9 amortization of premium and less \$9 paid for accrued interest on purchases. (e) Includes \$9 amortization of premium and less \$9 paid for accrued interest on purchases. (e) Includes \$9 amortization of premium and less \$9 paid for accrued interest on purchases. (e) Includes \$9 amortization of premium and less \$9 paid for accrued interest on purchases. (e) Includes \$9 amortization of premium and less \$	12.	Investment taxes, licenses and fees, excluding federal income taxes				
14. Depreciation on real estate and other invested assets 15. Aggregate write-ins for deductions from investment income 16. Total deductions (Lines 11 through 15) 17. Net investment income (Line 10 minus Line 16) 284.71 1901. 1902. 1903. 1998. Summary of remaining write-ins for Line 9 from overflow page 1999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) 1501. 1502. 1598. Summary of remaining write-ins for Line 15 from overflow page 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) (a) Includes \$14,713 accrual of discount less \$87,926 amortization of premium and less \$53,588 paid for accrued interest on purchases. (b) Includes \$accrual of discount less \$amortization of premium and less \$paid for accrued dividends on purchases. (d) Includes \$accrual of discount less \$0 amortization of premium and less \$paid for accrued interest on purchases. (d) Includes \$accrual of discount less \$0 amortization of premium and less \$paid for accrued interest on purchases. (d) Includes \$	13.	Interest expense			(h)	
15. Aggregate write-ins for deductions from investment income 16. Total deductions (Lines 11 through 15)	14.					
16. Total deductions (Lines 11 through 15)	15.					
17. Net investment income (Line 10 minus Line 16) DETAILS OF WRITE-INS 0901. 0902. 0903. 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) 1501. 1502. 1598. Summary of remaining write-ins for Line 15 from overflow page. 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) (a) Includes \$14,713 accrual of discount less \$87,926 amortization of premium and less \$53,588 paid for accrued interest on purchases. (b) Includes \$accrual of discount less \$0 amortization of premium and less \$paid for accrued dividends on purchases. (d) Includes \$accrual of discount less \$0 amortization of premium and less \$paid for accrued interest on purchases. (d) Includes \$accrual of discount less \$0 amortization of premium and less \$paid for accrued interest on purchases. (d) Includes \$	16					284 750
DETAILS OF WRITE-INS 19901 19902 19903 19998. Summary of remaining write-ins for Line 9 from overflow page 1599. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) 1501. 1502. 1503. 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) (a) Includes \$					l—	303.563
1992 1993 1995						550,555
19902 19998 Summary of remaining write-ins for Line 9 from overflow page	0901					
0903. Summary of remaining write-ins for Line 9 from overflow page	0902		1			
Summary of remaining write-ins for Line 9 from overflow page			1			
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) 1501. 1502. 1503. 1598. Summary of remaining write-ins for Line 15 from overflow page. 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) (a) Includes \$			1	0		
1501. 1502. 1598. Summary of remaining write-ins for Line 15 from overflow page			1			0
1502. 1503. 1598. Summary of remaining write-ins for Line 15 from overflow page			_	•		V
1503. 1598. Summary of remaining write-ins for Line 15 from overflow page						
1598. Summary of remaining write-ins for Line 15 from overflow page						
(a) Includes \$14,713 accrual of discount less \$87,926 amortization of premium and less \$53,588 paid for accrued interest on purchases. (b) Includes \$accrual of discount less \$amortization of premium and less \$p paid for accrued dividends on purchases. (c) Includes \$p accrual of discount less \$p amortization of premium and less \$p paid for accrued interest on purchases. (d) Includes \$p accrual of discount less \$p amortization of premium and less \$p paid for accrued interest on purchases. (e) Includes \$p accrual of discount less \$p amortization of premium and less \$p paid for accrued interest on purchases. (f) Includes \$p accrual of discount less \$p amortization of premium and less \$p paid for accrued interest on purchases. (g) Includes \$accrual of discount less \$amortization of premium and less \$p paid for accrued interest on purchases. (g) Includes \$accrual of discount less \$amortization of premium and less \$p paid for accrued interest on purchases. (g) Includes \$accrual of discount less \$amortization of premium and less \$p paid for accrued interest on purchases. (g) Includes \$accrual of discount less \$amortization of premium and less \$p paid for accrued interest on purchases. (g) Includes \$accrual of discount less \$amortization of premium and less \$p paid for accrued interest on purchases. (g) Includes \$accrual of discount less \$amortization of premium and less \$p paid for accrued interest on purchases. (g) Includes \$accruel of discount less \$amortization of premium and less \$p paid for accrued interest on purchases. (g) Includes \$accruel of discount less \$amortization of premium and less \$p paid for accrued interest on purchases. (g) Includes \$accruel of discount less \$amortization of premium and less \$p paid for accrued interest on purchases.						
(a) Includes \$	1598.	Summary of remaining write-ins for Line 15 from overflow page				
(b) Includes \$accrual of discount less \$amortization of premium and less \$paid for accrued dividends on purchases (c) Includes \$paid for accrued dividends on purchases. (d) Includes \$paid for accrued interest on purchases. (e) Includes \$paid for accrued interest on purchases. (e) Includes \$paid for accrued interest on purchases. (f) Includes \$accrual of discount less \$861 amortization of premium and less \$paid for accrued interest on purchases. (f) Includes \$accrual of discount less \$amortization of premium. (g) Includes \$accrual of discount less \$amortization of premium. (g) Includes \$investment expenses and \$investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts. (h) Includes \$interest on surplus notes and \$interest on capital notes.	1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)				0
	1598. 1599. (a) Incl (b) Incl (c) Incl (d) Incl (e) Incl (f) Incl (g) Incl seg	Summary of remaining write-ins for Line 15 from overflow page Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) udes \$14,713 accrual of discount less \$87,926 amortization of premium and less \$ udes \$accrual of discount less \$amortization of premium and less \$ udes \$0 accrual of discount less \$0 amortization of premium and less \$ udes \$0 accrual of discount less \$0 amortization of premium and less \$ udes \$0 accrual of discount less \$0 amortization of premium and less \$ udes \$accrual of discount less \$af61 amortization of premium and less \$ udes \$accrual of discount less \$amortization of premium. udes \$amortization of premium. udes \$amortization of premium. udes \$amortization of premium. udes \$	53	,588 paid for accrued paid for accrued paid for accrued neumbrances	d dividen d interest d interest	on purchases. ds on purchases on purchases. on purchases.
(i) includes \$depreciation on real estate and \$ depreciation on other invested assets.						
	(i) Incl	udes \$depreciation on real estate and \$ depreciation on other invested asse	ts.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

					Ο,	
		1	2	3	4	5
		Realized Gain (Loss) On Sales or	Other Realized	Total Realized Capital Gain (Loss)	Change in Unrealized Capital	Change in Unrealized Foreign Exchange Capital
		Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Gain (Loss)
1.	U.S. Government bonds			0	`	
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	(4,760)		(4,760)		
1.3	Bonds of affiliates			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	9,195	0	9,195	(9, 195)	0
3.	Mortgage loans	0	0	0	0	0
4.	Real estate			0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments.			0	0	0
7.	Derivative instruments			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)	4,435	0	4,435	(9,195)	0
DETA	LS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from	0				١ ,
0999	overflow page	0	0	0	0	0
3555.	above)	0	0	0	0	l o

EXHIBIT OF NONADMITTED ASSETS

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)	0	0	0
	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):		100 Exc.	
	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
1	Derivatives (Schedule DB)	0	0	0
ı	Other invested assets (Schedule BA)	0	0	0
1	Receivables for securities	0	0	0
	Securities lending reinvested collateral assets (Schedule DL)	0	0	0
1	Aggregate write-ins for invested assets	0	0	0
1	Subtotals, cash and invested assets (Lines 1 to 11)		0	0
ı	Title plants (for Title insurers only)	0	0	0
1	Investment income due and accrued	0	0	0
1	Premiums and considerations:			
13.	15.1 Uncollected premiums and agents' balances in the course of	287 , 180	220,656	(66,524)
	collection			(00,324)
	and not yet due	0	0	0
16.	15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0 .	0
	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	8,014,146	0	(8,014,146)
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	3,338,353	3,338,353
24.	Health care and other amounts receivable.	0	0	0
25.	Aggregate write-ins for other-than-invested assets	0	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and			
	Protected Cell Accounts (Lines 12 to 25)	8,301,326	3,559,009	(4,742,317
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28.	Total (Lines 26 and 27)	8,301,326	3,559,009	(4,742,317)
DETAI	LS OF WRITE-INS			
1101.				
1102.				
1103.				
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501.				
2502.				
2503.				
1	Summary of remaining write-ins for Line 25 from overflow page	0	0	0
1	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0
		•	•	

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Weston Insurance Company (the Company) are presented on a basis of accounting practices prescribed or permitted by the Florida Office of Insurance Regulation.

The Florida Office of Insurance Regulation recognizes only statutory accounting practices prescribed by or permitted by the State of Florida for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Florida Insurance Law. The National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Florida.

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

	SSAP#	F/S Page	F/S Line #	2020	2019
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$(35,955,435)	\$ 1,456,317
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (35,955,435)	\$ 1,456,317
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 28,939,652	\$ 38,410,465
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 28,939,652	\$ 38,410,465

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

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

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Uneamed premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business.

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

In addition, the company uses the following accounting policies:

- (1) Basis of valuation of short-term investments stated at amortized value using the effective interest method.
- (2) Basis of valuation of bonds Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Basis of valuation of common stock Common stock is stated at fair value.
- (4) Preferred stocks Not Applicable
- (5) Mortgage loans Not Applicable
- (6) Loan-backed securities Not Applicable
- (7) Basis of valuation of subsidiary, controlled and affiliated Investments in subsidiaries are carried at the lower of cost or fair value.
- (8) Investments in joint ventures, partnerships and limited liability companies Not Applicable
- (9) Derivatives Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation Not Applicable
- (11) Method of establishing loss and LAE reserves 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. In spite of the variability inherent in such estimates, management believes that the liabilities for unpaid losses and loss adjustment expenses are adequate. The methods, for making such estimates and for establishing the resulting liability are continually reviewed and any changes are reflected in the period determined. Subrogation and salvage recoveries are reviewed and any adjustments are recorded as reductions in losses and loss adjustment expenses when received.
- (12) Changes in capitalization policy Not Applicable
- (13) Pharmaceutical rebate receivables Not Applicable
- D. Going Concem Not Applicable
- 2. Accounting Changes and Corrections of Errors Not Applicable
- 3. Business Combinations and Goodwill Not Applicable
- 4. Discontinued Operations Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans Not Applicable
- B. Debt Restructuring Not Applicable
- C. Reverse Mortgages Not Applicable
- D. Loan-Backed Securities Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- J. Real Estate Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC) Not Applicable
- L. Restricted Assets
 - (1) Restricted assets (including pledged)

Comment Comm					Gross (Adm	itted & Nonadm	nitted) Restricted						
Restricted Asset Total General Account (G/A) Restricted Asset Restricted Supporting Total Total From (Decrease) Non-admitted Restricted (Fe division of the contractual obligation for international obl								<u> </u>		(i)	Current 1	Year	
Peter contraction Peter contraction Peter contraction Processed Cell Processed			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
contractual obligation for which lability is not shown \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				Supporting Protected Cell Account	Protected Cell Account Restricted	Account Assets Supporting			(Decrease)	Nonadmitted	Restricted	(Admitted & Nonadmitted Restricted to Total) Restricted to Total Admitted
under security lending agreements	a.	contractual obligation for which liability is	\$	\$	\$	\$	\$	\$	\$	\$	\$	*	
repurchase agreements d. Subject to dollar repurchase agreements e. Subject to dollar repurchase agreements f. Subject to dollar repurchase agreements g. Subject to dollar repurchase agreements g. Placed under option contracts h. Letter stock or securities established to the stock of	b.	under security lending											
reverse repurchase sagreements	C.	repurchase								***************************************		1 1000000000000000000000000000000000000	***************
repurchase agreements f. Subject to dollar reverse repurchase agreements g. Placed under option contracts. h. Letter stock or securities restricted as to sale- excluding FHLB capital stock. I. FHLB capital stock. J. On deposit with other regulatory bodies L. Pledged as collateral to FHLB (including assets backing funding agreements). m. Pledged as collateral to FHLB (including assets backing funding agreements). m. Pledged as collateral not capitral in collateral not capitral in other categories. n. Other restricted assets. 4,840,000 (4,840,000)	d.	reverse repurchase											
reverse repurchase agreements g. Placed under option contracts h. Letter stock or securities restricted as to sale - excluding FHLB capital stock i. FHLB capital stock j. On deposit with states	e.	repurchase							.)				
option contracts h. Letter stock or securities restricted as to sale excluding FHLB capital stock. i. FHLB capital stock j. On deposit with states	f.	reverse repurchase								****			***************************************
securities restricted as to sale - excluding FHLB capital stock i. FHLB capital stock j. On deposit with states 345,461 345,461 335,984 9,478 345,461 0.322 0.323 k. On deposit with other regulatory bodies l. Pledged as collateral to FHLB (including assets backing funding agreements). m. Pledged as collateral not capitured in other categories n. Other restricted assets	g.			***************************************					.,				
Stock J. On deposit with states	h.	restricted as to sale - excluding FHLB capital						.,	.,				***************************************
j. On deposit with states 345,461 345,461 335,984 9,478 345,461 0.322 0.323 k. On deposit with other regulatory bodies	i.												
other regulatory bodies I. Pledged as collateral to FHLB (including assets backing funding agreements). m. Pledged as collateral not captured in other categories n. Other restricted assets 4,840,000 (4,840,000) o. Total restricted	j.	On deposit with	345,461				345,461	335,984	9,478	***************************************	345,461	0.322	0.323
collateral to FHLB (including assets backing funding agreements). m. Pledged as collateral not captured in other categories. n. Other restricted assets. 4,840,000 (4,840,000) o. Total restricted	k	other regulatory											*************
Collateral not	L	collateral to FHLB (including assets backing funding											***************************************
assets 4,840,000 (4,840,000) o. Total restricted	m.	collateral not captured in											
	n.							4,840,000	(4,840,000)				
	0.		\$ 345,461	\$	\$	\$	\$ 345,461	\$ 5,175,984	\$ (4,830,522)	\$	\$ 345,461	0.322 %	0.323 %

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

5. Investments (Continued)

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate)

			Gross (Admit	ted & Nonadmitt	ed) Restricted				Perce	ntage
			Current Year							
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Description of Assets	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity	Total (1 + 3)	Total From Prior Year	Increase/ (Decrease) (5 - 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets, %	Admitted Restricted to Total Admitted Assets, %
Reinsurance contract	\$	\$	\$	\$	\$	\$ 4,840,000	\$(4,840,000)	\$	%	%
Total	\$	\$	\$	\$	\$	\$ 4,840,000	\$ (4,840,000)	\$	%	%

- (4) Collateral received and reflected as assets within the reporting entity's financial statements Not Applicable
- M. Working Capital Finance Investments Not Applicable
- N. Offsetting and Netting of Assets and Liabilities Not Applicable
- O. 5GI Securities Not Applicable
- P. Short Sales Not Applicable
- Q. Prepayment Penalty and Acceleration Fees

	General Account	Protected Cell
(1) Number of CUSIPs	1	
(2) Aggregate amount of investment income	\$ 46,720	\$

- 6. Joint Ventures, Partnerships and Limited Liability Companies Not Applicable
- 7. Investment Income
 - A. Due and Accrued Income Excluded from Surplus

The Company non-admits investment income due and accrued if amounts are over 90 days past due.

- B. Total Amount Excluded Not Applicable
- 8. Derivative Instruments Not Applicable
- 9. Income Taxes
 - A. Components of the Net Deferred Tax Asset/(Liability)
 - (1) Change between years by tax character

			2020		2019			Change			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
		Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)	
(a)	Gross deferred tax assets	\$ 8,033,438	\$ 25,931	\$ 8,059,369	\$ 476,402	\$(8,995)	\$ 467,407	\$ 7,557,036	\$ 34,926	\$ 7,591,962	
(b)	Statutory valuation allowance adjustments		25,931	25,931				***************************************	25,931	25,931	
(c)	Adjusted gross deferred tax assets (1a - 1b)	8,033,438		8,033,438	476,402	(8,995)	467,407	7,557,036	8,995	7,566,031	
(d)	Deferred tax assets nonadmitted	8,014,146		8,014,146				8,014,146		8,014,146	
(e)	Subtotal net admitted deferred tax asset (1c - 1d)	\$ 19,292	\$	\$ 19,292	\$ 476,402	\$(8,995)	\$ 467,407	\$(457,110)	\$ 8,995	\$(448,115)	
(f)	Deferred tax liabilities	19,292		19,292	10,964		10,964	8,328		8,328	
(g)	Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ -	\$ -	\$ -	\$ 465,438	\$ (8,995)	\$ 456,443	\$ (465,438)	\$ 8,995	\$ (456,443)	

9. Income Taxes (Continued)

(2) Admission calculation components SSAP No. 101

		2020			2019			Change	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$	\$	\$	\$	\$	\$	\$	\$	\$
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)				467,407		467,407	(467,407)		(467,407)
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	481,186		481,186	467,407		467,407	13,779		
Adjusted gross deferred tax assets allowed per limitation threshold	xxx	xxx	– .	xxx	xxx		xxx	xxx	-
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	19,292		19,292	(10,964)		(10,964)	30,256		
(d) Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 19,292	\$	\$ 19,292	\$ 456,443	\$	\$ 456,443	\$ (437,151)	\$	\$ (437,151)

(3) Ratio used as basis of admissibility

		2020	2019
(a) Ratio percentage used to determine recovery period and threshold limitation amount	294.473 %	360.000 %
	Amount of adjusted capital and sumly sused to determine recovery period and threshold limitation in 2/h)2 above	6 20 020 652	\$ 38.448.828

- (4) Impact of tax-planning strategies
 - (a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

 - Adjusted Gross DTAs Amount From Note 9A1(c)
 Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies
 Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)
 Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies

		20	120	20	19	Change		
		(1)	(2)	(3)	(4)	(5)	(6)	
		Ordinary	Capital	Ordinary	Capital	Ordinary (Col. 1-3)	Capital (Col. 2-4)	
1.	Adjusted gross DTAs amount from Note 9A1(c)	\$ 8,033,438	\$	\$ 476,402	\$(8,995)	\$ 7,557,036	\$ 8,995	
2	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%	
3.	Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 19,292	\$	\$ 476,402	\$(8,995)	\$(457,110)	\$ 8,995	
4	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%	
Us	e of reinsurance-related tax-planning strat	egies						

..NO.....

B. Regarding Deferred Tax Liabilities That Are Not Recognized - Not Applicable

Does the company's tax-planning strategies include the use of reinsurance?...

C. Major Components of Current Income Taxes Incurred

Curi	ent ir	ncome taxes incurred consist of the following major components:	(1) 2020	(2) 2019	(3) Change (1-2)
1.	Curr	ent Income Tax			
	(a)	Federal	\$(47,943).	\$	\$(47,943).
	(b)	Foreign			-
	(c)	Subtotal	\$(47,943).	\$	\$(47,943)
	(d)	Federal income tax on net capital gains			
	(e)	Utilization of capital loss carry-forwards			-
	(f)	Other	(4,890,528)		(4,890,528)
	(g)	Federal and foreign income taxes incurred	\$ (4,938,471)	\$ -	\$ (4,938,471)

9. Income Taxes (Continued)

			(1) 2020	(2) 2019	(3) Change (1-2)
2. I	Defe	erred Tax Assets			
((a)	Ordinary			
		(1) Discounting of unpaid losses	\$	\$ 12,887	\$ 256,617
		(2) Unearned premium reserve		157,425	(8,759)
		(3) Policyholder reserves			
		(4) Investments			
		(5) Deferred acquisition costs			
		(6) Policyholder dividends accrual			
		(7) Fixed assets			
		(8) Compensation and benefits accrual			
		(9) Pension accrual			
		(10) Receivables - nonadmitted		46,338	
		(11) Net operating loss carry-forward		259,752	7,248,870
		(12) Tax credit carry-forward			
		(13) Other (including items less than 5% of total ordinary tax assets).			60.308
		(99) Subtotal			\$ 7557.036
	(h)	Statutory valuation allowance adjustment			
		-			
		Nonadmitted			
		Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ \$ 19,292	\$ 476,402	\$(457,110).
(Capital			
		(1) Investments	·		\$
		(2) Net capital loss carry-forward			25,916
		(3) Real estate			
		(4) Other (including items <5% of total capital tax assets)		,	
		(99) Subtotal	\$ \$ 25,931	\$(8,995)	\$ 34,926
((f)	Statutory valuation allowance adjustment			25,931
((g)	Nonadmitted			
((h)	Admitted capital deferred tax assets (2e99 - 2f - 2g)		(8,995)	8,995
((i)	Admitted deferred tax assets (2d + 2h)	\$ 19,292	\$ 467,407	\$ (448,115)
			(1)	(2)	(3)
			2020	2019	Change (1-2)
2 1	Dofo	erred Tax Liabilities		2019	Orlange (1-2)
•			Å 10.40¢	٨	A 10.40¢
		· ·	,	•	\$ 18,406
		(2) Fixed assets			
		(3) Deferred and uncollected premium			•••••
		(4) Policyholder reserves			
		(5) Other (including items <5% of total ordinary tax liabilities)			(10,078)
		(99) Subtotal	\$	\$ 10,964	\$ 8,328
((b)	Capital			
		(1) Investments	\$	\$	\$
		(2) Real estate			
		(3) Other (including items <5% of total capital tax liabilities)			
		(99) Subtotal	\$	\$	\$
((c)	Deferred tax liabilities (3a99 + 3b99)	\$ 19,292	\$ 10,964	\$ 8,328
4. 1	Not -	deferred tax assets/liabilities (2i - 3c)	\$ -	\$ 456,443	\$ (456,443)
۳. ا	HEL (Gerened tax assets/ ilabilities (21 - 30)		o 400,443	o (450,443)

D. Among the More Significant Book to Tax Adjustments

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to pre-tax income. The significant terms causing this difference are as follows:

	 2020	Effective Tax Rate
Provision computed at statutory rate	\$ (7,537,840)	21.000 %
Tax exempt interest income deduction	 (8,036)	0.022
Change in VA	 25,931	0.072
Other - Deferred True Ups	 (24,830)	0.069
Other	 (60,870)	0.170
Total	\$ (7,605,645)	-21.189 %

9. Income Taxes (Continued)

	2020	Effective Tax Rate
Federal and foreign income taxes incurred	\$(47,943)	0.134 %
Change in net deferred income taxes	(7,557,702)	-21.055
Total statutory income taxes	\$ (7,605,645)	-21.189 %

E. Operating Loss and Tax Credit Carryforwards

The Company had net operating losses of: 35,755,343

- (1) At December 31, 2020, the Company has a federal net operating loss carryforward of \$35,755,343 for future years.
- (2) Income tax expense available for recoupment Not Applicable
- (3) Deposits admitted under IRC Section 6603 Not Applicable
- F. Consolidated Federal Income Tax Return
 - (1) The Company's federal income tax return is consolidated with the following entity:
 - Weston Insurance Holdings Corp
 - · Weston Insurance Company
 - · Weston Select Insurance Company
 - · Weston Insurance Management
 - (2) The method of allocation is subject to written agreement, approved by the Board of Directors. Allocation is based on separate return calculation with current credit for net losses. Intercompany tax balances are settled annually after the Consolidated Federal Income Tax Return is filed.
- G. Federal or Foreign Income Tax Loss Contingencies Not Applicable
- H. Repatriation Transition Tax (RTT) Not Applicable
- I. Alternative Minimum Tax (AMT) Credit Not Applicable

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

A. Nature of relationships

All outstanding shares of the Company are owned by Weston Insurance Holdings Corporation (WIHC), a Florida Corporation.

B. Detail of transaction greater than 0.5% of admitted assets

In December 2016, the Company converted a portion of its intercompany balance with Weston Insurance Management (WIM) to a loan in the amount of (USD 3,250,000). The loan may be partially or fully repaid at any time by WIM upon mutual written agreement between the parties but at a minimum in compliance with applicable amortization requirements for admissibility of any outstanding balance by the Company as an asset pursuant to Chapter 625, Florida Statutes. The loan will be automatically terminated on December 30, 2021 (the "Termination Date") unless otherwise agreed in writing between WIM and the Company. All capital amounts outstanding under the loan will be due and payable to the Company on the Termination Date.

On December 31, 2020, the amount of the loan outstanding is \$2,650,000. Interest income in the amount of \$154,150 was recorded by the Company in 2020.

On December 31, 2020, WIHC contributed all of its shares of Weston Specialty Insurance Company ("WSIC"), valued at \$10.2 million, to the Company.

In November 2020, the company received \$12.5 million from affiliated entities. The amount received was comprised of a capital contribution from WIHC in the amount of \$6.9 million, the repayment of previously non admitted balances due under the tax sharing agreement from Weston Insurance Management ("WIM") of \$1.1 million, and the partial repayment of the advance account from WIM of \$4.5 million.

The dissolution of the Weston Select Insurance Corporation ("Select") was authorized by a unanimous written consent action of Select's Board of Directors on April 15, 2020, and by a written consent action Select's shareholder on April 15, 2020. The dissolution of Select was authorized by resolution of the Board of Directors in accordance with Section 33-14-101 of the South Carolina Statutes, and by Select's shareholder in accordance with Section 33-14-102 of the South Carolina Statutes. These Articles of Dissolution are effective as of April 16, 2020. The Company received \$5.0 million upon the dissolution of Select.

- C. Transactions With Related Party Who Are Not Reported on Schedule Y
 - (1) Detail of material related party transactions

					Written		Reporting Period
	Date of	Name of Related	Nature of		Agreement		Date Amount
Ref #	Transaction	Party	Relationship	Type of Transaction	(Yes/No)	Due Date	Due From (To)

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

(2) Detail of material related party transactions involving services

	Ref #	Name of F	telated Party	Overview	Description	Am	ount Charged	Allocat	unt Based on ion of Costs or irket Rates	Amount Charged Modified or Waived (Yes/No)
Tot	tal					\$		\$		
Deta	ail of mater	ial related part	y transactions in	nvolving exch	ange of assets	and lial	bilities			
(a)	Description	n of transactio	n							
	Re	ef #	Name of	f Related Part	у		Overview Descri	ption		Terms Changed receding Period? (Yes/No)
(b)	Assets rec	eived								
	Re	of #	Name of R	elated Party		escriptio	n of Assets Rece	eived		Value of Assets eceived
(c)	Assets trai	nsferred							\$	
	Re	f #	Name of R	elated Party	Des	cription	of Assets Trans	ferred		Value of Assets nsferred
	Total								\$	
Deta	ail of amou	nts owed to/fr	om a related par	ty						
				ggregate rting Period	Aggregate Reporting Pe	•	Amount Offset ir Financial Statement (if	Rec	t Amount overable / yable) by	Admitted

D. Amounts due to or from related parties

The receivable from affiliates reported on line 23 of the assets page includes a \$6.4 receivable from WIM. The amount is deemed an admitted asset by the Florida Office of Insurance Regulation (the "Office") and is being repaid based on a repayment plan approved by the Office. The Company is current with its payments.

(Amount Due To)

qualifying)

Related Party

Recoverable

Included on line 25 of the assets page is a receivable for \$1.5 million representing a capital contribution receivable from WIHC. On February 25, 2021, the Office approved the Company's request to include the capital contribution as a Type I subsequent event and admit the receivable as an asset at the end of 2020.

E. Management, service contracts, cost-sharing arrangements

Name of Related Party

WIM, an affiliate of the Company, is the exclusive management general agent for the Company. Under the Managing General Agency (MGA) Agreement with WIM, the Company pays a commission to the MGA for expenses incurred that are related to underwriting, acquisition, operations management, and claims administration. An expense of \$29,128,873 and \$21,799,256 was recorded for the twelve months ending December 31, 2020, and 2019 respectively, per the terms of the MGA agreement.

- F. Guarantees or Contingencies Not Applicable
- G. Nature of Relationships that Could Affect Operations Not Applicable
- H. Amount Deducted for Investment in Upstream Company Not Applicable
- Effective December 31, 2020, WIHC contributed its shares of WSIC to the Company. The Company requested and received special consent pursuant to Section 625.331(1)(a) Florida Statutes, to temporarily exceed the limitation on investments in subsidiaries and affiliates.
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies Not Applicable

Amount Due From

- K. Foreign Subsidiary Value Using CARVM Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method Not Applicable

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

M. All SCA Investments

(1) Balance sheet value (admitted and nonadmitted) all SCAs (except 8b(i) entities)

		Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a.	SSAP No. 97 8a Entities				
	Total SSAP No. 97 8a Entities	XXX	\$	\$	\$
b.	SSAP No. 97 8b(ii) Entities				
	Total SSAP No. 97 8b(ii) Entities	XXX	\$	\$	\$
C.	SSAP No. 97 8b(iii) Entities				
		%	\$	\$	\$
	Total SSAP No. 97 8b(iii) Entities	XXX	\$	\$	\$
d.	SSAP No. 97 8b(iv) Entities				
	Total SSAP No. 97 8b(iv) Entities	XXX	\$	\$	\$
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities) (b+c+d)	XXX	\$	\$	\$
f.	Aggregate Total (a+e)	xxx	\$	\$	\$

(2) NAIC filing response information

	SCA Entity	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received (Yes/No)	Entities Valuation Method, Resubmission Required (Yes/No)	Code**
a.	SSAP No. 97 8a Entities						
	Total SSAP No. 97 8a Entities			\$	-		
b.	SSAP No. 97 8b(ii) Entities						
	Total SSAP No. 97 8b(ii) Entities			\$	- -		
C.	SSAP No. 97 8b(iii) Entities						
	Total SSAP No. 97 8b(iii) Entities			\$	-		
d.	SSAP No. 97 8b(iv) Entities						
	Total SSAP No. 97 8b(iv) Entities			\$	-		
e.	Total SSAP No. 97 8b Entities (except 8b(i) entities) (b+c+d)			\$	-		
f.	Aggregate Total (a+e)			\$	-		

^{*}S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing

N. Investment in Insurance SCAs

(1) Not Applicable

(2) The monetary effect on net income and surplus

	Monetary Effe	ct on NAIC SAP	Amount of	Investment
COA Fatition/	Net Income Increase	Surplus Increase	Per Audited	If the Insurance SCA had Completed Statutory Financial
SCA Entity (Investments in Insurance SCA Entities)	(Decrease)	(Decrease)	Statutory Equity	Statements*
Weston Specialty Insurance Company	\$	\$ 10,228,418	\$ 10,228,418	\$ 10,228,418

^{*} Per AP&P Manual (without permitted or prescribed practices)

- (3) Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking Not Applicable
- 11. Debt Not Applicable

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

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

A. Outstanding shares

As of December 31, 2020 and 2019 the Company has 25,000 shares of authorized, issued and outstanding common stock at par value of one hundred dollars (\$100) per share.

- B. Dividend Rate of Preferred Stock Not Applicable
- C. Dividend restrictions

^{**} I - Immaterial or M - Material

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

Florida Statute 628.371 restricts dividend payment for State of Florida insurance companies without prior approval by the Insurance Commission to the larger of: 10% of the policyholders' surplus or the entire net income of the preceding year plus a two year carry forward. The dividend may also be computed as 10% of surplus with dividends constrained to unassigned funds minus 5% of unrealized capital gain. A third computation provides for the lesser of 10% of surplus or net investment income plus a year carry-forward with dividends constrained to unassigned funds minus 25% of unrealized capital gains. The maximum allowed for dividend restrictions is the lesser of the above calculations or the unassigned funds at year end. After computation dividends are restricted to unassigned surplus

D. Dates and amounts of dividends paid

The company paid a total of \$2,700,000 to parent, Weston Insurance Holdings Company, during the first quarter of 2019. The company paid a total of \$5,000,000 to parent, Weston Insurance Holdings Company, during the second quarter of 2020.

- E. Company Profits Paid as Ordinary Dividends Not Applicable
- F. Surplus Restrictions Not Applicable
- G. Surplus Advances Not Applicable
- H. Stock Held for Special Purposes Not Applicable
- Changes in Special Surplus Funds Not Applicable
- J. Unassigned Funds (Surplus)

Included on line 25 of the assets page is a receivable for \$1.5 million representing a capital contribution receivable from WIHC. On February 25, 2021, the Office approved the Company's request to include the capital contribution as a Type I subsequent event and admit the receivable as an asset at the end of 2020. The funds were received by the Company on February 24, 2021.

- K. Company-Issued Surplus Debentures or Similar Obligations Not Applicable
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations Not Applicable
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years Not Applicable

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments Not Applicable
- B. Assessments Not Applicable
- C. Gain Contingencies Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Extra contractual obligation and bad faith losses – The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

(a)	(D)	(c)	(a)	(e)
0-25 Claims	26-50 Claims	51-100 Claims	101-500 Claims	More than 500 Claims
X				-

Method used to disclose claim count information:

- (f) Per Claim [X]
- (g) Per Claimant []
- E. Product Warranties Not Applicable
- F. Joint and Several Liabilities Not Applicable
- G. All Other Contingencies

Various lawsuits against the Company have arisen in the normal course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets that it considers to be impaired.

- 15. Leases Not Applicable
- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk Not Applicable
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities Not Applicable
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans Not Applicable
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

In 2012, the Company entered into a Managing General Agent and Claims Administration Agreement with WIM. The terms of the MGA contract give the MGA authority for the claims payment (C), claims adjustment (CA), reinsurance ceding (R), binding authority (B), premium collection (P), and underwriting (U) in each state in which the Company is licensed. On October 1, 2016 the Company amended the Managing General Agent and Claims Administration Agreement with WIM to increase the commission to WIM by 2.25% to a total of 26.50% for services to the Company. All authorities for WIM with respect to the MGA contract remain unchanged.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators (Continued)

Name and Address of Managing General Agent or Third Party Administration	FEIN Number	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premium Written / Produced By
Weston Insurance Management, LLC, P.O. Box 14-2057, Coral Gables, FL 33114	45-2754156	YES	Fire/Allied/ Homeowners Multi peril/Commercial Multi peril	C,CA,R,P,B,U	\$ 98,436,323
Total					\$ 98,436,323

20. Fair Value Measurements

A. Fair Value Measurement

(1) Fair value measurements at reporting date

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

- (2) Fair value measurements in Level 3 of the fair value hierarchy Not Applicable
- (3) Policy on transfers into and out of Level 3 Not Applicable
- (4) Inputs and techniques used for Level 2 and Level 3 fair values Not Applicable
- (5) Derivatives Not Applicable
- B. Other Fair Value Disclosures Not Applicable
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Common Stock	\$ 10,228,418	\$ 10,228,418	\$ 10,228,418	\$	\$	\$	\$
Bonds	12,097,455	11,942,151	12,097,455				
Cash, Cash Equivalents and Short- Term Investments	23 648 207	23 648 207	23 648 207				

- D. Not Practicable to Estimate Fair Value Not Applicable
- E. Nature and Risk of Investments Reported at NAV Not Applicable

21. Other Items

- A. Unusual or Infrequent Items Not Applicable
- B. Troubled Debt Restructuring Not Applicable
- C. Other Disclosures

The write-in asset of \$8.0 million reported on Page 2, line 2501 is to recognize additional tax deferred assets that will be utilized by December 31, 2022 or otherwise collected pursuant to a guarantee from HSCM Bermuda Fund, Ltd. The reporting of this portion of the deferred tax asset is consistent with SSAP 101, paragraph 10 regarding the Admissibility of Income Tax Assets and SSAP 4. Under the terms of the agreement the asset will be fully utilized or collected within a three year period.

- D. Business Interruption Insurance Recoveries Not Applicable
- E. State Transferable and Non-Transferable Tax Credits Not Applicable
- F. Subprime-Mortgage-Related Risk Exposure Not Applicable
- G. Insurance-Linked Securities (ILS) Contracts Not Applicable
- H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy Not Applicable

22. Events Subsequent

Included on line 25 of the assets page is a receivable for \$1.5 million representing a capital contribution receivable from WIHC. On February 25, 2021, the Office approved the Company's request to include the capital contribution as a Type I subsequent event and admit the receivable as an asset at the end of 2020. The funds were received by the Company on February 24, 2021.

22. Events Subsequent (Continued)

		Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act?		
B.	ACA fee assessment payable for the upcoming year	\$	\$
C.	ACA fee assessment paid	\$	\$
D.	Premium written subject to ACA 9010 assessment	\$	\$
E.	Total adjusted capital before surplus adjustment	\$	
F.	Total adjusted capital after surplus adjustment	\$	
G.	Authorized control level	\$	
H.	Would reporting the ACA assessment as of Dec 31 have triggered an RBC action level?		

23. Reinsurance

A. Unsecured Reinsurance Recoverables

The Company's unsecured reinsurance balances (including ceded case and IBNR reserves and unearned premium) in excess of 3% of the policyholders' surplus with any one reinsurer.

Amount (000) omitted

Individual Reinsurers with Unsecured Reinsurance Recoverables Exceeding 3% of Policyholder Surplus

Individual Reinsurers Who Are Not Members of a Group

FEIN	Reinsurer Name	Unsecured Amount
AA1128623	Lloyds Syndicate 2623	\$
222005057	Everest Reinsurance Company	3,126,835
AA9991310	Florida Hurricane Catastrophe Fund	17,956,057
AA1128791	Lloyds Syndicate 2791	1,046,784
134924125	Munich Reinsurance America, Inc.	4,910,870
470698507	Odyssey Reinsurance Company	6,466,610

Individual Reinsurers Who Are Members of a Group

NAIC Group Code	FEIN	Reinsurer Name	Unsecured Amount
All Members of the 0	Unsecured Reinsurance Recoverables		
NAIC Group Code	FEIN	Reinsurer Name	Unsecured Amount
Total			\$

- B. Reinsurance Recoverable in Dispute Not Applicable
- C. Reinsurance Assumed and Ceded
 - (1) Maximum amount of return commission that would have been due reinsurers if all of the company's reinsurance was canceled or if the company's insurance assumed was canceled

		Assumed Reinsurance		Ceded Reinsurance		Net		
		Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	
a.	Affiliates	\$ 17,595,077	\$ 5,278,523	\$	\$	\$ 17,595,077	\$ 5,278,523	
b.	All other			63,779,496	20,985,411	(63,779,496)	(20,985,411)	
C.	Total	\$ 17,595,077	\$ 5,278,523	\$ 63,779,496	\$ 20,985,411	\$ (46,184,419)	\$ (15,706,888)	
d.	Direct unearned premium reserve			\$ 69,951,371				

- (2) The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this statement as a result of existing contractual arrangements is accrued as follows: Not Applicable
- (3) Risks attributed to each of the company's protected cells Not Applicable
- D. Uncollectible Reinsurance Not Applicable
- E. Commutation of Ceded Reinsurance Not Applicable
- F. Retroactive Reinsurance Not Applicable
- G. Reinsurance Accounted for as a Deposit

The Company participates in two reinsurance agreements that are accounted for as a deposit. The first contract covers \$6,525,000 in the aggregate with a retention of \$5,000,000. The second contract covers \$8,287,500 in the aggregate with a retention of \$10,000,000. The contracts incepted June 1, 2020

Description Interest Income Cash Recoveries Deposit Balance

- H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements Not Applicable
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation Not Applicable

23. Reinsurance (Continued)

- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation Not Applicable
- K. Reinsurance Credit

Not Applicable

- (1)
- (2)
- (3)
- (4)
- (5)
- (6)

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate Not Applicable
- B. Method Used to Record Not Applicable
- C. Amount and Percent of Net Retrospective Premiums Not Applicable
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act Not Applicable
- E. Calculation of Nonadmitted Retrospective Premium Not Applicable
- F. Risk-Sharing Provisions of the Affordable Care Act (ACA)

Not Applicable

(1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions?

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year Not Applicable
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance Not Applicable
- (4) Roll-forward of risk corridors asset and liability balances by program benefit year Not Applicable
- (5) ACA risk corridors receivable as of reporting date Not Applicable

25. Changes in Incurred Losses and Loss Adjustment Expenses

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

Reserves as of December 31, 2019 were \$3,068,411. For the twelve months ending December 31, 2020, \$1,230,116 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,824,098 resulting in favorable development of \$14,197. Increases or decreases occur as a result of claim settlements during the current year and as additional information is received regarding individual claims, causing changes from the original estimates of the cost of the claims. The majority of the favorable development is the result of having met the retention for our treaty year 2019 quota share agreement this quarter.

- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses Company and relevant industry loss development patterns are taken into account in evaluating the overall adequacy of unpaid losses and loss adjustment expenses.
- 26. Intercompany Pooling Arrangements Not Applicable
- 27. Structured Settlements Not Applicable
- 28. Health Care Receivables Not Applicable
- 29. Participating Policies Not Applicable
- 30. Premium Deficiency Reserves Not Applicable
- 31. High Deductibles Not Applicable
- 32. Discounting of Liabilities For Unpaid Losses or Unpaid Loss Adjustment Expenses Not Applicable
- 33. Asbestos/Environmental Reserves Not Applicable
- 34. Subscriber Savings Accounts Not Applicable
- 35. Multiple Peril Crop Insurance Not Applicable
- 36. Financial Guaranty Insurance Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affilia which is an insurer?	ted persons, one or more of	Yes []	x] !	lo []
	If yes, complete Schedule Y, Parts 1, 1A and 2.				
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Supregulatory official of the state of domicile of the principal insurer in the Holding Company System, a registra disclosure substantially similar to the standards adopted by the National Association of Insurance Commission insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or its the restandards and disclosure requirements substantially similar to those required by such Act and regulations?	tion statement providing ners (NAIC) in its Model porting entity subject to	[X] No [] N.	(A []
1.3	State Regulating? Florida				
1.4	Is the reporting entity publicly traded or a member of a publicly traded group?		Yes [1 1	lo [X]
	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.				
	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, reporting entity?	or deed of settlement of the	Yes [1	No [X]
2.2	If yes, date of change:				
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made.			12/	31/2015
3.2	State the as of date that the latest financial examination report became available from either the state of domici date should be the date of the examined balance sheet and not the date the report was completed or released.	le or the reporting entity. This		12/	31/2015
3.3	State as of what date the latest financial examination report became available to other states or the public from the reporting entity. This is the release date or completion date of the examination report and not the date of th date).			05/	30/2017
3.4	By what department or departments? Florida Office Of Insurance Regulation				
3.5	Have all financial statement adjustments within the latest financial examination report been accounted for in				
	statement filed with Departments?		[] No [
3.6	Have all of the recommendations within the latest financial examination report been complied with?	Yes	[] No [] N	(A [X]
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sale: combination thereof under common control (other than salaried employees of the reporting entity) receive control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business?		Yes [X]	No []
	4.12 renewals?		Yes [X] !	No []
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major li direct premiums) of:				
	4.21 sales of new business?		Yes []	No[X]
	4.22 renewals?		Yes []	No[X]
5.1	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.				
5.2	If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbrev ceased to exist as a result of the merger or consolidation.	iation) for any entity that has			
	1 2	3			
	Name of Entity NAIC Company Co	de State of Domicile			
	AL ASSOCIATION ASSOCIATION	adorrectal restal to the			
		10			
	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registrator revoked by any governmental entity during the reporting period?	tion, if applicable) suspended	Yes [1	No [X]
	If yes, give full information		Vee [V 1	No. 1
	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting e	enuty?	res [٧]	No []
1.2	If yes,				71 3 %
	7.21 State the percentage of foreign control			-	/1.3 7
	7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or remanager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, governin-fact).				
	1 2 Nationality Type of E	ntity			
	United Kingdom				
	BermudaCorporation				

8.1	Is the company a subsidiary of a bank holding company reg	ulated by the Federal Reserve Board?				Yes [1	No f	X 1
	If response to 8.1 is yes, please identify the name of the ba					3175 D			
	Is the company affiliated with one or more banks, thrifts or s If response to 8.3 is yes, please provide the names and loci financial regulatory services agency [i.e. the Federal Resen Federal Deposit Insurance Corporation (FDIC) and the Sec regulator.	ations (city and state of the main office) of we Board (FRB), the Office of the Comptr	oller of the Cu	rrency (OCC),	the	Yes [1	No [Хј
	1	2	3	4	5	6	T		
	Affiliate Name	Location (City, State)	FRB	осс	FDIC	SEC	8		
						ı	1		
	What is the name and address of the independent certified RSM 100 Second Avenue South, Suite 600, St. Petersburg	, FL 33701							
	Has the insurer been granted any exemptions to the prohi- requirements as allowed in Section 7H of the Annual Finan law or regulation?	icial Reporting Model Regulation (Model				Yes []	No [X]
	If the response to 10.1 is yes, provide information related to	-							
	Has the insurer been granted any exemptions related to allowed for in Section 18A of the Model Regulation, or subs If the response to 10.3 is yes, provide information related to	tantially similar state law or regulation?	inancial Repo	rting Model F	legulation as	Yes []	No [х]
		·			V				
	Has the reporting entity established an Audit Committee in If the response to 10.5 is no or n/a, please explain	compliance with the domiciliary state insi	urance laws?		res	[X] No [1	N/A [1
10.0	il die response to 10.5 is 110 of 11/a, please explain								
11.	What is the name, address and affiliation (officer/emplo consulting firm) of the individual providing the statement of	actuarial opinion/certification?							
12 1	Ryan Purdy, FCAS, MAAA, Consulting Actuary Merlinos & Does the reporting entity own any securities of a real estate	_			!	Yes [1	No f	X 1
12.1	boes the reporting entity own any securities of a real estate	12.11 Name of re		-	_	163 [110 [ν]
		12.12 Number of							0
		12.13 Total book/	adjusted carry	ng value	\$_				
12.2	If yes, provide explanation								
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTIN	IG ENTITIES ONLY:							
13.1	What changes have been made during the year in the Unite	ed States manager or the United States t	rustees of the	reporting entit	y?				
13.2	Does this statement contain all business transacted for the	reporting entity through its United States	Branch on risl	s wherever lo	cated?	Yes []	No [х]
	Have there been any changes made to any of the trust inde					Yes [-		
	If answer to (13.3) is yes, has the domiciliary or entry state					[] No []	N/A [Χ]
14.1	Are the senior officers (principal executive officer, principal similar functions) of the reporting entity subject to a code of	f ethics, which includes the following star	ndards?			Yes []	х]	No []
	 Honest and ethical conduct, including the ethical handli relationships; 	ing of actual or apparent conflicts of into	erest between	personal and	professional				
	b. Full, fair, accurate, timely and understandable disclosure c. Compliance with applicable governmental laws, rules and		d by the report	ing entity;					
	d. The prompt internal reporting of violations to an appropri	-	de; 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 [J	No ſ	ΧЈ
	If the response to 14.2 is yes, provide information related to						•		•
14.3	Have any provisions of the code of ethics been waived for a	any of the specified officers?				Yes [1	No ſ	X 1
	If the response to 14.3 is yes, provide the nature of any wai	•				•	-		•

5.1	Is the reporting entity the beneficiary of a Le SVO Bank List?	etter of Credit that is unrelated to reinsu	rance where th	e issuing or confirming bank is not on the		Yes [1	No [X
5.2	If the response to 15.1 is yes, indicate the Abank of the Letter of Credit and describe the						5.0	٥
	1	2		3		4	Ť	
	American Bankers							
	Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstance	es That Can Trigger the Letter of Credit	Am	ount		20
		BOARD OF D	IRECTOR	s				
6.	Is the purchase or sale of all investments thereof?	of the reporting entity passed upon ei	ther by the boa	ard of directors or a subordinate comm		Yes [X]	No [
7.	Does the reporting entity keep a complete thereof?	permanent record of the proceedings	s of its board o	of directors and all subordinate commit	tees	Yes [X]	No [
В.	Has the reporting entity an established pro the part of any of its officers, directors, tru such person?				s of	Yes [X]	No [
		FINANCIAL						
9.	Has this statement been prepared using a language Accounting Principles)?		Accounting Pri	inciples (e.g., Generally Accepted	,	Yes [1 1	l ok
.1	Total amount loaned during the year (inclus	ive of Separate Accounts, exclusive of	policy loans):	20.11 To directors or other officers	\$			
	3		. , ,	20.12 To stockholders not officers	\$			
				20.13 Trustees, supreme or grand (Fraternal only)	\$			
.2	Total amount of loans outstanding at the en	d of year (inclusive of Separate Accour	nts, exclusive o		_			
	policy loans):			20.21 To directors or other officers 20.22 To stockholders not officers	\$ \$			
				20.23 Trustees, supreme or grand (Fraternal only)				
.1	Were any assets reported in this statement obligation being reported in the statement?	subject to a contractual obligation to tra	ansfer to anothe			Yes [
.2	If yes, state the amount thereof at December	er 31 of the current year:	21.21 Rented f	rom others	\$			
			21.22 Borrowe	d from others	\$			
			21.23 Leased fi	rom others	\$			
		:	21.24 Other		\$			
	Does this statement include payments for a guaranty association assessments?	ssessments as described in the Annua				Yes [
.2	If answer is yes:			paid as losses or risk adjustment	\$			
			22.22 Amount 22.23 Other ar	paid as expenses	\$ <u> </u>			
1	Does the reporting entity report any amount	s due from parent subsidiaries or affili		•		Yes [X		
	If yes, indicate any amounts receivable from		-	or and statement:	\$			
		INVEST						
n4	Wars all the stocks bonds and other acquir	tion award December 34 of aurent ve	or overwhich #	ho consider onlik has evaluaive control	i=			
	Were all the stocks, bonds and other securithe actual possession of the reporting entity	on said date? (other than securities le				Yes [X]	No [
U2	! If no, give full and complete information, rel	ating thereto						
03	For securities lending programs, provide a whether collateral is carried on or off-balance.				and			
	For the reporting entity's securities lending Capital Instructions.				\$			
	For the reporting entity's securities lending				\$			0
06	Does your securities lending program req outset of the contract?	uire 102% (domestic securities) and 1	105% (foreign s	securities) from the counterparty at the	Yes []	No []	NA [
07	Does the reporting entity non-admit when the	ne collateral received from the counterp	arty falls below	100%?	Yes []	No []	NA [
08	Does the reporting entity or the reporting er conduct securities lending?	ntity's securities lending agent utilize the	e Master Securi	ities Lending Agreement (MSLA) to	Yes []	No []	NA [

24.09	For the reportin	g entity's securities lending pro	ogram, state the amou	nt of the following as of December 31 of the current year:		
	24.091	Total fair value of reinvested	d collateral assets repo	orted on Schedule DL, Parts 1 and 2	\$	0
	24.092	Total book adjusted/carrying	yalue of reinvested c	ollateral assets reported on Schedule DL, Parts 1 and 2	\$	0
	24.093	Total payable for securities			\$	
25.1	control of the re	e stocks, bonds or other ass	ets of the reporting er	ntity owned at December 31 of the current year not exclusively und sferred any assets subject to a put option contract that is currently in t		io []
25.2	If yes, state the	amount thereof at December :	31 of the current year:			
			25.21 Subject to rep	ourchase agreements	\$	
			25.22 Subject to rev	erse repurchase agreements	\$	
			25.23 Subject to dol	lar repurchase agreements	\$	
			25.24 Subject to rev	erse dollar repurchase agreements	\$	
			25.25 Placed under	option agreements	\$	
				r securities restricted as to sale – excluding FHLB Capital Stock	\$	
			25.27 FHLB Capital		\$	
			25.28 On deposit wi		\$4	
					\$ -	
			· ·	th other regulatory bodies		
			_	ollateral – excluding collateral pledged to an FHLB	\$	
			_	ollateral to FHLB – including assets backing funding agreements	\$	
			25.32 Other		\$	
25.3	For category (2	5.26) provide the following:				
		1		2	3	
		Nature of Restriction		Description	Amount	
26.1	Does the report	ing entity have any hedging tra	ansactions reported on	Schedule DB?	Yes [] No	[X]
26.2	If yee hee a co					
20.2			hedging program bee	n made available to the domiciliary state?	Yes [] No [] N/A	[X]
20.2		escription with this statement.	hedging program bee	n made available to the domiciliary state?	Yes [] No [] N/A	[X]
LINES	If no, attach a d 26.3 through 26	escription with this statement. .5: FOR LIFE/FRATERNAL RE	EPORTING ENTITIES	ONLY:	Yes [] No [] N/A	[X]
LINES 26.3	If no, attach a d 26.3 through 26 Does the report rate sensitivity?	escription with this statement. 5: FOR LIFE/FRATERNAL REing entity utilize derivatives to	EPORTING ENTITIES hedge variable annuity	-		[X] lo[X]
LINES 26.3	If no, attach a d 26.3 through 26 Does the report rate sensitivity?	escription with this statement. .5: FOR LIFE/FRATERNAL RE	EPORTING ENTITIES hedge variable annuity	ONLY:		
LINES 26.3	If no, attach a d 26.3 through 26 Does the report rate sensitivity?	escription with this statement. 5: FOR LIFE/FRATERNAL REing entity utilize derivatives to	EPORTING ENTITIES hedge variable annuity ting entity utilize:	ONLY:	Yes [] N	
LINES 26.3	If no, attach a d 26.3 through 26 Does the report rate sensitivity?	escription with this statement. 5: FOR LIFE/FRATERNAL REing entity utilize derivatives to	EPORTING ENTITIES hedge variable annuity ting entity utilize:	ONLY: r guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108	Yes [] N	lo [X]
LINES 26.3	If no, attach a d 26.3 through 26 Does the report rate sensitivity?	escription with this statement. 5: FOR LIFE/FRATERNAL REing entity utilize derivatives to	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accou	ONLY: guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice	Yes [] N Yes [] N Yes [] N	lo [X]
LINES 26.3 26.4	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response	escription with this statement. 5: FOR LIFE/FRATERNAL Rt ing entity utilize derivatives to to 26.3 is YES, does the repor	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accounces account	ONLY: guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice	Yes [] N Yes [] N Yes [] N	lo [X] lo []
LINES 26.3 26.4	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response	escription with this statement. 5: FOR LIFE/FRATERNAL Rt ing entity utilize derivatives to to 26.3 is YES, does the repor	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accounces account	ONLY: y guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice ting guidance	Yes [] N Yes [] N Yes [] N	lo [X] lo [] lo []
LINES 26.3 26.4	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response	escription with this statement. 5: FOR LIFE/FRATERNAL Rt ing entity utilize derivatives to to 26.3 is YES, does the repor	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accounce 26.42 Permitted accounce g the special accounting t	ONLY: y guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice ting guidance ng provisions of SSAP No. 108, the reporting entity attests to	Yes [] N Yes [] N Yes [] N Yes [] N	lo [X] lo [] lo []
LINES 26.3 26.4	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response By responding the following: • The	escription with this statement. 5: FOR LIFE/FRATERNAL Rt ing entity utilize derivatives to to 26.3 is YES, does the repor 7/ES to 26.41 regarding utilizing reporting entity has obtained of	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accounce 26.42 Permitted accounting the special accounting t	ONLY: y guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice ting guidance ng provisions of SSAP No. 108, the reporting entity attests to	Yes [] N Yes [] N Yes [] N Yes [] N	lo [X] lo [] lo []
LINES 26.3 26.4	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response By responding the following: The Hed	escription with this statement. 5: FOR LIFE/FRATERNAL Rt ing entity utilize derivatives to to 26.3 is YES, does the repor 7/ES to 26.41 regarding utilizing reporting entity has obtained of ging strategy subject to the sp	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accoudance and the second accounting the special accounting explicit approval from the ecial accounting provisions.	ONLY: y guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice ting guidance ng provisions of SSAP No. 108, the reporting entity attests to the domiciliary state. sions is consistent with the requirements of VM-21.	Yes [] N Yes [] N Yes [] N Yes [] N	lo [X] lo [] lo []
LINES 26.3 26.4	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response By responding the following: The Act 21 r	escription with this statement. 5: FOR LIFE/FRATERNAL RE ing entity utilize derivatives to to 26.3 is YES, does the repor YES to 26.41 regarding utilizing reporting entity has obtained of ging strategy subject to the sp tarial certification has been of eserves and provides the impa	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accounce. 26.42 Permitted accounce of the special accounting the special accounting explicit approval from the ecial accounting provisoration of the hedging strates.	ONLY: r guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice ting guidance ng provisions of SSAP No. 108, the reporting entity attests to the domiciliary state. sions is consistent with the requirements of VM-21. Is that the hedging strategy is incorporated within the establishment egy within the Actuarial Guideline Conditional Tail Expectation Amount	Yes [] N	lo [X] lo [] lo []
LINES 26.3 26.4	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response By responding the following: The Act 21 r Fina Hed	escription with this statement. 5: FOR LIFE/FRATERNAL Rt ing entity utilize derivatives to to 26.3 is YES, does the report of 26.3 is YES, does the report of 26.41 regarding utilizing reporting entity has obtained or ging strategy subject to the spearal certification has been of esserves and provides the impancial Officer Certification has	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accoudance and the special accounting the special accounting the special accounting the special accounting provision accounting the hedging strate been obtained which indicates and that the Clearly Define a special accounting the special accoun	ONLY: r guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice ting guidance ng provisions of SSAP No. 108, the reporting entity attests to the domiciliary state. sions is consistent with the requirements of VM-21. s that the hedging strategy is incorporated within the establishment.	Yes [] N Of VM- nt. efined	lo [X] lo [] lo []
26.3 26.4 26.5	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response By responding the following: The Actu 21 r Fine Hed in it Were any prefe	escription with this statement. 5: FOR LIFE/FRATERNAL RE ing entity utilize derivatives to to 26.3 is YES, does the repor 7/ES to 26.41 regarding utilizing reporting entity has obtained of ging strategy subject to the sp arial certification has been of eserves and provides the impa incial Officer Certification has ging Strategy within VM-21 ar es actual day-to-day risk mitigat	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accounce. 26.42 Permitted accounting the special accounting the special accounting explicit approval from the ecial accounting provisoration which indicates act of the hedging strate been obtained which indicate individual that the Clearly Defion efforts.	ONLY: r guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice ting guidance ng provisions of SSAP No. 108, the reporting entity attests to the domiciliary state. sions is consistent with the requirements of VM-21. s that the hedging strategy is incorporated within the establishment egy within the Actuarial Guideline Conditional Tail Expectation Amoundicates that the hedging strategy meets the definition of a Clearly D	Yes [] N Of VM- nt. efined	lo [X] lo [X] lo [] lo []
26.4 26.5 27.1	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response By responding the following: The Hed Actt 21 r Fine Hed in it Were any prefe the issuer, conv.	escription with this statement. 5: FOR LIFE/FRATERNAL Rt ing entity utilize derivatives to to 26.3 is YES, does the report to 26.3 is YES, does the report to 26.41 regarding utilizing reporting entity has obtained or ging strategy subject to the special certification has been observes and provides the imperior of the provides the p	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accounce. 26.42 Permitted accounting the special accounting the special accounting the special accounting the special accounting provisional which indicate act of the hedging stratibeen obtained which indicate indicate the special accounting provision efforts.	ONLY: r guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice ting guidance ng provisions of SSAP No. 108, the reporting entity attests to the domiciliary state. sions is consistent with the requirements of VM-21. Is that the hedging strategy is incorporated within the establishment egy within the Actuarial Guideline Conditional Tail Expectation Amoundicates that the hedging strategy meets the definition of a Clearly D inned Hedging Strategy is the hedging strategy being used by the cor	Yes [] N Of VM- nt. efined mpany	lo [X] lo [X] lo [] lo []
26.3 26.4 26.5 27.1 27.2	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response By responding the following: The Act 21 r Finite Hed in it Were any prefet the issuer, conv. If yes, state the Excluding items	escription with this statement. 5: FOR LIFE/FRATERNAL Rignentity utilize derivatives to to 26.3 is YES, does the report to 26.3 is YES, does the report to 26.41 regarding utilizing reporting entity has obtained or ging strategy subject to the spharial certification has been of eserves and provides the impaincial Officer Certification has a catual day-to-day risk mitigat red stocks or bonds owned as entible into equity? amount thereof at December: in Schedule E – Part 3 – Spein 1975 in Sched	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accounce. 26.42 Permitted accounting the special accounting the special accounting explicit approval from the ecial accounting provisoration of the hedging strate been obtained which indicates act of the hedging strate been obtained which indicates act of the hedging strate been obtained which indicates act of the hedging strate been obtained which indicates act of the clearly Defion efforts. 31 of the current year. 33 of the current year.	ONLY: r guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice ting guidance ag provisions of SSAP No. 108, the reporting entity attests to the domiciliary state. sions is consistent with the requirements of VM-21. Is that the hedging strategy is incorporated within the establishment egy within the Actuarial Guideline Conditional Tail Expectation Amoundicates that the hedging strategy meets the definition of a Clearly D inned Hedging Strategy is the hedging strategy being used by the cor e current year mandatorily convertible into equity, or, at the option of tte, mortgage loans and investments held physically in the reporting	Yes [] N Yes [] No	lo [X] lo [X] lo [] lo []
26.3 26.4 26.5 27.1 27.2	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response By responding the following: The Act 21 r Finite Hed in it Were any prefethe issuer, comy If yes, state the Excluding items entity's offices, pursuant to a cc Considerations,	escription with this statement. 5: FOR LIFE/FRATERNAL Rt ing entity utilize derivatives to to 26.3 is YES, does the report to 26.3 is YES, does the report to 26.3 is YES, does the report to 26.41 regarding utilizing reporting entity has obtained or ging strategy subject to the spanial certification has been on eserves and provides the impainal Officer Certification has ging Strategy within VM-21 are actual day-to-day risk mitigat red stocks or bonds owned as ertible into equity? amount thereof at December 3 in Schedule E – Part 3 – Speraults or safety deposit boxes, stodial agreement with a qual	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accounce. 26.42 Permitted accounting the special accounting provious and which indicate act of the hedging stratibeen obtained which indicate act of the hedging stratibeen obtained which indicate act of the clearly Defion efforts. 3 of December 31 of the stratible of the current year. 31 of the current year. 32 indicates a consideration of the current year. 33 indicates a consideration of the current year. 34 indicates a consideration of the current year. 35 indicates a consideration of the current year. 36 indicates a consideration of the current year. 36 indicates a consideration of the current year.	ONLY: r guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice ting guidance ng provisions of SSAP No. 108, the reporting entity attests to the domiciliary state. sions is consistent with the requirements of VM-21. Is that the hedging strategy is incorporated within the establishment egy within the Actuarial Guideline Conditional Tail Expectation Amoundicates that the hedging strategy meets the definition of a Clearly D ined Hedging Strategy is the hedging strategy being used by the core e current year mandatorily convertible into equity, or, at the option of	Yes [] N Yes [] N Yes [] No Yes [] No ***********************************	[X] olo [X]
26.4 26.5 26.5 27.1 27.2 28.	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response By responding the following: The Act 21 r Act in the Were any prefet the issuer, conv If yes, state the entity's offices, pursuant to a c Considerations, Handbook?	escription with this statement. 5: FOR LIFE/FRATERNAL RE ing entity utilize derivatives to to 26.3 is YES, does the report to 26.3 is YES, does the report to 26.41 regarding utilizing reporting entity has obtained of ging strategy subject to the sp tarial certification has been of eserves and provides the impa tarial certification has been of eserves and provides the impa tarial certification has ging Strategy within VM-21 ar as actual day-to-day risk mitigat tred stocks or bonds owned as ertible into equity? amount thereof at December 3 in Schedule E – Part 3 – Spet vaults or safety deposit boxes, stodial agreement with a qual F. Outsourcing of Critical Fun	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accounce. 26.42 Permitted accounting the special accounting the special accounting provision accounting the provision accounting the provision accounting accou	ONLY: r guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice ting guidance gg provisions of SSAP No. 108, the reporting entity attests to the domiciliary state. sions is consistent with the requirements of VM-21. Is that the hedging strategy is incorporated within the establishment egy within the Actuarial Guideline Conditional Tail Expectation Amoundicates that the hedging strategy meets the definition of a Clearly D lined Hedging Strategy is the hedging strategy being used by the core current year mandatorily convertible into equity, or, at the option of te, mortgage loans and investments held physically in the reporting is and other securities, owned throughout the current year held pany in accordance with Section 1, III – General Examination in the securities of the NAIC Financial Condition Examiners	Yes [] N Yes [] No	[X] olo [X]
26.4 26.5 26.5 27.1 27.2 28.	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response By responding the following: The Act 21 r Act in the Were any prefet the issuer, conv If yes, state the entity's offices, pursuant to a c Considerations, Handbook?	escription with this statement. 5: FOR LIFE/FRATERNAL RE ing entity utilize derivatives to to 26.3 is YES, does the report to 26.3 is YES, does the report to 26.41 regarding utilizing reporting entity has obtained of ging strategy subject to the sp tarial certification has been of eserves and provides the impa tarial certification has been of eserves and provides the impa tarial certification has ging Strategy within VM-21 ar as actual day-to-day risk mitigat tred stocks or bonds owned as ertible into equity? amount thereof at December 3 in Schedule E – Part 3 – Spet vaults or safety deposit boxes, stodial agreement with a qual F. Outsourcing of Critical Fun	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accounce. 26.42 Permitted accounce. 26.43 Other accounting the special accounting the special accounting explicit approval from the ecial accounting provision accounting the hedging strate been obtained which indicate accounting the Clearly Deficion efforts. 31 of the current year. 32 cial Deposits, real estate were all stocks, bonduited bank or trust competitions, Custodial or September of the NAIC Finalests.	ONLY: r guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice ting guidance ag provisions of SSAP No. 108, the reporting entity attests to the domiciliary state. sions is consistent with the requirements of VM-21. Is that the hedging strategy is incorporated within the establishment egy within the Actuarial Guideline Conditional Tail Expectation Amoun dicates that the hedging strategy meets the definition of a Clearly D inned Hedging Strategy is the hedging strategy being used by the cor e current year mandatorily convertible into equity, or, at the option of te, mortgage loans and investments held physically in the reporting and other securities, owned throughout the current year held pany in accordance with Section 1, III – General Examination flekeeping agreements of the NAIC Financial Condition Examiners incial Condition Examiners Handbook, complete the following:	Yes [] N Yes [] N Yes [] No Yes [] No ***********************************	[X] olo [X]
26.4 26.5 26.5 27.1 27.2 28.	If no, attach a d 26.3 through 26 Does the report rate sensitivity? If the response By responding the following: The Act 21 r Act in the Were any prefet the issuer, conv If yes, state the entity's offices, pursuant to a c Considerations, Handbook?	escription with this statement. 5: FOR LIFE/FRATERNAL Rt ing entity utilize derivatives to to 26.3 is YES, does the report to 26.3 is YES, does the report to 26.3 is YES, does the report to 26.41 regarding utilizing reporting entity has obtained or ging strategy subject to the spanial certification has been obtained credit of the properties of the pro	EPORTING ENTITIES hedge variable annuity ting entity utilize: 26.41 Special accounce. 26.42 Permitted accounting the special accounting the special accounting provision accounting the provision accounting the provision accounting accou	ONLY: r guarantees subject to fluctuations as a result of interest unting provision of SSAP No. 108 counting practice ting guidance gg provisions of SSAP No. 108, the reporting entity attests to the domiciliary state. sions is consistent with the requirements of VM-21. Is that the hedging strategy is incorporated within the establishment egy within the Actuarial Guideline Conditional Tail Expectation Amoundicates that the hedging strategy meets the definition of a Clearly D lined Hedging Strategy is the hedging strategy being used by the core current year mandatorily convertible into equity, or, at the option of te, mortgage loans and investments held physically in the reporting is and other securities, owned throughout the current year held pany in accordance with Section 1, III – General Examination in the securities of the NAIC Financial Condition Examiners	Yes [] N Yes [] N Yes [] No Yes [] No ***********************************	[X] olo [X]

1	2
Name of Custodian(s)	Custodian's Address
Merrill Lynch	355 Alhambra Cir, Ste 1502 Coral Gables, FL 33134

GENERAL 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:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)
3/4	(S)	The sales sales

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? 28.04 If yes, give full and complete information relating thereto:

Yes [] No [X]

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

28.05 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 assels 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
Weston Insurance Management LLC.	A

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes [] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?
 29.2 If yes, complete the following schedule:

Yes [] No [X]

1	2	3
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Maked Freed	Name of Cincipant Holding	Amount of Mutual Fund's	
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation
(

30.	Provide the following in statement value for fair		r all short-term and long-term bond	s and all preferred stocks. Do not	substitute amortized value or					
	statement value for fair	value.	1	2	3 Excess of Statement over Fair Value (-),					
			Statement (Admitted) Value	Fair Value	or Fair Value over Statement (+)					
	30.1 Bonds			12,097,455	136,304					
	30.2 Preferred Stoc	ks	0		0					
	30.3 Totals	<u> </u>	11,961,150	12,097,455	136,304					
30.4	Describe the sources or	methods util	ized in determining the fair values:							
	Merrill Lynch									
			lue determined by a broker or custod	5.		Yes [X]	No]	1
	for all brokers or custodi	ians used as				Yes [х]	No]]
31.3	If the answer to 31.2 is value for Schedule D:	no, describe	the reporting entity's process for det	ermining a reliable pricing source fo	or purposes of disclosure of fair					
		ements of the	e Purposes and Procedures Manual o	of the NAIC Investment Analysis Offi	ce been followed?	Yes [х]	No]]
32.2	If no, list exceptions:									
33.		cessary to pe	e reporting entity is certifying the follo rmit a full credit analysis of the securi e							
			I contracted interest and principal pay	ments.						
			tation of ultimate payment of all contr	racted interest and principal.						
	Has the reporting entity	self-designat	ed 5GI securities?			Yes	[] No	0 [Х]
34.	 a. The security was p b. The reporting entit c. The NAIC Designa 	ourchased pri by is holding o ation was deri	the reporting entity is certifying the foll for to January 1, 2018. apital commensurate with the NAIC I tived from the credit rating assigned by vate letter rating held by the insurer a	Designation reported for the security y an NAIC CRP in its legal capacity	as an NRSRO					
	regulators.	ty is not perm	itted to share this credit rating of the F	•	e insurance	Yes	ſ	1 N	1 0	X 1
35.	By assigning FE to a Sc	_	on-registered private fund, the reporting	ng entity is certifying the following el	ements of each self-				Ī	Ī
			or to January 1, 2019.							
			apital commensurate with the NAIC E rating(s) with annual surveillance ass							
	to January 1, 2019	9.		ognous, and the order in the logar t	apasity as all three pilot					
			holds bonds in its portfolio. ignation was derived from the public	credit rating(s) with annual surveillar	nce assigned by an NAIC					
	CRP in its legal ca		NRSRO. Innual surveillance assigned by an NA	AIC CRD has not lansed						
			to Schedule BA non-registered privat		re criteria?	Yes	[] No] 0	Х]
36.	(identified through a cod	le (%) in thos	h equivalent investments with continue investment schedules), the reportin t that can be terminated by the reporti	g entity is certifying to the following:						
	b. If the investment is	s with a nonre	elated party or nonaffiliated then it refl							
			etion of all involved parties. ed party or affiliate, then the reporting	entity has completed robust re-unde	erwriting					
	of the transaction	for which do	cumentation is available for regulator	review.	-					
	criteria in 36.a -36	c are report	t investments that have been renewed ed as long-term investments.							
	Has the reporting entity	rolled/renewe	ed short-term or cash equivalent inve	stments in accordance with these cr	iteria? Yes	[] No] (] N	A [X]
27.6	Amount of normants to	trada associa	stions assissance and the stions and the stions are still the stions are still the sti	OTHER					90	611
			ations, service organizations and stati		of the total navments to trade			—	.80,	U4 I
31.2			and the amount paid if any such pa and statistical or rating bureaus during							
	Γ		1 Name		2 Amount Paid					
	 		Name		¢ Amount Faid					
	ļ -				S					
	ļ "				s					
					·······					

30.1	Amount of payments i	riegai expenses, ii any?			
38.2	List the name of the fi the period covered by	m and the amount paid if any such payment represented 25% or more of the total payments this statement.	for legal expenses du	\$ ring	66,60
		1 Name	2 Amount Paid	1	
		Foley & Lardner LLP	\$56,909		
39.1	Amount of payments f	or expenditures in connection with matters before legislative bodies, officers, or departments	of government, if any?	s	
	List the name of the fi	m and the amount paid if any such payment represented 25% or more of the total payment e islative bodies, officers, or departments of government during the period covered by this stat	expenditures in connec		
		1 Name	2 Amount Paid	1	
		Name	Amount Faid	┥	

GENERAL INTERROGATORIES

	Does the reporting entity have any direct Medicare Supp	element Insurance in force?					Yes	[] No	[X]
1.2	If yes, indicate premium earned on U. S. business only.					\$				0
1.3	What portion of Item (1.2) is not reported on the Medica	re Supplement Insurance Ex	xperience	Exhibit?		\$				
	1.31 Reason for excluding									
1.4	Indicate amount of earned premium attributable to Cana	dian and/or Other Alien not	included	in Item (1.2) above		\$	- 00		- 0.0	
1.5	Indicate total incurred claims on all Medicare Supplement	nt insurance				\$				0
1.6	Individual policies:									
		1		ent three years:						
				al premium earned						
			1.62 Tota	al incurred claims		\$				0
			1.63 Nun	nber of covered lives						0
			All years p	prior to most current three	e years:					
			1.64 Tota	al premium earned		\$				0
			1.65 Tota	al incurred claims		\$				0
			1.66 Nun	nber of covered lives						0
1.7	Group policies:									
			Most curre	ent three years:						
			1.71 Tota	al premium earned						
				al incurred claims						0
			1.73 Nun	nber of covered lives					—	0
		,	All years p	prior to most current thre	e years:					
				al premium earned						
				al incurred claims						
			1.76 Nun	nber of covered lives						0
2	Health Test:									
2.	redui rest.									
				1 Current Year		2 Prior Year				
	2.1	Premium Numerator	s	0			0			
	22	Premium Denominator		12,402,549		5,576,8				
	2.3									
	2.3			0.000		0.00				
	24	Premium Ratio (2.1/2.2)		0.000		0.0				
	2.4	Reserve Numerator	\$	0	\$.0			
	2.5	Reserve Numerator Reserve Denominator	\$ \$	0	\$ \$	5,085,0	.0 77			
		Reserve Numerator	\$ \$	0	\$ \$.0 77			
3.1	2.5	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5)	\$ \$	0 24,107,944 0.000	\$ \$	5,085,0	.0 77 00	1] No	[X]
3.1 3.2	2.5 2.6 Did the reporting entity issue participating policies during	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) the calendar year?	\$	0 24,107,944 0.000	\$ \$	5,085,0	.0 77 00]] No	[X]
	2.5 2.6 Did the reporting entity issue participating policies during	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) g the calendar year?	\$ \$ g policies 3.21 Parti		\$ \$	5,085,0	.0 77 00 Yes			[X]
	2.5 2.6 Did the reporting entity issue participating policies during	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) g the calendar year?	\$ \$ g policies 3.21 Parti	0	\$ \$	5,085,0	.0 77 00 Yes			[X]
3.2	2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies.	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) the calendar year? pating and/or no-participatin	\$ \$ g policies 3.21 Parti		\$ \$	5,085,0	.0 77 00 Yes			[X]
	2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies and Reciprocal Exchanges	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) If the calendar year? Dating and/or no-participating and/or no-participating only:	\$ \$ g policies 3.21 Parti 3.22 Non-		\$ \$	5,085,00 0.00	.0 77 00 Yes			
3.2	2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies.	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) If the calendar year?	\$ \$ g policies 3.21 Parti 3.22 Non-		\$ \$	5,085,00 0.00	.0 77 00 Yes Yes] No	
4. 4.1 4.2 4.3	2.5 2.6 Did the reporting entity issue participating policies during if yes, provide the amount of premium written for participating policies. For Mutual reporting entities and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies' if assessable policies are issued, what is the extent of the process of the policies are issued, what is the extent of the process of the p	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) If the calendar year?	\$ \$ g policies 3.21 Parti 3.22 Non-		\$ \$	5,085,00	yes Yes Yes]] No] No	[]
3.2 4. 4.1 4.2	2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies and Reciprocal Exchanges Does the reporting entity issue assessable policies?	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) If the calendar year?	\$ \$ g policies 3.21 Parti 3.22 Non-		\$ \$	5,085,00	yes Yes Yes]] No] No	[]
4. 4.1 4.2 4.3 4.4	2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies for Mutual reporting entities and Reciprocal Exchanges Does the reporting entity issue assessable policies?	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) If the calendar year?	\$ \$ g policies 3.21 Parti 3.22 Non-		\$ \$	5,085,00	yes Yes Yes]] No] No	[]
4. 4.1 4.2 4.3	2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies and Reciprocal Exchanges Does the reporting entity issue assessable policies?	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) If the calendar year? Dating and/or no-participating only: It is contingent liability of the participating during the year on deposit	\$ \$ g policies 3.21 Parti 3.22 Non-		\$ \$	5,085,03	Yes Yes Yes]] No] No	[]
3.2 4. 4.1 4.2 4.3 4.4 5.	2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies If assessable policies are issued, what is the extent of the Total amount of assessments paid or ordered to be paid For Reciprocal Exchanges Only: Does the exchange appoint local agents?	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) If the calendar year? Dating and/or no-participating only: It is contingent liability of the participating during the year on deposit	\$ \$ g policies 3.21 Parti 3.22 Non-		\$ \$	5,085,03	yes Yes Yes]] No] No	[]
3.2 4. 4.1 4.2 4.3 4.4 5.	2.5 2.6 Did the reporting entity issue participating policies during lifyes, provide the amount of premium written for participating policies and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies if assessable policies are issued, what is the extent of the Total amount of assessments paid or ordered to be paid. For Reciprocal Exchanges Only: Does the exchange appoint local agents?	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) If the calendar year? Deating and/or no-participating and/or n	\$ s s s s s s s s s s s s s s s s s s s		\$	5,085,0i	Yes Yes Yes]] No] No 	[]
3.2 4. 4.1 4.2 4.3 4.4 5. 5.1 5.2	2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies If assessable policies are issued, what is the extent of the Total amount of assessments paid or ordered to be paid For Reciprocal Exchanges Only: Does the exchange appoint local agents?	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) If the calendar year? In pating and/or no-participating and/or	\$ \$ g policies 3.21 Parti 3.22 Non-policyhold notes or c	during the calendar year icipating policies participating policies participating policies contingent premiums of Attorney's-in-fact condirect expense of the expense of th	\$s	5,085,01	.0 77 000 Yes Yes Yes] []] on] No	[] %
3.2 4. 4.1 4.2 4.3 4.4 5.	2.5 2.6 Did the reporting entity issue participating policies during lifyes, provide the amount of premium written for participating policies and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies if assessable policies are issued, what is the extent of the Total amount of assessments paid or ordered to be paid. For Reciprocal Exchanges Only: Does the exchange appoint local agents?	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) If the calendar year? In the calendar year?	\$ \$ g policies 3.21 Parti 3.22 Non-policyhold notes or c	during the calendar year icipating policies	\$	5,085,03	O Yes Yes Yes []] []] on] No	[] - %
4. 4.1 4.2 4.3 4.4 5. 5.1 5.2	2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies' If assessable policies are issued, what is the extent of the Total amount of assessments paid or ordered to be paid. For Reciprocal Exchanges Only: Does the exchange appoint local agents?	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) If the calendar year?	\$ s s s s s s s s s s s s s s s s s s s	during the calendar yea icipating policiesparticipating policies	\$	\$.0 Yes Yes Yes []]] No [No 2] No	[] %
4. 4.1 4.2 4.3 4.4 5. 5.1 5.2 5.3	2.5 2.6 Did the reporting entity issue participating policies during If yes, provide the amount of premium written for participating policies and Reciprocal Exchanges Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies? If assessable policies are issued, what is the extent of the Total amount of assessments paid or ordered to be paid. For Reciprocal Exchanges Only: Does the exchange appoint local agents?	Reserve Numerator Reserve Denominator Reserve Ratio (2.4/2.5) If the calendar year?	\$ s s s s s s s s s s s s s s s s s s s	during the calendar yea icipating policiesparticipating policies	\$	\$	O Yes Yes Yes []]] No [No 2] No	[] %

GENERAL INTERROGATORIES

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:					
	N/A The Company does not write Worker's Compensation Insurance					
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:					
	The Company is exposed to hurricane risks in FL and TX. The probable maximum loss is derived from multiple catastrophe modeling software applications. The software uses historical occurences and modeled event probabilities along with stochastic distributions to calculate probable maximum losses					
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? Weston's reinsurance program includes quota share and XOL protection. The Cat XOL reinsurance program attaches at \$5.0					
12151	million per occurrence. The first \$11.0 million of losses below the \$5.0 occurrence limit are ceded to the quota share attaching at \$0					
6.4	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?	Yes	[X]	No [[]
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss					
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	Yes]]	No [[X]
	If yes, indicate the number of reinsurance contracts containing such provisions					
	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes	[X]	No [[]
	Has this 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 that may occur on this risk, or portion thereof, reinsured?	Yes]]	No [[X]
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted that contract as reinsurance and not as a deposit, and (iii) the contract(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					
	(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity	Yes	[]	No [[X]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member 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	r	1	No I	[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.					
9.4	Except for transactions meeting the requirements of paragraph 36 of SSAP No. 62R - Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial 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					
9.5	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is	Yes	[1	No [X]
9.6	treated differently for GAAP and SAP. The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:					
	(a) The entity does not utilize reinsurance; or, (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation	Yes]]	No [[X]
	supplement; or (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an	Yes	1]	No [[X]
	attestation supplement.	Yes]]	No [[X]
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?	Yes [X] No	[] N/A	[]

GENERAL INTERROGATORIES

	Has the reporting entity guaranteed policies issued by any other entity and now in force:	-1	res	[]	NO) [X	J
12.1	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:						
	12.11 Unpaid losses	\$					
122	Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	\$			_		
12.3	If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?						
12.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement:						
	12.41 From						
125	12.42 To					_	76
	promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpal losses under loss deductible features of commercial policies?	id	Yes	[]	No	[X	1
12.6	If yes, state the amount thereof at December 31 of current year:						
	12.61 Letters of Credit						
	12.62 Collateral and other funds.	\$					
13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	S					
	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a						
	reinstatement provision?		Yes	[X]	No] (]
	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic						
	facilities or facultative obligatory contracts) considered in the calculation of the amount.						
14.1							_
	Is the reporting entity a cedant in a multiple cedant reinsurance contract?	_	Yes	[]	No) [X]
14.2	If yes, please describe the method of allocating and recording reinsurance among the cedants:						
14.3	If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance						
	contracts?		Yes	[]	No] (]
14.4	If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?		Yes	[X]	No] (]
14.5	If the answer to 14.4 is no, please explain:						
15.1							
	Has the reporting entity guaranteed any financed premium accounts?	_	Yes	[]	No) [X]
15.2	If yes, give full information						
16.1	Does the reporting entity write any warranty business?	_	Yes	[]	No	[X]
	If yes, disclose the following information for each of the following types of warranty coverage:						
	1 2 3 4			5			
	Direct Losses Direct Usses Direct Written Direct Premium	n	Dir	ect Pr		ım	
	Incurred Unpaid Premium Unearned			Earn	ed		
16.11	Home\$\$\$\$\$\$	\$;				_
16.12	Products \$ \$ \$ \$ \$ \$	5	<u> </u>				_
	Automobile \$ \$ \$ \$ \$						
	Other*\$\$\$\$						
10.14	Outer	3	,				-

^{*} Disclose type of coverage:

GENERAL INTERROGATORIES

17.1		onzed reinsurance in Schedule F – Part 3 that is exempt from the statuto		Yes [1	No [X	[]
	Incurred but not reported losses on contracts in force prior to Juprovision for unauthorized reinsurance. Provide the following info	uly 1, 1984, and not subsequently renewed are exempt from the statute rmation for this exemption:	огу				
		Gross amount of unauthorized reinsurance in Schedule F – Part 3 exempt from the statutory provision for unauthorized reinsurance	\$				_
	17.12 L	Infunded portion of Interrogatory 17.11	\$				
	17.13 F	Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$				
	17.14	Case reserves portion of Interrogatory 17.11	\$				
	17.15 li	ncurred but not reported portion of Interrogatory 17.11	\$				_
	17.16 L	Jnearned premium portion of Interrogatory 17.11	\$				
	17.17	Contingent commission portion of Interrogatory 17.11	\$		200		88
18.1	Do you act as a custodian for health savings accounts?			Yes [1	No [)	X]
18.2	If yes, please provide the amount of custodial funds held as of the	reporting date.	\$				_
18.3	Do you act as an administrator for health savings accounts?			Yes []	No [X	(]
18.4	If yes, please provide the balance of the funds administered as of	the reporting date.	\$				_
19.	Is the reporting entity licensed or chartered, registered, qualified,	eligible or writing business in at least two states?		Yes [X]	No []
19.1		covers risks residing in at least one state other than the state of domicile	of	Yes []	No []

FIVE-YEAR HISTORICAL DATA

		e dollars only, no cents; 1 2020	2 2019	3 2018	4 2017	5 2016
Gross	Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)	2020	2010	2010	2011	2010
	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3,	0	0	0	0	,
2.	18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	135,266,491	90.038.597	.86,550,165	88.034.446	100 ,621 ,224
	Property and liability combined lines (Lines 3, 4, 5,					
4	8, 22 & 27)			0		0
	29, 30 & 34)	0	0	0	0	0
5.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6.	Total (Line 35)	135,266,491	90,038,597		88,034,446	100 ,621 ,224
	emiums Written (Page 8, Part 1B, Col. 6)		5	Walder State of State		
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)	0	0	0	0	0
8.		8,826,762	6,031,065	4,889,943	5,691,505	713,125
9.	Property and liability combined lines		0			0
10.	(Lines 3, 4, 5, 8, 22 & 27)	0	U	0		
	(Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)		0	0	0	
11.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12.	Total (Line 35)	8,826,762		4,889,943	5,691,505	713,125
	nent of Income (Page 4)					
	Net underwriting gain (loss) (Line 8)		818,051		(832,870) 764.423	(2,226,217
			458,723	216,736	145,490	68,309 170,388
	Dividends to policyholders (Line 17)	0	0	0	0	0
17.	Federal and foreign income taxes incurred	(47,943)	0	(10,174)	10.175	1 009
18	(Line 19) Net income (Line 20)	(35,955,499)	1.456.317	(1,303,181)	66,868	1,098
	ce Sheet Lines (Pages 2 and 3)		1,100,011	(1,000,101)		(1,000,010
19.	Total admitted assets excluding protected cell	407 046 004	97 995 999	70 500 040	00 050 050	00 074 400
20	Premiums and considerations (Page 2, Col. 3)	107,346,824	87,805,883		86,052,356	83,071,102
20.	20.1 In course of collection (Line 15.1)	17,509,199	7,323,547	5,684,482	2,793,042	6,578,946
	20.2 Deferred and not yet due (Line 15.2)	4,579,331	3,499,277	3,668,721	4,341,092	4,640,514
24	20.3 Accrued retrospective premiums (Line 15.3)	0		0	0	0
21.	Total liabilities excluding protected cell business (Page 3, Line 26)	78,407,172	49,395,418		41,479,480	38,049,884
	Losses (Page 3, Line 1)	18,891,223	2,671,130	745,819	285,682	514,479
	Loss adjustment expenses (Page 3, Line 3)	1,440,826 (1,559,120)	397,280	247,904 1,562,500	226,313	609,446
		2,500,000	2,016,667		2,500,000	0
		28,939,652	38,410,465	43,074,675	44,572,876	45,021,218
	Flow (Page 5)					
	Net cash from operations (Line 11) Based Capital Analysis	(35,194,014)	4,779,192		1,337,080	6,239,714
	Total adjusted capital	28,939,652	38,410,465	.43,074,675	44,572,876	45,021,218
29.	Authorized control level risk-based capital	9,824,999	10,724,501	7,923,656	9,806,992	3,315,752
l .	ntage Distribution of Cash, Cash Equivalents					
and In	vested Assets					
	(Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0					
30.	Bonds (Line 1)	24.6	29.2	31.2	35.0	0.2
	Stocks (Lines 2.1 & 2.2)	21.1	7.9	0.3	6.2	
l .	Mortgage loans on real estate (Lines 3.1 and 3.2) Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	.0.0
	Cash, cash equivalents and short-term investments					
25	(Line 5)	48.8	60.1	64.5	54.6	94.8
	Contract loans (Line 6) Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
	Other invested assets (Line 8)	5.5	2.8	4.0	4.2	.5.0
	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	0.0	.0.0
40.	Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41.	Cash, cash equivalents and invested assets (Line					
Invest	12) ments in Parent, Subsidiaries and Affiliates	100.0	100.0	100.0	100.0	100.0
	Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)	0	0	0	0	0
	Affiliated preferred stocks	_				_
44	(Sch. D, Summary, Line 18, Col. 1)	0	0	0		0
44.	(Sch. D, Summary, Line 24, Col. 1)	10,228,418	5,009,195	0	0	0
45.	Affiliated short-term investments (subtotals included					
46	in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	
	All other affiliated	2,650,000	0	2,400,000	3,000,000	3,250,000
	Total of above Lines 42 to 47	12,878,418	5,009,195	2,400,000	3,000,000	3,250,000
49.	Total Investment in parent included in Lines 42 to 47 above		0	0		0
50.	Percentage of investments in parent, subsidiaries					
	and affiliates to surplus as regards policyholders					
	(Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	44.5	13.0	5.6	6.7	7.2

FIVE-YEAR HISTORICAL DATA

		1 2020	2 2019	3 2018	4 2017	5 2016
Capita	I and Surplus Accounts (Page 4)	2020	2019	2016	2017	2016
		(0.405)	(0.450)		440.004	
		(9,195)		(168,842)	140,331	0
		(5,000,000)	0		(342,000)	
55.	Change in surplus as regards policyholders for the year (Line 38)	(9,470,814)	(4,664,208)	(1,498,201)	(448,342)	(1,348,856
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)	0	0	0	0	0
55.		65,882,027	42.019.357	87,950,937	62 .775 .820	10 .047 .457
	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)			0	0	0
57.	All other lines	_	_	_	_	_
		0			0	0
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59.		65,882,027	42,019,357	87,950,937	62,775,820	10 , 047 , 457
Net Lo	esses 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)	0	0	0	0	0
61	Property lines (Lines 1, 2, 9, 12, 21 & 26)	27 891 576	2.944.902	8.398.440	7.678,570	6.943.617
	Property and liability combined lines		2,017,002			
	(Lines 3, 4, 5, 8, 22 & 27)	0			0	0
63.	All other lines		0	0		0
C4	(Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	ا لا	ا	الــــــــــــــــــــــــــــــــ	v	
04.	(Lines 31, 32 & 33)	0	0	0	0	0
65.	Total (Line 35)	27,891,576	2,944,902	8,398,440	7 ,678 ,570	6,943,617
	ting Percentages (Page 4) livided by Page 4, Line 1) x 100.0					
66.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
	,	355.7	87 .3	166.3		1,017.5
	Loss expenses incurred (Line 3)			(0.7)	0.1	80 . 1
	Other underwriting expenses incurred (Line 4)			(24.8)	(79.3)	(685.4
70.	Net underwriting gain (loss) (Line 8)	(293 .9)	14.7	(40 .8)	(22 .6)	(312.2
Other	Percentages					
	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)	(6.4)	(16.6)	(31.5)	(54.0)	(709.3
72.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	.397.3	100 1	165.6	201.9	1.097.6
73	Net premiums written to policyholders' surplus		100.1		201.3	
	(Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	30.5	15.7	11.4	12.8	1.6
One Y	ear Loss Development (\$000 omitted)					
74.	Development in estimated losses and loss expenses incurred prior to current year					
75	(Schedule P, Part 2-Summary, Line 12, Col. 11)	(158)	(186)	1,729	(110)	100
	expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4,		(0.0)		(0.0)	
Γwο Y	Line 21, Col. 1 x 100.0)	(0.4)	(0.4)	3.9	(0.2)	0.2
	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)	(305)	1,466	1,789	(242)	149
77.	Percent of development of losses and loss expenses incurred to reported policyholders' surplus					
	of second prior year end (Line 76 above divided by					

NOTE: 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?

Yes [] No [] If no, please explain

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES SCHEDULE P - PART 1 - SUMMARY

	pt.				(9	000 Omitted						
	Pr	remiums Earr				Los	s and Loss E	pense Paym	ents	- X		12
Years in Which	1	2	3	Loss Pa	ayments		and Cost nt Payments	Adjusting and Other Payments		10	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of
Premiums Were Earned and Losses Were Incurred	Direct and Assumed Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Claims Reported Direct and Assumed		
1. Prior_	xxx	xxx	XXX	0	0	0	0	0	0	0	0	xxx_
2. 2011	0	0	0	0	0	0	0	0	0	0	0	xxx_
3. 2012 _	4,272	4,272	0	19	19	0	0	2	2	0	0	XXX_
4. 2013 _	72,428	73,083	(655)	350	92	109	8	51	15	0	395	xxx_
5. 2014	103,521	105 ,786	(2,265)	141	0	84	0	41	0	0	265	XXX
6. 2015	126,068	125,520	548	246	0	165	0	35	0	0	446	xxx_
7. 2016	104,785	104,072	713	28,843	19,535	2,620	2,269	1,034	917	0	9,776	xxx_
8. 2017 _	94,101	90,409	3,692	138,147	131,225	18,006		4,373	4,300	0	7,011	xxx_
9. 2018	87,508	82,181	5,327	52,260	45,097	2,636	2,532	534	255	0	7 ,547	xxx_
10. 2019	83,455	77,878	5,577	3,504	0	399	0	195	0	0	4,098	XXX_
11. 2020	115,969	103,573	12,396	45,784	18,967	6,427	2,860	395	0	0	30,779	XXX
12. Totals	xxx	xxx	xxx	269.293	214.936	30,446	25,658	6,661	5.488	0	60,318	xxx

									Adjusting	and Other	23	24	25
		Losses	Unpaid		Defens	e and Cost (Containment	Unpaid	Ung	paid]		
		Basis	Bulk +		Case		Bulk +		21	22	l	Total	Number of
	13	14	15	16	17	18	19	20			Salvage and Subrog-	Net Losses and	Claims Outstand- ing Direct
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	ation Anticipated	Expenses Unpaid	and Assumed
1	0	0	0	0	0	0	0	0	0	0	0	0	xxx
2	0	0	0	٥	0	٥	0	0	0	ــــــ	0	0	xxx
3	0	0	0	0	0	٥	0	0	0	0	0	0	xxx
4	0	0	0	0	0	0	0	0	0	0	0	0	xxx
5	0	0	0	0	0	0	0	0	0	0	0	0	xxx
6	0	0	0	0	0	٥	0	0	0	0	0	0	XXX
7	450	450	2,178	2,131	42	42	294	291	0		0	51	XXX
8	13,104	13,094	4,262	4,257	705	702	576	581	0	0	0	13	XXX
9	1,062	996	5,111	5,105	62	58	690	696	0	0	0	70	XXX
10	21	0		0	13	0		0		0		1,690	XXX
11.	12,074	4,786	16,451	6,462	1,153	416	969	475	0	0	0	18,508	XXX
12.	26,711	19,326	29,462	17,956	1,975	1,218	2,726	2,042	0	0	0	20,332	XXX

	Losses and	Total d Loss Expens	es Incurred		oss Expense		Nontabula	r Discount	34 Inter-		nce Sheet fter Discount
	26	27	28	29	30	31	32	33	Company Pooling	35	36 Loss
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Participation Percentage	Losses Unpaid	Expenses Unpaid
1	XXX	xxx	xxx	xxx	xxx	XXX	0	0	XXX	0	0
2	0	0	0	0.0	0.0	0.0	0	0		0	0
3	20	20	0	0.5	0.5	0.0	0	Ω		0	0
4	510	115	395	0.7	0.2	(60.3)	0	Ω		0	0
5	265	0	265	0.3	0.0	(11.7)	0	0		0	0
6	446	0	446	0.4	0.0	81.4	0	0		0	0
7	35,462	25,635	9 ,827	33 .8	24.6	1,378.0	0	0		47	4
8	179,172	172,148	7 ,024		190 .4	190.3	0	0		15	(2)
9	62,356	54,738	7,618	71.3	66.6	143.0	0	0		72	(2)
10	5,787	0	5,787	6.9	0.0	103.8	0	0		1,480	210
11.	83,254	33,967	49,287	71.8	32.8	397.6	0	0		17,277	1,231
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	18,891	1,441

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 Weston Insurance Company

SCHEDULE P - PART 2 - SUMMARY

	INC	URRED NET	LOSSES ANI	D DEFENSE /	AND COST CO (\$000 OM		T EXPENSE	S REPORTED	AT YEAR E	ND	DEVELO	PMENT
Years in Which Losses Were	1	2	3	4	5	6	7	8	9	10	11	12
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	One Year	Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	
2. 2011	0	0	0	0	0	0	0	0	0	0	0	
3. 2012	XXX	0	0	0	0	0	0	0	0	0	0	
4. 2013	XXX	XXX	279	373	453	453	352	403	356	359	3	(44
5. 2014	xxx	xxx	xxx	317	386	386	247	236	225	225	0	(12
6. 2015	XXX	xxx	xxx	xxx	452	552	450	439	411	411	0	(28
7. 2016	xxx	xxx	_xxx	xxx	xxx	7,651	7,883	9,753	9,716	9,709	(7)	(44
8. 2017	xxx	xxx	_xxx	xxx	xxx	_xxx	7,401	7,230	7,092	6,951	(140)	(279
9. 2018	xxx	xxx	xxx_	xxx	xxx	_xxx	xxx	7,237	7,314	7,338	25	101
10. 2019_	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	5,631	5,593	(38)	xxx
11. 2020	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	48,891	XXX	xxx
										12. Totals	(158)	(305

SCHEDULE P - PART 3 - SUMMARY

	CONEDULE LAKE COMMINARY											
	CUMULAT	IVE PAID NE	T LOSSES AN	ND DEFENSE	AND COST OMIT		NT EXPENS	ES REPORTE	D AT YEAR	END (\$000	11	12 Number of
Years in Which	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With	Claims Closed Without
Losses Were Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	Loss Payment	Loss Payment
1. Prior_	000	0	0	0	0	0	0	0	0	0	xxx	xxx
2. 2011	0	0	0	0	0	٥٥	0	0	0	0	xxx	xxx
3. 2012	XXX	0	0	0	0	0	0	0	0	0	xxx	xxx
4. 2013	xxx	xxx	193	335	349	352	352	356	356	359	xxx	xxx
5. 2014	xxx	xxx	xxx	78	193	223	225	225	225	225	xxx	xxx
6. 2015	xxx	xxx	xxx	xxx	198	298	374	409	411	411	xxx	xxx
7. 2016	xxx	xxx	xxx	xxx	xxx	7,055	7,604	9,647	9,659	9,658	xxx	xxx
8. 2017	xxx	xxx	xxx	xxx	xxx	xxx	7 , 268	6,946	7,044	6,938	xxx	xxx
9. 2018	xxx	xxx	xxx	xxx	xxx	xxx	xxx	6,788	7,103	7 , 268	xxx	xxx
10. 2019	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	2,877	3,903	xxx	xxx
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30,383	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

			~							
Years in Which	BULK AND IE	BNR RESERVES	ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	0 OMITTED)
Losses Were	1	2	3	4	5	6	7	8	9	10
Incurred	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2011	0	0	0	0	0	0	0	0	0	0
3. 2012	XXX	0	0	0	0	0	0	0	0	0
4. 2013	XXX	XXX	49	14	24	101	0	7	0	0
5. 2014	XXX	XXX	XXX	202	141	140	23	12	0	0
6. 2015	XXX	XXX	XXX	XXX	131	107	44	28	0	0
7. 2016	XXX	XXX	xxx	XXX	xxx	68	96	60	57	51
8. 2017	xxx	xxx	xxx	xxx	xxx	xxx_	63	314	33	0
9. 2018	XXX	XXX	xxx	xxx	xxx	xxx_	xxx	269	106	0
10. 2019	XXX	XXX	xxx	xxx	xxx	xxx	xxx	xxx	2,093	1,656
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,482

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

		1	Gross Premiur Policy and Mem Less Return Pr Premiums on Tak	ns, Including nbership Fees remiums and Policies Not en	4 Dividends Paid	5	6	7	8 Finance and	9 Direct Premium Written for Federal
	States, etc.	Active Status (a)	Direct Premiums Written	3 Direct Premiums Earned	or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Service Charges Not Included in Premiums	Purchasing Groups (Included in Col. 2)
	Alabama AL	L	0	0	0	0	0	0	0	
	AlaskaAK	N	0	0	0	0	0	0	0	
	ArizonaAZArkansasAR	N_N	0	0	0	0	0	0	0	
5.	California CA_	N	0	0	0	0	0	0	Ö	
6.	ColoradoCO_	N	0	0	0	0	0	0	0	
7.	Connecticut CT	N	0	0	0	0	0	0	0	
	Delaware DE	N	0	0	0	0	0	0	0	
	Dist. ColumbiaDC Florida FL	N	068,103,956	0	0	0	21,678,234	0	0	
11.		N	00,105,950	04,427,632	0	0	21,070,234	0,321,333	0	
	Hawaii HI	N		0		0	0	0	0	
	IdahoID	N	0	0	0	0	0	0	0	
	IllinoisIL	N	0	0	0	0	0	0	0	
	IndianaIN	N	0	0	0	0	0	0	0	
16.	lowaIA	N	0	0	0	0	0	0	0	
17. 18	KansasKS KentuckyKY	N N	0	0	0	0	0	0	0	
	LouisianaLA	N	0	0		0	0	0	o	
	Maine ME	N		0	0	0	0	0	0	
21.	Maryland MD_	N_	0	0	0	0	0	0	0	
22.		N	0	0	0	0	0	0	0	
	Michigan MI	N	0			0	0	0	0	
	MinnesotaMN_	N	9,971	0,685	0	<u>0</u>	0	0	0	
	Mississippi MS Missouri MO	N	0	0,003	0	0	0	0	o	
27.		N	0	0	0	0	0	0	Ö	
28.	Nebraska NE_	N	0	0	0	0	0	0	0	
29.	Nevada NV_	N	0	0	0	0	0	0	0	
30.	New Hampshire NH	N	0	0	0	0	0	0	0	
	New JerseyNJ	N	0	0	0	0	0	0	0	
	New MexicoNM_ New YorkNY	N N	0	0	0	0	0	0	0	
	No.Carolina NC	N_	0	0	0	0	0	0	0	
	No.Dakota ND	N_	0	0	0	0	0	0	0	
36.	OhioOH	N	0	0	0	0	0	0	0	
	Oklahoma OK	N	0	0	0	0	0	0	0	
	OregonOR	N	0	0	0	0	0	0	0	
39.	Pennsylvania PA Rhode Island RI	N N	0	0	0	0	0	0	0	
	So. Carolina SC_	!'\ <u>'</u>	0	0	0	0	0	0	0	
	So. DakotaSD_	N	ő	ő	0	0	0	o o	ő	
43.	TennesseeTN	N	0	0	0	0	0	0	0	
	Texas TX	L	30,321,674	24,026,597	0	6,386,673	9,275,946	5,895,441	0	
	UtahUT	N	0	0	0	0	0	0	0	
	Vermont VT	N	0	0	0	0	0	0	0	
	Virginia VA Washington, WA	N		0	0	0	0	0	0	
	West Virginia WV	N	ŏ			0	0	0	0	
	Wisconsin WI	N	0	0	0	0	0	0	0	
51.		N	0	0	0	0	0	0	0	
		N	0			0	0	0	0	
		N	0	0	0	0	0	0	0	
	Puerto Rico PR_ U.S. Virgin Islands	Q N	0	0	0	0	0	0	0	
56.	Northern Mariana	N_	0	0	0	0	0	0	0	
	Canada CAN. Aggregate other	N	0	0	0	0	0	0	0	
	alienOT	XXX	0	0		0	0	0	0	0
	Totals LS OF WRITE-INS	XXX	98,435,601	88,461,134	38,546,335	34,802,148	30,954,180	44,416,776	0	
		xxx								
58002.		XXX.								
58003.		XXX								
58998.	Sum. of remaining write-ins for Line 58 from overflow page	xxx	0		0		0		0	,
58999.	Totals (Lines 58001 through 58003 + 58998)									
	(Line 58 above)	XXX	0	0	0	0	0	0	0	

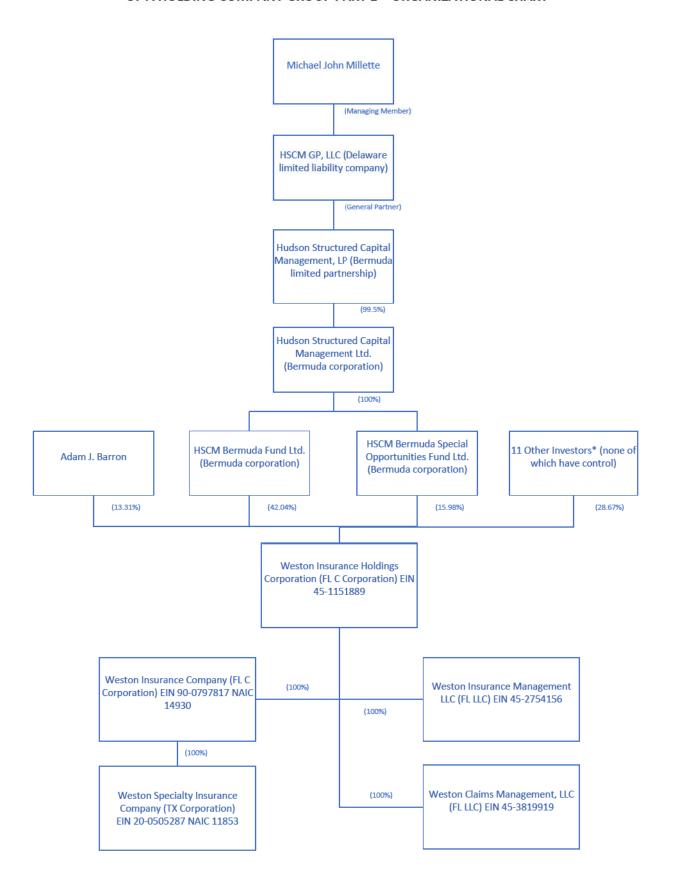
(a) Active Status Counts

L.	- Licensed or Chartered - Licensed insurance carrier or domiciled RRG	_5	R - Register	ed – 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	I – Qualified or accredited reinsurer	1
D	 Domestic Surplus Lines Insurer (DSLI) – Reporting entities authorized to write surplus 				
	lines in the state of domicile	n	N - None of	the above - Not allowed to write business in the state	51

⁽b) Explanation of basis of allocation of premiums by states, etc.

All premiums are allocated to the state in which the risk is located.

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



FILED

FEB 1 0 2021

INSURANCE REGULATION
Docketed by:



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

WESTON INSURANCE COMPANY

CASE NO.: 275858-21-CO

CONSENT ORDER

THIS CAUSE came on for consideration upon a request filed with the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE") by WESTON INSURANCE COMPANY ("WESTON" or "the Company") to approve the elements of a financial restructuring plan for the Company. The plan included an initial request to cancel or non-renew approximately 1,500 wind-only policies, which disproportionately increased the Company's probable maximum loss, average annual loss, and reinsurance cost and, thereby, threatens the Company's solvency and status as a going concern. Approval of a request for early termination of property insurance policies either by cancellation or nonrenewal requires a finding by the OFFICE that the early cancellation of some or all of the insurer's policies is necessary to protect the best interests of the public or policyholders. The early cancellation or nonrenewal of policies permitted by Section 627.4133(2)(b)6., Florida Statutes, is an extraordinary statutory remedy reserved to address insurers which are or may be in hazardous financial condition but for cancellation or nonrenewal of some or all of its policies. After a complete review of the entire

Page 1 of 14 Exhibit H record and upon consideration thereof, and otherwise being fully advised in the premises, the OFFICE hereby finds as follows:

INTRODUCTION

- 1. The OFFICE has jurisdiction over the parties and the subject matter of this proceeding.
- 2. WESTON is a domestic property and casualty insurer authorized to transact insurance business in the state of Florida pursuant to a Certificate of Authority issued by the OFFICE pursuant to Chapter 624, Part III, Florida Statutes.
- 3. WESTON reported approximately 20,761 policies in force in Florida, as of September 30, 2020, which provide commercial residential, commercial property, and personal residential wind-only insurance coverage.

WESTON's FINANCIAL CONDITION

- 4. WESTON reported increasing net losses of \$4.7 million, \$21.9 million, and \$31.7 million in financial statements filed with the OFFICE as of June 30, 2020; September 30, 2020; and October 31, 2020, respectively.
- 5. On July 17, 2020, pursuant to Consent Order 265450-20-CO, the OFFICE approved the indirect purchase of more than 50% of the outstanding voting securities of WESTON by HSCM BERMUDA FUND LTD. and HSCM Bermuda Special Opportunities Fund Ltd., two investment funds (collectively, the "Funds") that are managed, via investment management agreements, by Hudson Structured Capital Management Ltd. ("HSCM"). HSCM has discretionary investment authority over the Funds and, thereby, WESTON. Subsequent to the acquisition of the shares of WESTON, HSCM undertook a more comprehensive review and analysis of the Company. As a consequence of that review, HSCM concluded that it was

necessary to restructure the Company's reinsurance program to better position it for the future and reported those plans to the OFFICE.

- 6. HSCM has provided documentation to the OFFICE which demonstrates that without further timely remedial action the status of WESTON as of December 31, 2020, would reflect the following:
- a. WESTON would not meet the minimum surplus requirements of Section 624.408, Florida Statutes;
- b. As a result of continued reported catastrophic hurricane losses and the coverage provided by its reinsurance program, WESTON would have a risk-based capital that would fall in the mandatory control level as defined in Section 624.4085(1)(d), Florida Statutes; and
- c. WESTON's risk-based capital after restructuring its reinsurance program would still require the Company to file and implement a Risk-Based Capital Plan ("RBC Plan") to further strengthen its financial condition.
- 7. HSCM has provided details of remedial actions to be included as part of a proposed RBC Plan required by Section 624.4085, Florida Statutes, with the following elements:
- a. The restructuring of the Company's reinsurance program to include the replacement of the June 1, 2020, Net Property Quota Share agreement with two new reinsurance agreements acceptable to the OFFICE.
- b. Additional actions will be undertaken to increase and maintain WESTON's surplus as to policyholders to at least \$15 million as of December 31, 2020;
- c. Surplus as to policyholders would materially increase as of December 31, 2021;

- d. The Company's risk-based capital would materially improve by December 31, 2021; and
- e. The cancellation of approximately 520 commercial residential, personal residential, and commercial property wind-only policies (the "Wind-Only Block") that pose an inordinate risk to the financial condition of the Company.

ANALYSIS OF POLICIES FOR EARLY CANCELLATION

- 8. Section 627.4133(2)(b)6, Florida Statutes, provides in pertinent part:
 - Notwithstanding any other provision of law, an insurer may cancel or nonrenew a property insurance policy after at least 45 days' notice if the office finds that the early cancellation of some or all of the insurer's policies is necessary to protect the best interests of the public or policyholders and the office approves the insurer's plan for early cancellation or nonrenewal of some or all of its policies. The office may base such finding upon the financial condition of the insurer, lack of adequate reinsurance coverage for hurricane risk, or other relevant factors. The office may condition its finding on the consent of the insurer to be placed under administrative supervision pursuant to s. 624.81 or to the appointment of a receiver under chapter 631.
- 9. While WESTON's initial request was for the approval to reduce its policies in force by 1,500 policies through a combination of mid-term cancellation and non-renewal, it amended its financial restructuring plan to provide for the cancellation of the Wind-Only Block, as further described in paragraph 10 below, after the OFFICE evaluated both the potential impact to the Company's financial condition as well as its impact on policyholders. That analysis demonstrated that the cancellation of only this subset of policies would produce results which would provide significant improvement in the financial condition of WESTON as part of its RBC Plan. WESTON provided financial projections which demonstrated that, absent such action, WESTON would not be able to meet or continue to meet the requirements of Sections 624.408 and 624.4085, Florida Statutes, for minimum surplus as to policyholders and risk-based capital that would exceed action level requirements.

10. The Wind-Only Block requested to be cancelled by the Company consists of 129 personal residential policies, 142 commercial residential policies, and 249 commercial property policies. This includes 11 policies that were previously removed from Citizens Property Insurance Corporation in 2018 and 2019.

REQUIREMENTS FOR EARLY CANCELLATION

- after review of other available options, the OFFICE finds that a more limited early cancellation of only the subset of the Wind-Only Block is in the best interests of the public, policyholders of WESTON, and the Florida property insurance market. This finding is based on the inability of the Company to sustain further losses of the magnitude reported in 2020, the increased cost of catastrophe reinsurance coverage, the necessary restructuring of its reinsurance program, and the determination that this targeted cancellation is the best option available. WESTON's compliance with the corrective measures listed in paragraphs 12 through 18 below is required as a condition to the OFFICE's approval of this early cancellation. HSCM, on behalf of the FUNDS and other funds, commits to cause WESTON to complete the corrective actions in paragraphs 12-18 and acknowledges that such is material to the approval of this Consent Order.
- 12. WESTON must issue cancellation notices by no later than February 12, 2021, providing at least 60 days' notice of cancellation, with an effective date of the policy cancellations of April 15, 2021. The cancellation notices, agent and policyholder communications, and a listing of all policies being cancelled which includes the policy number, policy type, county, and producing agent were provided to the OFFICE for review and approval.
- 13. WESTON must implement processes and procedures to ensure that unearned premium is refunded to affected policyholders, their mortgage companies, or their premium

finance companies, as applicable, within 15 days after the effective date of each policy cancellation.

- 14. WESTON must actively facilitate the placement of the cancelled policies with other insurers in the market by working with its agency force, the OFFICE, and other parties.
- 15. WESTON may not rewrite any policy being cancelled pursuant to this Consent Order on a different policy form or by an affiliated insurer for a period of 3 years from the date of this Consent Order.

REMEDIAL MEASURES FOR CONTINUED OPERATIONS

- 16. WESTON must file monthly financial statements with the OFFICE until further notice beginning with the February 2021 monthly financial statement. Those financial statements will be in the NAIC monthly statement format and submitted no later than the 30th of the following month.
- 17. WESTON must file a formal RBC Plan with the OFFICE on or before March 1, 2021, that is consistent with the provisions enumerated in Section 624.4085, Florida Statutes, that includes all corrective actions within the RBC Plan required by the OFFICE, and that is consistent with the elements of the RBC Plan outlined in paragraph 7 of this Consent Order. WESTON must complete the RBC Plan as approved by the OFFICE.
- 18. WESTON may not pay any dividends or distributions prior to the successful completion of the RBC Plan, as determined by the OFFICE, unless the Company demonstrates that it will have a risk-based capital of at least 300% after the proposed dividend or distribution and the payment of such dividend or distribution complies with Section 628.371, Florida Statutes.

GENERAL TERMS

- 19. WESTON agrees to be bound by the provisions of this Consent Order and acknowledges and agrees that failure to comply with any of the terms of this Consent Order would constitute an immediate danger to the public and the OFFICE may immediately suspend, revoke, or take other administrative action as it deems appropriate upon the Certificate of Authority of WESTON in this state, in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.
- 20. To the extent that any provisions of prior orders, consent orders, or corrective action plans that WESTON has entered into with the OFFICE are inconsistent with this Consent Order, this Consent Order shall control and supersede those provisions of the prior orders, consent orders, or corrective action plans.
- 21. Any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval of the OFFICE. Such written approval by the OFFICE is subject to statutory or administrative regulation limitations.
 - 22. Each party to this action shall bear its own costs and fees.
- 23. WESTON expressly waives its rights to a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings to which WESTON may be entitled, either by law or by rules of the OFFICE. WESTON hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order, in any forum now or in the future available to them, including the right to any administrative proceeding, state or federal court action, or any appeal.
- 24. WESTON agrees this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the signature of

WESTON, or its authorized representative, under the seal of a notary public, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically.

WHEREFORE, the OFFICE finds that a more limited early cancellation of only the Wind-Only Block of policies is in the best interests of the public, policyholders of WESTON, and the Florida property insurance market. Therefore, the OFFICE hereby approves the early cancellation of the Wind-Only Block with at least 60 days' advance written notice to those policyholders. This approval permits the cancellation of those affected policies in the Wind Only Block, including, but not limited to, 11 policies that were previously removed from Citizens Property Insurance Corporation in 2018 and 2019. The agreement between WESTON INSURANCE COMPANY, HSCM BERMUDA FUND LTD., and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

David Altmaier, Commissioner Office of Insurance Regulation

DONE and ORDERED this / D day of February 2021.

By execution hereof, WESTON INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind WESTON INSURANCE COMPANY to the terms and conditions of this Consent Order. The undersigned also certifies that they have provided the signature below voluntarily and without coercion, based upon the assistance of legal counsel for WESTON INSURANCE COMPANY.

	WESTON INSURANCE COMPANY
	By: Dearne DN+
	Print Name: Deanne D. Nixon
	Title: Chief Underwriting Officer
	Date: February 9, 2021
STATE OF Florida	
COUNTY OF Miami-Dade	,
The foregoing instrument was acknowledge.	owledged before me by means of □ physical presence
or 🛮 online notarization, this 9th d	lay of February 2021, by Deanne D. Nixon
as Chief Underwriting Officer	(name of person) for Weston Insurance Company
(type of authority; e.g., officer, trustee, a	
BRYAN T MCCULLY MY COMMISSION & GG 083521	(Signature of the Notary)
EXPIRES: May 1, 2021 or p Sounded Thru Budget Notary Services	Bryan T. McCully
	(Print, Type or Stamp Commissioned Name of Notary)
Personally Known XX OR Pr	oduced Identification
Type of Identification Produced N/A	1
My Commission Expires: N/A	

By execution hereof, HSCM Bermuda Fund Ltd., consents to entry of this Consent Order, agrees without reservation to all of the applicable above terms and conditions, and shall be bound by all applicable provisions herein. The undersigned represents that they have the authority to bind HSCM Bermuda Fund Ltd., to the terms and conditions of this Consent Order.

HSCW Bernuda Fund Ltd., to the te	erms and conditions of this Consent Order.
	HSCM Bermuda Fund Ltd.
	By: Hudson Structured Capital Management Ltd., its Manager
	By: _ Wellath
	Print Name: Michael Millette
	Title: Managing Partner
	Date: 2/9/21
STATE OF New York COUNTY OF Queens	
The foregoing instrument was acknown	owledged before me by means of □ physical presence
or online notarization, this 9th d	lay of February 2021, by Michael Millette
as Manager (type of authority; G., officer, trustee, at	for Hudson Structured Capital Margaret (company name)
	(Signature of the Notary)
	Ekaterini Paliouras (Print, Type or Stamp Commissioned Name of Notary)
Personally KnownOR Pr	oduced Identification BKATERINI PALIOURAS NOTARY PUBLIC, STATE OF NEW YORK
Type of Identification Produced	Registration No. 01PA6370317 Qualified in Queens County Commission Expires January 29, 2022
My Commission Expires:	00

COPIES FURNISHED TO:

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OFFICE OF INSURANCE REGULATION

FILED NOV 12 2021

INSURANCE REGULATION
Docketed by:

DAVID ALTMAIERCOMMISSIONER

IN THE MATTER OF:

CASE NO.: 287110-21-CO

Application for Approval of the Merger of WESTON INSURANCE COMPANY with and into WESTON SPECIALTY INSURANCE COMPANY

CONSENT ORDER

This cause came on for consideration upon the filing with the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE") by WESTON INSURANCE HOLDINGS CORPORATION ("APPLICANT") of an application for the merger of WESTON INSURANCE COMPANY ("WESTON") with and into WESTON SPECIALTY INSURANCE COMPANY ("WESTON SPECIALTY"), pursuant to Section 628.451, Florida Statutes ("Application"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE hereby finds as follows:

- 1. The OFFICE has jurisdiction over the subject matter and the parties herein.
- 2. APPLICANT has applied for and, subject to the continuing satisfaction of the terms and conditions established herein, has satisfactorily met all of the conditions precedent to the granting of approval by the OFFICE of the proposed merger of WESTON with and into WESTON SPECIALTY, pursuant to the requirements of the Florida Insurance Code.
- 3. APPLICANT is a Florida insurance holding corporation whose stock is owned 43.60% by HSCM Bermuda Fund Ltd., 14.94% by HSCM Bermuda Special Opportunities Fund Ltd, and 12.62% by Adam Barron, with no other 10% or greater shareholders. HSCM Bermuda

Fund Ltd. and HSCM Bermuda Special Opportunities Fund Ltd are both owned 100% by Hudson Structured Capital Management Ltd., a Bermuda corporation which is owned 99.5% by HSCM SPV LCC, a Bermuda limited liability company with no other 10% or greater shareholders. HSCM SPV LLC is 100% owned by Hudson Structured Capital Management LP, a Bermuda limited partnership which is managed by its general partner, HSCM GP LLC, a Delaware limited lability company whose membership interest is owned 100% by its Managing Member. Michael Millette.

- 4. WESTON is a stock property and casualty insurer domiciled in the state of Florida whose stock is 100% owned by APPLICANT. WESTON is operating under a subsisting Certificate of Authority issued by the OFFICE.
- 5. WESTON SPECIALTY is a stock property and casualty insurer domiciled in the state of Texas whose stock is 100% owned by WESTON.
- 6. As disclosed in the Application, WESTON shall be merged with and into WESTON SPECIALTY, with WESTON SPECIALTY as the surviving entity ("Merger").
- 7. If the OFFICE determines that any individual for whom APPLICANT is required to submit background information as part of this Application is unacceptable under the Florida Insurance Code, APPLICANT, WESTON, or WESTON SPECIALTY shall cause the removal of said person within 30 days of notice from the OFFICE and replace them with a person or persons acceptable to the OFFICE or shall undertake such other corrective action as directed by the OFFICE. Failure to act would constitute an immediate serious danger to the public and the OFFICE may take administrative action as it deems appropriate upon the Certificate of Authority of WESTON or WESTON SPECIALTY without further proceedings, pursuant to Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

- 8. WESTON SPECIALTY shall comply with the post-Merger Plan of Operation and all supporting documents submitted with this Application. Prior written approval must be secured from the OFFICE before any material deviation from said post-Merger Plan of Operation.
- 9. APPLICANT represents that, except as described in the Application, there are no present plans or proposals to make any substantive changes to WESTON SPECIALTY, including liquidating it, selling any of its assets (except for transactions such as investment portfolio transactions, in the ordinary course of business), merging or consolidating it with any other person or persons, or making any other major change in the business operations, management, or corporate structure of WESTON SPECIALTY.
- 10. APPLICANT or WESTON SPECIALTY shall submit the following documents to the OFFICE:
- a. A copy of the fully executed Articles of Merger and Certificate of Merger, as filed with the Florida Secretary of State's office within 10 days of completion of the Merger;
- b. A copy of all documents evidencing completion of the Merger within 10 days of completion of the Merger;
- c. The original Certificate of Authority of WESTON shall be surrendered to the OFFICE within 10 days of APPLICANT's filing of the Articles of Merger and Certificate of Merger with the Florida Secretary of State's Office.
- 11. APPLICANT, WESTON, and WESTON SPECIALTY represent that all existing policyholders of WESTON will be sent a notice advising them of the Merger. Such notice is subject to a separate, prior approval by the OFFICE. Further, said notice shall include information that WESTON SPECIALTY will be assuming all duties and obligations that were originally those of WESTON.

- 12. All parties to this Consent Order agree that this Consent Order shall be deemed null and void if the Merger is not completed, or any additional required regulatory approvals are not obtained, within 60 days of the execution of this Consent Order.
- 13. Any prior orders, consent orders, or corrective action plans that APPLICANT, WESTON, or WESTON SPECIALTY have entered into with the OFFICE prior to the execution of this Consent Order shall apply and remain in full force and effect for APPLICANT, WESTON, or WESTON SPECIALTY, except where provisions of such orders, consent orders, or corrective action plans have expired; have been superseded by subsequent orders, consent orders, or corrective action plans; or are inconsistent with this Consent Order.
- 14. APPLICANT, WESTON, and WESTON SPECIALTY affirm and represent that all information, explanations, representations, statements, and documents provided to the OFFICE in connection with the Application, including all attachments and supplements thereto, are true and correct and fully describe all transactions, agreements, ownership structures, understandings, and control with regard to the merger and to the future operations of WESTON SPECIALTY. APPLICANT, WESTON, and WESTON SPECIALTY further agree and affirm that said information, explanations, representations, statements, and documents, including all attachments and supplements thereto, are material to the issuance of this Consent Order and have been relied upon by the OFFICE in its determination to enter into this Consent Order.
- 15. Any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval of the OFFICE. Such approval must be requested in writing prior to any proposed deviation from the terms of this Consent Order.
- 16. APPLICANT, WESTON, and WESTON SPECIALTY affirm that all requirements set forth herein are material to the issuance of this Consent Order.

- 17. APPLICANT, WESTON, and WESTON SPECIALTY expressly waive a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which they may be entitled by law or rules of the OFFICE. APPLICANT, WESTON, and WESTON SPECIALTY hereby knowingly and voluntarily waive all rights to challenge or to contest this Consent Order, in any forum now available to them, including the right to any administrative proceeding, state or federal court action, or any appeal.
 - 18. Each party to this action shall bear its own costs and fees.
- 19. APPLICANT, WESTON, and WESTON SPECIALTY agree that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the OFFICE suspending, revoking, or taking other administrative action as it deems appropriate upon the Certificate of Authority of WESTON or WESTON SPECIALTY in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.
- 20. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the notarized signatures of the authorized representatives of APPLICANT, WESTON, and WESTON SPECIALTY.
- 21. The approval of the merger between WESTON and WESTON SPECIALTY is subject to the completion of the successful incorporation of WESTON SPECIALTY as a domestic insurer in Florida. The merger may not take place until WESTON SPECIALTY has completed their incorporation in Florida. Effective upon the date of incorporation in Florida, WESTON SPECIALTY will be renamed Weston Property & Casualty Insurance Company.

WHEREFORE, subject to the completion of WESTON SPECIALTY INSURANCE COMPANY'S successful incorporation as a domestic insurer in Florida and the terms and conditions which are set forth above, the Application for the Merger of WESTON INSURANCE COMPANY with and into WESTON SPECIALTY INSURANCE COMPANY, pursuant to Section 628.451, Florida Statutes, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 12th day of November, 2021.



David Altmaier

David Altmaier, Commissioner Office of Insurance Regulation

By execution hereof, WESTON INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind WESTON INSURANCE COMPANY to the terms and conditions of this Consent Order.

	WESTON INS	URANCE COME	ANY
	By:	Perme DN-	+
[Corporate Seal]	Print Name:	Deanne D. Nix	con
	Title:	President & C	ЕО
	Date:	11/9/21	· · · · · · · · · · · · · · · · · · ·
STATE OF Florida			
COUNTY OF Miami-Dade			
The foregoing instrument was ackr	nowledged before	me by means of	☐ physical presence or
☐ online notarization, this <u>9th</u> da	y of November	2021, by D	eanne D. Nixon
			(name of person)
as President & CEO (type of authority; e.g., officer, trustee,	attorney in fact)	(con	npany name)
		Dala	nsh
	-	(Signature of t	he Notary)
		Michele S	almon
	(Print,	Гуре or Stamp Com	missioned Name of Notary)
Personally KnownX_OR Proc	duced Identification	on	
Type of Identification Produced			
My Commission Expires Novemb	ber 29, 2022		



By execution hereof, WESTON SPECIALTY INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind WESTON SPECIALTY INSURANCE COMPANY to the terms and conditions of this Consent Order.

	WESTON SPECIALTY INSURANCE COMPANY
	By: Dearne D. Not
[Corporate Seal]	Print Name:Deanne D. Nixon
	Title: President & CEO
	Date:11/9/21
STATE OF Florida	
COUNTY OF Miami-Dade	
The foregoing instrument was acknowledge.	owledged before me by means of 🛽 physical presence or
☐ online notarization, this <u>9th</u> day	of November 2021, by Deanne D. Nixon
as President & CEO	for Weston Specialty Insurance Company (company name)
(type of authority; e.g., officer, trustee, a	ttorney in fact) (company name)
	Dalmon
	(Signature of the Notary)
	Michele Salmon
	(Print, Type or Stamp Commissioned Name of Notary)
Personally Known X OR Produ	uced Identification
Type of Identification Produced	
My Commission Expires Novembe	er 29, 2022



By execution hereof, WESTON INSURANCE HOLDINGS CORPORATION consents to entry of this Consent Order, agrees without reservation to all the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind WESTON INSURANCE HOLDINGS CORPORATION to the terms and conditions of this Consent Order.

	WESTON INSURANCE HOLDINGS CORPORATION		
	By:	Dearne D. N.	
[Corporate Seal]	Print Name:	Deanne D. Nixon	
	Title:	President & CEO	
	Date:	11/9/21	
STATE OF Florida COUNTY OF Miami-Dade			
The foregoing instrument was acknown of the foregoing in the foreg			
as President & CEO	for	(name of person) Weston Insurance Holdings Corporation	
(type of authority; e.g., officer, trustee, attorney in		(company name)	
		Dalmon	
	5	(Signature of the Notary)	
		Michele Salmon	
	(Print,	Type or Stamp Commissioned Name of Notary)	
Personally Known X OR Produ	ced Identification	on	
Type of Identification Produced			
My Commission Expires Novembe	r 29, 2022		



COPIES FURNISHED TO:

DEANNE D. NIXON, PRESIDENT

Weston Specialty Insurance Company

Weston Insurance Company

Weston Insurance Holdings Corporation

2555 Ponce de Leon Boulevard, Suite 300

Coral Gables, Florida 33134 Telephone: (888) 800-5002

E-Mail: deanne.nixon@weston-ins.com

JEFF RAINEY, CONSULTANT

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ALISON STERETT, FINANCIAL ADMINISTRATOR

Property & Casualty Financial Oversight Florida Office of Insurance Regulation 200 East Gaines Street

Tallahassee, Florida 32399

COREY HUBBARD, FINANCIAL EXAMINER/ANALYST SUPERVISOR

Property & Casualty Financial Oversight Florida Office of Insurance Regulation 200 East Gaines Street Tallahassee, Florida 32399

SHANNON MICHELLE HARP-ALEXANDER, ESQ.. Assistant General Counsel

Florida Office of Insurance Regulation

200 East Gaines Street

Tallahassee, Florida 32399 Telephone: (850) 413-3110 Facsimile: (850) 922-2543

E-Mail: michelle.harp-alexander@floir.com



FILED
NOV 1 2 2021

INSURANCE REGULATION
Docketed by:

OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER

COMMISSIONER

IN THE MATTER OF:

CASE NO.: 287111-21-CO

Application for Redomestication of WESTON SPECIALTY INSURANCE COMPANY

CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of an application with the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE") by WESTON SPECIALTY INSURANCE COMPANY ("APPLICANT") of an application for approval of the transfer of APPLICANT's domicile to the state of Florida ("Application"), pursuant to Section 628.520, Florida Statutes. Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE hereby finds as follows:

- 1. The OFFICE has jurisdiction over the subject matter and the parties herein.
- 2. APPLICANT has applied for and, subject to the present and continuing satisfaction of the requirements, terms, and conditions established herein, has satisfactorily met all of the conditions precedent to the transfer of its domicile from the state of Texas to the state of Florida, pursuant to the applicable provisions of the Florida Insurance Code.
- 3. APPLICANT is currently a Texas domiciled insurer. APPLICANT is authorized to write the Hail, Livestock, Fire, Allied Coverages, Rain, Inland Marine, Workers' Compensation & Employer's Liability, Automobile Liability, Auto Physical Damage, Liability other than Automobile, Fidelity and Surety, Glass, Burglary & Theft, Forgery, and Boiler & Machinery lines of insurance in Texas.

Page 1 of 14

- 4. Effective upon the date of transfer of its domicile to the state of Florida, APPLICANT will be authorized to write the (0010) Fire, (0020) Allied Lines, (0040) Homeowners Multi-Peril, (0050) Commercial Multi-Peril, (0170) Other Liability, (0260) Burglary and Theft, and (0270) Boiler and Machinery lines of insurance in this state on a direct basis, subject to the terms and conditions established herein.
- 5. APPLICANT is 100% owned by WESTON INSURANCE COMPANY ("WESTON"), a Florida-domiciled property and casualty insurer that is 100% owned by WESTON INSURANCE HOLDINGS CORPORATION ("WESTON HOLDINGS"), a Florida holding company. WESTON HOLDINGS is owned 43.60% by HSCM Bermuda Fund Ltd., 14.94% by HSCM Bermuda Special Opportunities Fund Ltd, and 12.62% by Adam Barron, with no other 10% or great shareholders. HSCM Bermuda Fund Ltd., and HSCM Bermuda Special Opportunities Fund Ltd are both owned 100% by Hudson Structured Capital Management Ltd., a Bermuda corporation which is owned 99.5% by HSCM SPV LLC, a Bermuda limited liability company whose membership interest is 100% owned by Hudson Structured Capital Management LP, a Bermuda limited partnership which is managed by its general partner, HSCM GP LLC, a Delaware limited lability company whose membership interest is 100% owned by Michael Millette.
- 6. If the OFFICE determines that any individual for whom APPLICANT is required to submit background information as part of this Application is unacceptable under the Florida Insurance Code, APPLICANT, WESTON, or WESTON HOLDINGS shall cause the removal of said person within 30 days of notice from the OFFICE and replace them with a person or persons acceptable to the OFFICE, or shall undertake such other corrective action as directed by the OFFICE. Failure to act would constitute an immediate serious danger to the public and the OFFICE

may take administrative action as it deems appropriate upon the Certificate of Authority of APPLICANT without further proceedings, pursuant to Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

- 7. APPLICANT has filed, and the OFFICE has relied upon, the representations in the Plan of Operation and supporting documents that APPLICANT has submitted with its Application. Written approval must be secured from the OFFICE prior to any material deviation from said Plan of Operation.
- 8. Any agreements that APPLICANT enters into for services to be provided to the APPLICANT, directly or indirectly, by any affiliated person, entity, or related party, as defined in Statement of Statutory Accounting Principles No. 25 of the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual, shall be in writing and submitted to the OFFICE for the OFFICE's review and prior written approval. "Affiliate" and "affiliated person" shall have the same meaning as in Section 624.10, Florida Statutes.
- 9. APPLICANT acknowledges that any managerial, administrative, or cost-sharing arrangements involving APPLICANT shall be in accordance with a formal written agreement, and contain, at a minimum, the following:
- a) A requirement of monthly cash settlement of any expenses incurred for the month; and
- b) A clear delineation of the financial boundaries of each operation. Further, APPLICANT shall not bear any occupancy expenses for space that is occupied by any other affiliate and, upon examination, shall be prepared to demonstrate how the occupancy cost and space is allocated among co-located entities.

- 10. Any arrangement or agreement with an affiliated party for the provision of administrative services shall be evidenced by a written contract. Any such contract shall comply with the following requirements:
 - a) APPLICANT must have the right to terminate the contract for cause;
- b) The contract shall contain a provision with respect to the underwriting or other standards pertaining to the business underwritten by APPLICANT;
- c) The contract shall be retained as part of the official records of both the affiliate and APPLICANT for the term of the contract and 5 years afterward;
- d) Payment to the affiliate of any premiums or charges for insurance by or on behalf of the insured shall be deemed to have been received by APPLICANT, and return premiums or claims payments forwarded by APPLICANT to the affiliate shall not be deemed to have been paid to the insured or claimant until such payments are received by the insured or claimant;
- e) The affiliate shall hold all funds collected on behalf of or for APPLICANT as well as all return premiums received from APPLICANT in a fiduciary capacity in trust accounts;
- f) The affiliate shall adhere to underwriting standards, rules, procedures and manuals setting forth the rates to be charged, and the conditions for the acceptance or rejection of risks as determined by APPLICANT;
- g) All fees and charges must be specified in the contract and they must be comparable to fees charged to any other insurer for which similar contracted services are provided by the affiliate; or, if the affiliate does not perform such services for other insurers, the fees charged must be reasonable in relation to the services provided;
- h) All claims paid by the affiliate from funds collected on behalf of APPLICANT shall be paid only on drafts of, and as authorized by, APPLICANT;

- i) APPLICANT shall retain the right of continuing access to books and records maintained by the affiliate sufficient to permit APPLICANT to fulfill all of its contractual obligations to insured persons, subject to any restrictions in the written agreement between APPLICANT and the affiliate on the proprietary rights of the parties in such books and records;
- j) The affiliate shall provide a written notice approved by APPLICANT to insured individuals advising them of the identity of, and relationship among, the affiliate, the policyholder, and APPLICANT; and
- k) Any policies, certificates, booklets, termination notices, or other written communications delivered by APPLICANT to the affiliate for delivery to its policyholders shall be delivered by the affiliate promptly after receipt of instructions from APPLICANT to deliver them.
- APPLICANT, WESTON, or WESTON HOLDINGS shall notify the OFFICE within 10 business days of any breach, non-performance of, or default under, any servicing agreement with affiliates or third-party vendors providing services, directly or indirectly, to APPLICANT that could result in or cause a material adverse change in the financial condition, business performance, operations, or property of APPLICANT.
- 12. APPLICANT shall maintain sufficient and adequate internal controls and supervision of any external contractor providing services in connection with the insurance transactions of APPLICANT, and shall further assume responsibility for the actions of said contractor as they relate to any performance under the service agreements;
- 13. APPLICANT shall ensure that any agent it utilizes in Florida shall be properly appointed, pursuant to Section 626.8419, Florida Statutes.

- 14. APPLICANT shall file with the OFFICE, via the NAIC's electronic filing system, full and true statements of its financial condition, transactions, and affairs as required by Section 624.424, Florida Statutes, in a complete and timely manner. APPLICANT shall be subject to the requirements of Parts I and II of Chapter 625, Florida Statutes. Non-qualifying assets or investments in excess of limitations shall be non-admitted by the OFFICE and the surplus as to policyholders adjusted accordingly.
- 15. During the 3 years following entry of this Consent Order, APPLICANT shall pay only those dividends that have been approved in advance and in writing by the OFFICE.
- 16. APPLICANT shall comply with Section 628.261, Florida Statutes regarding changes of personnel among the directors or principal officers.
- 17. APPLICANT has provided with its Application copies of affiliated agreements. APPLICANT shall provide amended intercompany and affiliated agreements incorporating changes necessitated by APPLICANT's change in domicile from the state of Texas to the state of Florida to the OFFICE within 10 days of the Texas Department of Insurance's approval of the redomestication. Any changes related to matters other than change of domicile and governing law shall comply with the Florida Insurance Code and all requirements set forth herein.
- 18. Within 10 days of the Texas Department of Insurance's approval of the redomestication, APPLICANT shall submit to the OFFICE the following:
 - a) 3 executed originals of its draft Articles of Incorporation;
- b) A copy of its Articles of Incorporation certified by the Florida Secretary of State;
- c) An executed copy of the Amended and Restated Bylaws certified by the Secretary as a true and accurate copy;

- d) An executed Service of Process form if there have been any changes; and
- e) A Certificate of Status issued by the Florida Secretary of State evidencing that the APPLICANT has been registered as a domestic insurer.
- 19. APPLICANT shall submit to the OFFICE, within 30 days after the execution of this Consent Order, a custody agreement that complies with Rule 690-143.042, Florida Administrative Code.
- 20. APPLICANT shall not enter into any reinsurance or brokerage agreement, whether or not affiliated, that requires approval from the reinsurer or broker regarding any potential sale of APPLICANT.
- 21. APPLICANT shall maintain its principal place of business in Florida and shall make available to the OFFICE complete records of its affairs. APPLICANT shall also maintain its office, records, and assets in Florida pursuant to Section 628.271, Florida Statutes. The physical form, if any, of the assets shall also be maintained in Florida, or in compliance with Section 628.511, Florida Statutes.
- 22. APPLICANT shall, within 30 days of execution of this Consent Order, make and thereafter maintain a deposit with the Bureau of Collateral Management in the amount of at least \$300,000 United States Dollars, as required by Section 624.411, Florida Statutes.
- 23. APPLICANT shall file and thereafter maintain an anti-fraud plan that complies with Section 626.9891, Florida Statutes, and Chapter 69D-2, Florida Administrative Code.
- 24. APPLICANT shall prepare a claims reserve analysis, utilizing two-year actual versus expected claims loss data, that is separate and independent of any affiliate. Said claims reserve analysis shall be submitted annually with APPLICANT's Annual Statement filing.

- 25. APPLICANT acknowledges that the OFFICE's approval of APPLICANT's redomestication to the state of Florida is subject to the Texas Department of Insurance's approval. APPLICANT shall, within 3 business days of receiving said approval, submit to the OFFICE a copy of all documents evidencing approval of APPLICANT's request to transfer domicile from the state of Texas to the state of Florida, including any conditions imposed on APPLICANT. Should the Texas Department of Insurance not approve APPLICANT's redomestication to the state of Florida this Consent Order shall be null and void.
- 26. Effective upon the date of incorporation in Florida, WESTON SPECIALTY will be renamed Weston Property & Casualty Insurance Company.
- 27. APPLICANT shall, no later than 15 days after the end of the month in which the redomestication occurs, file an update to its Holding Company Registration Statement as required by Section 628.801, Florida Statutes, and Rule 690-143.046, Florida Administrative Code.
- 28. APPLICANT's ultimate controlling person, as defined in Section 628.801(2), Florida Statutes, shall file with the OFFICE the Enterprise Risk Report required by Section 628.801(2), Florida Statutes, and any and all additional information necessary to evaluate the enterprise risk of APPLICANT and APPLICANT's affiliates.
- 29. Any prior orders, consent orders, or corrective action plans that APPLICANT has entered into with the OFFICE prior to the issuance of this Consent Order shall apply and remain in full force and effect for APPLICANT, except where provisions of such orders, consent orders, or corrective action plans have expired; have been superseded by subsequent orders, consent orders, or corrective action plans; or are inconsistent with this Consent Order.
- 30. APPLICANT, WESTON, and WESTON HOLDINGS affirm that all information, explanations, representations, statements, and documents provided to the OFFICE in connection

with this Application, including all attachments and supplements thereto, are true and correct and fully describe all transactions, agreements, ownership structures, understandings, and control with regard to the current and future operations of APPLICANT. APPLICANT, WESTON, and WESTON HOLDINGS further agree and affirm that said information, explanations, representations, statements, and documents, including all attachments and supplements thereto, are material to the issuance of this Consent Order and have been relied upon by the OFFICE in its determination to enter into this Consent Order.

- 31. Any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval of the OFFICE. Such approval must be requested in writing prior to any proposed deviation from the terms of this Consent Order.
- 32. APPLICANT, WESTON, and WESTON HOLDINGS affirm that all requirements set forth herein are material to the issuance of this Consent Order.
- 33. APPLICANT, WESTON, and WESTON HOLDINGS expressly waive a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which they may be entitled by law or rules of the OFFICE. APPLICANT, WESTON, and WESTON HOLDINGS hereby knowingly and voluntarily waive all rights to challenge or to contest this Consent Order in any forum available to them, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.
 - 34. Each party to this action shall bear its own costs and fees.
- 35. APPLICANT agrees that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further

proceedings, in the OFFICE suspending, revoking, or taking other administrative action as it deems appropriate upon APPLICANT's Certificate of Authority in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

36. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the notarized signatures of the authorized representative of APPLICANT, WESTON, and WESTON HOLDINGS.

WHEREFORE, the agreement between WESTON SPECIALTY INSURANCE COMPANY, WESTON INSURANCE COMPANY, WESTON INSURANCE HOLDINGS CORPORATION, and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED, and the Application for approval of the transfer of WESTON SPECIALTY INSURANCE COMPANY's domicile to the state of Florida, pursuant to Section 628.520, Florida Statutes, is hereby APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 12th day of November, 2021.



David Altmaier, Commissioner Office of Insurance Regulation By execution hereof, WESTON SPECIALTY INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind WESTON SPECIALTY INSURANCE COMPANY to the terms and conditions of this Consent Order.

	WESTON SPECIALTY INSURANCE COMPANY		
	By:	Dearne D. N.	
[Corporate Seal]	Print Name:	Deanne D. Nixon	
	Title:	President & CEO	
	Date:	11/9/21	
STATE OF Florida			
COUNTY OF Miami-Dade			
The foregoing instrument was acknow ☐ online notarization, this 9th day of	_	e me by means of \(\subseteq \text{ physical presence or } \) 2021, by Deanne, D. Nixon	
President & CEO		(name of person) Weston Specialty Insurance Company	
(type of authority; e.g., officer, trustee, att	orney in fact)	(company name)	
		Delman	
		(Signature of the Notary)	
	(D: 4	Michele Salmon	
	(Print	Type or Stamp Commissioned Name of Notary)	
Personally Known X OR Produc	ced Identificat	ion	
Type of Identification Produced			
My Commission Expires November	29 2021		



By execution hereof, WESTON INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind WESTON INSURANCE COMPANY to the terms and conditions of this Consent Order.

	WESTON INSURANCE COMPANY
	By: Dearne D. N. +
[Corporate Seal]	Print Name:Deanne D. Nixon
	Title: President & CEO
	Date:11/9/21
STATE OF Florida COUNTY OF Miami-Dade	
	owledged before me by means of \(\subseteq \) physical presence or of \(\subseteq \) November \(\subseteq 2021, \text{ by} \) Deanne D. Nixon
as President & CEO	(name of person) for Weston Insurance Company
(type of authority; e.g., officer, trustee, a	ttorney in fact) (company name)
	Dalmon
	(Signature of the Notary)
	Michele Salmon
	(Print, Type or Stamp Commissioned Name of Notary)
Personally Known X OR Produ	
Type of Identification Produced	
My Commission Expires November	er 29, 2022



By execution hereof, WESTON INSURANCE HOLDINGS CORPORATION consents to entry of this Consent Order, agrees without reservation to all the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind WESTON INSURANCE HOLDINGS CORPORATION to the terms and conditions of this Consent Order.

W	ESTON INS	URANCE HOI	LDINGS CORPORATION
Ву	/:	earne D. N	+
[Corporate Seal] Pri	int Name: _	Deanne D. Nix	on
Tit	tle: Pro	esident & CEO	
Da	ite: 11/	9/21	
STATE OF Florida			
COUNTY OF Miami-Dade			
The foregoing instrument was acknowle	_	•	1 2 1
\Box online notarization, this $\underline{9th}$ day of			
as President & CEO		Weston Insur	(name of person) rance Holdings Corporation
(type of authority; e.g., officer, trustee, attorned	ey in fact)	(00	ompany name)
	-	Ball	nan
		(Signature o	f the Notary)
		Michele	Salmon
	(Print,	Type or Stamp Cor	mmissioned Name of Notary)
)0	
Personally Known XOR Produced	Identification	on	
Type of Identification Produced			
My Commission Expires November 2	9, 2022		



COPIES FURNISHED TO:

DEANNE D. NIXON, PRESIDENT

Weston Specialty Insurance Company

Weston Insurance Company

Weston Insurance Holdings Corporation

2555 Ponce de Leon Boulevard, Suite 300

Coral Gables, Florida 33134 Telephone: (888) 800-5002

E-Mail: deanne.nixon@weston-ins.com

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PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT

For the Year Ended December 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

Weston Property & Casualty Insurance Company 11853 Employer's ID Number NAIC Group Code 04957 NAIC Company Code 20-0505287 (Current Period) (Prior Period) Organized under the Laws of Florida State of Domicile or Port of Entry Florida United States Country of Domicile Incorporated/Organized 12/23/2003 Commenced Business 01/05/2004 Statutory Home Office 2555 Ponce De Leon Blvd, Suite 300 Coral Gables, FL, US 33134 (Street and Number) (City or Town, State, Country and Zip Code 2555 Ponce De Leon Blvd, Suite 300 Coral Gables, FL, US 33134 Main Administrative Office 888-800-5002 (Street and Number (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) 2555 Ponce De Leon Blvd, Suite 300 Coral Gables, FL, US 33134 Mail Address (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) Primary Location of Books and Records 2555 Ponce De Leon Blvd, Suite300 Coral Gables, FL, US 33134 888-800-5002 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) Internet Web Site Address www.weston-ins.com Statutory Statement Contact Rachael Aldulaimi 786-646-1189 (Area Code) (Telephone Number) (Extension) 888-862-7390 rachael.aldulaimi@weston-ins.com (Fax Number) **OFFICERS** Name Title Eduardo Miguel Amador # SVP, Underwriting & Marketing

Melissa Lillian Shelley-Mello # SVP & Chief Actuary Deanne Dietrich Nixon Chief Executive Officer & President Rachael Lynn Aldulaimi # VP Finance, Treasurer, Controller **OTHER OFFICERS** Chief Operating Officer & General Janice Weidenborner # Counsel **DIRECTORS OR TRUSTEES** Eduardo Miguel Amador # Rachael Lynn Aldulaimi # Deanne Dietrich Nixon Melissa Lillian Shelley-Mello # Janice Weidenborner # Edouard von Herberstein State of County of 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 Eduardo Miguel Amador Deanne Dietrich Nixon Rachael Lynn Aldulaimi VP Finance, Treasurer, Controlle Chief Executive Officer & President SVP, Underwriting & Marketing a. Is this an original filing? Subscribed and sworn to before me b. If no: State the amendment number 2 Date filed 3. Number of pages attached

ASSETS

1			Current Year		Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets
1 2			Nonaumitted Assets	(Cols. 1 - 2)	
1.	Bonds (Schedule D)	12,137,572		12,137,572	16,061,478
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	0		0	0
	2.2 Common stocks	151		151	0
2					
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less				
				0	0
	\$ encumbrances)			ν	
	4.2 Properties held for the production of income				
	(less \$encumbrances)			0	0
	4.3 Properties held for sale (less				
	\$ encumbrances)			0	0
_					
5.	Cash (\$22,714,422 , Schedule E-Part 1), cash equivalents				
	(\$3,172,658 , Schedule E-Part 2) and short-term				
	investments (\$44,997 , Schedule DA)	25,932,077		25,932,077	46,157,115
6.	Contract loans (including \$premium notes)			0	0
7.	Derivatives (Schedule DB)			.0	n
1				0	2,650,000
8.	Other invested assets (Schedule BA)	и			2,650,000
9.	Receivables for securities			0	L
10.	Securities lending reinvested collateral assets (Schedule DL)			۵۵	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	38,069,800	.0		64,868,593
1					04,000,555
13.	Title plants less \$charged off (for Title insurers				
	only)			Ω	
14.	Investment income due and accrued	131,650		131,650	219,930
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
		44 507 500	700.045	40 740 550	4 540 550
	collection	11,507,502	763,945	10,743,556	4,519,550
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums)	4,903,861		4,903,861	6,288,584
	15.3 Accrued retrospective premiums (\$) and	, ,			
				0	
	contracts subject to redetermination (\$))			0	<u></u>
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	49,301,380		49,301,380	21,273,154
	16.2 Funds held by or deposited with reinsured companies			0	2,451,103
	16.3 Other amounts receivable under reinsurance contracts			0	0
4-7					0
17.	Amounts receivable relating to uninsured plans		l		
18.1	Current federal and foreign income tax recoverable and interest thereon			0	0
18.2	Net deferred tax asset	21,399,854	21,399,854	O	1,044,464
19.	Guaranty funds receivable or on deposit			0	0
20.	Electronic data processing equipment and software.			0	0
1				u	
21.	Furniture and equipment, including health care delivery assets				
	(\$)			0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	
23.	Receivables from parent, subsidiaries and affiliates	3,296,569		3,296,569	6,988,251
24.	Health care (\$) and other amounts receivable			0	n
1		20 550 500	_	20.550.560	12,250,000
25.	Aggregate write-ins for other-than-invested assets	20,550,560	0	20,550,560	12,250,000
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	149,161,174	22,163,799	126,997,375	119,903,635
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts.			0	n
20		140 464 474	22 462 700		140 000 000
28.	Total (Lines 26 and 27)	149,161,174	22,163,799	126,997,375	119,903,635
DETAIL	S OF WRITE-INS				
1101.				0	0
1102.					
1103.					
1	0	-		-	-
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.	SSAP 72 Surplus Contribution due from Weston Insurance Holdings	7,000,000		7,000,000	4,250,000
2502.	Brokerage Sharing Commission Receivable	1,968,875		1,968,875	
2503.	Miscellaneous receivable	27,250		27,250	
		-			(2.25.55
2598.	Summary of remaining write-ins for Line 25 from overflow page	11,554,436	0	11,554,436	12,250,000
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	20,550,560	0	20,550,560	12,250,000

LIABILITIES, SURPLUS AND OTHER FUNDS

	,,,	1 Current Year	2 Prior Year
1.	Losses (Part 2A, Line 35, Column 8)	32,437,254	22,352,814
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	N-455503-61 85 E	0
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)	2,820,631	1,893,130
4.	Commissions payable, contingent commissions and other similar charges		0
5.	Other expenses (excluding taxes, licenses and fees)		191,979
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	1,399,268 _	1,592,864
7.1	Current federal and foreign income taxes (including \$ on realized capital gains (losses))		0
7.2	Net deferred tax liability		0
	Borrowed money \$ and interest thereon \$	2 100000 100000 100	0
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of		
	\$		
	health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)	15,860,306	4,218,462
10.	Advance premium	1,673,439	2,180,821
11.	Dividends declared and unpaid:		
	11.1 Stockholders		0
	11.2 Policyholders		0
12.	Ceded reinsurance premiums payable (net of ceding commissions)	40,913,015	52,865,542
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)	989,680	3,365,972
14.	Amounts withheld or retained by company for account of others		0
15.	Remittances and items not allocated	104,736	0
16.	Provision for reinsurance (including \$ certified) (Schedule F, Part 3, Column 78)		0
17.	Net adjustments in assets and liabilities due to foreign exchange rates		0
1	Drafts outstanding		0
19.	Payable to parent, subsidiaries and affiliates	1,000,000	(65)
20.	Derivatives		0
	Payable for securities		0
	Payable for securities lending		0
	Liability for amounts held under uninsured plans		0
	Capital notes \$ and interest thereon \$	4 504 500	0
1	Aggregate write-ins for liabilities	1,504,528	2,302,465
	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	98,702,856	90,963,983
	Protected cell liabilities	98,702,856	90,963,983
	Total liabilities (Lines 26 and 27)	96,702,636	90,963,963
	Aggregate write-ins for special surplus funds Common capital stock	5,000,000	5.000.000
	Preferred capital stock		5,000,000
1	Aggregate write-ins for other-than-special surplus funds	0	0
	Surplus notes		0
	Gross paid in and contributed surplus	67,564,332	59,478,495
	Unassigned funds (surplus)	(44,269,812)	(35,538,843)
	Less treasury stock, at cost:	,	,,,,
	36.1 shares common (value included in Line 30 \$)		0
	36.2 shares preferred (value included in Line 31 \$)	T	0
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	28,294,519	28,939,652
38.	Totals (Page 2, Line 28, Col. 3)	126,997,375	119,903,635
DETAI	LS OF WRITE-INS		
2501.			
2502.	Deferred Ceding Commissions.	943,162	916,235
2503.	Refunds Payable	282,268	282,301
2598.	Summary of remaining write-ins for Line 25 from overflow page	279,098	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,504,528	2,302,465
2901.			0
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page		0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.			0
3202.			
3203.			
	Summary of remaining write-ins for Line 32 from overflow page		0
3299.	Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

		1 Current Year	2 Prior Year
1.	UNDERWRITING INCOME Premiums earned (Part 1, Line 35, Column 4)	(5,190,817)	25,604,5
	DEDUCTIONS:		Service Control
		35,893,402	53,080,49
	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	4,652,354	5,448,0
	Other underwriting expenses incurred (Part 3, Line 25, Column 2)	12,641,449	6,366,0
	Aggregate write-ins for underwriting deductions	53,187,206	64.894.5
	Total underwriting deductions (Lines 2 through 5)	55, 107, 200	04,094,3
	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	(58, 378, 023)	(39,290,0
	Security Control of Security and Control of Management of Security		
	INVESTMENT INCOME		
	Net investment income earned (Exhibit of Net Investment Income, Line 17)	355,288	484 ,
10.	Net realized capital gains (losses) less capital gains tax of \$ (Exhibit of Capital Gains (Losses))	(48,635)	120,0
11.	Net investment gain (loss) (Lines 9 + 10)	306,653	604,5
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$ amount		
	charged off \$)	(23,715)	
	Finance and service charges not included in premiums	413,529	393,2
	Aggregate write-ins for miscellaneous income	0	100-
	Total other income (Lines 12 through 14)	389,814	(639,
	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(57 681 556)	(39,324,7
	Dividends to policyholders	(37,001,330)	(33,324,
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)	(57,681,556)	(39,324,
	Federal and foreign income taxes incurred	(37,001,330)	(35,324,
	Net income (Line 18 minus Line 19) (to Line 22)	(57,681,556)	(39,276,
	Net income (Line 10 minus Line 13) (to Line 22)	(67,007,000)	(00,210,
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	28,939,653	38,410,4
	Net income (from Line 20)	(57,681,556)	(39,276,8
	Net transfers (to) from Protected Cell accounts		
	Change in net unrealized capital gains or (losses) less capital gains tax of \$	84	(201,
	Change in net unrealized foreign exchange capital gain (loss)	12.369.536	8.291.0
	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	, ,	(4,712,
	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	0	(1,112,
	Change in surplus notes		
	Surplus (contributed to) withdrawn from protected cells		
	Cumulative effect of changes in accounting principles		
32.	Capital changes:		
	32.1 Paid in		
	32.2 Transferred from surplus (Stock Dividend)		
	32.3 Transferred to surplus		
33.	Surplus adjustments:	E4 972 020	22 429
	33.1 Paid in	54,872,930	23,426,
	33.2 Transferred to capital (Stock Dividend)		
34.	Net remittances from or (to) Home Office		
	Dividends to stockholders		(5,000,
	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	0	(0,000,
	Aggregate write-ins for gains and losses in surplus	3,554,436	8,000,
	Change in surplus as regards policyholders for the year (Lines 22 through 37)	(645,130)	(9,470,
	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	28,294,522	28,939,
	S OF WRITE-INS		
501.			
502.			
503.			
	Summary of remaining write-ins for Line 5 from overflow page		
	Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	
102.			
403. 198		0	
	Summary of remaining write-ins for Line 14 from overflow page		
	Other change in unrealized	U	
	Additional Deferred Tax assets guaranteed	3,554,436	8,000,
703.		2,007,700	
	Summary of remaining write-ins for Line 37 from overflow page	0	

CASH FLOW

		1 1	2
		Current Year	Prior Year
	Cash from Operations	Curon rous	Thor Tour
1	Premiums collected net of reinsurance.	(9,161,002)	38,076,351
	Net investment income		509.633
	Miscellaneous income		(639.324)
	Total (Lines 1 through 3)	(8.167.536)	37,946,660
	Benefit and loss related payments	53.837.189	60.393.946
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
	Commissions, expenses paid and aggregate write-ins for deductions	44 700 000	11,909,218
	Dividends paid to policyholders		0
	Federal and foreign income taxes paid (recovered) net of \$tax on capital gains (losses)	0	(47,943
	Total (Lines 5 through 9)	68,620,191	72,255,221
11.	Net cash from operations (Line 4 minus Line 10)	(76,787,728)	(34,308,561
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	4,515,190	14,711,089
	12.2 Stocks		5, 176, 094
	12.3 Mortgage loans		0
	12.4 Real estate	0	0
	12.5 Other invested assets	2,650,000	1,730,423
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0
	12.7 Miscellaneous proceeds	0	412,142
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	7 , 165 , 190	22,029,748
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	756,745	7,703,977
	13.2 Stocks	68	0
	13.3 Mortgage loans	0	0
	13.4 Real estate		0
	13.5 Other invested assets		2,005,423
	13.6 Miscellaneous applications		0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	756,946	9,709,400
14.	Net increase (decrease) in contract loans and premium notes		0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	6,408,244	12,320,349
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		0
	16.2 Capital and paid in surplus, less treasury stock		16,239,312
	16.3 Borrowed funds		0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
	16.5 Dividends to stockholders		5,000,000
	16.6 Other cash provided (applied)	2,281,549	9,772,431
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) 16.6	50,154,479	21,011,743
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(20,225,005)	(976,469
19.	Cash, cash equivalents and short-term investments:	40 457 000	47 400 554
	19.1 Beginning of year		46, 157, 093
	19.2 End of year (Line 18 plus Line 19.1)	25,932,077	46,157,082

Note:	Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001.	Capital Contribution		2,750,000
20.0002.	SSAP 72 Capital contribution	7,000,000	1,500,000
		i '	

PART 1 - PREMIUMS EARNED

	PARI 1-	PREMIUMS EARN			
	Line of Business	Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	Premiums Earned During Year (Cols. 1 + 2 - 3)
1.	Fire	18,799	49,063	1,634	66,228
2.	Allied lines	The second secon	(1,420,654)	NEW AGOSTOCIONE	(13,507,700
3.	Farmowners multiple peril	\$5 District			0
1000	***************************************				
4.	Homeowners multiple peril	200000	- OCCUPANTAL MARKETONIA	252,655	8,215,265
5.	Commercial multiple peril		20	(13)	21,977
6.	Mortgage guaranty		0	0	0
8.	Ocean marine		0	0	0
9.	Inland marine		٥	0	0
10.	Financial guaranty	0	0	0	0
11.1	Medical professional liability-occurrence	0	Ω		0
11.2	Medical professional liability-claims-made	0	0	0	0
12.	Earthquake	0	0	0	0
13.	Group accident and health	0	0	0	0
14.	Credit accident and health (group and individual)	0	0	0	0
15.	Other accident and health	0	0	0	ο
16.	Workers' compensation	0		0	0
17.1	Other liability-occurrence	2,858	7,238	248	9,848
17.2	Other liability-claims-made		0	0	0
17.3	Excess workers' compensation		ο	ο	0
18.1	Products liability-occurrence	0	0	0	0
18.2	Products liability-claims-made		0	0	0
	•		0	0	0
	9.2 Private passenger auto liability		0		
	9.4 Commercial auto liability			0	
21.	Auto physical damage		0	0	0
22.	Aircraft (all perils)		0	0	0
23.	Fidelity		Ω		0
24.	Surety	0	Ω	0	0
26.	Burglary and theft	275	72	24	323
27.	Boiler and machinery	3,550	٥	308	3,241
28.	Credit	0	0	0	
29.	International	0	0	0	0
30.	Warranty	0	Ω	٥	0
31.	Reinsurance-nonproportional assumed property	0	0	Ω	0
32.	Reinsurance-nonproportional assumed liability	0	0	0	0
33.	Reinsurance-nonproportional assumed financial lines	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0
35.	TOTALS	6,451,089	4,218,461	15,860,368	(5,190,817
	OF WRITE-INS	, ,	,===,==	,,	, , , , , , ,
3401.		0	0	0	0
3402.					
3403.					
	Compared and the state of the s				
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	(

PART 1A - RECAPITULATION OF ALL PREMIUMS

		1	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	1,634				1,634
2.	Allied lines	15,605,512				15,605,512
3.	Farmowners multiple peril					0
4.	Homeowners multiple peril	252,655				252,655
5.	Commercial multiple peril	(13)				(13)
6.	Mortgage guaranty					0
8.	Ocean marine					0
9.	Inland marine					0
10.	Financial guaranty					0
11.1	Medical professional liability-occurrence					0
11.2	Medical professional liability-claims-made					0
12.	Earthquake					0
13.	Group accident and health					0
14.	Credit accident and health (group and individual)					0
15.	Other accident and health					0
16.	Workers' compensation					0
17.1	Other liability-occurrence					248
17.2	Other liability-claims-made					0
17.3	Excess workers' compensation					0
18.1	Products liability-occurrence					0
18.2	Products liability-claims-made					0
	2 Private passenger auto liability					0
	4 Commercial auto liability					0
21.	-					0
22.	Auto physical damage Aircraft (all perils)					0
23.						0
	Fidelity					
24. 26.	Surety					24
	Burglary and theft					308
27.	Boiler and machinery	308				I
28.	Credit					0
29.	International					0
30.	Warranty	1				0
31.	Reinsurance-nonproportional assumed property					0
32.	Reinsurance-nonproportional assumed liability					0
33.	Reinsurance-nonproportional assumed financial lines					0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0
35.	TOTALS	15,860,368	0	0	0	15,860,368
36.	Accrued retrospective premiums based on experier					,,
37.	Earned but unbilled premiums					İ
38.	Balance (Sum of Lines 35 through 37)					15,860,368
	OF WRITE-INS					13,000,300
3401.	OI WAITE-INS					
3401.		<u> </u>			T	l
3403.						
3403. 3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0		0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0

(a) State here basis of computation used in each case. Pro rata over the policy term

PART 1B - PREMIUMS WRITTEN

	Ī	1	Reinsuranc	e Assumed	Reinsurar	nce Ceded	6
		Direct	2	3	4	5	Net Premiums
	Line of Business	Business (a)	From Affiliates	From Non-Affiliates	To Affiliates	To Non-Affiliates	Written Cols. 1 + 2 + 3 - 4 - 5
1.		342,416	Aimatos	HOIPAIIIIatos	Ailliatos	323,618	18,799
	Fire						
2.	Allied lines	105,412,475		(219,941)		101,674,067	3,518,466
3.	Farmowners multiple peril						0
4.	Homeowners multiple peril	52,955,785				50,048,490	2,907,295
5.	Commercial multiple peril	(2,793)				(2,640)	(153
6.	Mortgage guaranty						0
8.	Ocean marine						0
9.	Inland marine					2000	0
10.	Financial guaranty						0
11.1	Medical professional liability-occurrence						0
11.2	Medical professional liability-claims-made						0
12.	Earthquake						0
13.	Group accident and health						
14.	Credit accident and health						
14.	(group and individual)						0
15.	Other accident and health						0
16.	Workers' compensation						0
17.1	Other liability-occurrence	52,059				49,201	2,858
17.2	Other liability-claims-made						0
17.3	Excess workers'						0
40.4	-						
18.1	Products liability-occurrence						0
18.2	Products liability-claims- made						0
19.1,19	2 Private passenger auto liability						0
19.3,19	4 Commercial auto liability						0
21.	Auto physical damage						0
22.	Aircraft (all perils)						0
							0
23.	Fidelity						
24.	-						0
26.	Burglary and theft	5,009				4,734	275
27.	Boiler and machinery	64,656				61,106	3,550
28.	Credit						0
29.	International						0
30.	Warranty						0
31.	Reinsurance-						
01.	nonproportional assumed property	xxx					0
32.	Reinsurance-						
	nonproportional assumed						
	liability	XXX					0
33.	Reinsurance- nonproportional assumed financial lines	xxx					0
34.	Aggregate write-ins for other		_	_	_	_	
	lines of business	0	0	0	0	0	0
35.	TOTALS	158,829,606	0	(219,941)	0	152,158,576	6,451,089
DETAILS	OF WRITE-INS						
3401.							
3402.							
3403.							
3498.	Sum. of remaining write-						
	ins for Line 34 from overflow page		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 \$

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

UNDERWRITING AND INVESTMENT EXHIBIT PART 2 - LOSSES PAID AND INCURRED LOSSES PAID LOSSES PAID AND INCURRED

			Losses Paid	Less 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	339,795			339,795	29,800	24,750	344,845	520.7
2.	Allied lines	32,033,889		20,067,317	11,966,572	5.795,244	19,763,743	(2,001,928)	14.8
3.	Farmowners multiple peril				0	0	.0	0	0.0
4.	Homeowners multiple peril	117,800,003		104,855,967	12.944.036	26,444,835	2,332,699	37,056,172	451.1
5.	Commercial multiple peril	495,467			495,467	167,375	70,000	592,842	2,697.6
6	Mortgage guaranty				0	0	0	0	0.0
8	Ocean marine				0	0	0	0	0.0
0	Inland marine				0		0	0	0.0
10.	Financial quaranty				0	0	0	0	0.0
11.1					0				0.0
11.2									
12.					-0			0	0.0
	Earthquake						-0		
13.					0				
14.					0	0		0	D.C
15.	Other accident and health				0		0	0	0.0
16.	Workers' compensation				0	0	0	0	0.0
17.1	Other liability-occurrence	109,870			109,870	0	214,000	(104, 130)	
17.2	Other liability-claims-made				0	0	0	0	0.0
17.3	Excess workers' compensation				0	0	0	0	0.0
18.1	Products liability-occurrence	200200-0000-000-000-000-000	214 - 1416-1416 - 14 - 51 - 51		0	0	0	0	0.0
18.2	Products liability-claims-made	1		L	0	0	0	0	L0.0
19.1.19					0	0	0	0	0.0
19.3.19						0	0	0	0.0
21.					0	0	0	0	0.0
22.	Aircraft (all perils)								0.0
23.	Fidelity							0	0.0
24.	Surety							0	0.0
26.	Surely and their						-0		0.0
27.	Burgiary and theftBoiler and machinery	5 600			5.600			5,600	
28.	Boiler and machinery			-					0.0
29.	Credit								L
30.	International	 		-					. با
	Warranty	 		-			·	0	<u>-</u>
31.	Reinsurance-nonproportional assumed property	XXX		-	0			0	J
32.	Reinsurance-nonproportional assumed liability	XXX		- -	0		0	0	. وــــــــــــــــــــــــــــــــــــ
33.	Reinsurance-nonproportional assumed financial lines	xxx		+ -	0		0	0	
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0.0
35.	TOTALS	150,784,624	0	124,923,284	25,861,340	32,437,254	22,405,192	35,893,402	(691.5
	S OF WRITE-INS								
3401.		!			0	0	0	0	٥.و
3402.		.							
3403.		1							
3498.	Sum. of remaining write-ins for Line 34 from overflow page		0		0		0	0	0.0
3499	Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		3	Reporte	ed Losses	A 2	In	curred But Not Report	ed	8	9
		- 1	2	3	4	5	6	7		
	Line of Business	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 +5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1.	Fire	29,800			29,800				29,800	78,110
2.	Allied lines	13,235,403		7,489,597	5,745,806	23,894,663		23,845,225	5,795,244	2,393,003
3.	Farmowners multiple peril	0.20			0				0	
4.	Homeowners multiple peril	9,858,145		6,122,032	3,736,113	38,933,791		16,225,069	26,444,835	348,830
5.	Commercial multiple peril								167,375	689
6.	Mortgage guaranty				0	L			0	l
8.	Ocean marine				0				0	l
9.	Inland marine				0				0	
10.	Financial guaranty			L	0	LI			0	
11.1	Medical professional liability-occurrence				0				0	
11.2	Medical professional liability-claims-made				0				0	
12.	Earthquake				0				0	
13.	Group accident and health				0				(a) 0	
14.	Credit accident and health (group and individual)				0				0	
15.	Other accident and health					l			(a)	
16.	Workers' compensation				0				(4)	
17.1	Other liability-occurrence		50 50 50 50 50 50 50 50 50 50 50 50 50 5						<u> </u>	
				+	<u>y</u>	l		 	<u>-</u>	
17.2	Other liability-claims-made			 	0			 		
17.3	Excess workers' compensation				<u>P</u>					
18.1	Products liability-occurrence				0	l		+	<u>0</u> '	
18.2	Products liability-claims-made				<u>9</u>	l		 	ا ہے۔۔۔۔۔۔۔ ا	l
19.1,19	2 Private passenger auto liability	— 			ļ <u>0</u>	l		 	ا ہے۔۔۔۔۔۔ ا	
19.3,19	4 Commercial auto liability				ļ	-		 	ا <u>و</u> ــــــــــــــــــــــــــــــــــــ	l
21.	Auto physical damage				0			 	ا مــــــــــــــــــــــــــــــــــــ	l
22.	Aircraft (all perils)				P	L			ا و	l
23.	Fidelity			<u> </u>	0	L			ا ۵٥	ļ
24.	Surety				L0				ا و	l
26.	Burglary and theft				0				' ۵ــــــــــــــــــــــــــــــــــــ	l
27.	Boiler and machinery				L0	L			' و	L
28.	Credit				L0	L			' مــــــــــــــــــــــــــــــــــــ	L
29.	International			L	L0	LI			lo'	L
30.	Warranty								0	
31.	Reinsurance-nonproportional assumed property	XXX			0	XXX			0	
32.	Reinsurance-nonproportional assumed liability	XXX			0	XXX			0	
33.	Reinsurance-nonproportional assumed financial lines	XXX		T	0	XXX			0	l
34.	Aggregate write-ins for other lines of business		0	0		0	0	0	0	
35.	TOTALS	23.290.722		13,611,629	9.679.093	62,828,454	0		32,437,254	2.820.631
	OF WRITE-INS	25,250,722		15,011,025	3,0,3,033	02,020,131	•	10,010,251	32,131,231	2,020,03
3401.	OF WILLIAMS			L	Lo			1		1
3402.				+	t				ا لا	l
3402. 3403.				+	 	 		 	l	l
			0	0	0	t			I	t
3498.	Sum. of remaining write-ins for Line 34 from overflow page		<u>9</u>	⁰		o	<u>º</u>		<u> </u>	i
3499.	Totals (Lines 3401 through 3403 + 3498) (Line 34 above) ing \$ for present value of life indemnity claims.	0	0	0	. 0	0	0	0	0	

PART 3 - EXPENSES

PART 3 - EXPENSES											
		1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total						
1.	Claim adjustment services:										
	1.1 Direct	19,575,689			19,575,689						
	1.2 Reinsurance assumed				0						
	1.3 Reinsurance ceded	14,923,335			14,923,335						
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	4,652,354	0	0	4,652,354						
2.	Commission and brokerage:	,									
1000	2.1 Direct, excluding contingent		15,672,027		15,672,027						
	2.2 Reinsurance assumed, excluding contingent		(1,400)		(1,400)						
	2.3 Reinsurance ceded, excluding contingent		38,649,158		38,649,158						
	2.4 Contingent-direct	3,13,11,10,10			0						
	2.5 Contingent-reinsurance assumed				0						
	2.6 Contingent-reinsurance ceded				0						
	2.7 Policy and membership fees		4,292,092		4,292,092						
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	(18,686,438)	0	(18,686,438)						
3	Allowances to manager and agents		27,062,551		27,062,551						
	Advertising		27,002,331		27,002,331						
1	_				217 ,362						
	Surveys and underwriting reports		217,002		n ,502						
	Audit of assureds' records				0						
	Salary and related items:										
0.	8.1 Salaries				0						
	8.2 Payroll taxes				0						
	Employee relations and welfare				0						
	Insurance				0						
	Directors' fees				0						
	Travel and travel items				0						
1	Rent and rent items				0						
1	Equipment Cost or depreciation of EDP equipment and software				30,967						
			,967		50,907						
	Printing and stationery										
1	Postage, telephone and telegraph, exchange and express		405,880		405,880						
1	Legal and auditing	0		0							
1	Totals (Lines 3 to 18)	υ	27,716,760		27 ,716 ,760						
20.	Taxes, licenses and fees:										
	20.1 State and local insurance taxes deducting guaranty association		0 204 000		0 004 000						
	credits of \$		3,231,933		3,231,933						
	20.2 Insurance department licenses and fees		123,348		123,348						
	20.3 Gross guaranty association assessments		57, 400		0						
	20.4 All other (excluding federal and foreign income and real estate)		57,423		57,423						
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	3,412,705	0	3,412,705						
21.	Real estate expenses				0						
	Real estate taxes				0						
	Reimbursements by uninsured plans										
	Aggregate write-ins for miscellaneous expenses	0	198,423	76,256	274,679						
25.	Total expenses incurred	4,652,354	12,641,449	76,256	(a)17,370,059						
26.	Less unpaid expenses-current year	2,820,631	1,399,268		4,219,899						
27.	Add unpaid expenses-prior year	1,893,129	1,784,843	0	3,677,973						
28.	Amounts receivable relating to uninsured plans, prior year	0		0	0						
29.	Amounts receivable relating to uninsured plans, current year				0						
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	3,724,852	13,027,025	76,256	16,828,133						
DETAI	LS OF WRITE-INS										
2401.	Miscellaneous Expense		198,423		198,423						
2402.	Investment Fees			76,256	76,256						
2403.	Miscellaneous Expenses				0						
2498.	Summary of remaining write-ins for Line 24 from overflow page	0		0	0						
2499.	Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	0	198,423	76,256	274,679						

(a) Includes management fees of \$ to affiliates and \$ ______to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year		2 Earned During Year
1.	U.S. Government bonds	(a)	3.679	3,149
1.1	Bonds exempt from U.S. tax		1.397	
1.2	Other bonds (unaffiliated)	(a)301	1.139	275,677
1.3	Bonds of affiliates			
2.1	Preferred stocks (unaffiliated)	(b)		
2.11	Preferred stocks of affiliates			
2.2	Common stocks (unaffiliated)			
2.21	Common stocks of affiliates			
3.	Mortgage loans	(c)		
4.	Real estate			
5.	Contract loans			
6.	Cash, cash equivalents and short-term investments			32,805
7.	Derivative instruments	(f)		
8.	Other invested assets			87,016
9.	Aggregate write-ins for investment income			0
10.	Total gross investment income		3.567	431.544
	Marco Carlo		1	
11.	Investment expenses			
12.	Investment taxes, licenses and fees, excluding federal income taxes)
13.	Interest expense)
14.	Depreciation on real estate and other invested assets)
15.	Aggregate write-ins for deductions from investment income			0
16.	Total deductions (Lines 11 through 15)			76,256
17.	Net investment income (Line 10 minus Line 16)			355,288
DETAI	LS OF WRITE-INS			
0901.				
0902.				
0903.				
0998.	Summary of remaining write-ins for Line 9 from overflow page		0	0
	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	7	0	0
	\	-		
1501.				
1502.				
1503.				
	Summary of remaining write-ins for Line 15 from overflow page		_	0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)			0
	udes \$4,266 accrual of discount less \$164,349 amortization of premium and less \$			
	udes \$accrual of discount less \$amortization of premium and less \$			
	ides \$0 accrual of discount less \$0 amortization of premium and less \$		ccrued int	erest on purchases.
	udes \$for company's occupancy of its own buildings; and excludes \$ intere			
	udes \$amortization of premium and less \$amortization of premium and less \$	paid for a	ccrued int	erest on purchases.
	udes \$amortization of premium.			
(a) Incl	udes \$investment expenses and \$investment taxes, licenses and fees, ex	cluding federal income	taxes, att	tributable to
seg	regated and Separate Accounts.			
seg (h) Incl	regated and Separate Accounts. des \$interest on surplus notes and \$interest on capital notes. des \$depreciation on real estate and \$depreciation on other invested ass			

EXHIBIT OF CAPITAL GAINS (LOSSES)

		OI OAIII	AL OAIII	_ (∪ ,	
		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds		Adjustitions	0	Oun (2000)	Cum (E000)
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)			(48,501)		
1.3	Bonds of affiliates			0	0	
2.1	Preferred stocks (unaffiliated)			0	0	
2.11				0	0	
2.2	Common stocks (unaffiliated)			0	84	
2.21	Common stocks of affiliates			0	0	
3.	Mortgage loans			0	0	
4.	Real estate			0		
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments.			0	0	(
7.	Derivative instruments			0		
8.	Other invested assets	0	0	0	0	(
9.	Aggregate write-ins for capital gains (losses)		0	0	0	
10.	Total capital gains (losses)	(48,501)	0	(48,501)	84	
DETA	LS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from					
0999	overflow page	0	0	0	0	
5555.	above)	0	0	0	0	

EXHIBIT OF NONADMITTED ASSETS

	EXHIBIT OF NONAL	1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)	0	0	0
	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):	P. STREET, STREET, STREET	5000000 2000000 BMC	900 TO 1000 TO
	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
9.	Receivables for securities		0	0
10.	Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11.	Aggregate write-ins for invested assets		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	763,945	389,093	(374,853)
	15.2 Deferred premiums, agents' balances and installments booked but deferred			
	and not yet due	0	0	0
	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
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	21,399,854	8,014,146	(13,385,708)
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
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
1	Aggregate write-ins for other-than-invested assets	0	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and			
	Protected Cell Accounts (Lines 12 to 25)	22,163,799		(13,760,560)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
	Total (Lines 26 and 27)	22,163,799	8,403,239	(13,760,560)
DETAI	LS OF WRITE-INS			
1				
1102.				
1103.		_		-
1	Summary of remaining write-ins for Line 11 from overflow page	0	0	0
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
l	Prepaid Other		0	0
2502.				
2503.				
1	Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Weston Property & Casualty Insurance Company (the Company) are presented on a basis of accounting practices prescribed or permitted by the Florida Office of Insurance Regulation.

The Florida Office of Insurance Regulation recognizes only statutory accounting practices prescribed by or permitted by the State of Florida for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Florida Insurance Law. The National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Florida.

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

_	SSAP#	F/S Page	F/S Line #	2021	2020
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$(57,681,557)	\$(39,276,813).
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$(57,681,557)	\$ (39,276,813)
Surplus				9	
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 28,294,519	\$ 28,939,652
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 28,294,519	\$ 28,939,652

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

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

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Uneamed premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business.

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

In addition, the company uses the following accounting policies:

- (1) Basis of valuation of short-term investments Short-term investments are stated at amortized value using the effective interest method.
- (2) Basis of valuation of bonds Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Basis of valuation of common stock Common stock is stated at fair value.
- (4) Preferred stocks Not Applicable
- (5) Mortgage loans Not Applicable
- (6) Loan-backed securities Not Applicable
- (7) Basis of valuation of subsidiary, controlled and affiliated Investments in subsidiaries are carried at the lower of cost or fair value.
- (8) Investments in joint ventures, partnerships and limited liability companies Not Applicable
- (9) Derivatives Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation Not Applicable
- (11) Method of establishing loss and LAE reserves 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. In spite of the variability inherent in such estimates, management believes that the liabilities for unpaid losses and loss adjustment expenses are adequate. The methods, for making such estimates and for establishing the resulting liability are continually reviewed and any changes are reflected in the period determined. Subrogation and salvage recoveries are reviewed and any adjustments are recorded as reductions in losses and loss adjustment expenses when received.
- (12) Changes in capitalization policy Not Applicable
- (13) Pharmaceutical rebate receivables Not Applicable
- D. Going Concem Not Applicable
- 2. Accounting Changes and Corrections of Errors Not Applicable
- 3. Business Combinations and Goodwill
 - A. Statutory Purchase Method Not Applicable

3. Business Combinations and Goodwill (Continued)

- B. Statutory Merger
 - (1) Weston Specialty Insurance Company was redomesticated from Texas to Florida and renamed Weston Property & Casualty Insurance Company effective 12/17/21. Weston Insurance Company was merged with and into Weston Property & Casualty Insurance Company effective 12/22/21. Weston Property & Casualty Insurance Company is the surviving entity.
 - (2) The transaction was accounted for as a statutory merger.
 - (3) Weston Insurance Company issued 2,500,000 shares bring the total to 5,000,000 issued and outstanding shares.
 - (4) Pre merger separate company revenue, net income, and other surplus adjustments for the nine months ended 9/30/2021 were (\$13,121,250), (\$30,991,165), \$20,485,822, respectively for Weston Insurance Company and \$8,960,627, (\$16,823,299), \$15,180,425, respectively for Weston Specialty Insurance Company.
 - (5) No adjustments were made directly to the surplus of Weston Property & Casualty Insurance Company as a result of the merger.
- C. Impairment Loss Not Applicable
- D. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill Not Applicable

4. Discontinued Operations - Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans Not Applicable
- B. Debt Restructuring Not Applicable
- C. Reverse Mortgages Not Applicable
- D. Loan-Backed Securities Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- J. Real Estate Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC) Not Applicable

5. Investments (Continued)

- L. Restricted Assets
 - (1) Restricted assets (including pledged)

Restricted Asset Total General Account (G/A)			Gross (Admitted & Nonadmitted) Restricted													
Protected Cell Prot					Current Year									Current Y	ear/	
Restricted Asset Total General Protected Cell Account Protected Cell Account Category Account (G/A) Restricted Asset Total General Category Account (G/A) Subject to contractual obligation for in or shown in a security lending agreements. Category Category Account (G/A) Category Account (G/A) Activity (Restricted Cell Account (R/A) Activity (Restricted Cell Account (Restricted Ce			(1)	(2)	(3)	(4)		(5)		(6)		(7)	(8)	(9)	(10)	(11)
contractual colligation for which shability is \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				Supporting Protected Cell Account	Protected Cell Account Restricted	Account Assets Supporting	1				(D	ecrease)	Nonadmitted	Restricted	(Admitted & Nonadmitted Restricted to Total	
under accurity lending agreements \$ Subject to repurchase agreements \$		contractual obligation for which liability is	\$	\$. \$	\$	\$. \$		\$		\$	\$	*	%
repurchase agreements	b.	under security lending											***************************************		%	
reverse repurchase agreements \$	C.	repurchase											***************************************		%	%
repurchase agreements f. Subject to dollar reverse repurchase g. Placed under option contracts. l. Letter stock or securities restricted as to sale- excluding FHLE capital stock f. FHLE capital stock On deposit with other regulatory bodies L. Pidegded as collateral to FHLE (including sasets backing funding agreements) The Pidegded as collateral to FHLE (including sasets backing funding agreements) The Pidegded as collateral not captured in other categories. The Pidegded as collateral	d.	reverse repurchase						388								
reverse repurchase agreements g. Placed under option contracts. h. Letter stock or securities restricted as to sale - excluding FHLB capital stock. i. FHLB capital stock. j. On deposit with states	e.	repurchase														%
option contracts h. Letter stock or securities restricted as to sale excluding FHLB capital stock. i. FHLB capital stock j. On deposit with states		reverse repurchase											2224222222222222222222		*	*
securities restricted as to sale - excluding FHLB capital stock. i. FHLB capital stock j. On deposit with states	g.														%	%
Stock		securities restricted as to sale - excluding FHLB capital													*	
states	i.														%	%
other regulatory bodies I. Pledged as collateral to FFILB (including assets backing funding agreements). II. Pledged as collateral not captured in other categories II. Other restricted assets O. Total restricted	j.		1,963,75	3				1,963,753		2,233,542		(269,789)		1,963,753	1.382 %	1.636 %
collateral to FHLB (including assets backing funding agreements) m. Pledged as collateral not captured in other categories n. Other restricted assets o. Total restricted	k	other regulatory											***************************************		%	%
collateral not captured in other categories. n. Other restricted assets. o. Total restricted	L	collateral to FHLB (including assets backing funding										*****************	******************************			
assets o. Total restricted		collateral not captured in														%
	n.														%	%
	0.		\$1,963,75	3 \$	\$	\$	\$	1,963,753	\$	2,233,542	\$	(269,789)	\$	\$1,963,753	1.382 %	1.636 %

- (2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) Not Applicable
- (3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) Not Applicable
- (4) Collateral received and reflected as assets within the reporting entity's financial statements Not Applicable
- M. Working Capital Finance Investments Not Applicable
- N. Offsetting and Netting of Assets and Liabilities Not Applicable
- O. 5GI Securities Not Applicable
- P. Short Sales Not Applicable
- Q. Prepayment Penalty and Acceleration Fees

	General Account	Protected Cell
(1) Number of CUSIPs	5	
(2) Aggregate amount of investment income	\$ 43,122	\$

5. Investments (Continued)

R. Reporting Entity's Share of Cash Pool by Asset type

	Asset Type	Percent Share
(1)	Cash	87.590 %
(2)	Cash Equivalents	12.230 %
(3)	Short-Term Investments	0.180 %
(4)	Total	100.000 %

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

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

The Company non-admits investment income due and accrued if amounts are over 90 days past due.

- B. Total Amount Excluded Not Applicable
- 8. Derivative Instruments Not Applicable

9. Income Taxes

- A. Components of the Net Deferred Tax Asset/(Liability)
 - (1) Change between years by tax character

			2021			2020		Change			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
		Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)	
(a)	Gross deferred tax assets	\$ 24,635,138	\$ 18	\$ 24,635,156	\$ 12,357,700	\$25,931	\$ 12,383,631	\$ 12,277,438	\$(25,913)	\$ 12,251,525	
(b)	Statutory valuation allowance adjustments	24,615,165	18	24,615,183	3,272,588	25,931	3,298,519	21,342,577	(25,913)	21,316,664	
(c)	Adjusted gross deferred tax assets (1a - 1b)	19,973		19,973	9,085,112		9,085,112	(9,065,139)		(9,065,139)	
(d)	Deferred tax assets nonadmitted				8,014,146		8,014,146	(8,014,146)		(8,014,146)	
(e)	Subtotal net admitted deferred tax asset (1c - 1d)	\$ 19,973	\$	\$ 19,973	\$ 1,070,966	\$	\$ 1,070,966	\$(1,050,993)	\$	\$(1,050,993)	
(f)	Deferred tax liabilities	19,973		19,973	19,292		19,292	681		681	
(g)	Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ -	\$ -	\$ -	\$ 1.051.674	ŝ	\$ 1.051.674	\$ (1.051.674)	\$ -	\$ (1.051,674)	

(2) Admission calculation components SSAP No. 101

		2021			2020			Change	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a) Federal income taxes paid in prior years recoverable through loss carrybacks		\$	\$	\$	\$. S	\$	\$	\$
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below).				1,051,672		1,051,672	(1,051,672)		(1,051,672)
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	17,954	·	17,954	1,532,858		1,532,858	(1,514,904)		(1,514,904)
 Adjusted gross deferred tax assets allowed per limitation threshold 	xxx	xxx		xxx	xxx	1,363,813	xxx	xxx	(1,363,813)
(c) Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	19,974	I	19,974	19,292		19,292	682		682
(d) Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 19,974	\$	\$ 19,974	\$ 1,070,964	\$	\$ 1,070,964	\$ (1,050,990)	\$	\$ (1,050,990)

(3) Ratio used as basis of admissibility

		2021	2020
(a)	Ratio percentage used to determine recovery period and threshold limitation amount	273.000 %	367.000 %.
(b)	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 32,056,172	\$ 29,879,127

- (4) Impact of tax-planning strategies
 - (a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

9. Income Taxes (Continued)

			20	21	20	020	C	hange
			(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) Ordinary (Col. 1-3)	(6) Capital (Col. 2-4)
	1.	Adjusted gross DTAs amount from Note 9A1(c)	\$ 19,973	\$ -	\$ 9.085.112	ŝ	\$(9,065,13	9) \$
	2.						%	%
	3.	Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 19,973	\$	\$ 1,070,966	\$	\$(1,050,99	3) \$
	4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%		%	%
(b)	Use	of reinsurance-related tax-planning strate	egies					
	Doe	es the company's tax-planning strategies	include the use	of reinsurance	?			NO
Regard	ing D	eferred Tax Liabilities That Are Not Recog	nized - Not App	licable				
Major (omp	onents of Current Income Taxes Incurred						
						(1)	(2)	(3)
		me taxes incurred consist of the following Income Tax	major compone	nts:	_	2021	2020	Change (1-2
					ė	_	ė	ė
(b		reign				_	y	.
(c		btotal			\$	_	\$	\$
(d	,	deral income tax on net capital gains			•	_	Y	•
(e		ilization of capital loss carry-forwards						
(f		her						
(g		deral and foreign income taxes incurred				_	\$	\$
(0		•			<u></u>		<u>-</u>	
						(1)	(2)	(3)
					_	2021	2020	Change (1-2
		d Tax Assets						
(a	٠	dinary				405 700		A 054
	(1)						\$ 310,600	
	(2)					736,417	402,466	333,9
	(3)	•					***************************************	
	(4)							
	(5)							
	(6)							
	(7)							
	(8)							
	(9)	Pension accrual				70.750	(7740	
		Net operating loss carry-forward				70,750	67,740	
	(1:	,					11,002,900	11,500,7
	•	Other (including items less than 5% of to					243 956	(111.3
	("	(99) Subtotal	•	•		-		
(h) St	atutory valuation allowance adjustment						
(c		nadmitted						
(d		mitted ordinary deferred tax assets (2a99 -						
	,	pital	,		•			, , , , , ,
	(1)				•		•	•
	(2)							
	(3)							
	(4)							
		(99) Subtotal						
) St	atutory valuation allowance adjustment						
(f		nadmittad						
(g	-	nadmitted						
) Ac	mitted capital deferred tax assets (2e99 - 2 mitted deferred tax assets (2d + 2h)	f - 2g)					

9. Income Taxes (Continued)

				(1) 2021	(2) 2020	(3) Change (1-2)
3.	Defe	erred	Tax Liabilities			
	(a)	Ordi	nary			
		(1)	Investments	\$ 13,498	\$(18,406).	\$ 31,904
		(2)	Fixed assets			
		(3)	Deferred and uncollected premium.			
		(4)	Policyholder reserves			
		(5)	Other (including items <5% of total ordinary tax liabilities)	6,475	(886)	7,361
			(99) Subtotal			\$ 39,265
	(b)	Сар	ital			
		(1)	Investments	\$	\$	\$
		(2)	Real estate			
		(3)	Other (including items <5% of total capital tax liabilities)			
			(99) Subtotal	\$	\$	\$
	(c)	Def	erred tax liabilities (3a99 + 3b99)	\$ 19,973	\$ (19,292)	\$ 39,265
4.	Net	defe	rred tax assets/liabilities (2i - 3c)	\$	\$ 1,090,258	\$(1,090,258)

D. Among the More Significant Book to Tax Adjustments

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to pre-tax income. The significant terms causing this difference are as follows:

	2021	Effective Tax Rate
Provision computed at statutory rate	\$(12,113,127)	21.000 %
Tax exempt interest income deduction	(581)	0.001 %
Change in VA	21,316,664	-36.956 %
Other - Deferred True Ups	(42,835)	0.074 %
Other	(127,424)	0.221 %
Total	\$ 9,032,697	-15.660 %
	2021	Effective Tax Rate
Federal and foreign income taxes incurred	\$	
Change in net deferred income taxes	9,032,697	-15.660 %
Total statutory income taxes	\$ 9,032,697	-15.660 %

E. Operating Loss and Tax Credit Carryforwards

The Company had net operating losses of \$ 111,472,210.

- (1) At December 31, 2021, the Company has a federal net operating loss carryforward of \$ 111,472,210 for future years.
- (2) Income tax expense available for recoupment Not Applicable
- (3) Deposits admitted under IRS Code Section 6603 Not Applicable
- F. Consolidated Federal Income Tax Return
 - (1) The Company's federal income tax return is consolidated with the following entities:
 - Weston Insurance Holdings Corp
 - Weston Insurance Management
 - (2) The method of allocation is subject to written agreement, approved by the Board of Directors. Allocation is based on separate return calculation with current credit for net losses. Intercompany tax balances are settled annually after the Consolidated Federal Income Tax Return is filed.
- G. Federal or Foreign Income Tax Loss Contingencies Not Applicable
- H. Repatriation Transition Tax (RTT) Not Applicable
- I. Alternative Minimum Tax (AMT) Credit Not Applicable

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

A. Nature of relationships

All outstanding shares of the Company are owned by Weston Insurance Holdings Corporation (WIHC), a Florida Corporation.

B. Detail of transaction greater than 0.5% of admitted assets

In December 2016, the Company converted a portion of its intercompany balance with Weston Insurance Management (WIM) to a loan in the amount of (USD 3,250,000). The loan may be partially or fully repaid at any time by WIM upon mutual written agreement between the parties but at a minimum in compliance with applicable amortization requirements for admissibility of any outstanding balance by the Company as an asset pursuant to Chapter 625, Florida Statutes. The loan will be automatically terminated on December 30, 2021 (the "Termination Date") unless otherwise agreed in writing between WIM and the Company. All capital amounts outstanding under the loan will be due and payable to the Company on the Termination Date.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

On December 31, 2021, the amount of the loan outstanding is \$0, having been repaid in full on 12/27/2021. Interest income in the amount of \$87,016 was recorded by the Company in 2021.

Weston Specialty Insurance Company was redomesticated from Texas to Florida and renamed Weston Property & Casualty Insurance Company effective 12/17/21. Weston Insurance Company was merged with and into Weston Property & Casualty Insurance Company effective 12/22/21. Weston Property & Casualty Insurance Company is the surviving entity.

In 2021, the company has received \$58.44 million from affiliated entities. The amount received was comprised of capital contributions from WIHC in the amount of \$54.87 million and the partial repayment of the advance account from WIM of \$3.57 million.

- C. Transactions With Related Party Who Are Not Reported on Schedule Y Not Applicable
- D. Amounts due to or from related parties

The receivable from affiliates reported on line 23 of the assets page includes a \$3.31M receivable from WIM. The amount is deemed an admitted asset by the Florida Office of Insurance Regulation (the "Office") and is being repaid based on a repayment plan approved by the Office. The Company is current with its payments as of the filing date of this statement.

E. Management, service contracts, cost-sharing arrangements

WIM, an affiliate of the Company, is the exclusive management general agent for the Company. Under the Managing General Agency (MGA) Agreement with WIM, the Company pays a commission to the MGA for expenses incurred that are related to underwriting, acquisition, operations management, and claims administration. An expense of \$31,354,643 and \$29,128,873 was recorded in the twelve months ending December 31, 2021, and 2020 respectively, per the terms of the MGA agreement.

- F. Guarantees or Contingencies Not Applicable
- G. Nature of Relationships that Could Affect Operations Not Applicable
- H. Amount Deducted for Investment in Upstream Company Not Applicable
- Effective December 31, 2020, WIHC contributed its shares of WSIC to the Company. The Company requested and received special consent pursuant to Section 625.331(1)(a) Florida Statutes, to temporarily exceed the limitation on investments in subsidiaries and affiliates.
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies Not Applicable
- K. Foreign Subsidiary Value Using CARVM Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method Not Applicable
- M. All SCA Investments Not Applicable
- N. Investment in Insurance SCAs Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking Not Applicable
- 11. Debt Not Applicable

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

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

A. Outstanding shares

As of December 31, 2021, the Company has 5,000,000 shares of authorized, issued, and outstanding common stock at a par value of one dollar (\$1) per share.

- B. Dividend Rate of Preferred Stock Not Applicable
- C. Dividend restrictions

Florida Statute 628.371 restricts dividend payments for State of Florida insurance companies without prior approval by the Insurance Commission to the larger of: 10% of the policyholders' surplus or the entire net income of the preceding year plus a two year carry forward. The dividend may also be computed as 10% of surplus with dividends constrained to unassigned funds minus 5% of unrealized capital gain. A third computation provides for the lesser of 10% of surplus or net investment income plus a year carry-forward with dividends constrained to unassigned funds minus 25% of unrealized capital gains. The maximum allowed for dividend restrictions is the lesser of the above calculations or the unassigned funds at year end. After computation dividends are restricted to unassigned surplus.

D. Dates and amounts of dividends paid

The company paid a total of \$5,000,000 to parent, Weston Insurance Holdings Company, during the second quarter of 2020.

- E. Company Profits Paid as Ordinary Dividends Not Applicable
- F. Surplus Restrictions Not Applicable
- G. Surplus Advances Not Applicable
- H. Stock Held for Special Purposes Not Applicable
- I. Changes in Special Surplus Funds Not Applicable
- J. Unassigned Funds (Surplus)

(\$44.3 MM)

K. Company-Issued Surplus Debentures or Similar Obligations - Not Applicable

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

L. Impact of Any Restatement Due to Prior Quasi-Reorganizations

\$46.8 million - See Note 13M

M. On October 14, 2020, the TDI approved a quasi-reorganization Weston Specialty Insurance Company. The impact of the quasi-reorganization was to net \$25.6 million of accumulated deficit against contributed capital within the statutory statement of changes in capital and surplus.

On March 31, 2021, the Florida Office of Insurance Regulation approved Weston Insurance Company's request for a quasi-reorganization which was recorded in the first quarter of 2021. The impact of the quasi-reorganization was to net \$46.8 million of accumulated deficit against contributed capital with the statutory statement of changes in capital and surplus.

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments Not Applicable
- B. Assessments Not Applicable
- C. Gain Contingencies Not Applicable
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Extra contractual obligation and bad faith losses – The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

Method used to disclose claim count information:

- (f) Per Claim [X]
- (g) Per Claimant []
- E. Product Warranties Not Applicable
- F. Joint and Several Liabilities Not Applicable
- G. All Other Contingencies

Various lawsuits against the Company have arisen in the normal course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets that it considers to be impaired.

- 15. Leases Not Applicable
- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk Not Applicable
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities Not Applicable
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans Not Applicable
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

In 2012, the Weston Insurance Company entered into a Managing General Agent and Claims Administration Agreement with WIM. The terms of the MGA contract give the MGA authority for the claims payment (C), claims adjustment (CA), reinsurance ceding (R), binding authority (B), premium collection (P), and underwriting (U) in each state in which the Company is licensed. On October 1, 2016 the Company amended the Managing General Agent and Claims Administration Agreement with WIM to increase the commission to WIM by 2.25% to a total of 26.50% for services to the company.

On March 13, 2020 Weston Specialty Insurance company entered into a Managing General Agent and Claims Administration Agreement with WIM. The terms of the MGA contract give the MGA authority for the claims payment (C), claims adjustment (CA), reinsurance ceding (R), binding authority (B), premium collection (P), and underwriting (U) in each state in which the Company is licensed. The agreement grants a commission to WIM of 30%.

When the companies merged on 12/22/2021, the business formerly under WIC remained with a commission of 26.5% and the business formerly under Weston Specialty continuing at 30%

All authorities for WIM with respect to the MGA contracts remain unchanged.

Name and Address of Managing General Agent or Third Party Administration	FEIN Number	Exclusive Contract	Types of Business Written	Authority Granted	Premium Written / Produced By
Weston Insurance Management, LLC, P.O. Box 14-2057, Coral Gables, FL 33114.	45-2754156	YES	Fire/Allied/ Homeowners Multi peril/Commercial Multi peril	C,CA,R,P,B,U	\$

Total Direct

20. Fair Value Measurements

- A. Fair Value Measurement
 - (1) Fair value measurements at reporting date

	Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a.	Assets at fair value					
	Exempt MM Mutual Fund	\$	\$	\$	\$ 116,648	\$ 116,648
	Other MM Mutual Fund	1,055,190			2,000,819	3,056,009
	Common Stock				151	151
	Total assets at fair value/NAV	\$ 1,055,190	\$	\$	\$ 2,117,619	\$ 3,172,809
b.	Liabilities at fair value					
	Total liabilities at fair value	\$	\$	\$	\$	\$

- (2) Fair value measurements in Level 3 of the fair value hierarchy Not Applicable
- (3) Policy on transfers into and out of Level 3 Not Applicable
- (4) Inputs and techniques used for Level 2 and Level 3 fair values Not Applicable
- (5) Derivatives Not Applicable
- B. Other Fair Value Disclosures Not Applicable
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Common Stock	\$ 151	\$ 151	\$ 151	\$	\$	\$	\$
Bonds	12,152,104	12,137,572	12,152,104				
Cash, Cash Equivalents and Short- Term Investments	25 932 077	25 932 077	25 932 077				

- D. Not Practicable to Estimate Fair Value Not Applicable
- E. Nature and Risk of Investments Reported at NAV Not Applicable

21. Other Items

- A. Unusual or Infrequent Items Not Applicable
- B. Troubled Debt Restructuring Not Applicable
- C. Other Disclosures

The write-in asset of \$11.6 million reported on Page 2, line 2507 is to recognize additional tax deferred assets that will be utilized by December 31, 2022 or otherwise collected pursuant to a guarantee from HSCM Bermuda Fund, Ltd. The reporting of this portion of the deferred tax asset is consistent with SSAP 101, paragraph 10 regarding the Admissibility of Income Tax Assets and SSAP 4.

- (1) Agent's Balances or Uncollected Premiums per Statement before reduction for ceded reinsurance balances payable.

 (2) Premium collected from "Controlled" or "Controlling" persons.

 (3) Premiums collected by "Controlled" or "Controlling" persons within 15 working days immediately preceding reporting period; F.S. 625.012(5)(a)1.

 Amount of Applicable:

 (4) Trust Fund.

 (5) Letter of Credit.

 (6) Financial Guaranty Bond.

 (7) Total of line (4), (5) and (6).

 (8) Line (2) minus (3) minus (7), should not exceed zero.
- D. Business Interruption Insurance Recoveries Not Applicable
- E. State Transferable and Non-Transferable Tax Credits Not Applicable
- F. Subprime-Mortgage-Related Risk Exposure Not Applicable
- G. Insurance-Linked Securities (ILS) Contracts Not Applicable
- H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - Not Applicable

22. Events Subsequent

Included on line 25 of the assets page is a receivable for \$7 million representing a capital contribution from WIHC. On March 1, 2022, the Office approved the Company's request to include the capital contribution as a Type 1 subsequent event and admit the receivable as an asset on December 31, 2021. The funds were received on February 28, 2022.

23. Reinsurance

A. Unsecured Reinsurance Recoverables

The Company's unsecured reinsurance balances (including ceded case and IBNR reserves and unearned premium) in excess of 3% of the policyholders' surplus with any one reinsurer.

23. Reinsurance (Continued)

Amount (000) omitted

Individual Reinsurers with Unsecured Reinsurance Recoverables Exceeding 3% of Policyholder Surplus

Individual Reinsurers Who Are Not Members of a Group

FEIN	Reinsurer Name	Unsecured Amou	ınt
95-2769232	INSURANCE CO OF THE WEST	\$	2,041
13-4924125	MUNICH REINS AMER INC		8,091 .
36-2403971	NATIONAL LIAB & FIRE INS CO		2,456 .
47-0698507	ODYSSEY REINS CO		6,164
13-3031176	PARTNER REINS CO OF THE US		16,566
AA-1340125	HANNOVER RUECK SE		2,572

- B. Reinsurance Recoverable in Dispute Not Applicable
- C. Reinsurance Assumed and Ceded
 - Maximum amount of return commission that would have been due reinsurers if all of the company's reinsurance was canceled or if the company's insurance assumed was canceled

		Assumed F	teinsurance	Ceded Re	insu	rance	N	et	10
		Premium Reserve	Commission Equity	Premium Reserve	Co	mmission Equity	Premium Reserve	C	Commission Equity
a.	Affiliates	\$	\$	\$ 	\$		\$ 	\$	
b.	All other			 64,485,982		18,700,935	 (64,485,982)	****	(18,700,935)
C.	Total	\$	\$	\$ 64,485,982	\$	18,700,935	\$ (64,485,982)	\$	(18,700,935)
d.	Direct unearned premium reserve			\$ 80,346,350				6	70

- (2) The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this statement as a result of existing contractual arrangements is accrued as follows: Not Applicable
- (3) Risks attributed to each of the company's protected cells Not Applicable
- D. Uncollectible Reinsurance Not Applicable
- E. Commutation of Ceded Reinsurance Not Applicable
- F. Retroactive Reinsurance Not Applicable
- G. Reinsurance Accounted for as a Deposit Not Applicable
- H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements Not Applicable
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation Not Applicable
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation Not Applicable
- K. Reinsurance Credit Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate Not Applicable
- B. Method Used to Record Not Applicable
- C. Amount and Percent of Net Retrospective Premiums Not Applicable
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act Not Applicable
- E. Calculation of Nonadmitted Retrospective Premium Not Applicable
- F. Risk-Sharing Provisions of the Affordable Care Act (ACA)
 - 1. Not Applicable
 - (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? NO

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year Not Applicable
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance Not Applicable
- (4) Roll-forward of risk corridors asset and liability balances by program benefit year Not Applicable
- (5) ACA risk corridors receivable as of reporting date Not Applicable

25. Changes in Incurred Losses and Loss Adjustment Expenses

- A. Reasons for Changes in the Provision for Incurred Loss and Loss Adjustment Expenses Attributable to Insured Events of Prior Years
 - Reserves as of December 31, 2020 were \$24,245,934. For the twelve months ending December 31, 2021, \$15,976,889 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$14,205,235 resulting in adverse development of \$4,953,616. Increases or decreases occur as a result of claim settlements during the current year and as additional information is received regarding individual claims, causing changes from the original estimates of the cost of the claims.
- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses Company and relevant industry loss development patterns are taken into account in evaluating the overall adequacy of unpaid losses and loss adjustment expenses.
- 26. Intercompany Pooling Arrangements Not Applicable
- 27. Structured Settlements Not Applicable
- 28. Health Care Receivables Not Applicable
- 29. Participating Policies Not Applicable
- 30. Premium Deficiency Reserves Not Applicable
- 31. High Deductibles Not Applicable
- 32. Discounting of Liabilities For Unpaid Losses or Unpaid Loss Adjustment Expenses Not Applicable
- 33. Asbestos/Environmental Reserves Not Applicable
- 34. Subscriber Savings Accounts Not Applicable
- 35. Multiple Peril Crop Insurance Not Applicable
- 36. Financial Guaranty Insurance Not Applicable

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System which is an insurer?] No []
	If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.		250 1. 250
1.2	If yes, did the reporting entity register and file with its domiciliary State Insura regulatory official of the state of domicile of the principal insurer in the Hol disclosure substantially similar to the standards adopted by the National As Insurance Holding Company System Regulatory Act and model regulator standards and disclosure requirements substantially similar to those required	ding Company System, a registration statement providing sociation of Insurance Commissioners (NAIC) in its Model is pertaining thereto, or is the reporting entity subject to] N/A []
1.3	State Regulating? Florida		
1.4	Is the reporting entity publicly traded or a member of a publicly traded group?	Yes [] No [X]
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued	by the SEC for the entity/group.	
2.1	Has any change been made during the year of this statement in the charter reporting entity?		[] No []
2.2	If yes, date of change:		12/21/2021
3.1	State as of what date the latest financial examination of the reporting entity w	as made or is being made	12/31/2021
3.2	State the as of date that the latest financial examination report became availadate should be the date of the examined balance sheet and not the date the r		_12/31/2015
3.3	State as of what date the latest financial examination report became available the reporting entity. This is the release date or completion date of the examin date).		06/15/2017
3.4	By what department or departments? Florida Office of Insurance Regulation		
3.5	Have all financial statement adjustments within the latest financial examina statement filed with Departments?] N/A [X]
3.6	Have all of the recommendations within the latest financial examination repor	t been complied with? Yes [] No [] N/A [X]
4.1	During the period covered by this statement, did any agent, broker, sales combination thereof under common control (other than salaried employee control a substantial part (more than 20 percent of any major line of business premiums) of:	s of the reporting entity) receive credit or commissions for or measured on direct	[] No []
		4.12 renewals? Yes [)	[] No []
4.2	During the period covered by this statement, did any sales/service organic affiliate, receive credit or commissions for or control a substantial part (mod direct premiums) of:		
		-] No [X]
		4.22 renewals? Yes [] No [X]
5.1	Has the reporting entity been a party to a merger or consolidation during the p	period covered by this statement? Yes [)	[] No []
	If yes, complete and file the merger history data file with the NAIC.		
5.2	If yes, provide the name of the entity, NAIC company code, and state of do ceased to exist as a result of the merger or consolidation.	micile (use two letter state abbreviation) for any entity that has	
	1 Name of Entity	NAIC Company Code State of Domicile	
	Weston Insurance Compnay		
	meston insurance compnay	14930	
6.1	Has the reporting entity had any Certificates of Authority, licenses or registra or revoked by any governmental entity during the reporting period?		1 No [X]
62	If yes, give full information	165 [1 MO [X]
7.1	Does any foreign (non-United States) person or entity directly or indirectly cor	ntrol 10% or more of the reporting entity? Yes [X] No []
1.2	If yes,		62.0 %
	7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s) manager or attorney-in-fact and identify the type of entity(s) in-fact).	or if the entity is a mutual or reciprocal, the nationality of its (e.g., individual, corporation, government, manager or attorney-	02.0 %
	1	2	
	Nationality Respect to the second se	Type of Entity	
		Corporation	
	United Kingdom	Individual	
	United Minde	and the state of t	
		Ind i v i dua l	
		orporation	

8.1	Is the company a subsidiary of a depository institution hold	ing company (DIHC) or a DIHC itself, re-	gulated by the I	ederal Reser	ve Board?	Yes [1	NO	[X]
8.2	If response to 8.1 is yes, please identify the name of the D	IHC.							
8.3 8.4	Is the company affiliated with one or more banks, thrifts or If response to 8.3 is yes, please provide the names and lot financial regulatory services agency (i.e. the Federal Reserved I Deposit Insurance Corporation (FDIC) and the Seregulator.	cations (city and state of the main office) rve Board (FRB), the Office of the Comp	troller of the Cu	rrency (OCC)	, the	Yes [1	No	[X]
	1	2	3	4	5	6	_		
		Location	3	4	3	0			
	Affiliate Name	(City, State)	FRB NO	OCC NO	FDIC NO	SEC NO	4		
				NU	NU				
8.5	Is the reporting entity a depository institution holding comp of Federal Reserve System or a subsidiary of the reporting		s as defined by	the Board of	Governors	Yes [1	No [X 1
8.6	If response to 8.5 is no, is the reporting entity a company of to the Federal Reserve Board's capital rule?	The second secon	rwise been mad	le subject	Yes [
9.	What is the name and address of the independent certified RSM 100 Second Avenue South, Suite 600, St. Petersburn		tained to condu	ct the annual	audit?				
10.1	Has the insurer been granted any exemptions to the prohil requirements as allowed in Section 7H of the Annual Finar law or regulation?	pited non-audit services provided by the				Yes [1	No [X]
10.2	If the response to 10.1 is yes, provide information related t	o this exemption:							
10.3	Has the insurer been granted any exemptions related to allowed for in Section 18A of the Model Regulation, or sub			orting Model I	Regulation as	Yes []	No [X]
10.4	If the response to 10.3 is yes, provide information related t	o this exemption:							
10.5	Has the reporting entity established an Audit Committee in	compliance with the domiciliary state ins	surance laws?		Yes	[X] No []	N/A	[]
10.6	If the response to 10.5 is no or n/a, please explain								
11.	What is the name, address and affiliation (officer/empl consulting firm) of the individual providing the statement of Ryan Purdy, FCAS, MAAA, Consulting Actuary Merlinos	actuarial opinion/certification?							
12 1	Does the reporting entity own any securities of a real estat	_		-		Yes [1	No	r x 1
	Dood the reporting child, own any occanion of a roal count	12.11 Name of r		•					
		12.12 Number o	f parcels involv	ed	_				0
		12.13 Total book	dadjusted carry	ing value	\$				
12.2	If yes, provide explanation								
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTI	NG ENTITIES ONLY:							
13.1	What changes have been made during the year in the Unit	led States manager or the United States	trustees of the	reporting enti	ty?				
13.2	Does this statement contain all business transacted for the	reporting entity through its United State	s Branch on ris	ks wherever l	ocated?	Yes [1	No	[]
13.3	Have there been any changes made to any of the trust ind	entures 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, princip similar functions) of the reporting entity subject to a code of the code of			oller, or perso	ns performing	Yes [х]	No	[]
	 Honest and ethical conduct, including the ethical hand relationships; 	ling of actual or apparent conflicts of in	terest between	personal and	d professional				
	b. Full, fair, accurate, timely and understandable disclosure		ed by the repor	ting entity;					
	c. Compliance with applicable governmental laws, rules an	= -							
	d. The prompt internal reporting of violations to an appropr	iate person or persons identified in the c	ode; and						
14 11	e. Accountability for adherence to the code.								
19.11	If the response to 14.1 is no, please explain:								
	Has the code of ethics for senior managers been amended					Yes []	No	[X]
14.21	If the response to 14.2 is yes, provide information related t	o amendment(s).							
14.3	Have any provisions of the code of ethics been waived for	any of the specified officers?				Yes [1	No	[X]
	If the response to 14.3 is yes, provide the nature of any wa								

	nk of the Letter of Credit and describe the				name of the issuing or confirmi	ig		
	1	2	T		3		4	T
	American							
	Bankers							
	Association (ABA) Routing	Issuing or Confirming						
	Number	Bank Name	Circumstance	s That	Can Trigger the Letter of Credit		Amount	_
								.0
		<u> </u>		10	(100) W(100) W(100)			=
								-
			-					
la.	the purchase or colo of all investments of		DIRECTOR		irostoro er a suberdinate semmi	#00		
the	the purchase or sale of all investments or ereof?		-				Yes [X]	No
	es the reporting entity keep a complete ereof?	permanent record of the proceed	ings of its board o	i direct	ors and all subordinate commit	ees	Yes [X]	No
the	is the reporting entity an established proce e part of any of its officers, directors, trus ch person?						Yes [X]	No
		FINANCIA	L					
	s this statement been prepared using a baccounting Principles)?	asis of accounting other than Statu	tory Accounting Pri	inciples	(e.g., Generally Accepted		Yes []	No
То	tal amount loaned during the year (inclusi	ve of Separate Accounts, exclusive	e of policy loans):	20.11	To directors or other officers	\$		
				20.12	? To stockholders not officers	\$		
				20.13	3 Trustees, supreme or grand (Fraternal only)			
То	tal amount of loans outstanding at the end	d of year (inclusive of Separate Acc	counts, exclusive of	f	(Fraternal only)			
	licy loans):	,			To directors or other officers	\$		
				20.22	? To stockholders not officers	\$		
				20.23	3 Trustees, supreme or grand (Fraternal only)	\$		
	ere any assets reported in this statement s ligation being reported in the statement?	subject to a contractual obligation t	o transfer to anothe	er party	without the liability for such		Yes []	No
lf y	es, state the amount thereof at Decembe	r 31 of the current year:	21.21 Rented fr	rom oth	ers	\$		
			21.22 Borrowed	from o	others	\$		
			21.23 Leased fr	rom oth	ers	\$		
			21.24 Other			\$		
	es this statement include payments for as aranty association assessments?	sessments as described in the An	nual Statement Ins	truction	s other than guaranty fund or		Yes []	No
lf a	answer is yes:		22.21 Amount	paid as	losses or risk adjustment	\$		
			22.22 Amount	paid as	expenses	\$		
			22.23 Other an	nounts	paid	\$		
Do	es the reporting entity report any amounts	s due from parent, subsidiaries or a	affiliates on Page 2	of this s	statement?		Yes [X]	No
lf y	res, indicate any amounts receivable from	parent included in the Page 2 amo	ount:			\$		
	es the insurer utilize third parties to pay a within 90 days?	gent commissions in which the am	ounts advanced by	the thir	rd parties are not settled in		Yes []	No
If t	he response to 24.1 is yes, identify the thi	rd-party that pays the agents and v	whether they are a	related	party.			
	Na	1 me of Third-Party	Is the Third-F	Party Ag	2 gent a Related Party (Yes/No)			
	<u> </u>					_		

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)

Yes [X] No []

25.02	If no, give full and complete information, relating	ng thereto						
25.03			n including value for collateral and amount of loaned securities, o reference Note 17 where this information is also provided)	and				
25.04	For the reporting entity's securities lending pro Capital Instructions.	ogram, report amount of	collateral for conforming programs as outlined in the Risk-Based	\$		<u> </u>		0
25.05	For the reporting entity's securities lending pro	gram, report amount of c	collateral for other programs.	\$				0
25.06	Does your securities lending program require	e 102% (domestic securi	ities) and 105% (foreign securities) from the counterparty at th	е				
	outset of the contract?	1.51		Yes [] No] (] N	A [X]
25.07	Does the reporting entity non-admit when the o	collateral received from th	ne counterparty falls below 100%?	Yes [] No] (] N	A [X]
25.08	Does the reporting entity or the reporting entity conduct securities lending?	s securities lending ager	nt utilize the Master Securities Lending Agreement (MSLA) to	Yes [] No] (] N	IA [X]
25.09	For the reporting entity's securities lending pro	gram, state the amount of	of the following as of December 31 of the current year:					
	25.091 Total fair value of reinvested	collateral assets reporte	d on Schedule DL, Parts 1 and 2	\$_				0
	25.092 Total book adjusted/carrying	value of reinvested colla	ateral assets reported on Schedule DL, Parts 1 and 2	\$_				0
	25.093 Total payable for securities l	ending reported on the lia	ability page	\$_				(
26.1		ting entity sold or transfer	y owned at December 31 of the current year not exclusively un- rred any assets subject to a put option contract that is currently in		Vo	e ſ	¥ 1	No [
26.2	If yes, state the amount thereof at December 3				10		. 1	110 [
20.2	in yes, state the amount thereof at December 3	26.21 Subject to repure	shaga agraemente					
			-					
			se repurchase agreements					
		26.23 Subject to dollar						
		-	se dollar repurchase agreements					
		26.25 Placed under opt						
		26.26 Letter stock or se	ecurities restricted as to sale – excluding FHLB Capital Stock					
		26.27 FHLB Capital Sto	ock	-				
		26.28 On deposit with s	states	\$			1,	,963,75
		26.29 On deposit with o	other regulatory bodies	\$_				
		26.30 Pledged as colla	teral – excluding collateral pledged to an FHLB	\$_				
		26.31 Pledged as colla	teral to FHLB – including assets backing funding agreements	\$_				
		26.32 Other		\$_				
26.3	For category (26.26) provide the following:							
	3 , , .							
	1		2	1	3			1
	1 Nature of Restriction		2 Description		3 Amou	ınt	_]
	1		Description			int]
27.1	1 Nature of Restriction		Description		Amou)
	Nature of Restriction Does the reporting entity have any hedging tra	insactions reported on Sc	Description chedule DB?	Ves [Amou	[lo [X]
	1 Nature of Restriction	insactions reported on Sc	Description chedule DB?	Yes [Amou	[
27.2	Nature of Restriction Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement.	insactions reported on Sc hedging program been n	Description chedule DB? nade available to the domiciliary state?	Yes [Amou	[
27.2	Nature of Restriction Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE	nsactions reported on Sc hedging program been n	Description chedule DB? nade available to the domiciliary state?	Yes [Yes] No]] N/	
27.2 LINES 27.3	Nature of Restriction Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to h	nsactions reported on So hedging program been n PORTING ENTITIES ON hedge variable annuity gu ting entity utilize:	Description chedule DB? nade available to the domiciliary state? NLY: parantees subject to fluctuations as a result of interest	Yes [Yes] No]] N/	(X] A'
27.2 LINES 27.3	Nature of Restriction Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to hate sensitivity?	nsactions reported on So hedging program been n PORTING ENTITIES ON hedge variable annuity gu ting entity utilize:	Description chedule DB? nade available to the domiciliary state?	Yes [Yes] No]] N/	(X] A'
27.2 LINES 27.3	Nature of Restriction Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to hate sensitivity?	nsactions reported on So hedging program been n PORTING ENTITIES ON hedge variable annuity gu ting entity utilize:	Description chedule DB? nade available to the domiciliary state? NLY: narantees subject to fluctuations as a result of interest ng provision of SSAP No. 108	Yes [Yes] No Ye] 29] N/	'A [X]
27.2 LINES 27.3 27.4	Nature of Restriction Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to Ir rate sensitivity? If the response to 27.3 is YES, does the report	insactions reported on Schedging program been in EPORTING ENTITIES On hedge variable annuity guing entity utilize: 27.41 Special accounting 27.42 Permitted accounting 27.43 Other accounting	Description chedule DB? nade available to the domiciliary state? NLY: narantees subject to fluctuations as a result of interest ng provision of SSAP No. 108 nting practice g guidance	Yes [Yes] No Ye] 29] N/	No [
27.2 LINES 27.3 27.4	Nature of Restriction Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to Ir rate sensitivity? If the response to 27.3 is YES, does the report	insactions reported on Schedging program been in EPORTING ENTITIES On hedge variable annuity guing entity utilize: 27.41 Special accounting 27.42 Permitted accounting 27.43 Other accounting	Description chedule DB? nade available to the domiciliary state? NLY: narantees subject to fluctuations as a result of interest ng provision of SSAP No. 108 nting practice	Yes [Yes] No Ye] 29] 29] 29] N/	No [No [No [No [No [
27.2 LINES 27.3 27.4	Nature of Restriction Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to Ir rate sensitivity? If the response to 27.3 is YES, does the report	insactions reported on Schedging program been in EPORTING ENTITIES On hedge variable annuity guing entity utilize: 27.41 Special accounting 27.42 Permitted accounting 27.43 Other accounting	Description chedule DB? nade available to the domiciliary state? NLY: narantees subject to fluctuations as a result of interest ng provision of SSAP No. 108 nting practice g guidance	Yes [Yes] No Yes Yes] 29] 29] 29] N/	No [No [No [
27.2 LINES 27.3 27.4	Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to Ir rate sensitivity? If the response to 27.3 is YES, does the report By responding YES to 27.41 regarding utilizing the following: The reporting entity has obtained e	insactions reported on Schedging program been in EPORTING ENTITIES On hedge variable annuity guiting entity utilize: 27.41 Special accounting 27.42 Permitted accounting program of the special accounting program of the explicit approval from the explicit approval from the	Description chedule DB? nade available to the domiciliary state? NLY: uarantees subject to fluctuations as a result of interest ng provision of SSAP No. 108 nting practice g guidance provisions of SSAP No. 108, the reporting entity attests to domiciliary state.	Yes [Yes] No Yes Yes] ses [] N/	No [No [No [No [No [
27.2 LINES 27.3 27.4	Nature of Restriction Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to I rate sensitivity? If the response to 27.3 is YES, does the report By responding YES to 27.41 regarding utilizing the following: The reporting entity has obtained e Hedging strategy subject to the spe	insactions reported on Schedging program been in EPORTING ENTITIES On hedge variable annuity guiting entity utilize: 27.41 Special accounting 27.42 Permitted accounting the special accounting the special accounting provision the ecial accounting provision accounting provision.	Description chedule DB? nade available to the domiciliary state? NLY: parantees subject to fluctuations as a result of interest and provision of SSAP No. 108 nting practice a guidance provisions of SSAP No. 108, the reporting entity attests to		Yes] No Yes Yes] ses [] N/	No [No [No [No [No [
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27.2 LINES 27.3 27.4	Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to Ir rate sensitivity? If the response to 27.3 is YES, does the report By responding YES to 27.41 regarding utilizing the following: The reporting entity has obtained e Hedging strategy subject to the spe Actuarial certification has been ob 21 reserves and provides the impa	insactions reported on So hedging program been no hedge variable annuity guiting entity utilize: 27.41 Special accounting 27.42 Permitted accounting at the special accounting provision tained which indicates the cof the hedging strategy been obtained which indicated that the Clearly Define and program of the special accounting provision tained which indicates the coffice of the hedging strategy been obtained which indicated that the Clearly Define and program of the special accounting provision tained which indicates the coffice of the hedging strategy been obtained which indicates the company of the special accounting provision the company of the program of the special accounting provision tails and the special accounting provision tails are special accounting the special accounting provision tails are special accounting the special acc	Description chedule DB? nade available to the domiciliary state? NLY: uarantees subject to fluctuations as a result of interest ng provision of SSAP No. 108 nting practice g guidance provisions of SSAP No. 108, the reporting entity attests to domiciliary state. ns is consistent with the requirements of VM-21. nat the hedging strategy is incorporated within the establishment	of VM- unt. Defined	Yes] No Yes Yes] ses [] N/	No [No [No [No [No [
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27.2 LINES 27.3 27.4 27.5	Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to Ir rate sensitivity? If the response to 27.3 is YES, does the report By responding YES to 27.41 regarding utilizing the following: The reporting entity has obtained e Hedging strategy subject to the spe Actuarial certification has been ob 21 reserves and provides the impa Financial Officer Certification has the Hedging Strategy within VM-21 an in its actual day-to-day risk mitigati Were any preferred stocks or bonds owned as the issuer, convertible into equity?	insactions reported on Schedging program been in EPORTING ENTITIES On hedge variable annuity guing entity utilize: 27.41 Special accounting 27.42 Permitted accounting to the special accounting provision tained which indicates the counting strategy been obtained which indicates the counting of the hedging strategy been obtained which indicates the counting of the counting of the counting provision tained which indicates the counting	Description chedule DB? nade available to the domiciliary state? NLY: uarantees subject to fluctuations as a result of interest ng provision of SSAP No. 108 nting practice g guidance provisions of SSAP No. 108, the reporting entity attests to domiciliary state. ns is consistent with the requirements of VM-21. nat the hedging strategy is incorporated within the establishment y within the Actuarial Guideline Conditional Tail Expectation Amore cates that the hedging strategy meets the definition of a Clearly I d Hedging Strategy is the hedging strategy being used by the co	of VM- unt. Defined mpany	Yes] No] ses [ses] N//	No [No [No [No [No [
27.2 LINES 27.3 27.4 27.5	Nature of Restriction Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL REDoes the reporting entity utilize derivatives to I rate sensitivity? If the response to 27.3 is YES, does the report By responding YES to 27.41 regarding utilizing the following: The reporting entity has obtained e Hedging strategy subject to the spe Actuarial certification has been ob 21 reserves and provides the impa Financial Officer Certification has I Hedging Strategy within VM-21 an in its actual day-to-day risk mitigative variety of the special strategy and the special strategy within VM-21 and in its actual day-to-day risk mitigative variety in the special strategy within VM-21 and in its actual day-to-day risk mitigative variety in the special strategy within VM-21 and in its actual day-to-day risk mitigative variety in the special strategy within VM-21 and in its actual day-to-day risk mitigative variety in the special strategy within VM-21 and in its actual day-to-day risk mitigative variety in the variety of th	insactions reported on Schedging program been in PORTING ENTITIES On hedge variable annuity guing entity utilize: 27.41 Special accounting 27.42 Permitted accounting to the special accounting the special accounting provision tained which indicates the counting strategy been obtained which indicates the counting of the special accounting provision tained which indicates the counting of the degree of the hedging strategy been obtained which indicates the counting of the special accounting provision tained which indicates the counting of the degree of the degree of the degree of the special accounting the special accounting provision tained which indicates the counting the special accounting the special a	Description chedule DB? nade available to the domiciliary state? NLY: uarantees subject to fluctuations as a result of interest ng provision of SSAP No. 108 nting practice g guidance provisions of SSAP No. 108, the reporting entity attests to domiciliary state. ns is consistent with the requirements of VM-21. hat the hedging strategy is incorporated within the establishment y within the Actuarial Guideline Conditional Tail Expectation Amore cates that the hedging strategy meets the definition of a Clearly I d Hedging Strategy is the hedging strategy being used by the co-	of ∨M- unt. Defined mpany	Yes] No] ses [ses] N//	No [No [No [No [No [
27.2 LINES 27.3 27.4 27.5	Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to have sensitivity? If the response to 27.3 is YES, does the report By responding YES to 27.41 regarding utilizing the following: The reporting entity has obtained e Hedging strategy subject to the spe Actuarial certification has been ob 21 reserves and provides the impa Financial Officer Certification has the Hedging Strategy within VM-21 an in its actual day-to-day risk mitigative any preferred stocks or bonds owned as the issuer, convertible into equity? If yes, state the amount thereof at December 3 Excluding items in Schedule E – Part 3 – Spec entity's offices, vaults or safety deposit boxes, pursuant to a custodial agreement with a quality.	insactions reported on So hedging program been no hedging program been no hedge variable annuity guiting entity utilize: 27.41 Special accounting 27.42 Permitted accounting at the special accounting provision tained which indicates the continuous provision tained and the Clearly Define on efforts. 31 of the current year. 33 indicates the current year. 34 indicates the current year. 35 indicates the current year. 36 indicates the current year. 36 indicates the current year. 37 indicates the current year. 38 indicates the current year. 39 indicates the current year. 30 indicates the current year. 30 indicates the current year. 30 indicates the current year. 31 indicates the current year. 32 indicates the current year. 33 indicates the current year. 34 indicates the current year. 35 indicates the current year.	Description chedule DB? nade available to the domiciliary state? NLY: uarantees subject to fluctuations as a result of interest ng provision of SSAP No. 108 nting practice g guidance provisions of SSAP No. 108, the reporting entity attests to domiciliary state. ns is consistent with the requirements of VM-21. nat the hedging strategy is incorporated within the establishment y within the Actuarial Guideline Conditional Tail Expectation Amore cates that the hedging strategy meets the definition of a Clearly I d Hedging Strategy is the hedging strategy being used by the co	of ∨M- unt. Defined mpany	Yes] No Yes Yes Yes] es [] N//	No [X] No [No
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27.2 LINES 27.3 27.4 27.5 28.1 28.2 29.	Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to Ir rate sensitivity? If the response to 27.3 is YES, does the report By responding YES to 27.41 regarding utilizing the following: The reporting entity has obtained e Hedging strategy subject to the spe Actuarial certification has been ob 21 reserves and provides the impa Financial Officer Certification has t Hedging Strategy within VM-21 an in its actual day-to-day risk mitigati Were any preferred stocks or bonds owned as the issuer, convertible into equity? If yes, state the amount thereof at December 3 Excluding items in Schedule E - Part 3 – Spee entity's offices, vaults or safety deposit boxes, pursuant to a custodial agreement with a qualif Considerations, F. Outsourcing of Critical Funt Handbook? For agreements that comply with the requirement	insactions reported on Schedging program been in PORTING ENTITIES On hedge variable annuity guiting entity utilize: 27.41 Special accounting 27.42 Permitted accounting at the special accounting provision tained which indicates the counting the hedging strategy been obtained which indicates the counting of the hedging strategy been obtained which indicates the counting provision tained which indicates the counting provision endors. The provision of the hedging strategy been obtained which indicates the counting provision endors. The provision of the current year.	Description Chedule DB? Inade available to the domiciliary state? INLY: Inarantees subject to fluctuations as a result of interest arrantees subject to fluctuations as a result of interest and provision of SSAP No. 108 Inting practice arrantees are provisions of SSAP No. 108, the reporting entity attests to adomiciliary state. In it is consistent with the requirements of VM-21. The hedging strategy is incorporated within the establishment within the Actuarial Guideline Conditional Tail Expectation Amore cates that the hedging strategy meets the definition of a Clearly Id Hedging Strategy is the hedging strategy being used by the courrent year mandatorily convertible into equity, or, at the option of mortgage loans and investments held physically in the reporting and other securities, owned throughout the current year held by in accordance with Section 1, III – General Examination excepting agreements of the NAIC Financial Condition Examiners all Condition Examiners Handbook, complete the following:	of ∨M- unt. Defined mpany	Yes] No Yes Yes Yes] es [] N//	No [X] No [No
27.2 LINES 27.3 27.4 27.5 28.1 28.2 29.	Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to Ir rate sensitivity? If the response to 27.3 is YES, does the report By responding YES to 27.41 regarding utilizing the following: The reporting entity has obtained e Hedging strategy subject to the spe Actuarial certification has been ob 21 reserves and provides the impa Financial Officer Certification has t Hedging Strategy within VM-21 an in its actual day-to-day risk mitigati Were any preferred stocks or bonds owned as the issuer, convertible into equity? If yes, state the amount thereof at December 3 Excluding items in Schedule E - Part 3 – Spee entity's offices, vaults or safety deposit boxes, pursuant to a custodial agreement with a qualif Considerations, F. Outsourcing of Critical Funt Handbook? For agreements that comply with the requirement	insactions reported on Schedging program been in PORTING ENTITIES On hedge variable annuity guing entity utilize: 27.41 Special accounting 27.42 Permitted accounting in the special accounting in the special accounting provision tained which indicates the control of the hedging strategy been obtained which indicates the control of the Clearly Define on efforts. In of December 31 of the current year. It of the current year.	Description Chedule DB? Inade available to the domiciliary state? INLY: Jurantees subject to fluctuations as a result of interest arrantees subject to fluctuations as a result of interest arrantees subject to fluctuations as a result of interest arrantees subject to fluctuations as a result of interest arrantees subject to fluctuations as a result of interest arrantees subject to fluctuations as a result of interest arrantees are used to the subject to fluctuation of a SSAP No. 108, the reporting entity attests to domiciliary state. In the hedging strategy is incorporated within the establishment of the hedging strategy is incorporated within the establishment of the Hedging Strategy is the hedging strategy being used by the courrent year mandatorily convertible into equity, or, at the option of the unit of the properties, owned throughout the current year held by in accordance with Section 1, III – General Examination teeping agreements of the NAIC Financial Condition Examiners al Condition Examiners Handbook, complete the following: 2 Custodian's Address	of VM- unt. Defined Impany	Yes] No Yes Yes Yes] es [] N//	No [X] No [No
27.2 LINES 27.3 27.4 27.5 28.1 28.2 29.	Nature of Restriction Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to rate sensitivity? If the response to 27.3 is YES, does the report the response to 27.3 is YES, does the report the following: The reporting entity has obtained elements of the report of the special strategy subject to the special strategy subject to the special strategy and provides the impair of the report of the special strategy within VM-21 and in its actual day-to-day risk mitigatives and provides the impair its actual day-to-day risk mitigatives and preferred stocks or bonds owned as the issuer, convertible into equity? If yes, state the amount thereof at December 3 Excluding items in Schedule E – Part 3 – Speciantity's offices, vaults or safety deposit boxes, pursuant to a custodial agreement with a qualit Considerations, F. Outsourcing of Critical Functional Pandbook? For agreements that comply with the requirements.	insactions reported on Schedging program been in PORTING ENTITIES On hedge variable annuity guiting entity utilize: 27.41 Special accounting 27.42 Permitted accounting at the special accounting provision tained which indicates the counting the hedging strategy been obtained which indicates the counting of the hedging strategy been obtained which indicates the counting provision tained which indicates the counting provision endors. The provision of the hedging strategy been obtained which indicates the counting provision endors. The provision of the current year.	Description Chedule DB? Inade available to the domiciliary state? INLY: Inarantees subject to fluctuations as a result of interest arrantees subject to fluctuations as a result of interest and provision of SSAP No. 108 Inting practice arrantees are provisions of SSAP No. 108, the reporting entity attests to adomiciliary state. In it is consistent with the requirements of VM-21. The hedging strategy is incorporated within the establishment within the Actuarial Guideline Conditional Tail Expectation Amore cates that the hedging strategy meets the definition of a Clearly Id Hedging Strategy is the hedging strategy being used by the courrent year mandatorily convertible into equity, or, at the option of mortgage loans and investments held physically in the reporting and other securities, owned throughout the current year held by in accordance with Section 1, III – General Examination excepting agreements of the NAIC Financial Condition Examiners all Condition Examiners Handbook, complete the following:	of VM- unt. Defined Impany	Yes] No Yes Yes Yes] es [] N//	No [X] No [No
27.2 LINES 27.3 27.4 27.5 28.1 28.2 29.	Does the reporting entity have any hedging tra If yes, has a comprehensive description of the If no, attach a description with this statement. 27.3 through 27.5: FOR LIFE/FRATERNAL RE Does the reporting entity utilize derivatives to trate sensitivity? If the response to 27.3 is YES, does the report By responding YES to 27.41 regarding utilizing the following: The reporting entity has obtained e Hedging strategy subject to the spe Actuarial certification has been ob 21 reserves and provides the impa Financial Officer Certification has the Hedging Strategy within VM-21 an in its actual day-to-day risk mitigati Were any preferred stocks or bonds owned as the issuer, convertible into equity? If yes, state the amount thereof at December 3 Excluding items in Schedule E – Part 3 – Specentity's offices, vaults or safety deposit boxes, pursuant to a custodial agreement with a qualit Considerations, F. Outsourcing of Critical Functional Considerations and Considerations, F. Outsourcing of Critical Functional Considerations and C	insactions reported on So hedging program been no hedging program been no hedge variable annuity guiting entity utilize: 27.41 Special accounting 27.42 Permitted accounting 17.43 Other accounting 17.43 Other accounting 17.44 Other accounting provision tained which indicates the continuous provision tained which indi	Description chedule DB? nade available to the domiciliary state? NLY: uarantees subject to fluctuations as a result of interest Ing provision of SSAP No. 108 nting practice gradience gradience provisions of SSAP No. 108, the reporting entity attests to domiciliary state. In is consistent with the requirements of VM-21. In the hedging strategy is incorporated within the establishment you within the Actuarial Guideline Conditional Tail Expectation Amore cates that the hedging strategy meets the definition of a Clearly Id of Hedging Strategy is the hedging strategy being used by the courrent year mandatorily convertible into equity, or, at the option of mortgage loans and investments held physically in the reporting and other securities, owned throughout the current year held by in accordance with Section 1, III – General Examination (seeping agreements of the NAIC Financial Condition Examiners at Condition Examiners Handbook, complete the following: Custodian's Address 1148 Broadway, 5th Floor, PO Box 23024, Columbus,	of VM- unt. Defined mpany f	Yes] No Yes Yes Yes] es [] N//	No [X] No [No

29.02	or all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name	١,
	cation and a complete evaluation:	

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?	Yes [] No [X]
29 04. If yes, give full and complete information relating thereto:		

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

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

1	2
Name of Firm or Individual	Affiliation
Weston Insurance Management LLC	A

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

Yes [] No [X]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes [] No [X]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?
 30.2 If yes, complete the following schedule:

Yes [] No [X]

1	2	3
CUSIP#	Name of Mutual Fund	Book/Adjusted Carrying Value
30.2999 TOTAL	·	0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
		Amount of Mutual Fund's	
Name of Mutual Fund	Name of Significant Holding	Book/Adjusted Carrying Value	
(from above table)	of the Mutual Fund	Attributable to the Holding	Date of Valuation

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value Excess of Statement over Fair Value (-), Statement (Admitted) or Fair Value Fair Value over Statement (+) Value 31.1 Bonds 12 182 568 12 327 697 145 128 31.2 Preferred Stocks.. 12,182,568 12,327,697 145,128 31.3 Totals 31.4 Describe the sources or methods utilized in determining the fair values: SVO values were used to determine fair value if available. If not available, fair values were obtained from published sources. 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No [] 32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No [] 32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair Yes [X] No [] 33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? 33.2 If no. list exceptions: 34 By self-designating 5GI securities the reporting entity is certifying the following elements of 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] 35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security: a. The security was purchased prior to January 1, 2018. b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance 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] 36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each selfsignated FE fund: a. The shares were purchased prior to January 1, 2019. b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019. d. The fund only or predominantly holds bonds in its portfolio.
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X] By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date b. If the investment is with a nonrelated party or nonaffiliated then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties. c. 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.
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a -37.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 [] NA [X]

OTHER

38.1	Amount of payments to	trade associations, service organizations and statistical or rating bureaus, if any?	\$	223,351
38.2		organization and the amount paid if any such payment represented 25% or more of the organizations, and statistical or rating bureaus during the period covered by this statement.	e total payments to tra-	de
		1 Name	2 Amount Paid	
		Insurance Service Offices	\$179,751	Ĺ
	'			Si .
39.1	Amount of payments for	or legal expenses, if any?		s105,058
39.2	List the name of the fit the period covered by	m and the amount paid if any such payment represented 25% or more of the total payments this statement.	for legal expenses duri	
		1 Name	2 Amount Paid	
		Colodny Fass LLP	\$90,450	
40.1	Amount of payments for	or expenditures in connection with matters before legislative bodies, officers, or departments	of government, if any?	\$ 0
40.2		m and the amount paid if any such payment represented 25% or more of the total payment e pislative bodies, officers, or departments of government during the period covered by this stat		on
		1 Name	2 Amount Paid	
				l

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?] No [X]
1.2	If yes, indicate premium earned on U. S. business only.	0
1.3		
	1.31 Reason for excluding	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	
1.5	Indicate total incurred claims on all Medicare Supplement insurance	0
1.6		
	Most current three years:	
	1.61 Total premium earned \$	
	1.62 Total incurred claims	
	1.63 Number of covered lives	0
	All years prior to most current three years:	
	1.64 Total premium earned\$	
	1.66 Number of covered lives	0
17	Group policies:	
	Most current three years:	
	1.71 Total premium earned\$	0
	1.72 Total incurred claims\$	
	1.73 Number of covered lives	
	All years 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
	11. 11. 11.	
2.	Health Test:	
	1 2 Current Year Prior Year	
	2.1 Premium Numerator \$	
	2.2 Premium Denominator \$	
	2.3 Premium Ratio (2.1/2.2)0.0000.000	
	2.4 Reserve Numerator \$0 \$0	
	2.5 Reserve Denominator \$	
	2.6 Reserve Ratio (2.4/2.5)0.0000.000	
3.1] No [X]
3.2	If yes, provide the amount of premium written for participating and/or no-participating policies during the calendar year: 3.21 Participating policies	
	3.22 Non-participating policies \$	
4.	· · · · · · · · · · · · · · · · · · ·	
4.1] No []
4.2] No []
4.4		
5.	· · · · · · · · · · · · · · · · · · ·	1 No. 2
5.1 5.2] No []
J.2	5.21 Out of Attorney's-in-fact compensation Yes [] No [] N/A [X]
	5.22 As a direct expense of the exchange Yes [] No [
5.3	,,	
5 4	Has any Attempty in fast companyation configuration fulfillment of cartain conditions been deformed?	1 No f Y 1
5.4 5.5] No [X]
	11 3	

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss: N/A					
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:					
	The company utilizes a third party reinsurance broker to assist in validating its catastrophe exposure and estimating the probable maximum loss from windstorm and severe convective storms. The broker uses RMS and AIR software to model the company's portfolio. Risks in TX, FL, MS and LA.					
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?					
C 4	The Company's reinsurance protection includes an 80% quota share and \$415 million per occurence limit XOL covers					
0.4	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?	Yes	[X]] ov	1
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss					
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	Yes	[X]	No []
7.2	If yes, indicate the number of reinsurance contracts containing such provisions					.1
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes	[X	1	No [1
	Has this 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 that may occur on this risk, or portion thereof, reinsured?	Yes				
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(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 					
	(e) A provision permitting reporting or losses, or payment or losses, less frequently than on a quarterly basis (unless there is no activity during the period); or					
	(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity	Yes]]	No [х]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it ported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity is a member 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					
0.2	its affiliates in a separate reinsurance contract. If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:	Yes]]	No [Х]
0.0	(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.					
9.4	Except for transactions meeting the requirements of paragraph 36 of SSAP No. 62R - Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial 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	r		l all	Y 1
	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP. The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:	163	ı	1	₩ [v 1
3.0	(a) The entity does not utilize reinsurance; or,	Yes	1]	l ol	X 1
	(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					
	supprenient, or (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				
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?	Yes [] No	[]	N/A	[X]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

	Has the reporting entity guaranteed policies issued by any other entity and now in force:	-0	Yes	[]	No [X]
12.1	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for: 12.11 Unpaid losses.						
	12.12 Unpaid underwriting expenses (including loss adjustment expenses)						
12.2	Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?						
	If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?					N/A [
12.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement: 12.41 From						
	12.42 To			_		9	6
12.5	Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?	i	Voc	r	1	No [X	1
126	losses under loss deductible leatures or commercial policies?		163	L	1	IO [A	1
12.0	12.61 Letters of Credit \$	4					
	12.62 Collateral and other funds						
		8					
					.2,0	00,000	
	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?		Yes]]	No [X]]
13.3	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.					7	
14.1	Is the reporting entity a cedant in a multiple cedant reinsurance contract?		Yes	r	1	No F X	1
14.2	If yes, please describe the method of allocating and recording reinsurance among the cedants:		103				,
14.3	If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?		Yes	ı	1	No ſ	1
14.4	If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?		Yes	r	1	No f	i
14.5	If the answer to 14.4 is no, please explain:		103	ı	1	10 [1
15.1			V			u- F V	
15.2	Has the reporting entity guaranteed any financed premium accounts?		res	l	1	No [X]	l
16.1	Does the reporting entity write any warranty business?		Vac	r	1 ,	lo f X 1	1
10.1	Dues the reporting entity write any warranty business?	_	163	L	, ,	O[X]	
	If yes, disclose the following information for each of the following types of warranty coverage:						
	1 2 3 4 Direct Losses Direct Losses Direct Written Direct Premium Incurred Unpaid Premium Unearned			ect F Ear	ned		
16.11	Home\$\$\$\$\$	\$					
16.12	Products \$ \$ \$ \$ \$	\$					
	Automobile \$ \$ \$ \$ \$ \$						
	Other*\$\$\$						
10.14	Value						

^{*} Disclose type of coverage:

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Weston Property & Casualty Insurance Company

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1	Does the reporting entity include amounts recoverable on unauthor provision for unauthorized reinsurance?		Yes [] N	lo [X]	
	Incurred but not reported losses on contracts in force prior to July provision for unauthorized reinsurance. Provide the following inform	y 1, 1984, and not subsequently renewed are exempt from the statuto mation for this exemption:	эгу					
		ross amount of unauthorized reinsurance in Schedule F – Part 3 tempt from the statutory provision for unauthorized reinsurance	\$					
	17.12 Un	nfunded portion of Interrogatory 17.11	\$					
	17.13 Pa	aid losses and loss adjustment expenses portion of Interrogatory 17.11	\$					_
	17.14 Ca	ase reserves portion of Interrogatory 17.11	\$					
	17.15 Inc	curred but not reported portion of Interrogatory 17.11	\$					_
	17.16 Un	nearned premium portion of Interrogatory 17.11	\$					
	17.17 Co	\$					9	
18.1	Do you act as a custodian for health savings accounts?			Yes	[]	No [X]
18.2	If yes, please provide the amount of custodial funds held as of the r	reporting date	\$			_		_
18.3	Do you act as an administrator for health savings accounts?			Yes	[] [No [Х]
18.4	If yes, please provide the balance of the funds administered as of the	he reporting date	\$					_
19.	Is the reporting entity licensed or chartered, registered, qualified, eli	igible or writing business in at least two states?		Yes	[X]	No []
19.1		overs risks residing in at least one state other than the state of domicile		Yes	[] !	No []

FIVE-YEAR HISTORICAL DATA

		1 2021	2 2020	3 2019	4 2018	5 2017
Gross Pi	remiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)	.===4:		mana i	110500	
	iability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3,					
1	8.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	52,059	73,465	69,584	58,542	338,735
	Property lines (Lines 1, 2, 9, 12, 21 & 26)	105,539,959	137 , 257 , 752	1,938,714	1,725,452	2,387,993
3. F	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	53,017,648	54,586,173	34,210,752	13,618,569	13,781,883
4. A	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28,	Association and the second	200700000000000000000000000000000000000	2011/10/10		
	9, 30 & 34)			0	0	0
	Nonproportional reinsurance lines (Lines 31, 32 & l3)	0	0	0	0	0
	otal (Line 35)	158,609,665	191,917,390	36,219,050	15,402,563	16,508,611
Net Pren	niums Written (Page 8, Part 1B, Col. 6)					
	iability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3,	2.050	45 504	40,005	40.000	45.046
	8.1, 18.2, 19.1, 19.2 & 19.3, 19.4) Property lines (Lines 1, 2, 9, 12, 21 & 26)	2,858 3,537,540		40,835	13,900	15,316 577,445
	Property and liability combined lines	5,557,540			400,033	517,440
(Lines 3, 4, 5, 8, 22 & 27)	2,910,691	12,569,855		4,013,573	3,441,826
	All other lines	0	0	0	0	0
	Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) lonproportional reinsurance lines					٧
	Lines 31, 32 & 33)	0	0	0	0	0
	Total (Line 35)	6,451,089	21,933,635	12,905,512	4,513,508	4,034,587
	nt of Income (Page 4)					
	Net underwriting gain (loss) (Line 8)		(39,290,028)	(10,083,470)	(1,834,303)	(3,950,592
	Vet investment gain (loss) (Line 11)	306,653	604,597	(544,521)	195 , 190 (16 , 055)	169,509
	Dividends to policyholders (Line 17)	03,014	039,324/	(39,002)	(10,035)	0
	ederal and foreign income taxes incurred					
	Line 19)	0	(47,943)	(238,442)	139,179	192,902
	Net income (Line 20)	(57,681,556)	(39,276,813)	(10,449,351)	(1,794,347)	(3,973,985
	otal admitted assets excluding protected cell					
	ousiness (Page 2, Line 26, Col. 3)	126,997,375	119,903,635	32,826,812	17,196,379	18,568,583
20. F	Premiums and considerations (Page 2, Col. 3)					
	20.1 In course of collection (Line 15.1)	10,743,556	4,519,556	1,702,537	755,897	1,280,517
	, , ,	4,903,861	6,288,584	1,078,674	671,342	0
	20.3 Accrued retrospective premiums (Line 15.3)					
21. b	ousiness (Page 3, Line 26)	98,702,856	90,963,984	22,826,812	7, 193, 951	8,466,007
22. L	osses (Page 3, Line 1)	32 , 437 , 254	22,352,814	5,407,421	1,483,149	2,151,356
	oss adjustment expenses (Page 3, Line 3)	2,820,631	1,893,130	1,314,729	547,692	395,087
		15,860,306	4,218,461	5,872,706	2,678,446	2,261,104 2,500,000
		5,000,000			10,002,428	10,102,576
	ow (Page 5)	20,204,010		10,000,000	10,002,420	
27. N	let cash from operations (Line 11)	(76,787,728)	(34,308,561)	310,060	(2,615,091)	(2,941,882
Risk-Bas	sed Capital Analysis					
	otal adjusted capital	28,294,519	28,939,652	10,000,000	10,002,428	10,102,576
		8,918,245	11,750,624	2,185,164	1,579,949	1,559,926
	age Distribution of Cash, Cash Equivalents sted Assets					
	Page 2, Col. 3)(Item divided by Page 2, Line 12,					
	Col. 3) x 100.0					
30. E		31.9	24.7	30.2	34.6	47.1
	Stocks (Lines 2.1 & 2.2)	0.0	0.0	4.3	4.3	6.4
	Mortgage loans on real estate (Lines 3.1 and 3.2) Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	.0.0
	Cash, cash equivalents and short-term investments					
(Line 5)	68.1	71.2	59.1	52.0	37.0
	Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
	Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
	Other invested assets (Line 8)	0.0	4.1 0.0	3.8	9.1 0.0	.0.0
	Securities lending reinvested collateral assets (Line					
	0)	0.0	0.0	0.0	0.0	0.0
	Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
	Cash, cash equivalents and invested assets (Line	100.0	100.0	100.0	100.0	100.0
	ents in Parent, Subsidiaries and Affiliates	100.0	100.0			
	Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)	0	0	0	0	0
	Affiliated preferred stocks					
	Sch. D, Summary, Line 18, Col. 1)	0	0	0	0	0
	Affiliated common stocks Sch. D, Summary, Line 24, Col. 1)	o l	0	0	0	0
	Affiliated short-term investments (subtotals included					
ir	n Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
	Affiliated mortgage loans on real estate		0	0		0
	All other affiliated	0	0	0	0	0
	otal of above Lines 42 to 47 otal Investment in parent included in Lines 42 to 47	U	U	U	U	- 0
	bove			0	0	0
50. F	Percentage of investments in parent, subsidiaries					
a	and affiliates to surplus as regards policyholders Line 48 above divided by Page 3, Col. 1, Line 37 x					

FIVE-YEAR HISTORICAL DATA

		1	tinued)	3	4	5
Canita	I and Surplus Accounts (Page 4)	2021	2020	2019	2018	2017
Саріца	rand surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)	84	(136,753)		(767 , 752)	232,270
52.	Dividends to stockholders (Line 35)	0	(5,000,000)	0	0	(342,000)
53.	Change in surplus as regards policyholders for the year (Line 38)	(645,130)	(9,242,395)	(2,428)	(100,147)	1,087,018
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)	109,870	24 .331	0	38,776	37,045
55.		32,373,684	69,935,801	606,909		1,353,540
	Property and liability combined lines	118,301,069	48,114,080	12,077,321	5,491,036	7,103,501
57.	All other lines	ο			0	0
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59.	Total (Line 35)	150,784,624		12,684,230	6,050,328	8,494,086
Net Lo	sses Paid (Page 9, Part 2, Col. 4)					
60.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3,	400, 970	24 994		2 224	2 420
61	18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) Property lines (Lines 1, 2, 9, 12, 21 & 26)			0	3,224	2,129
	Property and liability combined lines		50,550,155		255,004	
63	(Lines 3, 4, 5, 8, 22 & 27)	13,445,102	8,445,762	7,119,684	2,721,989	3,717,961
	(Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0			0	0
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
65.	Total (Line 35)	25,861,340	38,806,226	7,557,292	2,958,307	4,529,855
	ting Percentages (Page 4) ivided by Page 4, Line 1) x 100.0					
	Premiums earned (Line 1)			100.0	100.0	100.0
				118.2	55.9	113.9
	Loss expenses incurred (Line 3)			40.8	36.7	47.2 39.3
	Other underwriting expenses incurred (Line 4) Net underwriting gain (loss) (Line 8)		24.9	44.8	52.1	
	Percentages	.,				
71.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by					
70	Page 8, Part 1B, Col. 6, Line 35 x 100.0)	189.9	31.9	34.2	47 .7	38.3
12.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	.(781.1)	228.6	159.0	92.6	161.1
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)	22.8	75.8	129.1	45.1	39.9
One Y	ear 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)	4,954	(770)	(184)	(979)	(710)
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 100.0)	17.1	(1.6)	(1.8)	(9.7)	(7.9)
Two Y	ear 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)	(816)	(530)	(763)	(1,063)	(256)
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)	(2.1)	(1.0)	(7.6)	(11.8)	(2.7)

NOTE: 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?

Yes [] No [] If no, please explain

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES SCHEDULE P - PART 1 - SUMMARY

or bear to the	Pr	emiums Eam	ed			Loss	and Loss Ex	pense Paym	ents	-50		12
Years in Which	1	2	3	Loss Pa	yments	Defense Containmer		Adjusting Payn	and Other nents	10	11	Number of
Premiums Were Earned and Losses Were Incurred	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2012	13,051	9,831	3,220	7,699	5,201	864	735	909	576	56	2,961	xxx
3. 2013 _	81,001	79,748	1,253	5,312	4,036	323	193	701	545	8	1,562	XXX
4. 2014 _	112,972	113,766	(794)	6 , 684	5,606	512	413	948	828	0	1,297	XXX
5. 2015	135,960	130,383	5,577	6,720	2,557	381	87	990	343	6	5,105	XXX
6. 2016	117,979	110,256	7,723	39,253	23,266	2,969	2,346	2,895	1,362	15	18,144	XXX
7. 2017	110,250	102,872	7,378	153,542	141,917	18,538	18,295	7,186	6,063	188	12,991	XXX
8. 2018 _	102,529	93, 156	9,373	58,546	48,303	2,815	2,580	1,622	686	90	11,415	XXX
9. 2019	107 ,895	92,680	15,215	22,870	7 ,809	542	90	2,230	626	24	17,117	XXX
10. 2020 _	161,864	136,259	25,605	80,127	32,758	7,694	3,749	7,573	6,098	0	52,788	XXX
11. 2021	179,083	184,274	(5,191)	115,602	104,612	2,249	533	12,744	11,893	0	13,557	XXX
12. Totals	XXX	XXX	XXX	496,355	376,064	36,887	29,021	37,798	29,019	387	136,935	XXX

		Losses	Unpaid		Defens	e and Cost (Containment	Unpaid	Adjusting Uni		23	24	25
	Case		Bulk +	IBNR	Case		Bulk +		21	22	1	Total	Number of
	13	14	15	16	17	18	19	20			Salvage and Subrog-	Net Losses and	Claims Outstand- ing Direct
	Direct and		Direct and		Direct and		Direct and		Direct and		ation	Expenses	and
	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1	0	0	0	0	0	0	0	0	0	0	0	0	xxx
2	0	0	0	0	0	٥٥	0	0	0		0	0	xxx
3	0	0	0	0	0	٥٥	0	ο	0		0	0	xxx
4	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5	0	0	0	0	0	0	0	0	0	0	0	0	xxx_
6	16	12	2,795	2,766	2	2	0	0	12	10	0	36	xxx_
7	10,133	10,133	5,672	5,654	125	91	0	0	707	705	0	54	xxx
8	264	219	5,868	5,818	30	٥٥	0	۵	171	2	0	294	xxx
9	90	58	2,005	201	3	1	0	0	15	2	0	1,851	xxx
10	2,132	834	10,638	364	84	17	0	0	414	83	0	11,971	xxx_
11.	10,655	7,531	35,850	20,092	172	0	2,993	1,003	1,036	1,027	0	21,053	XXX
12.	23,291	18,787	62,828	34,895	415	111	2,993	1,003	2,354	1,828	0	35,258	XXX

	Losses and	Total d Loss Expense	es Incurred		oss Expense		Nontabula	r Discount	34 Inter-		nce Sheet fter Discount
	26	27	28	29	30	31	32	33	Company Pooling	35	36 Loss
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Participation Percentage	Losses Unpaid	Expenses Unpaid
1	XXX	xxx	xxx	xxx	xxx	XXX	0	0	xxx	0	0
2	9,472	6,511	2,961	72.6	66.2	91.9	0	0		0	0
3	6,336	4,774	1,562		6.0	124.6	0	Ω		0	0
4	8,144	6,847	1,297	7 .2	6.0	(163.4)	0	0		0	0
5	8,092	2,987	5,105	6.0	2.3	91.5	0	0		0	0
6	47,943	29,763	18,180	40.6	27.0	235.4	0	0		33	3
7	195,902	182,857	13,044		177.8	176.8	0	0		18	36
8	69,317	57,608	11,709	67 .6	61.8	124.9	0	0		95	199
9	27 ,755	8,788	18,967	25.7	9.5	124.7	0	0		1,836	14
10	108,661	43,903	64,758	67.1	32.2	252.9	0	0		11,572	398
11.	181,300	146,690	34,610	101.2	79.6	(666.7)	0	0		18,882	2,171
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	32,437	2,821

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 2021 OF THE Weston Property & Casualty Insurance Company

SCHEDULE P - PART 2 - SUMMARY

	INC	URRED NET	LOSSES ANI	D DEFENSE /	AND COST C (\$000 ON		IT EXPENSE	S REPORTE	D AT YEAR E	ND	DEVELO	PMENT
Years in Which Losses Were	1	2	3	4	5	6	7	8	9	10	11	12
Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1. Prior	90	143	150	138	135	136	136	137	(30)	(30)	0	(167
2. 2012	2,032	2,389	2,557	2,612	2,568	2,570	2,574	2,575	2,631	2,627	(4)	52
3. 2013	xxx	1,145	1,353	1,458	1,453	1,357	1,409	1,362	1,406	1,406	0	44
4. 2014	xxx	xxx	920	1,381		1,211	1,223	1,222	1,177	1,177	0	(45
5. 2015	xxx	xxx	xxx	4,689	5,000	4,507	4,451	4,427	4,458	4,457	(1)	30
6. 2016	xxx	xxx	xxx	xxx	15,285	15,198	16,732	16,727	16,651	16,644	(7)	(83
7. 2017	xxx	xxx	xxx	xxx	xxx	12,814	12,017	12,047	11,955	11,920	(35)	(127
8. 2018	xxx	xxx	xxx	xxx	xxx	_xxx	10,839	10,516	10,604	10,604	0	88
9. 2019	xxx	xxx	xxx	xxx	xxx	_xxx	xxx	17,960	17,350	17,350	0	(610
10. 2020	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	57,952	62,952	5,000	xxx
11. 2021	XXX	XXX	XXX	xxx	XXX	XXX	XXX	XXX	xxx	33,750	XXX	XXX
										12. Totals	4,954	(816

SCHEDULE P - PART 3 - SUMMARY

	CUMULAT	IVE PAID NE	T LOSSES A	ND DEFENSE	AND COST	CONTAINME	NT EXPENSE	ES REPORTE	D AT YEAR	END (\$000	11	12
	Somoth		. ECCOLO A	LE DEI ENGE	OMIT		2.4 2140		ILM	(\$000		Number of
	1	2	3	4	5	6	7	8	9	10	Number of	Claims
											Claims	Closed
Years in Whice											Closed With	Without
Losses Were											Loss	Loss
Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Payment	Payment
1. Prior.	000	104	136	138	135	136	136	136	(30)	(30)	xxx	xxx
2. 2012	1,749	2,211	2,527	2,555		2,570	2,571	2,571	2,631	2,627	xxx	xxx
3. 2013	xxx	931	1,263	1,343	1,352	1,357	1,362	1,362	1,406	1,406	xxx	xxx
4. 2014	xxx	xxx	562	1,078	1,173	1,184	1,208	1,208	1,177	1,177	xxx	xxx
5. 2015	xxx	XXX	xxx	2,765	4,216	4,349	4,409	4,424	4,457	4,457	xxx	xxx
6. 2016	xxx	xxx	xxx	xxx	12,718	14,342	16,558	16,612	16,600	16,611	XXX	xxx_
7. 2017	xxx	xxx	xxx	xxx	xxx	11,099	11,574	11,822	11,865	11,868	XXX	xxx
8. 2018	xxx	xxx	xxx	xxx	xxx	xxx	9,015	9,857	10,343	10,479	xxx	xxx
9. 2019	xxx	xxx	xxx	xxx	xxx	xxx	xxx	10,001	14,474	15,513	xxx	xxx
10. 2020	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	37,326	51,312	xxx	xxx
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,706	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which	BULK AND IE	BNR RESERVES	ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	00 OMITTED)
Losses Were Incurred	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021
1. Prior_	86	37	14	0	0	0	0	0	0	0
2. 2012	184	168	29	56	0	0	0	0	0	0
3. 2013	XXX	141	60	35	101	0	7	0	0	0
4. 2014	XXX	xxx	299	236	140	23	13	4	0	0
5. 2015	XXX	xxx	xxx	819	506	103	29	1	0	0
6. 2016	XXX	xxx	xxx	XXX	1,008	466	98	90	51	29
7. 2017	XXX	xxx	xxx	XXX	XXX	1,023	437	189	18	18
8. 2018	xxx	xxx	xxx	xxx	xxx	xxx	1,330	520	50	50
9. 2019	XXX	xxx	xxx	xxx	xxx	xxx	xxx	6,243	2,621	1,804
10. 2020	XXX	xxx	xxx	xxx	xxx	xxx	xxx	xxx	11,194	10,274
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,748

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

				Alloc	ated By States	And Territories				
		1	Gross Premium Policy and Mem Less Return Pr Premiums on Take	ns, Including bership Fees remiums and Policies Not	4 Dividends Paid	5	6	7	8 Finance and	9 Direct Premium Written for Federal
	States, etc.	Active Status (a)	2 Direct Premiums Written	3 Direct Premiums Earned	or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses	Direct Losses Unpaid	Service Charges Not Included in Premiums	Purchasing Groups (Included in Col. 2)
1.	Alabama AL	L	0	0	0	0	0	0	0	
	Alaska AK	N	0	0	0	0	0	0	0	
	ArizonaAZ	!	0	812	0	0	0	0	0	
	ArkansasAR_ CaliforniaCA_	L	0	0	0	0	0	0	0	
	ColoradoCO	N	0	0	0	0	0	0	0	
7.		N	0	0	0	0	0	0	0	
8.	Delaware DE	N	0	0	0	0	0	0	0	
	Dist. ColumbiaDC	N	64,492,079	04,813,533	0	22,639,863	0	0	0	
11.	Florida FL Georgia GA		04,492,079	04,613,333	0	0	14,409,493	0,290,903	0	
	Hawaii HI	N	0	0	0	0	0	0	0	
	Idaho ID	N	0	0	0	0	0	0	0	
14.	IllinoisIL	N	0	0	0	0	0	0	0	
	Indiana IN Iowa IA	N_	0	0	0	0	0	0	0	
	KansasKS	N_		0	0	0	0	0	0	
18.	KentuckyKY	L	0	0	0	0	0	0	0	
	LouisianaLA	<u>L</u>	13,389,003	11,031,141		46,097,107	48,943,111	5,551,679	13,691	
20.	Maine ME Maryland MD_	N N	0	0	0	0	0	0	0	
	Massachusetts MA	N	0		0	0	0	0	0	
	Michigan	N	0	0	0	0	0	0	0	
	Minnesota MN_	N	0	0	0	0	0	0	0	
25.	Mississippi MS	<u>-</u>	47,335	(2,389)		0		0	164	
	Missouri MO_ MontanaMT	L N	0	0	0	0	0	0	0	
	Nebraska NE_	N_	ŏ	ŏ	0	0			o	
	NevadaNV_	N	0	0	0	0	0	0	0	
30.	New Hampshire NH	N	0	0	0	0	0	0	0	
31.		N	0	0	0	0	0	0	0	
	New MexicoNM_ New YorkNY	N	0	0	0	0	0	0	0	
	No.Carolina NC	N	0	0	0	0	0	0		
35.	No.Dakota ND_	N	0	0	0	0	0	0	0	
	OhioOH	N	<u>0</u>		0	0		0	0	
	Oklahoma OK OregonOR	N N	0	0	0	0	0	0	0	
	OregonOR PennsylvaniaPA	N	0		0	0	0	0	0	
	Rhode Island RI	N	0	0	0	0	0	0	0	
41.			0	0	0	0	0	0	0	
42.	So. DakotaSD	N	0	0	0	0	0	0	0	
	TennesseeTN Texas TX	<u>-</u>	80,901,189	83,131,955	0	82,047,654	107,774,596	50,276,533	176,081	
	UtahUT	N	0	0	0	0	0	0	0	
46.	Vermont VT	N	0	0	0	0	0	0	0	
	VirginiaVA	N	0		0	0	0	0	0	
	Washington WA West Virginia WV	N N	0	0	0	0	0	0	0	
	Wisconsin WI	N_	ŏ	ŏ				ŏ		
51.	WyomingWY	N	0	0	0	0	0	0	0	
	American Samoa AS	N			0	0		0	0	
	Guam GU Puerto Rico PR	NQ	0	0	0	0	0	0	0	
	U.S. Virgin Islands	N	0	0	0	0	0	0	0	
	Northern Mariana Islands MP	N	0	0	0	0	0	0		
57.	Canada CAN. Aggregate other	N	0	0	0	0	0	0	├──0│	
56.	alienOT_	xxx.	0	0	0	0	0	0	0	0
59.	Totals	XXX	158,829,606	158,975,053	0	150,784,624	171,127,201	86,119,177	413,529	0
DETAI 58001.	LS OF WRITE-INS	xxx								
58002.		XXX								
58003.		XXX								
58998.	Sum. of remaining write-ins for Line 58 from overflow page	xxx	. 0	0	0	0	0	n	0	0
58999.	Totals (Lines 58001 through 58003 + 58998)									
	(Line 58 above)	XXX	0	0	0	0	0	0	0	0

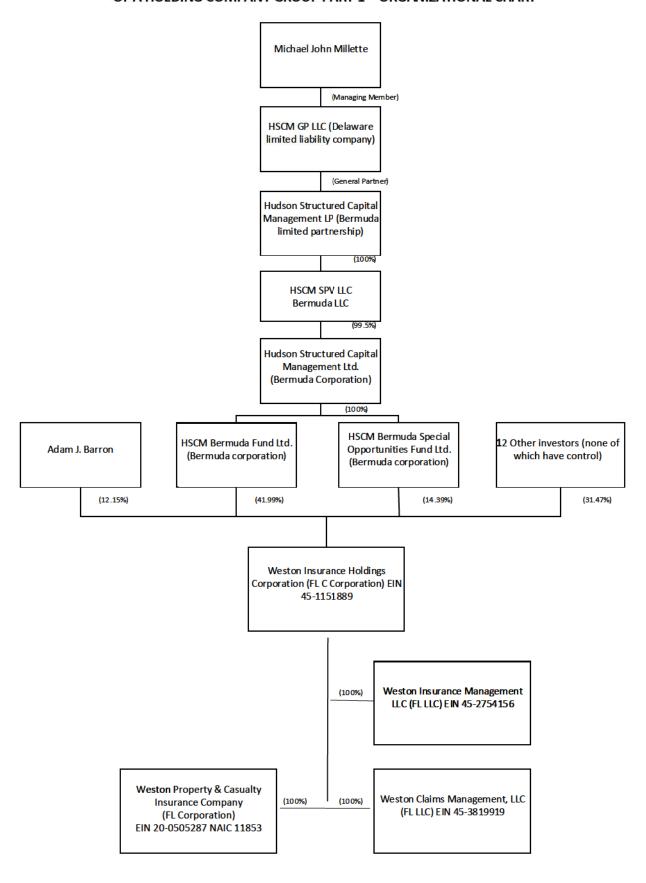
(a) Active Status Counts

L-	Licensed or Chartered - Licensed insurance carrier or domiciled RRG15	5 F	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	1
D-	- Domestic Surplus Lines Insurer (DSLI) – Reporting entities authorized to write surplus				
	lines in the state of domicile	1 0	N - None of the	above - Not allowed to write business in the state	41

⁽b) Explanation of basis of allocation of premiums by states, etc.

All premiums are allocated to the state in which the risk is located.

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



QUARTERLY STATEMENT

AS OF MARCH 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

Weston Property & Casualty Insurance Company

NAIC Group Code 000		NAIC Company C	ode 11853	_ Employer's ID N	lumber 20-0505287
Organized under the Laws of	Florida	1	, State of Domicile or P	ort of Entry	Florida
Country of Domicile	9		United States	16. (4	
Incorporated/Organized	12/23/2003		Commenced Business	I.,	01/05/2004
Statutory Home Office	2555 Ponce De Leo				FL, US 33134
Main Administrative Office	(Street and 2555 Ponce De Leon Blvd	*	Corol Cobles El		Country and Zip Code) 888-800-5002
main Administrative Office	(Street and Number		Coral Gables, FL (City or Town, State, Cour	ntry and Zip Code)	(Area Code) (Telephone Number)
Mail Address 2	555 Ponce De Leon Blvd, Su	ite 300 ,		Coral Gables, FL,	US 33134
	(Street and Number or P.O. Box	•		ty or Town, State, Countr	
Primary Location of Books and		Leon Blvd, Suite 300 and Number)		FL, US 33134 Country and Zip Code)	888-800-5002 (Area Code) (Telephone Number)
Internet Web Site Address		1	www.weston-ins.com		
Statutory Statement Contact	Pac	hael Aldulaimi		786-64	6-1189
Statutory Statement Contact	- Nac	(Name)			ne Number) (Extension)
	laimi@weston-ins.com	<u> </u>		888-862-7390	
(E	E-Mail Address)			(Fax Number)	
		OFFICE	RS		
Name	Title		Name		Title
Deanne Dietrich Nixon	, Chief Executive Office	cer & President	Eduardo Miguel Am	nador ,	Chief Underwriting Officer
Rachael Lynn Aldulaimi	, VP Finance, Treasu	urer, Controller	Melissa Lillian Shelle	y-Mello ,	Chief Actuary
		ECTORS OR			
Rachael Lynn Aldulaimi			Deanne Dietrich N	lixon N	Melissa Lillian Shelley-Mello
Janice Weidenborner	Edouard von H	erberstein			
above, all of the herein described at that this statement, together with ilabilities and of the condition and and have been completed in accor law may differ; or, (2) that state information, knowledge and belief,	being duly sworn, each depose assets were the absolute propert elated exhibits, schedules and affairs of the said reporting entity dance with the NAIC Annual Starules or regulations require differespectively. Furthermore, the sexact copy (except for formattir	y of the said reporting e explanations therein cor as of the reporting peri tement Instructions and erences in reporting no ope of this attestation by g differences due to ele	entity, free and clear from a ntained, annexed or referr od stated above, and of its I Accounting Practices and t related to accounting pr y the described officers als	any liens or claims the ed to, is a full and to s income and deduction I Procedures manual ractices and procedure to includes the related	If that on the reporting period stated ereon, except as herein stated, and rue statement of all the assets and ons therefrom for the period ended, except to the extent that: (1) state res, according to the best of their of corresponding electronic filing with lectronic filing may be requested by
Deanne Dietrich N		Eduardo Miguel Chief Underwritin			ael Lynn Aldulaimi e, Treasurer, Controller
				s an original filing?	Yes [X] No []
Subscribed and sworn to beforeday of	me this		b. If no: 1. Sta 2. Da		umber

ASSETS

	A	03E13			
			Current Statement Date	3	4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
4	Bonds	11,293,848		11,293,848	12,137,572
	Stocks:	11,293,040			12, 131, 312
2.					0
	2.1 Preferred stocks			0	U
	2.2 Common stocks	423	V. V. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10	423	151
3.	Mortgage loans on real estate:				
	3.1 First liens			0	Ω
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less				
	\$ encumbrances)			0	0
	4.2 Properties held for the production of income				
	(less \$ encumbrances)		 	0	
	4.3 Properties held for sale (less				
	\$ encumbrances)		ļ	0	Ω
5.	Cash (\$23,828,519),				
	cash equivalents (\$7, 121, 131)				
	and short-term investments (\$15,000)	30.964.649		30,964,649	25,932,077
6	Contract loans (including \$premium notes)			n	0
	Derivativespremium notes	0	I	0	
				0	
	Other invested assets	0		T	
	Receivables for securities		 	0	0
10.	Securities lending reinvested collateral assets			0	0
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	42,258,920	0	42,258,920	38,069,800
	Title plants less \$ charged off (for Title insurers				
10.				0	0
	only)	00.075			131.650
	Investment income due and accrued	90,075		90,075	131,000
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	7,695,878	710,361	6,985,517	10,743,556
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums)	4,284,921		4,284,921	4,903,861
		4,204,321			
	15.3 Accrued retrospective premiums (\$) and				
	contracts subject to redetermination (\$)		 	0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	30,176,050		30 , 176 , 050	49,301,380
	16.2 Funds held by or deposited with reinsured companies			0	٥
	16.3 Other amounts receivable under reinsurance contracts			0	0
17				0	0
	Current federal and foreign income tax recoverable and interest thereon		1	0	0
		20 070 072	20 070 072	1	0
	2 Net deferred tax asset	23,979,672	23,979,672		
19.	Guaranty funds receivable or on deposit		 	0	0
20.	Electronic data processing equipment and software			0	
21.	Furniture and equipment, including health care delivery assets				
	(\$)			0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
	Receivables from parent, subsidiaries and affiliates	2,948,600		2,948,600	3,296,569
	Health care (\$) and other amounts receivable			0	0
		45 000 000		1	20 550 500
	Aggregate write-ins for other-than-invested assets	15,822,222	0	15,822,222	20 , 550 , 560
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	127,256,338	24,690,032	102,566,305	126,997,375
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts			0	0
28	Total (Lines 26 and 27)	127,256,338	24,690,032	102,566,305	126,997,375
20.		.2.,200,000	2.,000,002	.52,500,000	.25,001,010
	DETAILS OF WRITE-INS				
1101.			 	0	0
1102.			 	ļ	<u> </u>
1103.				ļ <u> </u>	ļ
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
					7 000 000
2501.	SSAP 72 Surplus Contribution due from Weston Insurance Holdings	3,000,000		3,000,000	7,000,000
	Brokerage Sharing Commission Receivable	1,237,652		1,237,652	1,968,875
	Miscellaneous receivable	30,570		30,570	27,250
2503.			0	30,570	27,250

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
1731		Current Statement Date	December 31, Prior Year
1.	Losses (current accident year \$5,151,624)	18,578,421	32,437,254
	PROVINCE CONTROL OF THE CONTROL OF T		
	Loss adjustment expenses		2,820,631
4.	BEGINDED AND THE STREET CONTROL SECURITION SERVICES SERVI		0
	and the second of the second o		
	Taxes, licenses and fees (excluding federal and foreign income taxes)		1,399,268
	1Current federal and foreign income taxes (including \$ on realized capital gains (losses)).		0
	2 Net deferred tax liability		0
	Borrowed money \$ and interest thereon \$		0
	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$44,146,476 and		
	including warranty reserves of \$ and accrued accident and health experience rating refunds		
	including \$ for medical loss ratio rebate per the Public Health Service Act)	28,239,452	15,860,306
10	Advance premium	4.997,692	1,673,439
	Dividends declared and unpaid:	4,937,092	1,073,439
11.	·		0
	11.1 Stockholders		
	11.2 Policyholders	25 624 820	40.042.045
		25,634,329	40,913,015
	Funds held by company under reinsurance treaties	989,680	989,680
14.			0
		113,952	104,736
16.	Provision for reinsurance (including \$ certified)		0
17.	Net adjustments in assets and liabilities due to foreign exchange rates		0
18.	Drafts outstanding		0
19.	Payable to parent, subsidiaries and affiliates		1,000,000
20.	Derivatives		0
21.	Payable for securities		0
22.	Payable for securities lending		0
23.	Liability for amounts held under uninsured plans		0
24.	Capital notes \$ and interest thereon \$		0
25.	Aggregate write-ins for liabilities	1,273,807	1,504,528
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	83,368,679	98,702,856
27.	Protected cell liabilities		0
28.	Total liabilities (Lines 26 and 27)	83,368,679	98,702,856
29.			0
30.		5,000,000	5,000,000
	Preferred capital stock		0
	Aggregate write-ins for other than special surplus funds	0	0
	Surplus notes		
34.			67 . 564 . 332
			(44, 269, 812)
	Unassigned funds (surplus)	(56,366,706)	44,209,012
36.	Less treasury stock, at cost:		
	36.1 shares common (value included in Line 30 \$)		0
	36.2 shares preferred (value included in Line 31 \$)		0
	Surplus as regards policyholders (Lines 29 to 35, less 36)	19,197,626	28,294,519
37.			
	Totals (Page 2, Line 28, Col. 3)	102,566,304	126,997,375
38.	DETAILS OF WRITE-INS	102,566,304	126,997,375
38. 2501.	DETAILS OF WRITE-INS		0
38. 2501.	DETAILS OF WRITE-INS	102,566,304	0
38. 2501. 2502.	DETAILS OF WRITE-INS		0
38. 2501. 2502. 2503.	DETAILS OF WRITE-INS Deferred Ceding Commissions	793,452	0 943,162
38. 2501. 2502. 2503. 2598.	Deferred Ceding Commissions		0 943,162 282,268 279,098
38. 2501. 2502. 2503. 2598.	Deferred Ceding Commissions		0 943,162 282,268 279,098
38. 2501. 2502. 2503. 2598. 2599.	Deferred Ceding Commissions		
38. 2501. 2502. 2503. 2598. 2599.	Deferred Ceding Commissions		
38. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903.	Deferred Ceding Commissions		
38. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998.	Deferred Ceding Commissions		0 943,162 282,268 279,098 0
38. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998. 2999.	Deferred Ceding Commissions. Refunds Payable. 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-ins for Line 29 from overflow page Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		0 943_162 282_268 279,098 0
38. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998. 2999. 3201.	Deferred Ceding Commissions. Refunds Payable. 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-ins for Line 29 from overflow page Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		0 943,162 282,268 279,098 0 0
38. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998. 2999. 3201. 3202.	Deferred Ceding Commissions. Refunds Payable. 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-ins for Line 29 from overflow page Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		0 943,162 282,268 279,098 0 0
38. 2501. 2502. 2503. 2598. 2599. 2901. 2902. 2903. 2998. 2999. 3201. 3202. 3203.	Deferred Ceding Commissions. Refunds Payable. 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-ins for Line 29 from overflow page Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		0 943,162 282,268 279,098 0 0 0

STATEMENT OF INCOME

	STATEMENT OF INC	OIVIL		
		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	UNDERWRITING INCOME		8	
1.	Premiums earned:	25 450 596	26 524 246	159 960 007
	1.1 Direct (written \$29,744,729)	35,159,500	36,531,346	158,869,007
	1.2 Assumed (written \$)		49,054,548	
	1.4 Net (written \$29,744,729)	(1,845,553)	(3,503,412)	(5,190,817)
	DEDUCTIONS:			
2.	Losses incurred (current accident year \$4,945,475): 2.1 Direct	8,175,670	31,167,646	170,631,149
	2.2 Assumed		1,059,880	5,992
	2.3 Ceded	849,999	20,495,756	134,743,739
	2.4 Net		11,731,771	35,893,402
	Loss adjustment expenses incurred		1,873,974 250,374	4,652,354
	Other underwriting expenses incurred		0	12,641,449
			13,856,120	53,187,206
7.	Net income of protected cells		0	0
8.	Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(12,188,030)	(17,359,532)	(58,378,023)
	INVESTMENT INCOME			
q	INVESTMENT INCOME Net investment income earned	54 165	116.761	355,288
1	Net realized capital gains (losses) less capital gains tax of \$		628	(48,635)
	Net investment gain (loss) (Lines 9 + 10)	54,165	117,388	306,653
	OTHER INCOME			
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$	33 530	(44,727)	(23,715)
13.	Finance and service charges not included in premiums		(44,727)	
1	Aggregate write-ins for miscellaneous income	0	0	0
	Total other income (Lines 12 through 14)	89,655	19,401	389,814
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal	(40.044.040)	47 000 740	/57 004 550)
47	and foreign income taxes (Lines 8 + 11 + 15)	(12,044,210)	(17,222,742)	(57,681,556)
	Net income, after dividends to policyholders, after capital gains tax and before all other federal		U	U
10.	and foreign income taxes (Line 16 minus Line 17)	(12,044,210)	(17,222,742)	(57,681,556)
1	Federal and foreign income taxes incurred		0	0
20.	Net income (Line 18 minus Line 19)(to Line 22)	(12,044,210)	(17,222,742)	(57,681,556)
	CADITAL AND SUPPLIES ACCOUNT			
21	CAPITAL AND SURPLUS ACCOUNT Surplus as regards policyholders, December 31 prior year	28 294 519	39 168 070	28.939.653
	Net income (from Line 20)	(12,044,210)	(17,222,742)	(57,681,556)
	Net transfers (to) from Protected Cell accounts.		0	0
24.	Change in net unrealized capital gains or (losses) less capital gains tax of			
25	\$Change in net unrealized foreign exchange capital gain (loss)		(16,555) 0	84 0
	Change in net deferred income tax		2,626,653	12,369,536
	Change in nonadmitted assets	(2,579,677)	(2,738,873)	(13,760,560)
	Change in provision for reinsurance		0	0
	Change in surplus notes		0	0
	Surplus (contributed to) withdrawn from protected cells		0	0
	Cumulative effect of changes in accounting principles			
02.	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	3,000,000	12 500 000	54 972 030
	33.2 Transferred to capital (Stock Dividend)		12,500,000	34,672,930
	33.3 Transferred from capital		0	0
	Net remittances from or (to) Home Office		0	0
	Dividends to stockholders		0	0
36.	Change in treasury stock	0	0	3,554,436
1	Aggregate write-ins for gains and iosses in surplus	(9,096,894)	(4,851,516)	(645,130)
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	19, 197, 625	34,316,553	28,294,522
	DETAILS OF WRITE-INS	, , -	, ,	, ,
0501.			0	0
0502.				
0503. 0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0
1	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401.			0	0
1402.				
1403.				
	Summary of remaining write-ins for Line 14 from overflow page		0	0
	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) Other change in unrealized	0	0	0
1	Additional Deferred Tax assets guaranteed		0	3,554,436
3703.			0	0,557,750
1	Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799.	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	3,554,436

CASH FLOW

	0.10.11.2011	1 1	2	3
		Current Year	Prior Year	Prior Year Ended
		To Date	To Date	December 31
	Cash from Operations	10000	10 0 0 0	
1	Premiums collected net of reinsurance.	6,038,188	10,467,609	(9,161,002)
	Net investment income	95 740	140.707	603.651
100	Miscellaneous income	89.655	19.401	389.814
		6.223.583	10.627.717	(8.167.536)
	Total (Lines 1 to 3)	2.059.174	15,870,109	53 .837 .189
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	2,039,174	15,670,109	0
	- 18 C -	3,958,160		14,783,003
	Commissions, expenses paid and aggregate write-ins for deductions	3,930,100	0	0
	Federal and foreign income taxes paid (recovered) net of \$tax on capital			
9.		5.106.811	5.243.429	0
40	guillo (loodo).	11,124,145	22.957.275	68,620,191
	Total (Lines 5 through 9)	The state of the s		
11.	Net cash from operations (Line 4 minus Line 10)	(4,900,562)	(12,329,557)	(76,787,728)
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:	4 007 000	4 000 000	4 545 400
	12.1 Bonds	1,007,000	1,009,833	4,515,190
	12.2 Stocks	0	0	0
	12.3 Mortgage loans	ļ <u> </u>	0	
	12.4 Real estate	<u>0</u>	0	0
	12.5 Other invested assets		600,000	2,650,000
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
	12.7 Miscellaneous proceeds	0	7,833	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,007,000	1,617,666	7,165,190
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	200,311	0	756,745
	13.2 Stocks	<u></u>	0	68
	13.3 Mortgage loans	<u></u>	0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications	18	16,555	134
	13.7 Total investments acquired (Lines 13.1 to 13.6)	200,329	16,555	756,946
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)	806,671	1,601,111	6,408,244
	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	3,000,000	0	47,872,930
	16.3 Borrowed funds	0	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
	16.5 Dividends to stockholders	L0 L	0	0
	16.6 Other cash provided (applied)	6,126,464	5,179,832	2,281,549
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	9,126,464	5,179,832	50,154,479
	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)	5,032,573	(5,548,614)	(20,225,005)
	Cash, cash equivalents and short-term investments:		• • • • •	, ,
	19.1 Beginning of year	25,932,077	46,157,082	46, 157, 082
	19.2 End of period (Line 18 plus Line 19.1)	30,964,649	40,608,467	25,932,077

Not	e:	Supplemental disclosures of cash flow information for non-cash transactions:		
		Capital ContributionSSAP 72 Capital contribution	0	0

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Weston Property & Casualty Insurance Company (the Company) are presented on a basis of accounting practices prescribed or permitted by the Florida Office of Insurance Regulation.

The Florida Office of Insurance Regulation recognizes only statutory accounting practices prescribed by or permitted by the State of Florida for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Florida Insurance Law. The National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Florida.

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

	SSAP#	F/S Page	F/S Line #	03/31/2022	12/31/2021
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$(12,043,311)	\$(57,681,557).
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$(12,043,311)	\$ (57,681,557)
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 19,197,626	\$ 28,294,519
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$19,197,626	\$ 28,294,519

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

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

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Uneamed premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business.

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

In addition, the company uses the following accounting policies:

- (1) Basis of valuation of short-term investments Short-term investments are stated at amortized value using the effective interest method.
- (2) Basis of valuation of bonds Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Basis of valuation of common stock Common stock is stated at fair value.
- (4) Preferred stocks Not Applicable
- (5) Mortgage loans Not Applicable
- (6) Loan-backed securities Not Applicable
- (7) Basis of valuation of subsidiary, controlled and affiliated Investments in subsidiaries are carried at the lower of cost or fair value.
- (8) Investments in joint ventures, partnerships and limited liability companies Not Applicable
- (9) Derivatives Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation Not Applicable
- (11) Method of establishing loss and LAE reserves 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. In spite of the variability inherent in such estimates, management believes that the liabilities for unpaid losses and loss adjustment expenses are adequate. The methods, for making such estimates and for establishing the resulting liability are continually reviewed and any changes are reflected in the period determined. Subrogation and salvage recoveries are reviewed and any adjustments are recorded as reductions in losses and loss adjustment expenses when received.
- (12) Changes in capitalization policy Not Applicable
- (13) Pharmaceutical rebate receivables Not Applicable
- D. Going Concem Not Applicable
- 2. Accounting Changes and Corrections of Errors Not Applicable
- 3. Business Combinations and Goodwill No Significant Changes
- 4. Discontinued Operations Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans Not Applicable
- B. Debt Restructuring Not Applicable
- C. Reverse Mortgages Not Applicable
- D. Loan-Backed Securities Not Applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Not Applicable

Gross (Admitted & Nonadmitted) Restricted

- H. Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not Applicable
- J. Real Estate Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC) Not Applicable
- L. Restricted Assets
 - (1) Restricted assets (including pledged)

				Gross (Adm	itted & Nonadri	nitted)	Restricted			_				
				Current Year						8	Current Year			
		(1)	(2) G/A Supporting	(3) Total Protected Cell	(4) Protected Cell Account		(5)	(6)	(7)	(8)		(9)	(10) Gross (Admitted & Nonadmitted)	(11) Admitted
	Restricted Asset Category	l General unt (G/A)	Protected Cell Account Activity	Account Restricted Assets	Assets Supporting G/A Activity		Total (1 + 3)	al From or Year	(Decrease) (5 - 6)		ed	Total Admitted Restricted (5-8)	Restricted to Total Assets, %	to Total Admitted Assets, %
a.	Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$		\$	\$	\$	\$			3
b.	Collateral held under security lending agreements													,
C.	Subject to repurchase agreements							 					8	%
d.	Subject to reverse repurchase agreements						B. College						*	3
e.	Subject to dollar repurchase agreements	 						 					%	%
f.	Subject to dollar reverse repurchase agreements													3
g.	Placed under option contracts												*	%
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock													
i.	FHLB capital stock	 						 					*	*
j.	On deposit with states	 2,460,000					2,460,000 .	 1,963,753	496,2	47		2,460,000	1.983 %	2.179 %
k	On deposit with other regulatory bodies	 						 					%	%
L	Pledged as collateral to FHLB (including assets backing funding agreements)										****			
m.	Pledged as collateral not captured in other categories							 					%	%
n.	Other restricted assets							 					%	*
0.	Total restricted assets	\$ 2,460,000	\$	\$	\$	\$	2,460,000	\$ 1,963,753	\$ 496,2	47 \$	\$	2,460,000	1.983 %	2.179 %

- (2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) Not Applicable
- (3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) Not Applicable
- (4) Collateral received and reflected as assets within the reporting entity's financial statements Not Applicable

5. Investments (Continued)

- 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

	General Account	Protected Cell
(1) Number of CUSIPs		
(2) Aggregate amount of investment income	\$	\$

R. Reporting Entity's Share of Cash Pool by Asset type

	Asset Type	Percent Share
(1)	Cash	76.950 %
(2)	Cash Equivalents	23.000 %
(3)	Short-Term Investments	0.050 %
(4)	Total	100.000 %

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

7. Investment Income

A. Due and Accrued Income Excluded from Surplus

The Company non-admits investment income due and accrued if amounts are over 90 days past due.

- B. Total Amount Excluded Not Applicable
- 8. Derivative Instruments Not Applicable

9. Income Taxes

- A. Components of the Net Deferred Tax Asset/(Liability)
 - (1) Change between years by tax character

			03/31/2022		12/31/2021			Change			
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
		Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)	
(a)	Gross deferred tax assets	\$ 24,635,138	\$ 18	\$ 24,635,156	\$ 24,635,138	\$ 18 .	\$ 24,635,156	\$	\$	\$	
(b)	Statutory valuation allowance adjustments	24,615,165	18	24,615,183	24,615,165	18	24,615,183				
(c)	Adjusted gross deferred tax assets (1a - 1b)	19,973		19,973	19,973		19,973				
(d)	Deferred tax assets nonadmitted										
(e)	Subtotal net admitted deferred tax asset (1c - 1d)	\$ 19,973	\$	\$ 19,973	\$ 19,973	\$	\$ 19,973	\$	\$	\$	
(f)	Deferred tax liabilities	19,973		19,973	19,973		19,973	-			
(g)	Net admitted deferred tax asset/(net deferred tax liability) (1e - 1f)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

9. Income Taxes (Continued)

(2) Admission calculation components SSAP No. 101

			03/31/2022			12/31/2021			Change	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
		Ordinary	Capital	Total (Col 1+2)	Ordinary	Capital	Total (Col 4+5)	Ordinary (Col 1-4)	Capital (Col 2-5)	Total (Col 7+8)
(a)	Federal income taxes paid in prior years recoverable through loss carrybacks	\$	\$	\$	\$	\$	\$	\$	\$	\$
(b)	Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation (lesser of 2(b)1 and 2(b)2 below)									
	Adjusted gross deferred tax assets expected to be realized following the balance sheet date	17,954		17,954	17,954		17,954			
	Adjusted gross deferred tax assets allowed per limitation threshold	XXX	xxx		xxx	xxx		xxx	xxx	
(c)	Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	19,974		19,974	19,974		19,974			
(d)	Deferred tax assets admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 19,974	\$	\$ 19,974	\$ 19,974	\$	\$ 19,974	\$ -	\$	\$ -

(3) Ratio used as basis of admissibility

	03/31/2022	12/31/2021
(a) Ratio percentage used to determine recovery period and threshold limitation amount	273.000 %	273.000 %.
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 32,056,172	\$ 32,056,172

- (4) Impact of tax-planning strategies
 - (a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage

			03/31	03/31/2022		/2021	Change			
			(1)	(2)	(3)	(4)	(5)	(6)		
			Ordinary	Capital	Ordinary	Capital	Ordinary (Col. 1-3)	Capital (Col. 2-4)		
	1.	Adjusted gross DTAs amount from Note 9A1(c)	\$ 19,973	\$	\$ 19,973	\$	\$	\$		
	2.	Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		%%	%	%	%	%		
	3.	Net admitted adjusted gross DTAs amount from Note 9A1(e)	\$ 19,973	\$ –	\$ 19,973	\$ –	\$	\$ –		
	4.	Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies		%	%		%	%		
)	Use	of reinsurance-related tax-planning strate	egies							

..NO.....

- Does the company's tax-planning strategies include the use of reinsurance?......

 B. Regarding Deferred Tax Liabilities That Are Not Recognized Not Applicable
- C. Major Components of Current Income Taxes Incurred

			(1)	(2)	(3)
Cur	rent i	ncome taxes incurred consist of the following major components:	03/31/2022	12/31/2021	Change (1-2)
1.	Curi	rent Income Tax			
	(a)	Federal	\$	\$	\$
	(b)	Foreign		-	
	(c)	Subtotal	\$	\$	\$
	(d)	Federal income tax on net capital gains			
	(e)	Utilization of capital loss carry-forwards		-	
	(f)	Other			
	(g)	Federal and foreign income taxes incurred	\$	\$	\$

9. Income Taxes (Continued)

				(1) 03/31/2022	(2) 12/31/2021	(3) Change (1-2)
2.	Def	erred	Tax Assets			
	(a)	Ord	inary			
		(1)	Discounting of unpaid losses	\$	\$ 405,730	\$
		(2)	Unearned premium reserve	736,417	736,417	-
		(3)	Policyholder reserves			
		(4)	Investments			
		(5)	Deferred acquisition costs			
		(6)	Policyholder dividends accrual			
		(7)	Fixed assets			
		(8)	Compensation and benefits accrual			
		(9)	Pension accrual			
			Receivables - nonadmitted	70.750	70.750	
			Net operating loss carry-forward			
			Tax credit carry-forward			
		• •	Other (including items less than 5% of total ordinary tax assets)			
		(10)	(99) Subtotal			
	(b)	Cto	tutory valuation allowance adjustment			
	(b)		-			
	(c)		nadmitted			
	(d)		nitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 19,973	\$ 19,9/3	Ş –
	(e)	Cap				
		٠,	Investments			
		(2)	Net capital loss carry-forward			
		(3)	Real estate			
		(4)	,			
			(99) Subtotal			
	(f)		tutory valuation allowance adjustment			
	(g)		nadmitted			
	(h)		nitted capital deferred tax assets (2e99 - 2f - 2g)			
	(i)	Adn	nitted deferred tax assets (2d + 2h)	\$ 19,973	\$ 19,973	\$ -
				(1)	(2)	(3)
				03/31/2022	12/31/2021	Change (1-2)
2	Dof	orrod	Tax Liabilities	03/31/2022	12/31/2021	Change (1-2)
Э.						
	(a)		inary Investments	6 12.400	ė 12 400	٨
		(1)				
		(2)	Fixed assets Deferred and uncollected premium			
		(3)	·			
		(4)	Policyholder reserves			
		(5)	Other (including items <5% of total ordinary tax liabilities)	•	-	
			(99) Subtotal	\$ 19,973	\$ 19,973	\$
	(b)	Cap				
		(1)				. \$
		(2)	Real estate			
		(3)				
			(99) Subtotal	\$	\$	\$
	(c)	Def	erred tax liabilities (3a99 + 3b99)	\$ 19,973	\$ 19,973	\$ -
4.	Net	defe	rred tax assets/liabilities (2i - 3c)	s -	\$ -	\$ -
٦.	Hel	uere	Trou tax addition indiffices (21 - 00)	······································	<u> </u>	<u> </u>

D. Among the More Significant Book to Tax Adjustments

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to pre-tax income. The significant terms causing this difference are as follows:

	03/31/2022	Effective Tax Rate
Provision computed at statutory rate	\$(12,113,127)	21.000 %
Tax exempt interest income deduction	(581)	0.001 %
Change in VA	21,316,664	-36.956 %
Other - Deferred True Ups	(42,835)	0.074 %
Other	(127,424)	0.221 %
Total	\$ 9,032,697	-15.660 %

9. Income Taxes (Continued)

	03/31/2022		Effective Tax Rate
Federal and foreign income taxes incurred	\$		%
Change in net deferred income taxes	9,	032,697	-15.660 %
Total statutory income taxes	\$ 9,	032,697	-15.660 %

E. Operating Loss and Tax Credit Carryforwards

The Company had net operating losses of \$ 111,472,210.

- (1) At December 31, 2021, the Company has a federal net operating loss carryforward of \$ 111,472,210 for future years.
- (2) Income tax expense available for recoupment Not Applicable
- (3) Deposits admitted under IRS Code Section 6603 Not Applicable
- F. Consolidated Federal Income Tax Return
 - (1) The Company's federal income tax return is consolidated with the following entities:
 - · Weston Insurance Holdings Corp
 - · Weston Insurance Management
 - (2) The method of allocation is subject to written agreement, approved by the Board of Directors. Allocation is based on separate return calculation with current credit for net losses. Intercompany tax balances are settled annually after the Consolidated Federal Income Tax Return is filed.
- G. Federal or Foreign Income Tax Loss Contingencies Not Applicable
- H. Repatriation Transition Tax (RTT) Not Applicable
- I. Alternative Minimum Tax (AMT) Credit Not Applicable

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

A. Nature of relationships

All outstanding shares of the Company are owned by Weston Insurance Holdings Corporation (WIHC), a Florida Corporation.

- B. There are no transactions more than 0.5% of admitted assets.
- C. Transactions With Related Party Who Are Not Reported on Schedule Y Not Applicable
- D. Amounts due to or from related parties

The receivable from affiliates reported on line 23 of the assets page includes a \$2.95M receivable from WIM. The amount is deemed an admitted asset by the Florida Office of Insurance Regulation (the "Office") and is being repaid based on a repayment plan approved by the Office. The Company is current with its payments as of the filing date of this statement.

E. Management, service contracts, cost-sharing arrangements

WIM, an affiliate of the Company, is the exclusive management general agent for the Company. Under the Managing General Agency (MGA) Agreement with WIM, the Company pays a commission to the MGA for expenses incurred that are related to underwriting, acquisition, operations management, and claims administration. An expense of \$6,808,609 and \$5,956,805 was recorded in the three months ending March 31, 2022, and 2021 respectively, per the terms of the MGA agreement.

- F. Guarantees or Contingencies Not Applicable
- G. Nature of Relationships that Could Affect Operations Not Applicable
- H. Amount Deducted for Investment in Upstream Company Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets No Significant Changes
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies Not Applicable
- K. Foreign Subsidiary Value Using CARVM Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method Not Applicable
- M. All SCA Investments Not Applicable
- N. Investment in Insurance SCAs Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking Not Applicable
- 11. Debt Not Applicable
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans Not Applicable

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

A. Outstanding shares

As of March 31, 2022, the Company has 5,000,000 shares of authorized, issued, and outstanding common stock at a par value of one dollar (\$1) per share.

B. Dividend Rate of Preferred Stock - Not Applicable

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

C. Dividend restrictions

Florida Statute 628.371 restricts dividend payments for State of Florida insurance companies without prior approval by the Insurance Commission to the larger of: 10% of the policyholders' surplus or the entire net income of the preceding year plus a two year carry forward. The dividend may also be computed as 10% of surplus with dividends constrained to unassigned funds minus 5% of unrealized capital gain. A third computation provides for the lesser of 10% of surplus or net investment income plus a year carry-forward with dividends constrained to unassigned funds minus 25% of unrealized capital gains. The maximum allowed for dividend restrictions is the lesser of the above calculations or the unassigned funds at year end. After computation dividends are restricted to unassigned surplus.

D. Dates and amounts of dividends paid

The company paid a total of \$5,000,000 to parent, Weston Insurance Holdings Company, during the second quarter of 2020.

- E. Company Profits Paid as Ordinary Dividends Not Applicable
- F. Surplus Restrictions Not Applicable
- G. Surplus Advances Not Applicable
- H. Stock Held for Special Purposes Not Applicable
- I. Changes in Special Surplus Funds Not Applicable
- J. Unassigned Funds (Surplus)

(\$56.4 MM)

- K. Company-Issued Surplus Debentures or Similar Obligations Not Applicable
- L. Impact of Any Restatement Due to Prior Quasi-Reorganizations Not Applicable
- M. Effective Date(s) of Quasi-Reorganizations in the Prior 10 Years Not Applicable

14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments Not Applicable
- B. Assessments Not Applicable
- 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

Various lawsuits against the Company have arisen in the normal course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets that it considers to be impaired.

15. Leases - Not Applicable

- 16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk Not Applicable
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities Not Applicable
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans Not Applicable
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

In 2012, the Weston Insurance Company (WIC) entered into a Managing General Agent and Claims Administration Agreement with Weston Insurance Management (WIM). The terms of the MGA contract give the MGA authority for the claims payment (C), claims adjustment (CA), reinsurance ceding (R), binding authority (B), premium collection (P), and underwriting (U) in each state in which WIC was licensed. On October 1, 2016, WIC amended the Managing General Agent and Claims Administration Agreement with WIM to increase the commission to WIM by 2.25% to a total of 26.50% for services to the company.

On March 13, 2020, Weston Specialty Insurance company (WSIC) entered into a Managing General Agent and Claims Administration Agreement with WIM. The terms of the MGA contract give the MGA authority for the claims payment (C), claims adjustment (CA), reinsurance ceding (R), binding authority (B), premium collection (P), and underwriting (U) in each state in which WSIC was licensed. The agreement grants a commission to WIM of 30%.

When WIC and WSIC merged to form Weston Property & Casualty Insurance Company on 12/22/2021, the business formerly under WIC remained with a commission of 26.5%, and the business formerly under WSIC continuing at 30%

All authorities for WIM with respect to the MGA contracts remain unchanged.

Name and Address of Managing General Agent or Third Party Administration	FEIN Number	Exclusive Contract	Types of Business Written	Authority Granted	Premium Written / Produced By
Weston Insurance Management, LLC, P.O. Box 14-2057,			Fire/Allied/ Homeowners Multi peril/Commercial Multi		
Coral Gables, FL 33114	45-2754156.	YES	peril	C,CA,R,P,B,U	\$ 29,744,729
Total					\$ 29,744,729

20. Fair Value Measurements

- A. Fair Value Measurement
 - (1) Fair value measurements at reporting date

	Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a.	Assets at fair value					
	Exempt MM Mutual Fund	\$	\$	\$	\$ 150,440	\$ 150,440
	Other MM Mutual Fund				6,970,691	6,970,691
	Common Stock				423	423
	Total assets at fair value/NAV	\$	\$	\$	\$ 7,121,554	\$ 7,121,554
b.	Liabilities at fair value					
	Total liabilities at fair value	\$	\$	\$	\$	\$

- (2) Fair value measurements in Level 3 of the fair value hierarchy Not Applicable
- (3) Policy on transfers into and out of Level 3 Not Applicable
- (4) Inputs and techniques used for Level 2 and Level 3 fair values Not Applicable
- (5) Derivatives Not Applicable
- B. Other Fair Value Disclosures Not Applicable
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Common Stock	\$ 423	\$ 423	\$	\$	\$	\$ 423	\$
Bonds	11,293,848	11,293,848	310,625	10,983,223			***************************************
Cash, Cash Equivalents and Short- Term Investments	30,964,649	23,828,519	15,000			30,949,649	***************************************

- D. Not Practicable to Estimate Fair Value Not Applicable
- E. Nature and Risk of Investments Reported at NAV Not Applicable

21. Other Items

- A. Unusual or Infrequent Items Not Applicable
- B. Troubled Debt Restructuring Not Applicable
- C. Other Disclosures

The write-in asset of \$7.1 million reported on Page 2, line 2507 is to recognize additional tax deferred assets that will be utilized by December 31, 2022 or otherwise collected pursuant to a guarantee from HSCM Bermuda Fund, Ltd. The reporting of this portion of the deferred tax asset is consistent with SSAP 101, paragraph 10 regarding the Admissibility of Income Tax Assets and SSAP 4.

(1)	Agent's Balances or Uncollected Premiums per Statement - before reduction for ceded reinsurance balances payable	\$ 7,076,938	
(2)	Premium collected from "Controlled" or "Controlling" persons		\$
(3)	Premiums collected by "Controlled" or "Controlling" persons within 15 working days immediately preceding reporting period; F.S. 625.012(5)(a)1.		\$
Am	ount of Applicable:		
(4)	Trust Fund	\$	
(5)	Letter of Credit.	\$	
(6)	Financial Guaranty Bond	\$	
(7)	Total of line (4), (5) and (6)		\$
(8)	Line (2) minus (3) minus (7) should not exceed zero		\$

- D. Business Interruption Insurance Recoveries Not Applicable
- E. State Transferable and Non-Transferable Tax Credits Not Applicable
- F. Subprime-Mortgage-Related Risk Exposure Not Applicable
- G. Insurance-Linked Securities (ILS) Contracts Not Applicable
- H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - Not Applicable

22. Events Subsequent

Included on line 25 of the assets page is a receivable for \$3 million representing a capital contribution from WIHC. On May 13, 2022, the Office approved the Company's request to include the capital contribution as a Type 1 subsequent event and admit the receivable as an asset on March 31, 2022. The funds were received on May 16, 2022.

23. Reinsurance

A. Unsecured Reinsurance Recoverables

The Company's unsecured reinsurance balances (including ceded case and IBNR reserves and unearned premium) in excess of 3% of the policyholders' surplus with any one reinsurer.

23. Reinsurance (Continued)

Amount (000) omitted

Individual Reinsurers with Unsecured Reinsurance Recoverables Exceeding 3% of Policyholder Surplus

Individual Reinsurers Who Are Not Members of a Group

FEIN	Reinsurer Name	Unsecured Amount	<u>t</u>
95-2769232	INSURANCE CO OF THE WEST	\$	1,508
13-4924125	MUNICH REINS AMER INC		6,468
36-2403971	NATIONAL LIAB & FIRE INS CO		2,088
47-0698507	ODYSSEY REINS CO		896 .
13-3031176	PARTNER REINS CO OF THE US		6,792 .
AA-1340125	HANNOVER RUECK SE		2,186

- B. Reinsurance Recoverable in Dispute Not Applicable
- C. Reinsurance Assumed and Ceded
 - Maximum amount of return commission that would have been due reinsurers if all of the company's reinsurance was canceled or if the company's insurance assumed was canceled

		Assumed R	Reinsurance Ceded Re		Reinsurance				Net				
		Premium Reserve	Commission Equity		Premium Reserve					Premium Reserve		C	commission Equity
a.	Affiliates	\$	\$	\$		\$		\$		\$			
b.	All other				44,146,476		13,243,943		. (44,146,476)	****	(13,243,943)		
C.	Total	\$	\$	\$	44,146,476	\$	13,243,943	\$	(44,146,476)	\$	(13,243,943)		
d.	Direct unearned premium reserve			\$	72,385,928	-	7						

- (2) The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this statement as a result of existing contractual arrangements is accrued as follows: Not Applicable
- (3) Risks attributed to each of the company's protected cells Not Applicable
- D. Uncollectible Reinsurance Not Applicable
- E. Commutation of Ceded Reinsurance Not Applicable
- F. Retroactive Reinsurance Not Applicable
- G. Reinsurance Accounted for as a Deposit Not Applicable
- H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements Not Applicable
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation Not Applicable
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation Not Applicable
- K. Reinsurance Credit Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate Not Applicable
- B. Method Used to Record Not Applicable
- C. Amount and Percent of Net Retrospective Premiums Not Applicable
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act Not Applicable
- E. Calculation of Nonadmitted Retrospective Premium Not Applicable
- F. Risk-Sharing Provisions of the Affordable Care Act (ACA)
 - 1. Not Applicable
 - (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Not Applicable

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? NO

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year Not Applicable
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance Not Applicable
- (4) Roll-forward of risk corridors asset and liability balances by program benefit year Not Applicable
- (5) ACA risk corridors receivable as of reporting date Not Applicable

25. Changes in Incurred Losses and Loss Adjustment Expenses

- A. Reasons for Changes in the Provision for Incurred Loss and Loss Adjustment Expenses Attributable to Insured Events of Prior Years
 Reserves as of December 31, 2021 were \$35,257,887. For the three months ending March 31, 2022, \$22,019,356 has been paid for incurred
 - reserves as of December 31, 2021 were \$35,207,887. For the three months ending March 31, 2022, \$22,019,350 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$21,856,966 resulting in favorable development of \$1,000,000. Increases or decreases occur as a result of claim settlements during the current year and as additional information is received regarding individual claims, causing changes from the original estimates of the cost of the claims.
- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses Company and relevant industry loss development patterns are taken into account in evaluating the overall adequacy of unpaid losses and loss adjustment expenses.
- 26. Intercompany Pooling Arrangements Not Applicable
- 27. Structured Settlements Not Applicable
- 28. Health Care Receivables Not Applicable
- 29. Participating Policies Not Applicable
- 30. Premium Deficiency Reserves Not Applicable
- 31. High Deductibles Not Applicable
- 32. Discounting of Liabilities For Unpaid Losses or Unpaid Loss Adjustment Expenses Not Applicable
- 33. Asbestos/Environmental Reserves Not Applicable
- 34. Subscriber Savings Accounts Not Applicable
- 35. Multiple Peril Crop Insurance Not Applicable
- 36. Financial Guaranty Insurance Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Domicile, as required by the Model Act?	insactions requiring the filling of Disclosure o	Material Trans	sactions with the s	otate of	ies []	IND [V]
1.2	If yes, has the report been filed with the domiciliary	state?				Yes []	No []
2.1	Has any change been made during the year of this reporting entity?					Yes []	No [X]
2.2	If yes, date of change:						
3.1	Is the reporting entity a member of an Insurance H which is an insurer?	olding Company System consisting of two o	more affiliated	persons, one or	more of	Yes [X]	No []
	If yes, complete Schedule Y, Parts 1 and 1A.						
3.2	Have there been any substantial changes in the or	ganizational chart since the prior quarter en	i?			Yes []	No [X]
3.3	If the response to 3.2 is yes, provide a brief descrip	otion of those changes.					
3.4	Is the reporting entity publicly traded or a member						No [X]
3.5	If the response to 3.4 is yes, provide the CIK (Cent						N= (V)
4.1						Yes []	NO [X]
4.2	If yes, provide the name of entity, NAIC Company ceased to exist as a result of the merger or consoli	dation.					
	,	1 Name of Entity N	2 AIC Company		B Domicile		
5.	If the reporting entity is subject to a management a fact, or similar agreement, have there been any signifyes, attach an explanation.					Yes [] No [X]	NA []
6.1	State as of what date the latest financial examinati	on of the reporting entity was made or is bei	ng made			12/	31/2015
6.2					g entity.		
6.3	This date should be the date of the examined balar State as of what date the latest financial examinati	-	-		of dominile	06/	15/2017
	or the reporting entity. This is the release date or c sheet date).				(balance	12/	31/2021
6.4	By what department or departments?						
6.5	Florida Office of Insurance Regulation Have all financial statement adjustments within the			subsequent finan	cial		
	statement filed with Departments?						
	Have all of the recommendations within the latest f Has this reporting entity had any Certificates of Au	thority, licenses or registrations (including co	rporate registr	ation, if applicable			
7.2	suspended or revoked by any governmental entity If yes, give full information:	during the reporting period?				Yes []	No [X]
8.1	Is the company a subsidiary of a bank holding com	pany regulated by the Federal Reserve Boa	rd?			Yes []	No [X]
	If response to 8.1 is yes, please identify the name						
	Is the company affiliated with one or more banks, t		·			Yes []	No [X]
8.4	If response to 8.3 is yes, please provide below the federal regulatory services agency [i.e. the Federa Deposit Insurance Corporation (FDIC) and the Sec regulator.]	Reserve Board (FRB), the Office of the Co	mptroller of the	Currency (OCC),	the Federal		
	1	2	3	4	5	6	
	Affiliate Name	Location (City, State)	FRB	occ	FDIC	SEC	
	,	(Only) Online)					
9.1	Are the senior officers (principal executive officer, similar functions) of the reporting entity subject to a				performing	Yes [X]	No []
	(a) Honest and ethical conduct, including the ethic				rofessional re	elationships;	
	(b) Full, fair, accurate, timely and understandable(c) Compliance with applicable governmental laws		be filed by the	reporting entity;			
	(d) The prompt internal reporting of violations to a	n 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 a	mended?				Yes []	No [X]
9.21	If the response to 9.2 is Yes, provide information re	elated to amendment(s).					
9.3	Have any provisions of the code of ethics been wa	ived 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

EIN	ΔN	ΛI

10.1	Does the reporting entity r	eport any amounts du	e from parent, subs	idiaries or a	ffiliates on Page	2 of th	is statement?		Yes	[X]	No []
10.2	If yes, indicate any amoun	ts receivable from par	ent included in the F	Page 2 amo	unt:				\$		0
				LUNE CONTRACTOR	ESTMEN	-					
	Were any of the stocks, bo for use by another person									[]	No [X]
11.2	If yes, give full and comple	ete information relating	thereto:								
12.	Amount of real estate and	mortgages held in oth	ner invested assets i	in Schedule	BA:				\$		0
13.	Amount of real estate and	mortgages held in sh	ort-term investments	s:					\$		0
14.1	Does the reporting entity	have any investments	in parent, subsidia	ries and affi	liates?	W.W.			Yes	[]	No [X]
14.2	If yes, please complete th	ne following:									
					В	ook/Ad	ar-End justed Value	Current Book/A Carryin	djusted		
					\$		۵	\$			
		d Stock					0 0	\$ \$			
	14.24 Short-Te	rm Investments			\$		0	\$			
		e Loans on Real Esta						\$ \$			
	14.27 Total Inv	estment in Parent, Su	bsidiaries and Affilia	ates				•			
	14.28 Total Inv	l Lines 14.21 to 14.26 restment in Parent inc	luded in Lines 14.21	l to 14.26			0	\$ \$			
15.1	Has the reporting entity er	itered into any hedgin	g transactions repor	ted on Sche	edule DB?				Yes	[]	No [X]
15.2	If yes, has a comprehensi	ve description of the h	edging program bee	en made av	ailable to the dor	miciliary	y state?		Yes [] No	[]	NA [X]
	If no, attach a description	with this statement.									
16	For the reporting entity's s	ecurity lending progra	m state the amount	t of the follo	wing as of the c	urrent s	tatement date:				
		reinvested collateral a							\$		_0
		d/carrying value of rei			ted on Schedule	DL, Pa	arts 1 and 2		\$		_0
	16.3 Total payable for s	ecurities lending repo	rted on the liability p	oage					\$		U
	Excluding items in Schedu entity's offices, vaults or si pursuant to a custodial agi Considerations, F. Outsou	afety deposit boxes, w reement with a qualifie	ere all stocks, bond ed bank or trust com	s and other	securities, owner cordance with Se	ed throu	ighout the curre , III – General E	nt year held xamination			
									Yes	X	No []
17.1	For all agreements that co	mply with the requirer		inanciai Co					_		
		Name o	1 of Custodian(s)			Cı	2 ustodian Addres	s			
	Cum	ovus Trust			1148 Broadway	/, 5th	FIOOF, PU BOX .	23024, Columbus,			
		rill Lynch						Gables, FL 33134	_		
	For all agreements that do location and a complete ex		equirements of the I	NAIC Finan	cial Condition E	xamine	rs Handbook, pr	ovide the name,			
		1 Name(s)		2 Location(s	s)		3 Complete Expl	anation(s)	7		
17.3	Have there been any char	iges, including name of	changes, in the cust	odian(s) ide	entified in 17.1 du	urina th	e current quarte	r?	Yes	[]	No [X]
17.4	If yes, give full and comple	ete information relatino	thereto:			-					
	,, 5	1	2		3	_		4	\neg		
	-	Old Custodian	New Custod	lian	Date of Chang	je		ason			
	Investment management - authority to make investme reporting entity, note as su	ent decisions on beha	If of the reporting er	ntity. For ass	sets that are mai	naged i	internally by emp				
		1				2					
	Name	of Firm or Individual			A	Affiliatio	n				
7 500-	Forthern force for the state of	listed in the teles.	Overtire 47.5		dicidenala		h tha anti-	-414.			
7.5097	For those firms/individuals (i.e., designated with a "U					ated wit	in the reporting 6	enuty	Yes [] No	[X]
7.5098	For firms/individuals unaff does the total assets unde							.5,	Yes [] No	[X]
17.6	For those firms or individu	als listed in the table f	or 17.5 with an affili	ation code o	of "A" (affiliated)	or "U" ((unaffiliated), pro	ovide the informati	on for the table below		
	1 Control Registratio	_	2 o of Firm or		3 Logal Entity			4	5		nt
	Central Registratio Depository Numbe		e of Firm or idividual		Legal Entity dentifier (LEI)		Registe	ered With	Investment Manag Agreement (IMA		

GENERAL INTERROGATORIES

	Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Managemen Agreement (IMA) Filed	
	Have all the filing requirements of t	the Purposes and Procedures Ma	nual of the NAIC Investment Ana	lysis Office been followed?	Yes [X]	No
	ii no, iist exceptions.				-	
).	By self-designating 5GI securities,	the reporting entity is certifying th	e following elements for each self	f-designated 5GI security:		
	Documentation necessary to a. PL security is not available.		he security does not exist or an N	IAIC CRP credit rating for an FE or		
	NY 85 (7) (8)	on all contracted interest and prin	cipal payments.			
	c. The insurer has an actual e	expectation of ultimate payment of	f all contracted interest and princi	pal.		
	Has the reporting entity self-design	ated 5GI securities?			Yes [] N	lo [)
-	By self-designating PLGI securities	, the reporting entity is certifying t	the following elements of each se	If-designated PLGI security:		
	a. The security was purchase					
		ing capital commensurate with the		•		
		s derived from the credit rating as letter rating held by the insurer a		gal capacity as a NRSRO which is		
		permitted to share this credit rating	•	_		
	Has the reporting entity self-design	ated PLGI securities?			Yes [] N	lo [X
	By assigning FE to a Schedule E designated FE fund:	BA non-registered private fund,	the reporting entity is certifying	the following elements of each se	lf-	
	a. The shares were purchased price					
	b. The reporting entity is holding ca					
	January 1, 2019.	rating(s) with annual surveillance	assigned by an NAIC CRP in its	legal capacity as an NRSRO prior to		
	d. The fund only or predominantly	holds bonds in its portfolio.				
	a. The surrent reported NAIC Desi	anotion was derived from the nuk	lie erodit roting/o) with appual our	noillance assigned by an NAIC CRD		

Yes [] No [x]

The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

 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?....

GENERAL INTERROGATORIES PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.	If the reporting ent	7. 73. 3000	r of a pooling an	rangement, did	the agreement	or the reporting	g entity's partici	pation change?	·	Yes []	No []	NA [X]
	,,											
2.	Has the reporting from any loss that									Y	es []	No [X]
	If yes, attach an e	xplanation.										
3.1			Calloran E Monday		been canceled?	·		-		Ye	es []	No [X]
3.2	If yes, give full and	d complete infor										
4.1	Are any of the liab Annual Statement	Instructions pe	rtaining to discl	osure of discou	nting for definition	on of "tabular i	reserves,") disco	ounted at a rate	e of interest			
	greater than zero?	?								Ye	es []	No []
4.2	If yes, complete th	ne following sch	edule:									
			2		TOTAL DIS		7		COUNT TAKEN			
	1	2 Maximum	3 Discount	4 Unpaid	5 Unpaid	6	7	8 Unpaid	9 Unpaid	10	'	11
Li	ine of Business	Interest	Rate	Losses	LAE	IBNR	TOTAL	Losses	LAE	IBNR	TO	TAL
		ļ <u> </u>									<u> </u>	
											<u> </u>	
											<u> </u>	
											T	
			TOTAL	0	0	0	0	0	0	0		0
							'					
_												
5.	Operating Percent	-										%
									'			%
			-									70 %
6.1					penses				'			
6.2											3S []	No [X]
6.3											es []	No [X]
6.4	If yes, please prov		-								11	[4]
7.	Is the reporting en								,		es [X]	No []
7.1	If no, does the rep	porting entity as	sume reinsuran	ce business th		esiding in at le	ast one state of	ther than the s	tate of domicile			No []
	2. 2.2 .2										1	

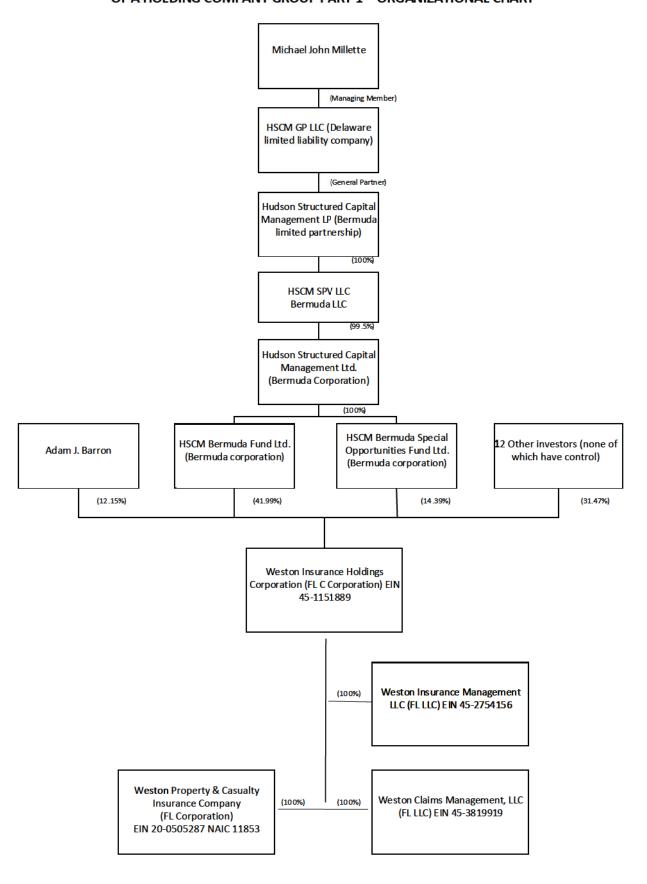
SCHEDULE F - CEDED REINSURANCE Showing All New Reinsurers - Current Year to Date

1	2	3	4	5	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
					Certified	Effective Date
NAIC	March 201	50%		N2 1985.00	Reinsurer Rating	of Certified
NAIC Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	(1 through 6)	Reinsurer Rating
			2			
						9 9 9
						<u> </u>
		J				
					5 85 33 3	0 0 0
		300 1000 0 000000 00 00 00000 0 0000 0 000 0			1 2 11 11	3 8 8
					1 10 11 11	
		J				
						2 0 0
					7 87 10 1	.01 (0)
	S					N 18 (c)
						Si (0 (0)
	L					
		The region from the forest region to be the forest region from the first control of the first region in th				
						St. 48 - 85
	L	NONE				
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SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

		П	1	Direct Premiu	ıms Written	Direct Losses Paid (Deducting Salvage)	Direct Losse	es Unpaid
			Active Status	2 Current Year	3 Prior Year	4 Current Year	5 Prior Year	6 Current Year	7 Prior Year
	States, etc.	_	(a)	To Date	To Date	To Date	To Date	To Date	To Date
	AlaskaA	K.	N		0		0		
		z	L		0		0	V-000000 V	***************************************
		R_			0				
5.	CaliforniaC	A	N		0		0		
		:o_	N		0				
		T	N		9		9		
)E	N		0		0		
		L		17,161,109	12,708,024	1,283,746	7,297,137	39,359,723	42,601,19
		Α	<u> </u>	,101,100	0	1,200,110	0	_60,000,720	12,001,10
	(-	II	N		0				
13.		D	N		0				
	IllinoisIl		N		0				
	IndianaII	- 1	N		0		0		
	Iowa I/	s.	N		0		0		
		Y			0		0		
	LouisianaL	- 1		3,837,232	2,235,281	7,648,199	3,617,553	5,086,198	2,849,06
		1E_	N		0				
21.	•	ND_	N		0				
		MA_	N		0				
	-	11	N		0		0		
		IN_ IS_		75,011	(17,519)				
	• • • • • • • • • • • • • • • • • • • •	10	Ĺ		0		0		
		ΛT	N		0		0		
28.	NebraskaN	IE.	N		0		0		
29.	NevadaN	IV_	N		0				
		IH	N		0				!
	-	IJ_	N		0		0		
	New YorkN	IM_	N		0		0		
	No. CarolinaN	- 1	N		0		0		
		ID	N		0		0		
36.	Ohio C	н	N		0		0		
		K	L		0				
	-	R_	N						
	PennsylvaniaP Rhode IslandP	'A	N		0		0		
		c_			0		0		
		D	N		0				
43.	TennesseeT	N.			0				
44.	Texas T	x	L	8,671,377	15,506,094	12,934,618	21,760,369	46,206,200	26,043,19
		JT	N		0		0		
	VermontV	- 1	N		0		0		
	-	/Α VΑ	N	···			0		
	West VirginiaV	- 1	N		0		0		
	WisconsinV		N		0				
	WyomingV		N		0		0		
		S.	N		0				
		SU_	N		0				
	Puerto RicoP	- 1	Q		0				
	U.S. Virgin IslandsV Northern Mariana IslandsN	- 1	N				0		
		AN	N		0		0		
	Aggregate Other Alien C	- 1	XXX	0	0	0	ــــــــــــــــــــــــــــــــــــــ	0	
	Totals	_]	XXX	29,744,729	30,431,880	21,866,562	32,675,059	90,652,121	71,493,45
	DETAILS OF WRITE-INS	T	vvv						
8001. 8002.		<u>_</u> t	XXX						
8003.		_Ţ	XXX						
6998.	Summary of remaining write ins for Line 58 from overflow page		xxx	0	0	0	0	0	
8999.	TOTALS (Lines 58001 throu		^^^	— l		······		ا مــــــــــــــــــــــــــــــــــــ	
	58003 plus 58998) (Line 58 above)		xxx	0	0	0	0	0	

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



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STATEMENT AS OF MARCH 31, 2022 OF THE Weston Property & Casualty Insurance Company

SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates		Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	
00000		00000	45-2754156			02 02 30	Weston Insurance Management, LLC	FL	NIA	Weston Insurance Holdings Corporation	Ownership	100.0		NO	0
00000		00000	45-3819919				_ Weston Claims Management, LLC	FL	NIA	Weston Insurance Holdings Corporation	Ownership	100.0			0
00000		11853	20-0505287				Weston Property & Casualty Insurance Company Weston Insurance Holdings	FL	RE	Weston Insurance Holdings Corporation	_ Ownership	100.0	Hudson Structured Capital Management Ltd	NO	
00000		00000	45-1151889	0 00 0000		16 16 10	Corporation Weston Insurance Holdings	FL	UDP	12 Other Investors	Ownership	31.5			
00000		00000					Corporation Weston Insurance Holdings Corporation	FL	UDP	Adam J. Barron Hudson Structured Capital Management	Ownership	56.4			
ļ														<u> </u>	

Asterisk	
0000001	[

PART 1 - LOSS EXPERIENCE

			Current Year to Date		4
	Line of Business	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1.	Fire.			143.5	471.6
2.1	Allied lines			16.2	9.6
2.2	Multiple peril crop			0.0	
2.3	Federal flood			0.0	
2.4	Private crop			0.0	
2.5	Private flood			0.0	
3.	Farmowners multiple peril			0.0	0.0
4.	Homeowners multiple peril		4 328 761	.35.5	224.3
5.	Commercial multiple peril			0.0	220.4
6.	Mortgage guaranty			0.0	0.0
8.	Ocean marine			0.0	0.0
9.	Inland marine			0.0	0.0
10.	Financial guaranty			0.0	0.0
11.1	Medical professional liability -occurrence.			0.0	0.0
11.2	Medical professional liability -claims made			0.0	0.0
12.	Earthquake			0.0	0.0
13.1	Comprehensive (hospital and medical) individual			0.0	
13.2	Comprehensive (hospital and medical) group			0.0	
14.	Credit accident and health		· · · · · · · · · · · · · · · · · · ·	0.0	0.0
15.1	Vision only				
15.2	Dental only			0.0	
15.3	Disability income			0.0	
15.4	Medicare supplement			0.0	
15.5	Medicaid Title XIX			0.0	
15.6	Medicare Title XVIII			0.0	
15.7	Long-term care		··	0.0	
15.8	Federal employees health benefits plan				
15.0	Other health				
16.	Workers' compensation			0.0	0.0
17.1	Other liability occurrence	10 642			(237 .6
17.1	Other liability-claims made			0.0	0.0
17.2	Excess Workers' Compensation			0.0	0.0
18.1	Products liability-occurrence			0.0	0.0
18.2				0.0	0.0
	Products liability-claims made				
19.1	Private passenger auto no-fault (personal injury protection)			0.0	
19.2 19.3	Other private passenger auto liability				
19.3	Commercial auto no-fault (personal injury protection)			0.0	
21.1	Other commercial auto liability				
	Private passenger auto physical damage			0.0	
21.2 22.	Commercial auto physical damage				0.0
	Aircraft (all perils)				
23.	Fidelity			0.0	0.0
24.	Surety	020		0.0	0.0
26.	Burglary and theft	929		0.0	
27.	Boiler and machinery			0.0	0.0
28.	Credit			0.0	0.0
29.	International			0.0	D. Q.
30.				0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property			XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability		XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	ххх	XXX	XXX
34.	Aggregate write-ins for other lines of business		0	0.0	0.0
35.	TOTALS	35,159,586	8,175,670	23.3	85.3
D 3401.	DETAILS OF WRITE-INS				
3402.					
3403.					
	ium, of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3490.			0	0.0	

PART 2 - DIRECT PREMIUMS WRITTEN

		1	2	3
		Current	Current	Prior Year
97	Line of Business	Quarter	Year to Date	Year to Date
1.	Fire	(1,253)	(1,253)	
2.1	Allied lines		23,846,085	19,711,546
2.2	Multiple peril crop			
2.3	Federal flood			
2.4	Private crop			
2.5	Private flood			
3.	Farmowners multiple peril	0		٥
4.	Homeowners multiple peril		5,900,308	
5.	Commercial multiple peril			(3,010)
6.	Mortgage guaranty			0
8.	Ocean marine			0
9.	Inland marine			0
10.	Financial guaranty			0
11.1	Medical professional liability-occurrence			ο
11.2	Medical professional liability-claims made			0
12.	Earthquake			0
13.1	Comprehensive (hospital and medical) individual			0
13.2	Comprehensive (hospital and medical) group			0
14.	Credit accident and health			
15.1	Vision only			0
15.2	Dental only	0		
15.3	Disability income	0		
15.4	Medicare supplement			
15.5	Medicaid Title XIX			
15.6	Medicare Title XVIII			
15.7	Long-term care			
15.8	Federal employee health benefits plan			
15.9	Other health			
16.	Workers' compensation			Ω
17.1	Other liability occurrence		(412)	16,229
17.2	Other liability-claims made			0
17.3	Excess Workers' Compensation			0
18.1	Products liability-occurrence			0
18.2	Products liability-claims made			0
19.1	Private passenger auto no-fault (personal injury protection)			
19.2	Other private passenger auto liability			
19.3	Commercial auto no-fault (personal injury protection)			
19.4	Other commercial auto liability			
21.1	Private passenger auto physical damage			
21.2	Commercial auto physical damage			
22.	Aircraft (all perils)	0		O
23.	Fidelity			0
24.	Surety			O
26.	Burglary and theft			2,146
27.	Boiler and machinery			21,158
28.	Credit			D
29.	International	0		0
30.	Warranty			D
31.	Reinsurance - Nonproportional Assumed Property	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
35.	TOTALS	29,744,729	29,744,729	30,431,880
DE	ETAILS OF WRITE-INS			
3401. <u> </u>				
3402.				
3403				
3498. Su	ım. of remaining write-ins for Line 34 from overflow page	0	0	0
	tals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

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STATEMENT AS OF MARCH 31, 2022 OF THE Weston Property & Casualty Insurance Company

PART 3 (000 omitted)

	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)	2022 Loss and LAE Payments on Claims Reported as of Prior Year-End	2022 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2022 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. 2019 + Prior	334	1,901		28	831	.859	305	1,070	٥	1,376	0	0	0
2. 2020	1,696	10,274	11,971	333		1,118	1,363	8,490	0	9,853	0	(1,000)	(1,000
3. Subtotals 2020 + prior	2,030	12,175	14,205	362	1,615	1,977	1,668	9,560	و	11,228		(1,000)	(1,000
4. 2021	3,305	17,748	21,053	3,305	12,271	15,576	0	5,477	0	5,477	0	0	0
5. Subtotals 2021 + prior	5,334	29,924	35,258	3,666	13,886	17,553	1,668	15,037	0	16,705	0	(1,000)	(1,000
6. 2022	xxx	xxx	xxx	xxx	4,467	4,467	xxx	1,000	4,152	5,152	xxx	xxx	xxx
7. Totals	5,334	29,924	35,258	3,666	18,353	22,019	1,668	16,037	4,152	21,857	0	(1,000)	(1,000
 Prior Year-End Surplus As Regards Policy- holders 	28,295										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

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?	N0
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?	YES
4.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	SEE EXPLANATION
5.	AUGUST FILING Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
Explai	nation:	
. N/A		
Bar Co	ode:	
I.		
2.		

OVERFLOW PAGE FOR WRITE-INS

PQ002 Additional Aggregate Lines for Page 02 Line 25. *ASSETS

	1	2	3	4
				December 31 Prior
	F1941 - 67846	PR 17000000000000000000000000000000000000	Net Admitted Assets	Year Net Admitted
	Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets
2504. Additional Deferred Tax assets guaranteed	11,554,000		11,554,000	11,554,436
2597. Summary of remaining write-ins for Line 25 from Page 02	11,554,000	0	11,554,000	11,554,436

PQ003 Additional Aggregate Lines for Page 03 Line 25.

LIND				
	1	2		
	Current	December 31,		
	Statement Date	Prior Year		
2504. Escheat Payable	301,030	279,098		
2505. Deferred Brokerage share				
2597. Summary of remaining write-ins for Line 25 from Page 03	301,030	279,098		

SCHEDULE A - VERIFICATION

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
	2.2 Additional investment made after acquisition		0
3.	Capitalized deferred interest and other		0
4.	Accrual of discount		0
5.	Unrealized valuation increase (decrease)		0
6.	Total gain (loss) on disposals		0
7.	Deduct amounts received on disposals		0
8.	Deduct amortization of premium and mortgage interest points and commitment fees		0
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10.	Deduct current year's other-than-temporary impairment recognized		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	L	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

SCHEDULE BA - VERIFICATION

	Other Long-Term Invested Assets		
	•	1	2 Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	2,650,000
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		0
	2.2 Additional investment made after acquisition		0
3.	Capitalized deferred interest and other		0
4.	Accrual of discount		0
5.	Unrealized valuation increase (decrease)		0
	Total gain (loss) on disposals		0
7.	Deduct amounts received on disposals.		2,650,000
8.	Deduct amortization of premium and depreciation		0
9.	Total foreign exchange change in book/adjusted carrying value		0
10.	Deduct current year's other-than-temporary impairment recognized.		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

SCHEDULE D - VERIFICATION

	Bonds and Stocks		
		1	2 Prior Year Ended
		Year To Date	December 31
1. B	ook/adjusted carrying value of bonds and stocks, December 31 of prior year	12,137,723	16,061,478
2. C	ost of bonds and stocks acquired	200,311	
3. A	ccrual of discount	608	4,266
	Inrealized valuation increase (decrease)	271	84
	otal gain (loss) on disposals	18	(48,501)
6. D	educt consideration for bonds and stocks disposed of	1,007,000	4,515,190
7. D	educt amortization of premium	37,661	164,349
8. To	otal foreign exchange change in book/adjusted carrying value	0	0
9. D	educt current year's other-than-temporary impairment recognized	0	0
10. To	otal investment income recognized as a result of prepayment penalties and/or acceleration fees.	0	43,122
11. B	ook/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	11,294,271	12,137,723
12. D	educt total nonadmitted amounts	0	0
13. S	tatement value at end of current period (Line 11 minus Line 12)	11,294,271	12,137,723

STATEMENT AS OF MARCH 31, 2022 OF THE Weston Property & Casualty Insurance Company

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

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

		During the Current Qu	arter for all Bonds and Pre	ferred Stock by NAIC Desi				
	1 Book/Adjusted Carrying Value Beginning of	2 Acquisitions During	3 Dispositions During	4 Non-Trading Activity During	5 Book/Adjusted Carrying Value End of	6 Book/Adjusted Carrying Value End of	7 Book/Adjusted Carrying Value End of	8 Book/Adjusted Carrying Value December 31
NAIC Designation	Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS					10.1333320		00.200.000	0.600.00
1. NAIC 1 (a)	8,811,673	200,311	1,036,982	(23,089)	7,951,912	0	0	8,811,67
2. NAIC 2 (a)	3,370,896	0	0	(13,960)	3,356,936	0	0	3,370,89
3. NAIC 3 (a)		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	0	
7. Total Bonds	12,182,568	200,311	1,036,982	(37,049)	11,308,848	0	0	12,182,56
PREFERRED STOCK								
8. NAIC1		0	0	0		0	0	
9. NAIC 2	0	0	0	0		0	0	
10. NAIC 3		0	0					
11. NAIC4					0	0	0	
12. NAIC 5		0	0		0	0	0	
13. NAIC 6	0	0	0	0	0	0	0	
14. Total Preferred Stock	0	0	0	0	0	0	0	
15. Total Bonds & Preferred Stock	12 182 568	200 311	1 036 982	(37 049)	11 308 848	0	0	12 182 56

NAIC 3 \$ ______; NAIC 4 \$ ______; NAIC 5 \$ ______; NAIC 8 \$.______.

STATEMENT AS OF MARCH 31, 2022 OF THE Weston Property & Casualty Insurance Company

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
	Carrying value	Par value	Actual Cost	rear to Date	rear to Date
770999999 Totals	15,000	XXX	14,997	0	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year.		
	Cost of short-term investments acquired		98,991
3.	Accrual of discount	3	6
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals	0	0
6.	Deduct consideration received on disposals	30,000	73,000
7.	Deduct amortization of premium	0	0
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other-than-temporary impairment recognized	0	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	15,000	44,997
11.	Deduct total nonadmitted amounts	0	0
12.	Statement value at end of current period (Line 10 minus Line 11)	15,000	44,997

SCHEDULE DB - PART A - VERIFICATION

Options, Caps, Floors, Collars, Swaps and Forwards

1	Book/Adjusted Carrying Value, December 31, prior year (Line 10, prior year)	0
	Cost Paid/(Consideration Received) on additions	
	Unrealized Valuation increase/(decrease)	
	SSAP No. 108 adjustments	
	Total gain (loss) on termination recognized	
	Considerations received/(paid) on terminations	
7.	Amortization	
8.	Adjustment to the Book/Adjusted Carrying Value of hedged item	
	Total foreign exchange change in Book/Adjusted Carrying Value	
10.	Book/Adjusted Carrying Value at End of Current Period (Lines 1+2+3+4+5-6+7+8+9)	0
11.	Deduct nonadmitted assets	
		0

SCHEDULE DB - PART B - VERIFICATION

Futures Contracts

1.	Book/Adjusted carrying value, December 31 of prior year (Line 6, prior year)				0
2.	Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cum	ulative Cash Cha	nge column)		0
3.1	Add:				
	Change in variation margin on open contracts - Highly Effective Hedges				
	3.11 Section 1, Column 15, current year to date minus	0			
	3.12 Section 1, Column 15, prior year	0	0		
	Change in variation margin on open contracts – All Other				
	3.13 Section 1, Column 18, current year to date minus.	0			
	3.14 Section 1, Column 18, prior year		0	0	
3.2	Add:				
	Change in adjustment to basis of hedged item				
	3.21 Section 1, Column 17, current year to date minus.	0			
	3.22 Section 1, Column 17, prior year		0		
	Change in amount recognized				
	3.23 Section 1, Column 19, current year to date minus	0			
	3.24 Section 1, Column 19, prior year plus				
	3.25 SSAP No. 108 adjustments		0	0	
3.3	Subtotal (Line 3.1 minus Line 3.2)				0
	Cumulative variation margin on terminated contracts during the year.				
	Less:				
	4.21 Amount used to adjust basis of hedged item				
	4.22 Amount recognized				
	4.23 SSAP No. 108 adjustments		0		
43	S Subtotal (Line 4.1 minus Line 4.2)				0
	Dispositions gains (losses) on contracts terminated in prior year:				
٥.	5.1 Total gain (loss) recognized for terminations in prior year				
	5.2 Total gain (loss) adjusted into the hedged item(s) for terminations in prior year				
6	Book/Adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)				
	Deduct total nonadmitted amounts				
ο.	Statement value at end of current period (Line 6 minus Line 7)				

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

		Book/Adjusted Carrying Value Check	
1.	Part A, Section 1, Column 14		
2.	Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance	0	
3.	Total (Line 1 plus Line 2)		C
4.	Part D, Section 1, Column 6	0	
5.	Part D, Section 1, Column 7	0	
6.	Total (Line 3 minus Line 4 minus Line 5)		0
		Fair Value Check	
7.	Part A, Section 1, Column 16.	0	
8.	Part B, Section 1, Column 13	0	
9.	Total (Line 7 plus Line 8)		.0
10.	Part D, Section 1, Column 9	0	
11.	Part D, Section 1, Column 10	0	
12.	Total (Line 9 minus Line 10 minus Line 11)		.0
		Potential Exposure Check	
13.	Part A, Section 1, Column 21	0	
	Part B, Section 1, Column 20		
	Part D, Section 1, Column 12		
16	Total /I ine 13 nlus I ine 14 minus I ine 15)		n

SCHEDULE E - PART 2 - VERIFICATION (Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	3,172,658	19,358,787
Cost of cash equivalents acquired	9,637,770	14,627,117
3. Accrual of discount	0	0
Unrealized valuation increase (decrease)		0
Total gain (loss) on disposals	0	0
Deduct consideration received on disposals	5,689,297	30,813,246
7. Deduct amortization of premium	0	0
Total foreign exchange change in book/adjusted carrying value	0	0
Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	7,121,131	3,172,658
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	7,121,131	3,172,658

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

E04

STATEMENT AS OF MARCH 31, 2022 OF THE Weston Property & Casualty Insurance Company

SCHEDULE D - PART 3

			Show	w All Long-Term Bonds and Stock Acquired During th	he Current Quarter				
1	2	3	4	5	6	7	8	9	10 NAIC Designation
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 SVC Administrative Symbol
Bonds - U.S. Govern	ments	1 oreign	Date / required	TRAINE OF VEHICLE	Charles of Clock	COL	T di Valoc	Interest and Dividends	Ojiiaoi
	UNITED STATES TREASURY		01/12/2022	Merrill Lynch	XXX	200,311	205,000	290	1.A
0109999999 - Bo	onds - U.S. Governments	120 miles 100 miles	And Annie Annie and Annie	The second section of the second seco	Contract Con	200,311	205,000	290	
2509999997 - Bo	onds - Subtotals - Bonds - Part 3					200,311	205,000	290	XXX
2509999999 - Be	onds - Subtotals - Bonds	150	103	93	40	200,311	205,000	290	XXX
		100000	0000				0 0 0 00 000		
		+							
		S 04 040 40	200 200 200 200						Ok. Oktober
								5 100 N N N N N N N N N N N N N N N N N N	70. 70.500.50
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			20 00 00						
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		+				L			+
HI	·	+	+	 	+				+
2000000000 T-4-1								290	***
6009999999 Totals	5					200,311	XXX	290	XXX

STATEMENT AS OF MARCH 31, 2022 OF THE Weston Property & Casualty Insurance Company

SCHEDULE D - PART 4

9		2733	22	2	Sno	W All Long-I	erm Bonds a	ing Stock Soli	<u>a, keaeemea</u>	or Otherwise			urrent Quart	er					2 2	
1	2	3 4	5	6	7	8	9	10		Change in E	look/Adjusted C	arrying Value		16	17	18	19	20	21	22
		F		1				19	11	12	13	14	15	8						NAIC
		0		1																Designation,
		r		1							Current Year's			Book/				Bond		NAIC Desig.
		e		POST CONTRACTOR OF THE PARTY OF				27200234020000	Unrealized	HORSE RESPONSE AND A		Total Change			Foreign	CHOOSE THE HEROSE	NOW WATER STREET	Interest/Stock	Stated	Modifier and
CUSIP		1		Number of				Prior Year	Valuation	Current Year's	Temporary	In	Exchange	Carrying Value	Exchange Gain	Realized Gain	Total Gain	Dividends	Contractual	
Identi-	100 2,000	q Disposal	100 000000	Shares of	500 100 500	2,000,000,000		Book/Adjusted	Increase/	(Amortization)/	Impalment	B./A.C.V.	Change In	at	(Loss) on	(Loss) on	(Loss) on	Received	Maturity	Administrative
fication	Description	n Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Carrying Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	Disposal	Disposal	Disposal	During Year	Date	Symbol
Bonds - U.S	Political Subdivisions of S	States, Territories	and Possessions																	
220112-44-5	CORPUS CHRISTI TEX	08/01/2022	Call 6 100 00	_100	215,000	215,000	207,967	214,821	0		0	179	0	215,000	0	0	0	4.794	_03/01/2032	1.6 FE
07099999	99 - Bonds - U.S. Political S	Subdivisions of S	tates, Territories and Posse		215,000	215,000	207,967		0	179	0	179	0	215,000	0			4,234	XXX	XIX
	istrial and Miscellaneous (and the same of th		2.5,000	2.0,000	201,1001	211,021						210,000				7,850	1440	nan-
DUI IUS - II IUI	BANK OF NEW YORK MELLON	Ulailliateu	T			20				i -		î –	_	T						T
06406R-AA-5	CORP	01/19/2022	Call @ 100.00	1333	250,000	250,000	249,273	249,973		9	0	9	0	249.982	0	18	18	2.817	02/07/2022	1.D FE
481788-48-7	JEWORDAN CHASE & CO	01/15/2022	Call @ 100.00	100	250,000	250,000	255,920	250,119	0	(119)	0	(119)	0	250,000	0		0			1.F FE
	UNION PAGIFIC CORP			133	250,000	250,000	252,220	250,198	0	(150)	0	(195)	0	250,000	0		0	3,688	03/01/2022	1.0 FE
94974R-FG-9	WELLS FARDO & CO	03/08/2022	Redempt ion @ 100.00	III	42,000	42,000	44,044		0	(213)		(213)	0	42,000	0		0		03/08/2022	
	99 - Bonds - Industrial and				792,000	792,000	801,456		0			(458)	0		0	18	18		XIX	XIX
	97 - Bonds - Subtotals - Bo		Diamideu		1,007,000	1,007,000	1,009,424		0	(280)		(280)	0		0	18	18	15, 189	III	XIX
	99 - Bonds - Subtotals - Bo				1,007,000	1,007,000	1,009,424			(280)		(280)	U	1,000,982		10	10	15,189	XIX	XIX
20099999	99 - DUTUS - SUDIDIAIS - DU	MUS			1,007,000	1,007,000	1,009,424	1,007,202	U	(280)		(280)	U	1,000,982	0	18	18	15, 189	ALA	AAA
		+																+		
		+																		
					E337 37 37	F 300 300		49 42 943	33.00	33 330 3	10000 100	00 00 00		100 000 0		25 25 35 35 35 35	33 B T	(a) (b) (b) (c)	30 (K) - (K) (A)	
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60099999	99 Totals				1,007,000	mx	1,009,424	1.007.262	0	(280)	0	(280)	0	1.005.982	0	18	18	15.189	XXX	XXX

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DB - Part E

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH

795	Mont	th End Dep	ository Balanc	ces				
1	2	3	4	5	Book I	Balance at End o	of Each	9
	1				Month	During Current (Quarter	
			Amount of	Amount of	6	7	8	
			Interest	Interest				
		100.004.000.00	Received	Accrued at				
		Rate	During	Current				
\$1.74\$ \$1.07\(Control of Control of Co	MINISTER LINERA	of	Current	Statement		Section of the sectio	0.0400.0000.0000.0000.0000	01020
Depository	Code	Interest	Quarter	Date	First Month	Second Month	Third Month	*
Open Depositories	-72				4.765.480.48	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1000	5 177717
3 Depositories in Hancock Whitney BankGulfport, Mississipi					198,776	425,642	(594,681)	XXX
Frost National Bank-ClaimsSan Antonio, Texas	——				(198,560)	(198,560)	(198,560)	XXX
Frost National Bank-Premium EscrowSan Antonio, Texas					403,108 77,198	415,508 76,477	(29,399) 75,583	XXX
Frost National Bank-Operating San Antonio, Texas Valley National Bank-Operating Wayne, New Jersey Wayne, New Jersey					18,981	15,481	12,837	XXX
Valley National Bank-Premium Deposits		i					12,007	
1382Wayne, New Jersey	1900000	1000000	2 100000000 4		2,551,085	1,747,165	2,246,689	XXX
Valley National Bank-Premium Deposits		I			10000100000	55505000000	FR 911 17 (COS)	08/3/3/2
1390Wayne, New Jersey					200,882	218,052	233,809	XXX
TD Bank - Master 9896Miami, Florida					3,598,334	3,276,713	4,766,786	XXX
TD Bank - Master Account 7457Coral Gables, FL					31,898,045	10,159,241	18,461,081	XXX
TD Bank - Claims 7449 Coral Gables, FL Coral Gables					(2,023,351)	(1,258,219)	(768,266)	XXX_XXX
TD Bank - Return Premium 7518		t			(163,255)	(160,903)	/164 726\	XXX
TD Bank - Claims 9870Coral Gables, FL		i			(8,315,540)	(8,256,839)	(164,726)	XXX
TD Bank - Claims 9870	SD	i	1,465		1,248,364	1,248,364	1,249,829	XXX
Coral Gables, FL.			., 103		260,697	260,607	260,518	XXX
Century TrustMiami, FL	L	ļ			204,000	0	581	XXX
Merrill LynchCoral Gables, FL	L	ļ			12	12	12	XXX
Frost BankSan Antonio, TX					11	11	91	XXX
0199998 Deposits in depositories that do								
not exceed the allowable limit in any one depository								
(See Instructions) - Open Depositories	XXX	XXX						XXX
0199999 Total Open Depositories	XXX	XXX	1,465	0	33,264,730	11,484,176	23,828,519	XXX
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0399999 Total Cash on Deposit	XXX	XXX	1,465	0	33,264,730	11,484,176	23,828,519	XXX
0399999 Total Cash on Deposit 0499999 Cash in Company's Office 0599999 Total	XXX XXX XXX	XXX XXX XXX	1,465 XXX 1,465	O XXX	33,264,730	11,484,176	23,828,519	XXX XXX XXX

STATEMENT AS OF MARCH 31, 2022 OF THE Weston Property & Casualty Insurance Company

SCHEDULE E - PART 2 - CASH EQUIVALENTS

		***	0	0	and the same of th	8	9
CUSIP Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
ot Money Market Mutual Funds - as Identified by SVO							
N-50-0 JFEDERATED HRMS TRS INST		03/01/2022	0.160	200(115,024		
WI-68-2 FEDERATED HRMS US TCR IS		07/01/2019	0.160	XXX	416	0	
H-29-0		03/02/2022	0.180	XXX			
209999999 - Exempt Money Market Mutual Funds - as Identified by SVO					150,440	8	
Other Money Market Mutual Funds					•		
00-33-3		03/31/2022	0.000	XXX	3,577,535		
12-88-5 INVESCO GOVAAGENCY INST		03/01/2022	0.280	XXX	730,556		
94-91-1 MERRILL LYNCH		03/30/2022	0.000	XXX	1,925,492	0	
35-91-8 MERRILL LYNCH		03/03/2022	0.000	XXX	1	0	
87-91-4 MERRILL LYNCH/WFC/L. INC		03/03/2022	0.000	XXX	245,000	0	<u> </u>
88-91-2 MERR ILL LYNCH		03/03/2022	0.000	XXX.		0	33 (3 92
00-50-0		03/02/2022	0.450	XXX	124,787	0	
00-00-0Vailey Bank Money Market		03/01/2022	0.200			0	
109999999 - All Other Money Market Mutual Funds				C 000000 00	6,970,691	0	
		100000000000000000000000000000000000000	12 12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	AL AL COROLO		50 No. 20 No. 10	22 22
			10 10 10 10	100 100 100 100			<u> </u>
	2010/00/2010 10		70 70 70 70			20 20 20 30	
				25 25 5775156			
			20 20 20 20		20 10 10 10 10	17, Se Se 24 2	100 100
		0.0000000000000000000000000000000000000	No. 10 NO. 201	100 100 100 100 100 100	32 32 32		
			77. 77. 77.				<u> </u>
		+					
		+					
09999999 Total Cash Equivalents					7,121,131		



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2022 OF THE Weston Property & Casualty Insurance Company

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

	Individual	Coverage	Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
Premiums Collected		XXX		XXX	0
2. Earned Premiums		XXX		XXX	XXX
3. Claims Paid		XXX		XXX	
4. Claims Incurred		XXX		XXX	XXX
Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a)	xxx		xxx		
Aggregate Policy Reserves - Change		XXX		XXX	XXX
7. Expenses Paid		XXX		XXX	
Expenses Incurred		XXX		XXX	XXX
9. Underwriting Gain or Loss	0	XXX	0	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	(

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$_______due from CMS or \$______due to CMS

STATEMENT AS OF May 31, 2022 OF THE Weston Property & Casualty Insurance Company

ASSETS

		OLIO			
	L		Current Statement Date		4
		1	2	3	
				Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	9,950,000		9,950,000	12,137,572
2.	Stocks:				
	2.1 Preferred stocks			0	0
	2.2 Common stocks			0	151
_				, ,	- 101
3.	Mortgage loans on real estate:			.	
	3.1 First liens			0	0
	3.2 Other than first liens			0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less				
				0	
	\$ encumbrances).			0	
	4.2 Properties held for the production of income				
	(less \$ encumbrances)			0	
	4.3 Properties held for sale (less				
	1			0	
	\$ encumbrances)			J	
	Cash (\$32,211,561),				
	cash equivalents (\$ 8,153,012)				
	and short-term investments (\$ 44,997)	40,364,573			.25,932,077
6	Contract loans (including \$ premium notes).	•		0	
	Derivatives	0		0	
	ı				
	Other invested assets	0		. 0	
9.	Receivables for securities			. 0	
10.	Securities lending reinvested collateral assets			. 0	. 0
11.	Aggregate write-ins for invested assets	0	0	l 0 l	0
	00 0	50,314,573	0	50,314,573	38,069,800
	Subtotals, cash and invested assets (Lines 1 to 11)	30,314,373	J		. 30,009,000
13.	Title plants less \$ charged off (for Title insurers				
	only)			0	0
14.	Investment income due and accrued	98,454		98,454	131,650
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
		44 704 700	740 570	44.045.400	40 740 550
	collection	14,794,709	749,572	14,045,136	10,743,556
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$ earned				
	but unbilled premiums).	5,735,779		5,735,779	4,903,861
	15.3 Accrued retrospective premiums (\$) and				,,
	contracts subject to redetermination (\$			0	
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	30,092,465		30,092,465	49,301,380
	16.2 Funds held by or deposited with reinsured companies			0	
	16.3 Other amounts receivable under reinsurance contracts			0	0
	Amounts receivable relating to uninsured plans			. 0	
18.1	Current federal and foreign income tax recoverable and interest thereon			0	0
18.2	Net deferred tax asset			0	0
19.	Guaranty funds receivable or on deposit			0	0
	Electronic data processing equipment and software.			0	
				, , , , , , , , , , , , , , , , , , ,	
21.	Furniture and equipment, including health care delivery assets			.	
	(\$			0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates				0
	Receivables from parent, subsidiaries and affiliates	3,347,475		3,347,475	3,296,569
	Health care (\$) and other amounts receivable			0	,,
		44 000 740	_		20 550 504
	Aggregate write-ins for other-than-invested assets	14,082,749	0	14,082,749	20,550,561
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	118,466,203	749,572	117,716,631	126,997,376
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts			. 0	n
		440 400 000	740 570		400 007 070
28.	Total (Lines 26 and 27)	118,466,203	749,572	117,716,631	126,997,376
	DETAILS OF WRITE-INS				
1101.		0			
102.				0	. 0
400					
		_			
	Summary of remaining write-ins for Line 11 from overflow page	0	0	. 0	
198.	Summary of remaining write-ins for Line 11 from overflow page Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	
198. 199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0		0	(
198. 199. 2501.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) Brokerage Sharing Commission Receivable	2,321,456		2,321,456	1,968,875
1198. 1199. 2501. 2502.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) Brokerage Sharing Commission Receivable Miscellaneous receivable	2,321,456 27,249		2,321,456 27,249	1,968,875
1198. 1199. 2501. 2502. 2503.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) Brokerage Sharing Commission Receivable Miscellaneous receivable Profit commission receivable	2,321,456 27,249 179,608	0	2,321,456 27,249 179,608	1,968,875 27,250
1199. 2501. 2502. 2503.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) Brokerage Sharing Commission Receivable Miscellaneous receivable	2,321,456 27,249		2,321,456 27,249	1,968,875 27,250

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	nted by: Lisa Ramudo ing for Identifiers being edited	Statement Name: May 2022 Weston Prop & Cas Ins Co

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31, Prior Year
1.	Losses (current accident year \$		32,437,254
	Reinsurance payable on paid losses and loss adjustment expenses		0
	Loss adjustment expenses		2,820,631
	Commissions payable, contingent commissions and other similar charges		0
5.	Other expenses (excluding taxes, licenses and fees)		0
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	1,008,910	1,399,268
	1 Current federal and foreign income taxes (including \$		0
7.2	2 Net deferred tax liability		0
8.	Borrowed money \$ and interest thereon \$		0
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$		
	including warranty reserves of \$ and accrued accident and health experience rating refunds		
	including \$ for medical loss ratio rebate per the Public Health Service Act)	57 , 114 , 427	15,860,306
10.	Advance premium	3,506,543	1,673,439
11.	Dividends declared and unpaid:		
	11.1 Stockholders		C
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		40,913,015
13.	Funds held by company under reinsurance treaties	21,687,555	989,680
	Amounts withheld or retained by company for account of others		
	Remittances and items not allocated		104,736
	Provision for reinsurance (including \$certified)	l	(
	Net adjustments in assets and liabilities due to foreign exchange rates		
	Drafts outstanding		(
	Payable to parent, subsidiaries and affiliates		1,000,000
	Derivatives	0	(
	Payable for securities		(
	Payable for securities lending.		
	Liability for amounts held under uninsured plans		
	Capital notes \$		
	Aggregate write-ins for liabilities		1,504,528
	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		98 , 702 , 856
27.			(
	Total liabilities (Lines 26 and 27)		
	Aggregate write-ins for special surplus funds	_	
	Common capital stock		.5,000.000
	Preferred capital stock		
	Aggregate write-ins for other than special surplus funds	.	
	Surplus notes		
	Gross paid in and contributed surplus		67,564,332
	Unassigned funds (surplus)		
	Less treasury stock, at cost:	(00,400,220)	(44,203,012
30.	36.1		(
	·)
27	36.2 shares preferred (value included in Line 31 \$	15,114,112	28,294,519
	Surplus as regards policyholders (Lines 29 to 35, less 36)		
38.	Totals (Page 2, Line 28, Col. 3)	117,716,631	126,997,375
2501.	DETAILS OF WRITE-INS		
	Deferred Ceding Commissions	1,537,501	943 , 162
	Refunds Payable		943 , 162
	Summary of remaining write-ins for Line 25 from overflow page	279,097	202,200
		2,103,141	1,504,528
	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,103,141	1,304,320
2902.			
2903.			
	Summary of remaining write-ins for Line 29 from overflow page		
	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	(
3201.			
3202.			
3203.			
	Summary of remaining write-ins for Line 32 from overflow page		
3299.	Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	(

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STATEMENT OF INCOME

	STATEMENT OF INC	OIVIL		
		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 \$		39,845,564	158,975,053
	1.2 Assumed (written \$). 1.3 Ceded (written \$	71,344,679	65,826,181	171,208,807
,	DEDUCTIONS: Losses incurred (current accident year \$	(0,903,200)	(7,340,030)	(3,004,772)
۷.	2.1 Direct	9.556.929	17 . 944 . 128	171 , 127 , 201
	2.2 Assumed		12,071,284	5,992
	2.3 Ceded		22,536,003	134 ,743 ,739
3	2.4 Net			36,389,454
	Other underwriting expenses incurred			12,641,449
5.	Aggregate write-ins for underwriting deductions	0		0
	Total underwriting deductions (Lines 2 through 5)			53,683,257
	Net income of protected cells		(14,019,590)	(58,768,029)
	INVESTMENT INCOME	(10,002,000)	(17,010,000)	(00,700,020)
	Net investment income earned		(17,073)	355,288
	Net realized capital gains (losses) less capital gains tax of \$ Net investment gain (loss) (Lines 9 + 10)		61,860 44,787	(48,635)
'''	rvet investment gain (1055) (Lines 5 + 10)		14 ,707	
	OTHER INCOME			
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)	(0.582)	0	(23.715)
13.	Finance and service charges not included in premiums		0	413,529
	Aggregate write-ins for miscellaneous income	0	0	0
	Total other income (Lines 12 through 14)	133,852	0	389,814
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(16, 166, 036)	(13,974,803)	(58,071,562)
	Dividends to policyholders		0	0
	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)		(13,974,803)	(58,071,562)
	Federal and foreign income taxes incurred	(16,166,036)	(13,974,803)	(58,071,562)
	\		1	
	CAPITAL AND SURPLUS ACCOUNT	00 004 540	00 000 050	00 000 050
	Surplus as regards policyholders, December 31 prior year			28,939,653
	Net transfers (to) from Protected Cell accounts			0
24.	Change in net unrealized capital gains or (losses) less capital gains tax of		(12,451,417)	84
25.	Change in net unrealized foreign exchange capital gain (loss)	2 702 005	0	12 200 520
	Change in net deferred income tax Change in nonadmitted assets			12,369,536
	Change in provision for reinsurance			0
	Change in surplus notes		0	0
	Surplus (contributed to) withdrawn from protected cells Cumulative effect of changes in accounting principles		0	0
	Capital changes:			
	32.1 Paid in		12,500,000	0
	32.2 Transferred from surplus (Stock Dividend)		0 0	
33.	32.3 Transferred to surplus			
	33.1 Paid in	3,000,000	ا ۵	54,872,930
	33.2 Transferred to capital (Stock Dividend)			0
34.	33.3 Transferred from capital			
35.	Dividends to stockholders			0
1	Change in treasury stock		o	0
	Aggregate write-ins for gains and losses in surplus Change in surplus as regards policyholders (Lines 22 through 37)	(13,180,409)	(13,926,220)	3,554,436 (1,035,137)
	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	15,114,110	15,013,432	27,904,516
	DETAILS OF WRITE-INS		_	
0501. 0502.			0	0
0502.				
0598.	Summary of remaining write-ins for Line 5 from overflow page	مِ		
	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
			0	
1403.				
	Summary of remaining write-ins for Line 14 from overflow page	ŏ	0	ő
	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) 0ther change in unrealized	0	0	0
	Additional Deferred Tax assets guaranteed			3,554,436
3703.	*	ļ	0	0
	Summary of remaining write-ins for Line 37 from overflow page	<u> </u>	0	2 554 426
3/99.	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	U U	U	3,554,436

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CONSENT TO ORDER OF RECEIVERSHIP WESTON PROPERTY & CASUALTY INSURANCE COMPANY

IT IS HEREBY AGREED TO AS FOLLOWS:

- Weston Property & Casualty Insurance Company (hereinafter "Respondent") is a
 Florida corporation and is a domestic property and casualty insurer authorized to
 transact insurance business in Florida and regulated by the Florida Office of
 Insurance Regulation.
- Respondent admits that grounds exist for the appointment of a Receiver of the company for Rehabilitation or Liquidation pursuant to Sections 631.051 and 631.061, Florida Statutes.
- 3. Respondent specifically admits that it is insolvent as that term is defined in Section 631.011(14), Florida Statutes.
- 4. Pursuant to Sections 631.051 and 631.061, Florida Statutes, Respondent consents through a majority of its directors, stockholders, members or subscribers, to the entry of an Order of Liquidation, appointing the Florida Department of Financial Services, [hereinafter "the Department"] as the Receiver for Respondent, for purposes of liquidation, with the determination of the type of order to be sought and entered to be made at the sole discretion of the Department, and consents to any injunctions the receivership court, as defined by Section 631.021, deems necessary and appropriate, without the necessity of any hearing by the court. Respondent additionally agrees that the Department may, at its sole discretion, apply to the Court for any additional orders regarding Respondent, and that all such orders entered shall be final when entered, with Respondent waiving any right to appeal any of the orders entered by the receivership court as to the appointment of the Department as Receiver pursuant

to Chapter 631, Part I, Florida Statutes, and any other matter, with all such orders being final orders. The Resolution of the Board of Directors is attached as Attachment A to this Consent.

By execution hereof, WESTON PROPERTY & CASUALTY INSURANCE COMPANY consents to the appointment of the Department of Financial Services as receiver for purposes of Rehabilitation or Liquidation, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind WESTON PROPERTY & CASUALTY INSURANCE COMPANY to the terms and conditions of this Consent to Order of Receivership.

WESTON PROPERTY & CASUALTY INSURANCE COMPANY

	By:	Dearne D. N.
[Corporate Seal]	Print Name	: Deanne D. Nixon
	Title:	D 11 . A GTO
	Date:	7/29/22
STATE OF Florida		
COUNTY OF Miami Dade		
The foregoing instrument was acknowled	dged before	me by means of ĭ physical presence
or \square online notarization, this <u>29th</u> day o	f July	2022. by Deanne D. Nixon
D :1 +0 CEO		(name of person) Weston Property & Casualty Insurance Company
(type of authority; e.g., officer, trustee, attorne	ey in fact)	(company name) Salmon (Signature of the Notary)
		Michele Salmon
	(Print, 7	Type or Stamp Commissioned Name of Notary)
Personally Known X OR Produced Type of Identification Produced My Commission Environ. Nat. 20.2		
My Commission Expires November 29, 2	022	



RESOLUTION OF THE BOARD OF DIRECTORS OF

WESTON PROPERTY & CASUALTY INSURANCE COMPANY ATTACHMENT A

The undersigned, being the majority of the Directors of Weston Property & Casualty Insurance Company, (hereinafter "the Company") hereby makes the following resolutions as follows:

RESOLVED that the majority of the current Directors on the Board of Directors consent to the entry of an Order of Liquidation of the Company.

FURTHER RESOLVED, that pursuant to Sections 631.051 and 631.061, the majority of the Directors consent to the immediate appointment of the Florida Department of Financial Services (hereinafter "the Department") as Receiver of the company, for the purposes of Liquidation, without further notice or hearing, and waive any and all rights to notice and hearing.

FURTHER RESOLVED, that the majority of Directors admit that the company is insolvent as defined by Section 631.011, Florida Statutes.

FURTHER RESOLVED, that the Majority of the Directors consent to waive any right to appeal any order entered by the receivership court appointing the Department as Receiver of the company, and that the order entered is a final order.

FURTHER RESOLVED, that the Majority of the Directors consent to the filing of any additional motions or pleadings regarding the company by the Department after its appointment as Receiver without the necessity for hearing.

FURTHER RESOLVED, that the Majority of the Directors consent to waive any right to appeal any order entered by the court and that such orders shall be final.

FURTHER RESOLVED, that the Chairman of the Board of Directors and the Officers of the Company are hereby authorized to execute any and all consent agreements or documents on behalf of the company, and are authorized to take any and all additional actions, including the Consent to Receivership under Chapter 631, Part I, Florida Statutes, as deemed necessary or appropriate by the Office of Insurance Regulation and/or the Department, without further approval of the shareholders or directors.

Signature pages to follow

(Remainder of page intentionally left blank)

Directors of Weston Property & Casualty Insurance Company

	By:
[Corporate Seal]	Print Name: Deanne D. Nixon
	Title: President & CEO
	Date: 7/29/22
STATE OF Florida	
COUNTY OF Miami Dade	
The foregoing instrument was ackno	wledged before me by means of ⊠ physical presence
or \square online notarization, this 29th d	ay ofJuly 2022, by Deanne D. Nixon
as President & CEO	(name of person) for Weston Property & Casualty Insurance Company torney in fact) (company name)
(type of authority; e.g., officer, trustee, at	torney in fact) (company name)
	Dalmon
	(Signature of the Notary)
	Michele Salmon
	(Print, Type or Stamp Commissioned Name of Notary)
Personally Known X OR Produ	ced Identification
Type of Identification Produced	
My Commission Expires November 2	29, 2022



	By:
[Corporate Seal]	Print Name: Janice Weidenborner
	Title: _ Chief Operating Officer & General Counsel
	Date:7/29/22
STATE OF Florida	
COUNTY OF Miami Dade	
The foregoing instrument was acknowledged	owledged before me by means of physical presence
or \square online notarization, this <u>29th</u> d	lay of July 2022, by Janice Weidenborner
as Chief Operating Officer & General Co	ounsel (name of person) for Weston Property & Casualty Insurance Company
(type of authority; e.g., officer, trustee, a	ttorney in fact) for Weston Property & Casualty Insurance Company (company name)
	Dalmon
	(Signature of the Notary)
	Michele Salmon
	(Print, Type or Stamp Commissioned Name of Notary)
Personally Known X OR Produ	aced Identification
Type of Identification Produced	
My Commission Expires November	29 2022



	By:
[Corporate Seal]	Print Name: _ Eduardo Amador
	Title: Chief Underwriting Officer
	Date: _7/29/22
STATE OF Florida	
COUNTY OF Miami Dade	
	owledged before me by means of □ physical presence
or \square online notarization, this $\underline{^{29\text{th}}}$	lay of July 2022, by Eduardo Amador
CIT CIT I WE COM	(name of person)
as Chief Underwriting Officer	ttorney in fact) for Weston Property & Casualty Insurance Company (company name)
(type of authority, e.g., officer, trustee, a	(company name)
	Dalmon
	(Signature of the Notary)
	Michele Salmon
	(Print, Type or Stamp Commissioned Name of Notary)
Personally Known X OR Produ	uced Identification
Type of Identification Produced	
My Commission Expires November	29, 2022



	By:	M8hM
[Corporate Seal]	Print Name: _	Melissa Shelley-Mello
	Title:	Chief Actuary
	Date:	7/29/22
STATE OF Florida		
COUNTY OF Miami Dade		
The foregoing instrument was acknown	wledged before	e me by means of physical presence
or \square online notarization, this <u>29th</u> d	ay of July	
as Chief Actuary	for	(name of person) r Weston Property & Casualty Insurance Company
as Chief Actuary (type of authority; e.g., officer, trustee, at	torney in fact)	(company name)
		Dalmon
		(Signature of the Notary)
		Michele Salmon
	(Print,	, Type or Stamp Commissioned Name of Notary)
Personally Known X OR Produ	ced Identificat	ion
Type of Identification Produced		
My Commission Expires November 2	29, 2022	



	By:	Rachael Aldulaimi
[Corporate Seal]	Print Name:	Rachael Aldulaimi
	Title:	VP Finance, Treasurer & Controller
	Date:	7/29/22
STATE OF Florida		
COUNTY OF Miami Dade		
The foregoing instrument was ackno	wledged befor	re me by means of ☑ physical presence
or \square online notarization, this <u>29th</u> d	ay of July	2022, by Rachael Aldulaimi
		(name of person) Weston Property & Casualty Insurance Company
(type of authority; e.g., officer, trustee, at	torney in fact)	(company name)
		Dalmon
		(Signature of the Notary)
		Michele Salmon
	(Print	, Type or Stamp Commissioned Name of Notary)
Personally Known X OR Produ	ced Identificat	tion
Type of Identification Produced		
My Commission Expires November 2	29, 2022	



Directors of Weston Property & Casualty Insurance Company

	By: <u></u> <i>E</i> .	m tlabas	ite_
[Corporate Seal]	Print Name	Edouard von l	Herberstein
	Title:	Director	
	Date:	7/29/22	
STATE OF			
COUNTY OF			
The foregoing instrument was acknown	•	-	
or □ online notarization, this da	y of	2022, by	
as		for	(name of person)
as(type of authority; e.g., officer, trustee, att	orney in fact)	(c	company name)
		(Signature o	of the Notary)
	(Pr	int, Type or Stamp Co	ommissioned Name of Notary)
Personally KnownOR Produc	ced Identific	eation	-
Type of Identification Produced			-
My Commission Expires			