

**QUARTERLY STATEMENT
OF THE
SOUTHWEST GENERAL INSURANCE COMPANY**

**of
Gallup
in the state of
New Mexico**

**TO THE
Insurance Department
OF THE STATE OF
Arizona**

**FOR THE QUARTER ENDED
JUNE 30, 2020**

2020

PROPERTY AND CASUALTY

2020

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OF THE
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New Mexico**

**FOR THE QUARTER ENDED
JUNE 30, 2020**

2020



QUARTERLY STATEMENT AS OF JUNE 30, 2020 OF THE CONDITION AND AFFAIRS OF THE SOUTHWEST GENERAL INSURANCE COMPANY

| | | | | | | |
|---------------------------------------|--|---------------------------------------|--|--|----------------------|------------|
| NAIC Group Code | 0000 <small>(Current Period)</small> | 0000 <small>(Prior Period)</small> | NAIC Company Code | 27499 | Employer's ID Number | 85-0168089 |
| Organized under the Laws of | New Mexico | | State of Domicile or Port of Entry | NM | | |
| Country of Domicile | United States of America | | | | | |
| Incorporated/Organized | 03/01/1949 | | Commenced Business | 03/01/1949 | | |
| Statutory Home Office | 701 West Coal Avenue <small>(Street and Number)</small> | | | Gallup, NM, US 87301 <small>(City or Town, State, Country and Zip Code)</small> | | |
| Main Administrative Office | Gallup, NM, US 87301 <small>(City or Town, State, Country and Zip Code)</small> | | 701 West Coal Avenue <small>(Street and Number)</small> | (505)722-6621 <small>(Area Code) (Telephone Number)</small> | | |
| Mail Address | P.O. Box 1377 <small>(Street and Number or P.O. Box)</small> | | | Gallup, NM, US 87305 <small>(City or Town, State, Country and Zip Code)</small> | | |
| Primary Location of Books and Records | Gallup, NM, US 87301 <small>(City or Town, State, Country and Zip Code)</small> | | 701 West Coal Avenue <small>(Street and Number)</small> | (505)722-6621 <small>(Area Code) (Telephone Number)</small> | | |
| Internet Web Site Address | N/A | | | | | |
| Statutory Statement Contact | Cynthia Gail Knight <small>(Name)</small> | | | (505)722-6621-1003 <small>(Area Code)(Telephone Number)(Extension)</small> | | |
| | cindyk@gurleymotor.com <small>(E-Mail Address)</small> | | | (505)863-9091 <small>(Fax Number)</small> | | |

OFFICERS

| Name | Title |
|-----------------------|----------------|
| Steven Patrick Gurley | President |
| Cynthia Gail Knight | Vice President |
| Cynthia Gail Knight | Treasurer |
| Loretta Mescal | Secretary |

OTHERS

DIRECTORS OR TRUSTEES

| | |
|-----------------------|---------------------|
| Steven Patrick Gurley | Cynthia Gail Knight |
| Loretta Mescal | Burke Stansberry |
| Donna Swoboda | |

State of New Mexico
County of McKinley ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

| | | |
|---|--|--|
| _____ (Signature) Steven Patrick Gurley _____ (Printed Name) 1. President _____ (Title) | _____ (Signature) Cynthia Gail Knight _____ (Printed Name) 2. Vice-President/Treasurer _____ (Title) | _____ (Signature) Loretta Mescal _____ (Printed Name) 3. Secretary _____ (Title) |
|---|--|--|

Subscribed and sworn to before me this _____ day of _____, 2020

- a. Is this an original filing?
b. If no, 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 884,785 | | 884,785 | 884,451 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | | |
| 2.2 Common stocks | 1,702,000 | 1,448,755 | 253,245 | 152,687 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens | | | | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances) | | | | |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances) | | | | |
| 4.3 Properties held for sale (less \$.....0 encumbrances) | | | | |
| 5. Cash (\$.....919,114), cash equivalents (\$.....0) and short-term investments (\$.....0) | 919,114 | | 919,114 | 246,402 |
| 6. Contract loans (including \$.....0 premium notes) | | | | |
| 7. Derivatives | | | | |
| 8. Other invested assets | 435,625 | | 435,625 | |
| 9. Receivables for securities | | | | |
| 10. Securities lending reinvested collateral assets | | | | |
| 11. Aggregate write-ins for invested assets | | | | |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 3,941,524 | 1,448,755 | 2,492,769 | 1,283,540 |
| 13. Title plants less \$.....0 charged off (for Title insurers only) | | | | |
| 14. Investment income due and accrued | 3,858 | | 3,858 | 3,859 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 12,491 | | 12,491 | 10,431 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) | | | | |
| 15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0) | | | | |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | | |
| 16.2 Funds held by or deposited with reinsured companies | | | | |
| 16.3 Other amounts receivable under reinsurance contracts | | | | |
| 17. Amounts receivable relating to uninsured plans | | | | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | | 202,851 |
| 18.2 Net deferred tax asset | | | | |
| 19. Guaranty funds receivable or on deposit | | | | |
| 20. Electronic data processing equipment and software | 23,322 | | 23,322 | 26,187 |
| 21. Furniture and equipment, including health care delivery assets (\$.....0) | | | | |
| 22. Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 23. Receivables from parent, subsidiaries and affiliates | | | | |
| 24. Health care (\$.....0) and other amounts receivable | | | | |
| 25. Aggregate write-ins for other-than-invested assets | | | | |
| 26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 3,981,195 | 1,448,755 | 2,532,440 | 1,526,868 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. TOTAL (Lines 26 and 27) | 3,981,195 | 1,448,755 | 2,532,440 | 1,526,868 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) | | | | |
| 2501. | | | | |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | | | | |

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31, Prior Year |
|--|--------------------------------|---------------------------------|
| 1. Losses (current accident year \$.....27,600) | 193,366 | 256,457 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | | |
| 3. Loss adjustment expenses | 22,904 | 41,281 |
| 4. Commissions payable, contingent commissions and other similar charges | 1,547 | 1,220 |
| 5. Other expenses (excluding taxes, licenses and fees) | 1,500 | |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | 2,738 | 4,904 |
| 7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)) | 50,864 | |
| 7.2 Net deferred tax liability | 44,325 | 21,402 |
| 8. Borrowed money \$.....0 and interest thereon \$.....0 | | |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....41,858 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act) | 273,824 | 302,504 |
| 10. Advance premium | | |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | | |
| 11.2 Policyholders | | |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | | |
| 13. Funds held by company under reinsurance treaties | | |
| 14. Amounts withheld or retained by company for account of others | | |
| 15. Remittances and items not allocated | | |
| 16. Provision for reinsurance (including \$.....0 certified) | | |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates | | |
| 18. Drafts outstanding | | |
| 19. Payable to parent, subsidiaries and affiliates | | |
| 20. Derivatives | | |
| 21. Payable for securities | | |
| 22. Payable for securities lending | | |
| 23. Liability for amounts held under uninsured plans | | |
| 24. Capital notes \$.....0 and interest thereon \$.....0 | | |
| 25. Aggregate write-ins for liabilities | | |
| 26. TOTAL liabilities excluding protected cell liabilities (Lines 1 through 25) | 591,068 | 627,768 |
| 27. Protected cell liabilities | | |
| 28. TOTAL liabilities (Lines 26 and 27) | 591,068 | 627,768 |
| 29. Aggregate write-ins for special surplus funds | | |
| 30. Common capital stock | 600,648 | 600,648 |
| 31. Preferred capital stock | | |
| 32. Aggregate write-ins for other-than-special surplus funds | | |
| 33. Surplus notes | | |
| 34. Gross paid in and contributed surplus | | |
| 35. Unassigned funds (surplus) | 4,884,588 | 3,842,316 |
| 36. Less treasury stock, at cost: | | |
| 36.1 .....735 shares common (value included in Line 30 \$.....511,560) | 3,543,864 | 3,543,864 |
| 36.2 .....0 shares preferred (value included in Line 31 \$.....0) | | |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) | 1,941,372 | 899,100 |
| 38. TOTALS (Page 2, Line 28, Col. 3) | 2,532,440 | 1,526,868 |
| DETAILS OF WRITE-INS | | |
| 2501. | | |
| 2502. | | |
| 2503. | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | |
| 2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | | |
| 2901. | | |
| 2902. | | |
| 2903. | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | | |
| 2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) | | |
| 3201. | | |
| 3202. | | |
| 3203. | | |
| 3298. Summary of remaining write-ins for Line 32 from overflow page | | |
| 3299. TOTALS (Lines 3201 through 3203 plus 3298) (Line 32 above) | | |

STATEMENT OF INCOME

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| UNDERWRITING INCOME | | | |
| 1. Premiums earned | | | |
| 1.1 Direct (written \$.....111,750) | 140,429 | 190,179 | 362,907 |
| 1.2 Assumed (written \$.....0) | | | |
| 1.3 Ceded (written \$.....0) | | | |
| 1.4 Net (written \$.....111,750) | 140,429 | 190,179 | 362,907 |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year \$.....75,478) | | | |
| 2.1 Direct | 14,531 | 142,022 | 361,204 |
| 2.2 Assumed | | | |
| 2.3 Ceded | | | |
| 2.4 Net | 14,531 | 142,022 | 361,204 |
| 3. Loss adjustment expenses incurred | (9,212) | 7,143 | 34,167 |
| 4. Other underwriting expenses incurred | 266,160 | 255,481 | 547,146 |
| 5. Aggregate write-ins for underwriting deductions | | | |
| 6. TOTAL underwriting deductions (Lines 2 through 5) | 271,479 | 404,646 | 942,517 |
| 7. Net income of protected cells | | | |
| 8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7) | (131,050) | (214,467) | (579,610) |
| INVESTMENT INCOME | | | |
| 9. Net investment income earned | 19,826 | 21,229 | 40,710 |
| 10. Net realized capital gains (losses) less capital gains tax of \$.....273,409 | 1,028,539 | | |
| 11. Net investment gain (loss) (Lines 9 + 10) | 1,048,365 | 21,229 | 40,710 |
| OTHER INCOME | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0) | | | |
| 13. Finance and service charges not included in premiums | | | |
| 14. Aggregate write-ins for miscellaneous income | 21,130 | 21,095 | 42,205 |
| 15. TOTAL other income (Lines 12 through 14) | 21,130 | 21,095 | 42,205 |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) | 938,445 | (172,143) | (496,695) |
| 17. Dividends to policyholders | | | |
| 18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) | 938,445 | (172,143) | (496,695) |
| 19. Federal and foreign income taxes incurred | (19,694) | (40,601) | (107,894) |
| 20. Net income (Line 18 minus Line 19) (to Line 22) | 958,139 | (131,542) | (388,801) |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 899,100 | 1,338,516 | 1,338,516 |
| 22. Net income (from Line 20) | 958,139 | (131,542) | (388,801) |
| 23. Net transfers (to) from Protected Cell accounts | | | |
| 24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....(225,902) | (849,821) | 549,849 | 592,168 |
| 25. Change in net unrealized foreign exchange capital gain (loss) | | | |
| 26. Change in net deferred income tax | (248,825) | 150,393 | 167,695 |
| 27. Change in nonadmitted assets | 1,182,779 | (736,502) | (810,478) |
| 28. Change in provision for reinsurance | | | |
| 29. Change in surplus notes | | | |
| 30. Surplus (contributed to) withdrawn from Protected cells | | | |
| 31. Cumulative effect of changes in accounting principles | | | |
| 32. Capital changes: | | | |
| 32.1 Paid in | | | |
| 32.2 Transferred from surplus (Stock Dividend) | | | |
| 32.3 Transferred to surplus | | | |
| 33. Surplus adjustments: | | | |
| 33.1 Paid in | | | |
| 33.2 Transferred to capital (Stock Dividend) | | | |
| 33.3 Transferred from capital | | | |
| 34. Net remittances from or (to) Home Office | | | |
| 35. Dividends to stockholders | | | |
| 36. Change in treasury stock | | | |
| 37. Aggregate write-ins for gains and losses in surplus | | | |
| 38. Change in surplus as regards policyholders (Lines 22 through 37) | 1,042,272 | (167,802) | (439,416) |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 1,941,372 | 1,170,714 | 899,100 |
| DETAILS OF WRITE-INS | | | |
| 0501. | | | |
| 0502. | | | |
| 0503. | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | |
| 0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) | | | |
| 1401. COMPUTER RENTAL | 21,000 | 21,000 | 42,000 |
| 1402. OTHER INCOME | 130 | 95 | 205 |
| 1403. | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | | | |
| 1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) | 21,130 | 21,095 | 42,205 |
| 3701. | | | |
| 3702. | | | |
| 3703. | | | |
| 3798. Summary of remaining write-ins for Line 37 from overflow page | | | |
| 3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above) | | | |

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|---------------------------------|-------------------------------|---|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 109,690 | 209,202 | 317,120 |
| 2. Net investment income | 19,493 | 18,934 | 36,945 |
| 3. Miscellaneous income | 21,130 | 21,095 | 42,205 |
| 4. TOTAL (Lines 1 to 3) | 150,313 | 249,231 | 396,270 |
| 5. Benefit and loss related payments | 77,622 | 123,625 | 244,768 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 266,302 | 248,728 | 531,082 |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) | | 300,000 | 300,000 |
| 10. TOTAL (Lines 5 through 9) | 343,924 | 672,353 | 1,075,850 |
| 11. Net cash from operations (Line 4 minus Line 10) | (193,611) | (423,122) | (679,580) |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | | 252,000 | 612,000 |
| 12.2 Stocks | 1,301,948 | | |
| 12.3 Mortgage loans | | | |
| 12.4 Real estate | | | |
| 12.5 Other invested assets | 14,375 | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | | | |
| 12.7 Miscellaneous proceeds | | 315,000 | 315,000 |
| 12.8 TOTAL investment proceeds (Lines 12.1 to 12.7) | 1,316,323 | 567,000 | 927,000 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | | 253,936 | 575,756 |
| 13.2 Stocks | | | |
| 13.3 Mortgage loans | | | |
| 13.4 Real estate | | | |
| 13.5 Other invested assets | 450,000 | | |
| 13.6 Miscellaneous applications | | | |
| 13.7 TOTAL investments acquired (Lines 13.1 to 13.6) | 450,000 | 253,936 | 575,756 |
| 14. Net increase (or decrease) in contract loans and premium notes | | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | 866,323 | 313,064 | 351,244 |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | | | |
| 16.2 Capital and paid in surplus, less treasury stock | | | |
| 16.3 Borrowed funds | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | | |
| 16.5 Dividends to stockholders | | | |
| 16.6 Other cash provided (applied) | | (31,232) | (33,457) |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6) | | (31,232) | (33,457) |
| 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) | 672,712 | (141,290) | (361,793) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 246,402 | 608,196 | 608,195 |
| 19.2 End of period (Line 18 plus Line 19.1) | 919,114 | 466,906 | 246,402 |

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

| | | | | |
|---------|--|--|--|--|
| 20.0001 | | | | |
|---------|--|--|--|--|

Notes to Financial Statement

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

A. Accounting Practices

The financial statements of Southwest General Insurance Company are presented on the basis of accounting practices prescribed or permitted by the New Mexico Division of Insurance.

The New Mexico Division of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of New Mexico for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the New Mexico Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of New Mexico. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. In addition, the Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

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

| | <u>June 30, 2020</u> | <u>December 31, 2019</u> |
|---|----------------------|--------------------------|
| (1) Net Income New Mexico basis: | \$958,139 | (\$388,801) |
| (2) State Prescribed Practices (Income): | NONE | NONE |
| (3) State Permitted Practices (Income): | NONE | NONE |
| (4) Net Income, NAIC SAP: | \$958,139 | (\$388,801) |
| (5) Statutory Surplus New Mexico basis: | \$1,941,372 | \$899,100 |
| (6) State Prescribed Practices (Surplus): | NONE | NONE |
| (7) State Permitted Practices (Surplus): | NONE | NONE |
| (8) Statutory Surplus, NAIC SAP: | \$1,941,372 | \$899,100 |

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

No Change.

C. Accounting Policy

No Change.

D. Going Concern

No Change.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

A. Accounting Changes: None

B. Correction of Errors: None

3. BUSINESS COMBINATIONS AND GOODWILL

No Change.

4. DISCONTINUED OPERATIONS

No Change.

5. INVESTMENTS

A-C: No Change.

D. Loan-Backed Securities - The Company has no investments in loan-backed securities.

E. Repurchase Agreements - The Company has no investments in repurchase agreements.

Notes to Financial Statement

All others: No Change.

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

No Change.

7. INVESTMENT INCOME

No Change.

8. DERIVATIVE INSTRUMENTS

No Change.

9. INCOME TAXES

No Change.

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

No Change.

11. DEBT

No Change.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

A. Defined Benefit Plans: N/A

All Others: No Change.

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

No Change.

14. CONTINGENCIES

No Change.

15. LEASES

No Change.

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

No Change.

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

A. Transfers of Receivables Reported as Sales: No Change

B. Transfer and Servicing of Financial Assets: No Change

C. Wash Sales: None

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

No Change.

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

No Change.

20. FAIR VALUE MEASUREMENTS

A. Fair Value Disclosures

1. Fair Value Measurements at Reporting Date

Notes to Financial Statement

The Company has categorized its assets and liabilities that are measured and reported at fair value in the statement of financial position into the three-level fair value hierarchy as reflected in the following table.

| | Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Total |
|----|--|-----------|-----------|-----------|-----------|
| a. | Assets at fair value | | | | |
| 01 | Common Stock – Industrial & Miscellaneous | 1,702,000 | | | 1,702,000 |
| 02 | Other | | | | |
| 99 | Subtotal – Assets at fair value | 1,702,000 | | | 1,702,000 |
| b. | Liabilities at fair value | | | | |
| 01 | Other | | | | |
| 02 | Other | | | | |
| 99 | Subtotal – Liabilities at fair value | None | | | None |

2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy: N/A

3. Transfers between Hierarchy Levels: None.

4. Input and Techniques Used for Fair Value Hierarchy:

Level 1: Quoted prices in active markets for identical assets and liabilities. This category for items measured and reported at fair value includes exchange-traded common stocks and mutual funds. The estimated fair value of the equity securities within this category are based on quoted prices in active markets and are thus classified Level 1.

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

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

5. Derivative Assets and Liabilities: N/A

B. Other Fair Value Disclosures: None

C. Aggregate Fair Value and Admitted Value:

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|-----------|-----------|-----------|----------------------------------|
| Common Stocks | 1,702,000 | 253,245 | 253,245 | | | |
| Other | | | | | | |

D. Not Practicable to Estimate Fair Value: None

21. OTHER ITEMS

No Change.

22. EVENTS SUBSEQUENT

No Change.

23. REINSURANCE

No Change.

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

No Change.

25. CHANGES IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

Reserves as of December 31, 2019 were approximately \$297,800. As of June 30, 2020, approximately \$39,000 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now approximately \$188,000 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on private passenger and auto physical damage lines on insurance.

Notes to Financial Statement

Therefore, there has been approximately \$71,000 of favorable prior-year development since December 31, 2019. This change is generally the result of on-going analysis of recent loss development trends, potential claim litigation expenses and the closing of statutes on claim filings. Original estimates are increased or decreased as additional information becomes known regarding individual claims. Since the businesses to which these changes relate is not subject to premium adjustments, favorable and unfavorable changes in expenses have the potential to impact surplus. The Company's policies do not provide for additional premiums or return premiums based on loss experience.

26. INTERCOMPANY POOLING ARRANGEMENTS

No Change.

27. STRUCTURED SETTLEMENTS

No Change.

28. HEALTH CARE RECEIVABLES

No Change.

29. PARTICIPATING POLICIES

No Change.

30. PREMIUM DEFICIENCY RESERVES

No Change.

31. HIGH DEDUCTIBLES

No Change.

32. DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

No Change.

33. ASBESTOS/ENVIRONMENTAL RESERVES

No Change.

34. SUBSCRIBER SAVINGS ACCOUNTS

No Change.

35. MULTIPLE PERIL CROP INSURANCE

No Change.

36. FINANCIAL GUARANTY INSURANCE

The Company does not sell financial guaranty insurance.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes[] No[] N/A[X]

- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]
- 2.2 If yes, date of change:

- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[]
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes: Yes[] No[X]
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes[] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. Yes[] No[X]

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

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |

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

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2012
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 10/24/2013
- 6.4 By what department or departments?
NEW MEXICO DEPARTMENT OF INSURANCE
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[] No[] N/A[X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]

- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]
- 7.2 If yes, give full information Yes[] No[X]

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. Yes[] No[X]
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator. Yes[] No[X]

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------|-----------------------------|----------------|----------------|----------------|----------------|
| | | No | No | No | No |

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

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.2 If yes, please complete the following:

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|---|--|---|
| 14.21 Bonds | | |
| 14.22 Preferred Stock | | |
| 14.23 Common Stock | | |
| 14.24 Short-Term Investments | | |
| 14.25 Mortgages Loans on Real Estate | | |
| 14.26 All Other | | 435,625 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | | 435,625 |
| 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? Yes[] 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 \$ 0
 16.3 Total payable for securities lending reported on the liability page \$ 0

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

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

| 1 Name of Custodian(s) | 2 Custodian Address |
|--|---|
| Morgan Stanley Smith Barney, LLC | 6565 Americas Pky NE, Albuquerque, NM 87110 |
| MUFG Union Bank, N.A. | 350 California St., San Francisco, CA 94104 |

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

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

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

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

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

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

| 1 Name of Firm or Individual | 2 Affiliation |
|---|------------------|
| Morgan Stanley Smith Barney, LLC, Clifford Gramer | U |

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

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

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

| 1 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|--|---|---------------------------------------|--------------------------------------|---|
| 149777 | Morgan Stanley Smith Barney, LLC, Clifford Gramer | | Securities Exchange Commission | DS |

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

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 b. Issuer or obligor is current on all contracted interest and principal payments.
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
 Has the reporting entity self-designated 5GI securities? Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes[] No[X]
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The 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 entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation. Yes[] No[] N/A[X]
2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?
If yes, attach an explanation. Yes[] No[X]
- 3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes[] No[X]
- 3.2 If yes, give full and complete information thereto
- 4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes[] No[X]
- 4.2 If yes, complete the following schedule:

| 1 Line of Business | 2 Maximum Interest | 3 Discount Rate | TOTAL DISCOUNT | | | | DISCOUNT TAKEN DURING PERIOD | | | |
|-----------------------|-----------------------|--------------------|--------------------|-----------------|-----------|------------|------------------------------|-----------------|------------|-------------|
| | | | 4 Unpaid Losses | 5 Unpaid LAE | 6 IBNR | 7 TOTAL | 8 Unpaid Losses | 9 Unpaid LAE | 10 IBNR | 11 TOTAL |
| 04.2999 Total | | | | | | | | | | |

5. Operating Percentages:
- 5.1 A&H loss percent 0.000%
- 5.2 A&H cost containment percent 0.000%
- 5.3 A&H expense percent excluding cost containment expenses 0.000%
- 6.1 Do you act as a custodian for health savings accounts? Yes[] No[X]
- 6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
- 6.3 Do you act as an administrator for health savings accounts? Yes[] No[X]
- 6.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0
7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[X] No[]
- 7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes[] No[X]

SCHEDULE F - CEDED REINSURANCE
Showing all new reinsurers - Current Year to Date

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

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

| States, etc. | 1 Active Status (a) | Direct Premiums Written | | Direct Losses Paid (Deducting Salvage) | | Direct Losses Unpaid | |
|--|---------------------------|------------------------------|----------------------------|--|----------------------------|------------------------------|----------------------------|
| | | 2 Current Year To Date | 3 Prior Year To Date | 4 Current Year To Date | 5 Prior Year To Date | 6 Current Year To Date | 7 Prior Year To Date |
| 1. Alabama (AL) | N | | | | | | |
| 2. Alaska (AK) | N | | | | | | |
| 3. Arizona (AZ) | L | 71,169 | 82,257 | 59,425 | 71,497 | 36,083 | 54,721 |
| 4. Arkansas (AR) | N | | | | | | |
| 5. California (CA) | N | | | | | | |
| 6. Colorado (CO) | N | | | | | | |
| 7. Connecticut (CT) | N | | | | | | |
| 8. Delaware (DE) | N | | | | | | |
| 9. District of Columbia (DC) | N | | | | | | |
| 10. Florida (FL) | N | | | | | | |
| 11. Georgia (GA) | N | | | | | | |
| 12. Hawaii (HI) | N | | | | | | |
| 13. Idaho (ID) | N | | | | | | |
| 14. Illinois (IL) | N | | | | | | |
| 15. Indiana (IN) | N | | | | | | |
| 16. Iowa (IA) | N | | | | | | |
| 17. Kansas (KS) | N | | | | | | |
| 18. Kentucky (KY) | N | | | | | | |
| 19. Louisiana (LA) | N | | | | | | |
| 20. Maine (ME) | N | | | | | | |
| 21. Maryland (MD) | N | | | | | | |
| 22. Massachusetts (MA) | N | | | | | | |
| 23. Michigan (MI) | N | | | | | | |
| 24. Minnesota (MN) | N | | | | | | |
| 25. Mississippi (MS) | N | | | | | | |
| 26. Missouri (MO) | N | | | | | | |
| 27. Montana (MT) | N | | | | | | |
| 28. Nebraska (NE) | N | | | | | | |
| 29. Nevada (NV) | N | | | | | | |
| 30. New Hampshire (NH) | N | | | | | | |
| 31. New Jersey (NJ) | N | | | | | | |
| 32. New Mexico (NM) | L | 40,581 | 119,443 | 18,198 | 52,128 | 157,284 | 103,697 |
| 33. New York (NY) | N | | | | | | |
| 34. North Carolina (NC) | N | | | | | | |
| 35. North Dakota (ND) | N | | | | | | |
| 36. Ohio (OH) | N | | | | | | |
| 37. Oklahoma (OK) | N | | | | | | |
| 38. Oregon (OR) | N | | | | | | |
| 39. Pennsylvania (PA) | N | | | | | | |
| 40. Rhode Island (RI) | N | | | | | | |
| 41. South Carolina (SC) | N | | | | | | |
| 42. South Dakota (SD) | N | | | | | | |
| 43. Tennessee (TN) | N | | | | | | |
| 44. Texas (TX) | N | | | | | | |
| 45. Utah (UT) | N | | | | | | |
| 46. Vermont (VT) | N | | | | | | |
| 47. Virginia (VA) | N | | | | | | |
| 48. Washington (WA) | N | | | | | | |
| 49. West Virginia (WV) | N | | | | | | |
| 50. Wisconsin (WI) | N | | | | | | |
| 51. Wyoming (WY) | N | | | | | | |
| 52. American Samoa (AS) | N | | | | | | |
| 53. Guam (GU) | N | | | | | | |
| 54. Puerto Rico (PR) | N | | | | | | |
| 55. U.S. Virgin Islands (VI) | N | | | | | | |
| 56. Northern Mariana Islands (MP) | N | | | | | | |
| 57. Canada (CAN) | N | | | | | | |
| 58. Aggregate other alien (OT) | X X X | | | | | | |
| 59. Totals | X X X | 111,750 | 201,700 | 77,623 | 123,625 | 193,367 | 158,418 |
| DETAILS OF WRITE-INS | | | | | | | |
| 58001 | X X X | | | | | | |
| 58002 | X X X | | | | | | |
| 58003 | X X X | | | | | | |
| 58998 Summary of remaining write-ins for Line 58 from overflow page | X X X | | | | | | |
| 58999 TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) | X X X | | | | | | |

(a) Active Status Counts:

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG

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

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

2

R Registered - Non-domiciled RRGs

Q Qualified - Qualified or accredited reinsurer

N None of the above Not allowed to write business in the state

55

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

A. SOUTHWEST CREDIT LIFE, INC.

(NAIC Company Code: 91448, Federal ID No. 85-0274677)

| <u>Name</u> | <u>Title</u> | <u>Ownership Percentage</u> |
|----------------------|--------------|---------------------------------|
| Steven P. Gurley | Pres./Dir. | 25.00% |
| Erin A. Ingalls | | 25.00% |
| Shannon M. O'Donnell | | 25.00% |
| Lauren L. Kellerman | | 25.00% |

B. SOUTHWEST GENERAL INSURANCE COMPANY

(NAIC Company Code: 27499, Federal ID No. 85-0168089)

| <u>Name</u> | <u>Title</u> | <u>Ownership Percentage</u> |
|----------------------|--------------|---------------------------------|
| Steven P. Gurley | Pres./Dir. | 25.00% |
| Erin A. Ingalls | | 25.00% |
| Shannon M. O'Donnell | | 25.00% |
| Lauren L. Kellerman | | 25.00% |

C. RED ROCK INVESTMENT COMPANY

(Federal ID No. 85-0086708)

| <u>Name</u> | <u>Title</u> | <u>Ownership Percentage</u> |
|----------------------|--------------|---------------------------------|
| Steven P. Gurley | Pres./Dir. | 24.62% |
| Erin A. Ingalls | | 24.62% |
| Shannon M. O'Donnell | | 24.62% |
| Lauren L. Kellerman | | 24.62% |
| Burke Stansberry | | 1.52% |

D. GURLEY MOTOR COMPANY

(Federal ID No. 85-0165743)

| <u>Name</u> | <u>Title</u> | <u>Ownership Percentage</u> |
|----------------------|--------------|---------------------------------|
| Steven P. Gurley | Pres./Dir. | 52.00% |
| Erin A. Ingalls | | 16.00% |
| Shannon M. O'Donnell | | 16.00% |
| Lauryn L. Kellerman | | 16.00% |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------|-------------------|------------|--------------|-------|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|-------|
| Group Code | Group Name | NAIC Company Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | * |
| | | 00000 | 85-0274677 | ..... | ..... | ..... | Southwest Credit Life, Inc. | NM | NIA | SEE SCHED Y PART 1 | Board of Directors, Management, Influence ..... | ..... | SEE SCHED Y PART 1 | N | ..... |
| | | 00000 | 85-0086708 | ..... | ..... | ..... | Gurley Motor Company | NM | NIA | SEE SCHED Y PART 1 | Board of Directors, Management, Influence ..... | ..... | SEE SCHED Y PART 1 | N | ..... |
| | | 00000 | 85-0165743 | ..... | ..... | ..... | Red Rock Investment Co. | NM | NIA | SEE SCHED Y PART 1 | Board of Directors, Management, Influence ..... | ..... | SEE SCHED Y PART 1 | N | ..... |
| | | 27499 | 85-0168089 | ..... | ..... | ..... | Southwest General Insurance Company .. | NM | RE | SEE SCHED Y PART 1 | Board of Directors, Management, Influence ..... | ..... | SEE SCHED Y PART 1 | N | ..... |

| Asterisk | Explanation |
|----------|-------------|
| 0000001 | |

STATEMENT AS OF **June 30, 2020** OF THE **SOUTHWEST GENERAL INSURANCE COMPANY**
PART 1 - LOSS EXPERIENCE

| Line of Business | Current Year to Date | | | 4 Prior Year to Date Direct Loss Percentage |
|---|--------------------------------|--------------------------------|--------------------------------|--|
| | 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | |
| 1. Fire | | | | |
| 2. Allied lines | | | | |
| 3. Farmowners multiple peril | | | | |
| 4. Homeowners multiple peril | | | | |
| 5. Commercial multiple peril | | | | |
| 6. Mortgage guaranty | | | | |
| 8. Ocean marine | | | | |
| 9. Inland marine | | | | |
| 10. Financial guaranty | | | | |
| 11.1 Medical professional liability - occurrence | | | | |
| 11.2 Medical professional liability - claims made | | | | |
| 12. Earthquake | | | | |
| 13. Group accident and health | | | | |
| 14. Credit accident and health | | | | |
| 15. Other accident and health | | | | |
| 16. Workers' compensation | | | | |
| 17.1 Other liability - occurrence | | | | |
| 17.2 Other liability - claims made | | | | |
| 17.3 Excess Workers' Compensation | | | | |
| 18.1 Products liability - occurrence | | | | |
| 18.2 Products liability - claims made | | | | |
| 19.1 19.2 Private passenger auto liability | 38,752 | (61,990) | (159.966) | 147.442 |
| 19.3 19.4 Commercial auto liability | | | | |
| 21. Auto physical damage | 79,519 | 69,108 | 86.908 | 57.226 |
| 22. Aircraft (all perils) | | | | |
| 23. Fidelity | | | | |
| 24. Surety | | | | |
| 26. Burglary and theft | | | | |
| 27. Boiler and machinery | | | | |
| 28. Credit | | | | |
| 29. International | | | | |
| 30. Warranty | 22,158 | 7,413 | 33.455 | 11.155 |
| 31. Reinsurance-Nonproportional Assumed Property | X X X | X X X | X X X | X X X |
| 32. Reinsurance-Nonproportional Assumed Liability | X X X | X X X | X X X | X X X |
| 33. Reinsurance-Nonproportional Assumed Financial Lines | X X X | X X X | X X X | X X X |
| 34. Aggregate write-ins for other lines of business | | | | |
| 35. TOTALS | 140,429 | 14,531 | 10.348 | 74.678 |
| DETAILS OF WRITE-INS | | | | |
| 3401. | | | | |
| 3402. | | | | |
| 3403. | | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | | | | |
| 3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | | |

PART 2 - DIRECT PREMIUMS WRITTEN

| Line of Business | 1 | 2 | 3 |
|---|--------------------|-------------------------|----------------------------|
| | Current Quarter | Current Year to Date | Prior Year Year to Date |
| 1. Fire | | | |
| 2. Allied lines | | | |
| 3. Farmowners multiple peril | | | |
| 4. Homeowners multiple peril | | | |
| 5. Commercial multiple peril | | | |
| 6. Mortgage guaranty | | | |
| 8. Ocean marine | | | |
| 9. Inland marine | | | |
| 10. Financial guaranty | | | |
| 11.1 Medical professional liability - occurrence | | | |
| 11.2 Medical professional liability - claims made | | | |
| 12. Earthquake | | | |
| 13. Group accident and health | | | |
| 14. Credit accident and health | | | |
| 15. Other accident and health | | | |
| 16. Workers' compensation | | | |
| 17.1 Other liability - occurrence | | | |
| 17.2 Other liability - claims made | | | |
| 17.3 Excess Workers' Compensation | | | |
| 18.1 Products liability - occurrence | | | |
| 18.2 Products liability - claims made | | | |
| 19.1 19.2 Private passenger auto liability | 15,111 | 37,406 | 48,569 |
| 19.3 19.4 Commercial auto liability | | | |
| 21. Auto physical damage | 5,435 | 52,501 | 130,181 |
| 22. Aircraft (all perils) | | | |
| 23. Fidelity | | | |
| 24. Surety | | | |
| 26. Burglary and theft | | | |
| 27. Boiler and machinery | | | |
| 28. Credit | | | |
| 29. International | | | |
| 30. Warranty | 10,945 | 21,843 | 22,950 |
| 31. Reinsurance-Nonproportional Assumed Property | X X X | X X X | X X X |
| 32. Reinsurance-Nonproportional Assumed Liability | X X X | X X X | X X X |
| 33. Reinsurance-Nonproportional Assumed Financial Lines | X X X | X X X | X X X |
| 34. Aggregate write-ins for other lines of business | | | |
| 35. TOTALS | 31,491 | 111,750 | 201,700 |
| DETAILS OF WRITE-INS | | | |
| 3401. | | | |
| 3402. | | | |
| 3403. | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | | | |
| 3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above) | | | |

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

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--|---|---|--|--|--|--|---|--|--------------------------------------|--|--|--|--|
| 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 Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12) |
| 1. 2017 + Prior | 36 | | 36 | | | | 7 | | | 7 | (29) | | (29) |
| 2. 2018 | 5 | 5 | 10 | 4 | | 4 | 4 | | | 4 | 3 | (5) | (2) |
| 3. Subtotals 2018 + Prior | 41 | 5 | 46 | 4 | | 4 | 11 | | | 11 | (26) | (5) | (31) |
| 4. 2019 | 186 | 66 | 252 | 35 | | 35 | 170 | | 7 | 177 | 19 | (59) | (40) |
| 5. Subtotals 2019 + Prior | 227 | 71 | 298 | 39 | | 39 | 181 | | 7 | 188 | (7) | (64) | (71) |
| 6. 2020 | X X X | X X X | X X X | X X X | 48 | 48 | X X X | 18 | 11 | 29 | X X X | X X X | X X X |
| 7. Totals | 227 | 71 | 298 | 39 | 48 | 87 | 181 | 18 | 18 | 217 | (7) | (64) | (71) |
| 8. Prior Year-End Surplus As Regards Policyholders | 899 | | | | | | | | | | Col. 11, Line 7 As % of Col. 1 Line 7 1..... (3.084) | Col. 12, Line 7 As % of Col. 2 Line 7 2..... (90.141) | Col. 13, Line 7 As % of Col. 3 Line 7 3..... (23.826) |
| | | | | | | | | | | | | | Col. 13, Line 7 Line 8 4..... (7.898) |

STATEMENT AS OF **June 30, 2020** OF THE **SOUTHWEST GENERAL INSURANCE COMPANY**
SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | 450,000 | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | 14,375 | |
| 8. Deduct amortization of premium and depreciation | | |
| 9. Total foreign exchange change in book/adjusted carrying value | | |
| 10. Deduct current year's other-than-temporary impairment recognized | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) | 435,625 | |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 435,625 | |

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 | 2 |
|--|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 3,662,175 | 2,946,588 |
| 2. Cost of bonds and stocks acquired | | 575,756 |
| 3. Accrual of discount | 644 | 2,389 |
| 4. Unrealized valuation increase (decrease) | (1,075,724) | 749,580 |
| 5. Total gain (loss) on disposals | 1,301,948 | |
| 6. Deduct consideration for bonds and stocks disposed of | 1,301,948 | 612,000 |
| 7. Deduct amortization of premium | 310 | 138 |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other-than-temporary impairment recognized | | |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) | 2,586,785 | 3,662,175 |
| 12. Deduct total nonadmitted amounts | 1,448,755 | 2,625,037 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 1,138,030 | 1,037,138 |

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 | 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 |
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 884,618 | | | 167 | 884,618 | 884,785 | | 884,452 |
| 2. NAIC 2 (a) | | | | | | | | |
| 3. NAIC 3 (a) | | | | | | | | |
| 4. NAIC 4 (a) | | | | | | | | |
| 5. NAIC 5 (a) | | | | | | | | |
| 6. NAIC 6 (a) | | | | | | | | |
| 7. Total Bonds | 884,618 | | | 167 | 884,618 | 884,785 | | 884,452 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | | | | | | | | |
| 9. NAIC 2 | | | | | | | | |
| 10. NAIC 3 | | | | | | | | |
| 11. NAIC 4 | | | | | | | | |
| 12. NAIC 5 | | | | | | | | |
| 13. NAIC 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds & Preferred Stock | 884,618 | | | 167 | 884,618 | 884,785 | | 884,452 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

QS102

SI03 Schedule DA Part 1 NONE

SI03 Schedule DA Verification NONE

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

E01 Schedule A Part 2 NONE

E01 Schedule A Part 3 NONE

E02 Schedule B Part 2 NONE

E02 Schedule B Part 3 NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

| 1 CUSIP Identification | 2 Name or Description | Location | | 5 Name of Vendor or General Partner | 6 NAIC Designation and Administrative Symbol | 7 Date Originally Acquired | 8 Type and Strategy | 9 Actual Cost at Time of Acquisition | 10 Additional Investment Made After Acquisition | 11 Amount of Encumbrances | 12 Commitment for Additional Investment | 13 Percentage of Ownership |
|--|---|-----------|------------|---|---|-------------------------------------|---------------------------|--|--|---------------------------------|--|----------------------------------|
| | | 3 City | 4 State | | | | | | | | | |
| Non-collateral Loans - Affiliated | | | | | | | | | | | | |
| .000000000 | RED ROCK INVESTMENT COMPANY - AFFILIATE | GALLUP | NM | DIRECT | | 05/01/2020 | | 450,000 | | | | |
| 3299999 Subtotal - Non-collateral Loans - Affiliated | | | | | | | | 450,000 | | | | ... X X X ... |
| 4999999 Total - Affiliated | | | | | | | | 450,000 | | | | ... X X X ... |
| 5099999 TOTALS | | | | | | | | 450,000 | | | | ... X X X ... |

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

| 1 CUSIP Identification | 2 Name or Description | Location | | 5 Name of Purchaser or Nature of Disposal | 6 Date Originally Acquired | 7 Disposal Date | 8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year | Change in Book/Adjusted Carrying Value | | | | | | 15 Book/Adjusted Carrying Value Less Encumbrances on Disposal | 16 Consideration | 17 Foreign Exchange Gain (Loss) on Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Investment Income |
|--|---|-----------|------------|---|-------------------------------------|-----------------------|---|--|--|---|--|---|--|--|---------------------|---|---|--|----------------------------|
| | | 3 City | 4 State | | | | | 9 Unrealized Valuation Increase (Decrease) | 10 Current Year's (Depreciation) or (Amortization)/ Accretion | 11 Current Year's Other Than Temporary Impairment Recognized | 12 Capitalized Deferred Interest and Other | 13 Total Change in B./A.C.V. (9 + 10 - 11 + 12) | 14 Total Foreign Exchange Change in B./A.C.V. | | | | | | |
| Non-collateral Loans - Affiliated | | | | | | | | | | | | | | | | | | | |
| 000000000 | RED ROCK INVESTMENT COMPANY - AFFILIATE | GALLUP | NM | PAYDOWN | 05/01/2020 | 06/01/2020 | 14,375 | | | | | | | 14,375 | 14,375 | | | | 42 |
| 3299999 Subtotal - Non-collateral Loans - Affiliated | | | | | | | | 14,375 | | | | | | 14,375 | 14,375 | | | | 42 |
| 4999999 Total - Affiliated | | | | | | | | 14,375 | | | | | | 14,375 | 14,375 | | | | 42 |
| 5099999 TOTALS | | | | | | | | 14,375 | | | | | | 14,375 | 14,375 | | | | 42 |

QE03

SCHEDULE D - PART 3

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

| 1 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends | 10 NAIC Designation and Administrative Symbol |
|--|------------------|--------------|--------------------|------------------------|-----------------------------------|------------------|----------------|--|--|
| <div style="border: 1px solid black; padding: 10px; display: inline-block;"> N O N E </div> | | | | | | | | | |
| 9999999 Total - Bonds, Preferred and Common Stocks | | | | | X X X | | X X X | | X X X |

SCHEDULE D - PART 4

**Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter**

| 1 CUSIP Identification | 2 Description | 3 F o r e i g n Date | 4 Disposal Date | 5 Name of Purchaser | 6 Number of Shares of Stock | 7 Consideration | 8 Par Value | 9 Actual Cost | 10 Prior Year Book/ Adjusted Carrying Value | Change in Book/Adjusted Carrying Value | | | | | 16 Book/ Adjusted Carrying Value at Disposal Date | 17 Foreign Exchange Gain (Loss) on Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Bond Interest/ Stock Dividends Received During Year | 21 Stated Contractual Maturity Date | 22 NAIC Designation and Admini- strative Symbol | |
|--|--|--|-----------------------|---------------------------|--------------------------------------|--------------------|-------------------|---------------------|--|--|--|---|---|--|--|---|--|---|---|---|--|-----|
| | | | | | | | | | | 11 Unrealized Valuation Increase/ (Decrease) | 12 Current Year's (Amortization)/ Accretion | 13 Current Year's Other Than Temporary Impairment Recognized | 14 Total Change in B./A.C.V. (11 + 12 - 13) | 15 Total Foreign Exchange Change in B./A.C.V. | | | | | | | | |
| 8399998 | Summary Item from Part 5 for Bonds (N/A to Quarterly) | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8399999 | Subtotal - Bonds | | | | XXX | | | | | | | | | | | | | | | | | |
| 8999998 | Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly) | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8999999 | Subtotal - Preferred Stocks | | | | XXX | | | | | | | | | | | | | | | | | |
| Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded | | | | | | | | | | | | | | | | | | | | | | |
| 92345Y106 | VERISK ANALYTICS INC. CL A | 03/27/2020 | | VERISK ANALYTICS | 4,500.000 | 626,827 | XXX | | 626,827 | (626,827) | | | (626,827) | | | | 626,827 | 626,827 | 626,827 | 1,215 | XXX | XXX |
| 9099999 | Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded | | | | XXX | 626,827 | XXX | | 626,827 | (626,827) | | | (626,827) | | | | 626,827 | 626,827 | 626,827 | 1,215 | XXX | XXX |
| 9799997 | Subtotal - Common Stocks - Part 4 | | | | XXX | 626,827 | XXX | | 626,827 | (626,827) | | | (626,827) | | | | 626,827 | 626,827 | 626,827 | 1,215 | XXX | XXX |
| 9799998 | Summary Item from Part 5 for Common Stocks (N/A to Quarterly) | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9799999 | Subtotal - Common Stocks | | | | XXX | 626,827 | XXX | | 626,827 | (626,827) | | | (626,827) | | | | 626,827 | 626,827 | 626,827 | 1,215 | XXX | XXX |
| 9899999 | Subtotal - Preferred and Common Stocks | | | | XXX | 626,827 | XXX | | 626,827 | (626,827) | | | (626,827) | | | | 626,827 | 626,827 | 626,827 | 1,215 | XXX | XXX |
| 9999999 | Total - Bonds, Preferred and Common Stocks | | | | XXX | 626,827 | XXX | | 626,827 | (626,827) | | | (626,827) | | | | 626,827 | 626,827 | 626,827 | 1,215 | XXX | XXX |

E06 Schedule DB Part A Section 1 NONE

E07 Schedule DB Part B Section 1 NONE

E08 Schedule DB Part D Section 1 NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE

E10 Schedule DB Part E NONE

E11 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE

E12 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

| 1 Depository | | 2 Code | 3 Rate of Interest | 4 Amount of Interest Received During Current Quarter | 5 Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter | | | 9 * |
|--|-------------------------------|-----------|-----------------------|---|---|--|-------------------|------------------|--------|
| | | | | | | 6 First Month | 7 Second Month | 8 Third Month | |
| open depositories | | | | | | | | | |
| PINNACLE BANK | ALBUQUERQUE, NEW MEXICO | | 0.100 | 39 | | 552,080 | 65,766 | 42,076 | X X X |
| MORGAN STANLEY | ALBUQUERQUE, NEW MEXICO | | 0.190 | 371 | | 877,002 | 877,030 | 877,038 | X X X |
| ..... | ..... |  |  |  |  |  |  |  | X X X |
| ..... | ..... |  |  |  |  |  |  |  | X X X |
| 0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories | | X X X | X X X | | | | | | X X X |
| 0199999 Totals - Open Depositories | | X X X | X X X | 410 | | 1,429,082 | 942,796 | 919,114 | X X X |
| 0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories | | X X X | X X X | | | | | | X X X |
| 0299999 Totals - Suspended Depositories | | X X X | X X X | | | | | | X X X |
| 0399999 Total Cash On Deposit | | X X X | X X X | 410 | | 1,429,082 | 942,796 | 919,114 | X X X |
| 0499999 Cash in Company's Office | | X X X | X X X | X X X | X X X | | | | X X X |
| 0599999 Total Cash | | X X X | X X X | 410 | | 1,429,082 | 942,796 | 919,114 | X X X |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|-------------|------|------------------|---------------------|------------------|---------------------------------|--|--------------------------------|
| CUSIP | Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book/Adjusted Carrying Value | Amount of Interest Due & Accrued | Amount Received During Year |
| <div style="border: 1px solid black; padding: 10px; display: inline-block; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">N O N E</div> | | | | | | | | |
| 8899999 Total Cash Equivalents | | | | | | | | |

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