

QUARTERLY STATEMENT

OF THE

Insurors Indemnity Select Insurance Company

TO THE

Insurance Department

OF THE

STATE OF

Texas

FOR THE QUARTER ENDED
MARCH 31, 2025

PROPERTY AND CASUALTY

2025



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

Insurors Indemnity Select Insurance Company

NAIC Group Code 3279 3279 NAIC Company Code 11496 Employer's ID Number 76-0702699
(Current) (Prior)

Organized under the Laws of Texas State of Domicile or Port of Entry TX

Country of Domicile United States of America

Incorporated/Organized 08/12/2002 Commenced Business 05/01/2003

Statutory Home Office 225 South Fifth Street Waco, TX, US 76701
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 225 South Fifth Street
(Street and Number)
Waco, TX, US 76701 254-759-3727
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 32577 Waco, TX, US 76703
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 225 South Fifth Street
(Street and Number)
Waco, TX, US 76701 254-759-3727
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.insurorsindemnity.com

Statutory Statement Contact Tammy Tieperman 254-759-3727
(Name) (Area Code) (Telephone Number)
Tieperman@insurorsindemnity.com (E-mail Address) (FAX Number)

OFFICERS

President & CEO Dave E Talbert Treasurer Thomas G Chase Jr.
Secretary Tammy Tieperman

OTHER

Somers W. Goodman, Vice President - Surety Michael Vieregg, Vice President - Claims Rhett Dawson, Vice President - P&C & Bus Dev
Tammy Tieperman, Vice President - Accounting Audrey Teague, Assistant Secretary

DIRECTORS OR TRUSTEES

Dave E Talbert Thomas G Chase Jr Felicia C Goodman
William R Vance William A Nesbitt Lyndon L Olson
Thomas George Chase III

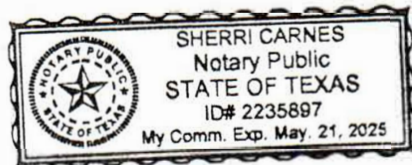
State of Texas SS:
County of McLennan

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.

Dave E Talbert Tammy Tieperman Thomas G. Chase, Jr.
President & CEO Secretary Treasurer

Subscribed and sworn to before me this 13TH day of MAY, 2025
Sherrri Carnes

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



STATEMENT AS OF MARCH 31, 2025 OF THE Insurors Indemnity Select Insurance Company

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	5,741,739		5,741,739	5,805,263
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	10,562,185		10,562,185	10,106,795
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 (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$3,046,160), cash equivalents (\$172,530) and short-term investments (\$)	3,218,690		3,218,690	2,961,156
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. 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)	19,522,614	0	19,522,614	18,873,214
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	32,951		32,951	51,266
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,563,721		1,563,721	1,667,725
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	306,118		306,118	109,003
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. 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	0
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			0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	354,167	0	354,167	366,667
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	21,779,571	0	21,779,571	21,067,875
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	21,779,571	0	21,779,571	21,067,875
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
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. Goodwill of purchase of Roadrunner Indemnity Company	354,167		354,167	366,667
2502.				
2503.				
2598. 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)	354,167	0	354,167	366,667

STATEMENT AS OF MARCH 31, 2025 OF THE Insurors Indemnity Select Insurance Company

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		0
2. Reinsurance payable on paid losses and loss adjustment expenses		0
3. Loss adjustment expenses		0
4. Commissions payable, contingent commissions and other similar charges	76,391	232,433
5. Other expenses (excluding taxes, licenses and fees)	24,219	14,374
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	2,900	7,705
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	233,622	237,799
7.2 Net deferred tax liability		
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)		
10. Advance premium	96,037	48,891
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	935,724	830,621
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ certified)		0
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	94,962	88,046
20. Derivatives	0	0
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	1,463,855	1,459,869
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	1,463,855	1,459,869
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	2,500,000	2,500,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes		
34. Gross paid in and contributed surplus	14,122,422	14,122,422
35. Unassigned funds (surplus)	3,693,294	2,985,584
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		
36.2 shares preferred (value included in Line 31 \$)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	20,315,716	19,608,006
38. Totals (Page 2, Line 28, Col. 3)	21,779,571	21,067,875
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201. Guaranty Fund		0
3202.		
3203.		
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 to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 4,659,964)	2,230,876	942,194	5,998,515
1.2 Assumed (written \$)			
1.3 Ceded (written \$ 4,659,964)	2,230,876	942,194	5,998,515
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	615,185	346,586	1,501,243
2.2 Assumed			
2.3 Ceded	615,185	346,586	1,501,243
2.4 Net	0	0	0
3. Loss adjustment expenses incurred			0
4. Other underwriting expenses incurred	(227,003)	(219,677)	(680,497)
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	(227,003)	(219,677)	(680,497)
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	227,003	219,677	680,497
INVESTMENT INCOME			
9. Net investment income earned	87,550	72,047	334,420
10. Net realized capital gains (losses) less capital gains tax of \$			8,397
11. Net investment gain (loss) (Lines 9 + 10)	87,550	72,047	342,817
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)	0	0	0
13. Finance and service charges not included in premiums	4,839	2,132	92,913
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	4,839	2,132	92,913
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	319,392	293,856	1,116,227
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)	319,392	293,856	1,116,227
19. Federal and foreign income taxes incurred	67,072	61,710	194,969
20. Net income (Line 18 minus Line 19)(to Line 22)	252,320	232,146	921,258
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	19,608,006	17,842,374	17,842,374
22. Net income (from Line 20)	252,320	232,146	921,258
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$	455,390	237,151	844,374
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax			
27. Change in nonadmitted assets			
28. Change in provision for reinsurance			0
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	0	0	0
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			0
36. Change in treasury stock			0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	707,710	469,297	1,765,632
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	20,315,716	18,311,671	19,608,006
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701. GOODWILL ON ROADRUNNER INDEMNITY COMPANY		0	0
3702.			
3703.			
3798. 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	0

STATEMENT AS OF MARCH 31, 2025 OF THE Insurors Indemnity Select Insurance Company

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	256,253	385,502	(389,986)
2. Net investment income	101,236	52,502	278,387
3. Miscellaneous income	4,839	2,132	92,913
4. Total (Lines 1 to 3)	362,328	440,136	(18,686)
5. Benefit and loss related payments	197,115	230,447	60,494
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	(76,001)	(112,836)	(788,301)
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	71,249	0	47,500
10. Total (Lines 5 through 9)	192,363	117,611	(680,307)
11. Net cash from operations (Line 4 minus Line 10)	169,965	322,525	661,621
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	167,634	266,235	579,821
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	167,634	266,235	579,821
13. Cost of investments acquired (long-term only):			
13.1 Bonds	99,481	3,474,423	3,970,207
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	99,481	3,474,423	3,970,207
14. Net increase/(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)	68,153	(3,208,188)	(3,390,386)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	19,416	4,865,515	4,969,905
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	19,416	4,865,515	4,969,905
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)	257,534	1,979,852	2,241,140
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	2,961,156	720,016	720,016
19.2 End of period (Line 18 plus Line 19.1)	3,218,690	2,699,868	2,961,156

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern
A. Accounting Practices

The financial statements of the company are presented on the basis of accounting practices prescribed by the Texas Department of Insurance. The Texas Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Texas for determining and reporting the financial condition and results of operations. The accompanying financial statements have been prepared in conformity with the NAIC Accounting Practices and Procedures Manual. While NAIC SAP has been adopted as a component of permitted practices by the state of Texas, the state has adopted certain practices that differ from those found in NAIC SAP. The Commissioner of Insurance has the right to permit specific practices that deviate from prescribed practices.

	SSAP #	F/S Page	F/S Line #	2025	2024
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 252,320	\$ 921,258
(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	\$ 252,320	\$ 921,258
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 20,315,716	\$ 19,608,006
(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	\$ 20,315,716	\$ 19,608,006

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. Actual results could differ from those estimates. IBNR ESTIMATES HAVE BEEN UPDATED FOR LOSS DEVELOPMENT FACTORS PER ACTUARIAL INPUT

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-rate 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 for Short-Term Investments

The company has short-term investments that is carried at amortized cost of \$51,265.75

(2) Basis for Bonds and Amortization Schedule

Bonds not backed by other loans are stated at amortized cost using the scientific method

(3) Basis for Common Stocks

The company does not have any common stocks at this time

(4) Basis for Preferred Stocks

The company does not have any preferred stocks at this time.

(5) Basis for Mortgage Loans

The company does not have any Mortgage Loans

(6) Basis of Loan-Backed Securities and Adjustment Methodology

Loan-backed securities are stated at amortized cost.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

The company carries Roadrunner Indemnity Company on an equity basis.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The company has no investment in joint ventures, partnerships or limited liability companies

(9) Accounting Policies for Derivatives

The company has no derivative instruments

(10) Anticipated Investment Income used in Premium Deficiency Calculation

The company anticipates investment income as a factor in the premium deficiency calculation in accordance with SSAP No 53, PC Contracts - Premiums.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss / Claim Adjustments Expenses

Unpaid losses and loss adjustment expenses includes an amount determined from individual case estimates and loss reports and an amount based on past experiences, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided.

The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

(12) Changes in Capitalization Policy and predefined thresholds from prior period

The company has not modified its capitalization policy

(13) Method Used to Estimated Pharmaceutical Rebate Receivables

The company does not have any pharmaceutical rebate receivables

D. Going Concern

The company has no substantial doubt about the entity's ability to continue as a going concern

NOTES TO FINANCIAL STATEMENTS

NOTE 2 Accounting Changes and Corrections of Errors

The company has no accounting changes and corrections of errors to report

NOTE 3 Business Combinations and Goodwill

Effective 12/31/2023, Insurors Financial Corp. (IFC) reorganized its three insurance companies and injected an additional \$3,000,000 into the group to affect an increase in surplus in Insurors Indemnity Company (Company), the resulting top-tier company. Prior to the reorganization, Insurors Indemnity Select Insurance Company (Select) was the parent of IIC which was the parent of Roadrunner Indemnity Company (Roadrunner). Post reorganization, Company is the parent of Select which is now the parent of Roadrunner. To accomplish this, Select acquired all of the outstanding common stock in Roadrunner via a transfer of such stock by Company. IFC acquired all of the outstanding common stock in Company through a transfer of such stock by Select. Company acquired all of the outstanding common stock in Select through a contribution of such stock by IFC. Prior to the reorganization, Insurors Financial Corp. contributed \$3,000,000 to Select as surplus. Immediately following the reorganization, Insurors Indemnity Company contributed \$1,860,000 to Select. The transactions were obligations that were satisfied on January xx, 2024 by cash payments.

A. Statutory Purchase Method

The transaction was accounted for as a statutory purchase, and reflects the following:

1	2	3	4	5
Purchased Entity	Acquisition Date	Cost of Acquired Entity	Original Amount of Goodwill	Original Amount of Admitted Goodwill
Roadrunner Indemnity Company	12/31/2023	\$ 9,262,422	\$ 500,000	\$ 500,000
Total	XXX	\$ 9,262,422	\$ 500,000	\$ 500,000

1	6	7	8	9
Purchased Entity	Admitted Goodwill as of the Reporting Date	Amortized During the Reporting Period	Book Value of SCA	Admitted Goodwill Col. 6/Col. 8
Roadrunner Indemnity Company	\$ 354,167	\$ 12,500	\$ 10,562,185	3.4%
Total	\$ 354,167	\$ 12,500	\$ 10,562,185	XXX

B. Statutory Merger

none

C. Impairment Loss

none

D. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill

none

NOTE 4 Discontinued Operations

The company has no discontinued operations

NOTE 5 Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The company has no mortgage loans at this time

B. Debt Restructuring

The company has no debt restructuring

C. Reverse Mortgages

The company has no reverse mortgages

D. Asset-Backed Securities

(1) The company does not have any asset-backed securities

(2) The company does not hold any mortgage backed securities with a recognized other than temporary impairment

(3) The company does not have any recognized OTTI securities.

(4) NONE

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

The company has no repurchase agreements or securities lending transactions

NOTES TO FINANCIAL STATEMENTS

unearned premium reserves. The DTL represents the tax effect on the cumulative unrealized gain or loss in the capital and surplus.

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1. The company does not have any net deferred tax asset at the end of the current period

B. The company does not have any unrecognized deferred tax liabilities

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2024	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ 67,072	\$ 194,969	\$ (127,897)
(b) Foreign			\$ -
(c) Subtotal (1a+1b)	\$ 67,072	\$ 194,969	\$ (127,897)
(d) Federal income tax on net capital gains			\$ -
(e) Utilization of capital loss carry-forwards			\$ -
(f) Other			\$ -
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 67,072	\$ 194,969	\$ (127,897)
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses			\$ -
(2) Unearned premium reserve			\$ -
(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			\$ -
(11) Net operating loss carry-forward			\$ -
(12) Tax credit carry-forward			\$ -
(13) Other			\$ -
(99) Subtotal (sum of 2a1 through 2a13)	\$ -	\$ -	\$ -
(b) Statutory valuation allowance adjustment			\$ -
(c) Nonadmitted			\$ -
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ -	\$ -	\$ -
(e) Capital:			
(1) Investments			\$ -
(2) Net capital loss carry-forward			\$ -
(3) Real estate			\$ -
(4) Other			\$ -
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ -	\$ -	\$ -
(f) Statutory valuation allowance adjustment			\$ -
(g) Nonadmitted			\$ -
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ -	\$ -	\$ -
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments			\$ -
(2) Fixed assets			\$ -
(3) Deferred and uncollected premium			\$ -
(4) Policyholder reserves			\$ -
(5) Other			\$ -
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ -	\$ -	\$ -
(b) Capital:			
(1) Investments			\$ -
(2) Real estate			\$ -
(3) Other			\$ -
(99) Subtotal (3b1+3b2+3b3)	\$ -	\$ -	\$ -
(c) Deferred tax liabilities (3a99 + 3b99)	\$ -	\$ -	\$ -
4. Net deferred tax assets/liabilities (2i - 3c)	\$ -	\$ -	\$ -

D. The provision for federal income taxes is different from that which would be obtained by applying the enacted federal income tax rate to income before taxes

E. (1) Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits: NONE

(2) The income tax expense for the current year and prior years that is available for recoupment in the event of future losses is: -0-

(3) The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code was -0- at December 31, 2024.

F. 1.The Company's federal income tax return is consolidated with the following entities:

Insurors Financial Corp.EIN: 74-2505719
Insurors Indemnity CompanyEIN: 74-2262949
Roadrunner Indemnity CompanyEIN: 75-1791515
ValueSure Agency, Inc.EIN: 75-2908348
Insurors Indemnity General Agency, Inc. EIN: 74-2760157

G. Federal or Foreign Federal Income Tax Loss Contingencies: NONE

H. Repatriation Transition Tax (RTT)
not applicable

I. Alternative Minimum Tax (AMT) Credit
not applicable

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

NOTES TO FINANCIAL STATEMENTS

- A. Insurors Financial Corp. owns 100% of Insurors Indemnity Company which owns 100% of Insurors Indemnity Select Insurance Company which owns 100% of Roadrunner Indemnity Company.
Insurors Financial Corp. owns 100% of Insurors Indemnity General Agency, Inc. which owns 100% of ValueSure Agency, Inc. These entities are affiliates of the companies.
- B. Transactions On December 31, 2023 Insurors Financial Corp, committed to contribute \$3,000,000 to the surplus of Insurors Indemnity Select which was set up as a receivable on Company's statement. On December 31, 2023 following the reorganization described in Note 3, Insurors Indemnity Company contributed \$1,860,000 to the surplus of Insurors Indemnity Select. These transactions were considered in HCS # 1148324 Exemption filing.
All other transactions between the affiliates in excess of the limits of Chapter 823.102 have been submitted to the TDI for review and approval or no action.
- C. Transactions with related party who are not reported on Schedule Y
NONE
- D. D.Amounts due to or from Related Parties
The company does not have any amounts due related parties at this time.
- E. E.Material Contracts with Affiliates

The company has a Managing General Agency Agreement with its affiliate, Insurors Indemnity General Agency, Inc., dba Insurors Indemnity Underwriters (IIU). Under the agreement, IIU has the authority to carry out the day-to-day operations of Insurors Indemnity and its affiliates through IIU's employees. Insurors Indemnity Company has an affiliated reinsurance agreement with Insurors Indemnity Select (IIS) and Roadrunner Indemnity Company, covering 100% of the business written by each.
The company's federal income tax return is consolidated with Insurors Financial Corp, Insurors Indemnity Company, Roadrunner Indemnity Company, Insurors Indemnity General Agency, Inc. and ValueSure Agency, Inc. effective April 1, 2022.

- F. There are no guarantees or undertakings for related parties.
- G. G.Nature of the Relationship

There is no control relationship that would result in the operating results or financial position of the company being significantly different from those that would have been obtained if the enterprises were autonomous except as disclosed in Note 10 F.
- H. There is no amount deducted from the value of an upstream intermediate entity
- I. I.Investments in SCA that Exceed 10% of Admitted Assets

The Company owns 100% of Roadrunner Indemnity Company. This common stock investment is recorded at its statutory equity value of \$9,262,422.
- J. The company has no investments in impaired SCA's
- K. There are no investments in a foreign insurance subsidiary
- L. There is no investment in a downstream noninsurance holding company
- M. The company does not have any investments in non-insurance subsidiary controlled and affiliated entities
- N. The company has no investments in SCA entities utilizing prescribed or permitted practices
- O. The company has no SCA Loss tracking

NOTE 11 Debt

- A. The company has no debt notes
- B. FHLB (Federal Home Loan Bank) Agreements
(1) The company does not have an agreement with FHLB

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plan
NONE
- B. Investment Policies and Strategies
The company has an investment policy and strategy that they follow
- C. The fair value of each class of plan assets
The Company has no fair value of plan assets
- D. Basis Used to Determine Expected Long-Term Rate of Return
The company has no expected long term rate of return
- E. Defined Contribution Plan

The company with other affiliated companies in the parent company, Insurors Financial Corp, participate in a defined contribution 401(k) plan. Employees are eligible to participate in the plan once they have been employed for one year and reach the age of 21. This is part of the MGA agreement with Insurors Indemnity General Agency, Inc.
- F. Multiemployer Plans
the company does not participate in a multiemployer plan
- G. Consolidated/Holding Company Plans

The company with other affiliated companies in the parent company, Insurors Financial Corp, participate in a defined contribution 401(k) plan. Employees are eligible to participate in the plan once they have been employed for one year and reach the age of 21. This is part of the MGA agreement with Insurors Indemnity General Agency, Inc.
- H. Postemployment Benefits and Compensated Absences

NOTES TO FINANCIAL STATEMENTS

The company has no postemployment benefits and compensated absences

- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)
The company has no defined plan for which this medicare act applies

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

- A. The company has 5,000,000 shares authorized and 2,500,000 shares issued and outstanding. All shares are class A shares at \$1 par.
- B. The company has no preferred stock
- C. Under the Insurance Holding Company system Regulatory Act, Article 21.49.1, Section 4 without prior approval of its domiciliary commissioner, dividend distributions to shareholders are limited by the laws of the company's state of incorporation, Texas, to the greater of 10% of surplus or the prior year's earnings.
- D. No dividends were paid during the reporting year
- E. There are no restrictions placed on the portion of company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the company's surplus
- G. There are no advances to surplus unpaid
- H. There is no stock held by the company for special purposes
- I. There are no changes in the balance of special surplus funds
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$844,374
- K. The Company issued the following surplus debentures or similar obligations:
The company does not have a surplus debenture
- L. The impact of any restatement due to prior quasi-reorganizations is as follows:
The company had no quasi-reorganization
- M. Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization
The company has had no quasi-reorganization in the past ten years

NOTE 14 Liabilities, Contingencies and Assessments

- A. Contingent Commitments
- The company does not have any contingent commitments
- B. Assessments
The company is not aware of any assessments which could have a material financial effect.
- C. Gain Contingencies
The company has no gain contingencies
- D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits
The company has no pending legal proceedings which could result in gain contingencies.
- E. Product Warranties
The company does not have any product warranties
- F. Joint and Several Liabilities
The company does not have any joint and several liabilities
- G. All Other Contingencies
The company does not have any other contingencies

NOTE 15 Leases

- A. Lessee Operating Lease:
(1) The company has no lessee operating lease.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The company does not have any financial instruments with off balance sheet risk or credit risk

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales
The company has no transfer of receivables reported as sales
- B. Transfer and Servicing of Financial Assets
The company has no transfer and servicing of financial assets to report
- C. Wash Sales
The company has no wash sales to report

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

The company does not administer an uninsured or partially insured accident and health plan

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

NOTES TO FINANCIAL STATEMENTS

Name and Address of Managing General Agent or Third Party Administrator	FEIN NUMBER	Exclusive Contract	Types of Business Written	Type of Authority Granted	Total Direct Premiums Written/Produced By
Denali Specialty Group, LLC		No	Surplus Lines	P	\$ -
iMGA, LLC	27-0771349	No	Surplus Lines	P	\$ 2,134,253
Germania General Agency, Inc.		No	Surplus Lines	P	\$ 437,740
Heritage General Agency		No	Surplus Lines	P	\$ 16,236
Insurors Indemnity General Agency, Inc.		No	Surplus Lines	P	\$ 2,074,462
Total	XXX	XXX	XXX	XXX	\$ 4,662,691

C - Claims Payment
CA - Claims Adjustment
R - Reinsurance Ceding
B - Binding Authority
P - Premium Collection
U - Underwriting

NOTE 20 Fair Value Measurements

A.

The company's assets and liabilities measured at fair value have been classified based on a hierarchy defined in statement of statutory accounting principles No 100R. The three level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined.

(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	\$ 2,516,586	\$ 3,264,563			\$ 5,781,149
Cash Equivalents	\$ 172,530				\$ 172,530
Total assets at fair value/NAV	\$ 2,689,116	\$ 3,264,563	\$ -	\$ -	\$ 5,953,679

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy
The company has no assets or liabilities that are Level 3

(3) Policies when Transfers Between Levels are Recognized
The company has no assets / liabilities transferred between levels

(4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement
Fair values for the company's portfolio are provided by our investment custodian.

(5) The company has no derivative assets or liabilities

B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

The company does not disclose fair value information under other accounting pronouncements

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 5,781,149	\$ 5,781,149	\$ 2,516,586	\$ 3,264,563			
Cash Equivalents	\$ 172,530	\$ 172,530	\$ 172,530				

D. Not Practicable to Estimate Fair Value

The company has no assets or liabilities that are not practicable to estimate at fair value

E. NAV Practical Expedient Investments

The company has no NAV practical expedient investments

NOTE 21 Other Items

A. Unusual or Infrequent Items

The company does not have any unusual or infrequent items

B. Troubled Debt Restructuring: Debtors

The company has no troubled debt restructuring debtors

C. Other Disclosures

The company has no other disclosures

D. Business Interruption Insurance Recoveries

The company had no business interruption insurance recoveries

E. State Transferable and Non-transferable Tax Credits

The company had no state transferrable and non-transferrable tax credits this year.

F. Subprime Mortgage Related Risk Exposure

The company had no subprime mortgage related risk exposure

G. Insurance-Linked Securities (ILS) Contracts

The company had no insurance linked securities ILS contracts

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

The company has no life insurance where the reporting entity is owner and beneficiary or has otherwise obtained rights to control the policy.

NOTE 22 Events Subsequent

Type I – Recognized Subsequent Events:

NOTES TO FINANCIAL STATEMENTS

On January 31, 2024 Insurors Financial Corp. contributed \$3,000,000 cash to Company in satisfaction of its December 31, 2023 obligation.
On January 11, 2024 Insurors Indemnity Company contributed \$1,860,000 cash to Company in satisfaction of its December 31, 2023 obligation.

Type II – Nonrecognized Subsequent Events:
NONE

NOTE 23 Reinsurance

A. Unsecured Reinsurance Recoverables

The company does not have any unsecured reinsurance recoverables exceeding 3% of policyholder surplus

B. Reinsurance Recoverable in Dispute

The company does not have any reinsurance recoverable in dispute

C. Reinsurance Assumed and Ceded

(1)

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates			\$ 6,048,000		\$ (6,048,000)	\$ -
b. All Other					\$ -	\$ -
c. Total (a+b)	\$ -	\$ -	\$ 6,048,000	\$ -	\$ (6,048,000)	\$ -
d. Direct Unearned Premium Reserve						\$ 6,047,634

(2)

	Direct	Assumed	Ceded	Net
a. Contingent Commission				\$ -
b. Sliding Scale Adjustments				\$ -
c. Other Profit Commission Arrangements				\$ -
d. TOTAL (a+b+c)	\$ -	\$ -	\$ -	\$ -

(3)

D. Uncollectible Reinsurance

The company does not have any uncollectible reinsurance for the reporting period

E. Commutation of Reinsurance Reflected in Income and Expenses.

The company has no commutation of reinsurance to report for the current year.

F. Retroactive Reinsurance

The company has no retroactive reinsurance agreements

G. Reinsurance Accounted for as a Deposit

The company does not have any reinsurance agreement determined to be of a deposit type nature

H. Disclosures for the Transfer of Property and Casualty Run-off Agreements

The company has no transfer of property and casualty run off agreements

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

The company has no certified reinsurer rating downgrades or status subject to revocation

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

The company has no reinsurance agreements qualifying for reinsurer aggregation

K. Reinsurance Credit

the company does not have any reinsurance contracts subject to A-791 that limits the reinsurer's assumption of significant risks identified as A-791

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The company had no retrospectively rated contracts and contracts subject to redetermination

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

The company had no significant changes in methodologies and assumptions used in calculating the incurred losses and loss adjustment expenses

B. Information about Significant Changes in Methodologies and Assumptions

NOTE 26 Intercompany Pooling Arrangements

The company had no pooling arrangements

NOTE 27 Structured Settlements

The company has no structured settlements

NOTE 28 Health Care Receivables

The company does not write Health insurance

NOTE 29 Participating Policies

The company does not issue participating policies

NOTE 30 Premium Deficiency Reserves

The company is not required to have a premium deficiency at this time.

NOTE 31 High Deductibles

The company has no reserve credit recored for high deductibles on unpaid claims

NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

NOTES TO FINANCIAL STATEMENTS

The company does not discount liabilities for unpaid losses or unpaid loss adjustment expenses

NOTE 33 Asbestos/Environmental Reserves

The company is not exposed to asbestos / environmental claims

NOTE 34 Subscriber Savings Accounts

The company is not a reciprocal insurance company and does not have subscriber savings accounts

NOTE 35 Multiple Peril Crop Insurance

The company does not write Crop Insurance

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2022
- 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. 12/31/2022
- 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). 05/31/2024
- 6.4 By what department or departments?
TEXAS 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 [X] No [] N/A []
- 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:
.....
- 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.
.....
- 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.

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

GENERAL INTERROGATORIES

- 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 [] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

.....

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

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 []

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 []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []

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

.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

13. Amount of real estate and mortgages held in short-term investments: \$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []

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	\$ 0	\$
14.22 Preferred Stock	\$ 0	\$
14.23 Common Stock	\$ 10,106,795	\$ 10,562,185
14.24 Short-Term Investments	\$ 0	\$
14.25 Mortgage Loans on Real Estate	\$ 0	\$
14.26 All Other	\$ 0	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 10,106,795	\$ 10,562,185
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 []

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []

If no, attach a description with this statement.

.....

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

GENERAL INTERROGATORIES

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
US BANK	BIRMINGHAM, AL

- 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 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. This includes both primary and sub-advisors. 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
NEW ENGLAND ASSET MANAGEMENT, INC.	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 [X] No []

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

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

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
.....	NEW ENGLAND ASSET MANAGEMENT, INC.	KURB5EPS4GQF2TFC130	U.S. SECURITIES AND EXCHANGE	NO.....

- 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]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? 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? Yes [] No [] N/A [X]
If yes, attach an explanation.

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

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

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 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
TOTAL			0	0	0	0	0	0	0	0

5. Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %

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

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

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

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

7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [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 []

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						

STATEMENT AS OF MARCH 31, 2025 OF THE Insurors Indemnity Select Insurance Company

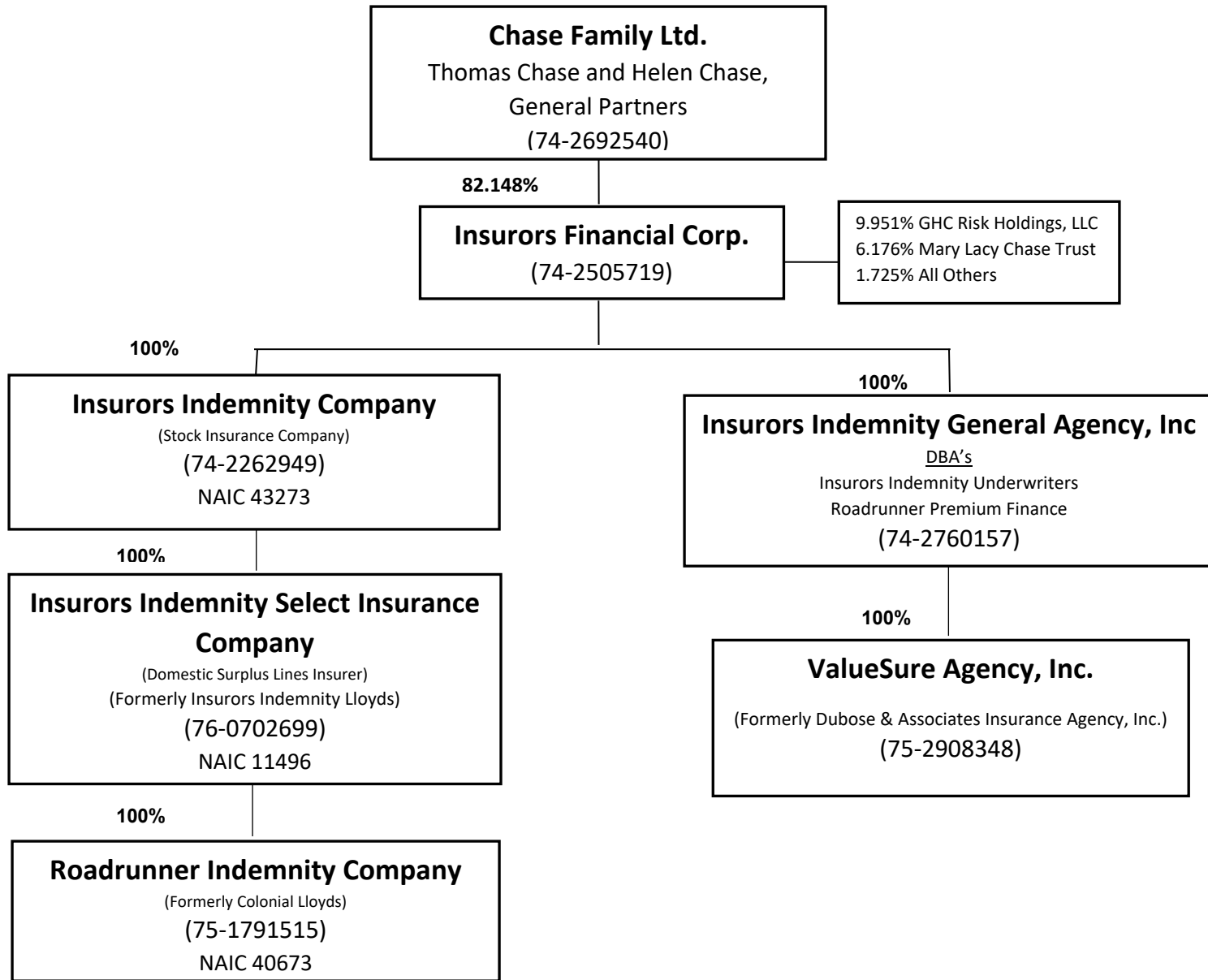
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

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	N					
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	E	1,234	0		0	
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	E					
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	N					
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	D	4,658,730	1,401,881	395,304	241,061	503,554
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	XXX	0	0	0	0	0
59. Totals	XXX		4,659,964	1,401,881	395,304	241,061	503,554
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	0	4. Q - Qualified - Qualified or accredited reinsurer.....	0
2. R - Registered - Non-domiciled RRGs.....	0	5. D - Domestic Surplus Lines Insurer (DSL) - Reporting entities authorized to write surplus lines in the state of domicile.....	1
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI).....	2	6. N - None of the above - Not allowed to write business in the state.....	54



Effective: 8/14/2024

STATEMENT AS OF MARCH 31, 2025 OF THE Insurors Indemnity Select Insurance Company

SCHEDULE Y

PART 1A - DETAILS 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	Domi-ciliary Loca-tion	Relation-ship 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 Re-quired? (Yes/No)	*
. 3279 ...	Insurors Indemnity Companies .....	.... 40673	75-1791515 ..	0	0 .....	.....	Roadrunner Indemnity Company .....	.. TX.....	.....RE.....	Insurors Indemnity Select Insurance Company	Ownership.....	100.000 ...	Chase Family, LTD .....	... NO.....	.... 0
. 3279 ...	Insurors Indemnity Companies .....	.... 11496	76-0702699 ..	0	0 .....	.....	Insurors Indemnity Select Insurance Company .....	.. TX.....	.....UDP.....	Insurors Indemnity Company	Ownership.....	100.000 ...	Chase Family, LTD .....	... NO.....	.... 0
. 3279 ...	Insurors Indemnity Companies .....	.... 43273	74-2262949 ..	0	0 .....	.....	Insurors Indemnity Company .....	.. TX.....	.....UDP.....	Insurors Indemnity Financial Corp	Ownership.....	100.000 ...	Chase Family, LTD .....	... NO.....	.... 0
. 0000 ...	.....	.... 00000	75-2908348 ..	0	0 .....	.....	ValueSure Agency, Inc. ....	.. TX.....	.....NIA.....	Insurors Indemnity General Agency, Inc. ...	Ownership.....	100.000 ...	Chase Family, LTD .....	... NO.....	.... 0
. 0000 ...	.....	.... 00000	74-2760157 ..	0	0 .....	.....	Insurors Indemnity General Agency, Inc. ....	.. TX.....	.....NIA.....	Insurors Financial Corp	Ownership.....	100.000 ...	Chase Family, LTD .....	... NO.....	.... 0
. 0000 ...	.....	.... 00000	74-2505719 ..	0	0 .....	.....	Insurors Financial Corp. ....	.. TX.....	.....UIP.....	Chase Family, LTD	Ownership.....	100.000 ...	Chase Family, LTD .....	... NO.....	.... 0

Asterisk	Explanation

STATEMENT AS OF MARCH 31, 2025 OF THE Insurors Indemnity Select 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	354,648	76,567	21.6	17.1
2.1 Allied Lines	504,685	151,926	30.1	9.5
2.2 Multiple peril crop			0.0	0.0
2.3 Federal flood			0.0	0.0
2.4 Private crop			0.0	0.0
2.5 Private flood			0.0	0.0
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril	797,619	159,620	20.0	76.1
5.1 Commercial multiple peril (non-liability portion)	461,043	188,954	41.0	22.5
5.2 Commercial multiple peril (liability portion)	87,759	33,437	38.1	41.8
6. Mortgage guaranty			0.0	0.0
8. Ocean marine			0.0	0.0
9.1 Inland marine			0.0	1.9
9.2 Pet insurance	25,058	5,214	20.8	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	0.0
13.2 Comprehensive (hospital and medical) group			0.0	0.0
14. Credit accident and health			0.0	0.0
15.1 Vision only			0.0	0.0
15.2 Dental only			0.0	0.0
15.3 Disability income			0.0	0.0
15.4 Medicare supplement			0.0	0.0
15.5 Medicaid Title XIX			0.0	0.0
15.6 Medicare Title XVIII			0.0	0.0
15.7 Long-term care			0.0	0.0
15.8 Federal employees health benefits plan			0.0	0.0
15.9 Other health			0.0	0.0
16. Workers' compensation			0.0	0.0
17.1 Other liability - occurrence	122	(181)	(148.4)	5.6
17.2 Other liability - claims-made			0.0	0.0
17.3 Excess workers' compensation			0.0	0.0
18.1 Products liability - occurrence	(58)	(352)	606.9	(3.0)
18.2 Products liability - claims-made			0.0	0.0
19.1 Private passenger auto no-fault (personal injury protection)			0.0	0.0
19.2 Other private passenger auto liability			0.0	0.0
19.3 Commercial auto no-fault (personal injury protection)			0.0	0.0
19.4 Other commercial auto liability			0.0	0.0
21.1 Private passenger auto physical damage			0.0	0.0
21.2 Commercial 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	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
35. Totals	2,230,876	615,185	27.6	36.8
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0.0	0.0

STATEMENT AS OF MARCH 31, 2025 OF THE Insurors Indemnity Select Insurance Company

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	725,315	725,315	230,092
2.1	Allied Lines	1,147,310	1,147,310	366,622
2.2	Multiple peril crop	0		
2.3	Federal flood	0		
2.4	Private crop	0		
2.5	Private flood	0		
3.	Farmowners multiple peril	0		
4.	Homeowners multiple peril	1,178,650	1,178,650	555,610
5.1	Commercial multiple peril (non-liability portion)	1,303,397	1,303,397	201,021
5.2	Commercial multiple peril (liability portion)	261,209	261,209	42,343
6.	Mortgage guaranty	0		
8.	Ocean marine	0		
9.1	Inland marine	0		6,193
9.2	Pet insurance	45,946	45,946	
10.	Financial guaranty	0		
11.1	Medical professional liability - occurrence	0		
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	0		
15.1	Vision only	0		
15.2	Dental only	0		
15.3	Disability income	0		
15.4	Medicare supplement	0		
15.5	Medicaid Title XIX	0		
15.6	Medicare Title XVIII	0		
15.7	Long-term care	0		
15.8	Federal employees health benefits plan	0		
15.9	Other health	0		
16.	Workers' compensation	0		
17.1	Other liability - occurrence	(737)	(737)	
17.2	Other liability - claims-made	0		
17.3	Excess workers' compensation	0		
18.1	Products liability - occurrence	(1,126)	(1,126)	
18.2	Products liability - claims-made	0		
19.1	Private passenger auto no-fault (personal injury protection)	0		
19.2	Other private passenger auto liability	0		
19.3	Commercial auto no-fault (personal injury protection)	0		
19.4	Other commercial auto liability	0		
21.1	Private passenger auto physical damage	0		
21.2	Commercial 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	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0
35.	Totals	4,659,964	4,659,964	1,401,881
DETAILS OF WRITE-INS				
3401.	.....		
3402.	.....		
3403.	.....		
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0

STATEMENT AS OF MARCH 31, 2025 OF THE Insurors Indemnity Select Insurance Company

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)	2025 Loss and LAE Payments on Claims Reported as of Prior Year-End	2025 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2025 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. 2022 + Prior													
2. 2023													
3. Subtotals 2023 + Prior													
4. 2024													
5. Subtotals 2024 + Prior													
6. 2025	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

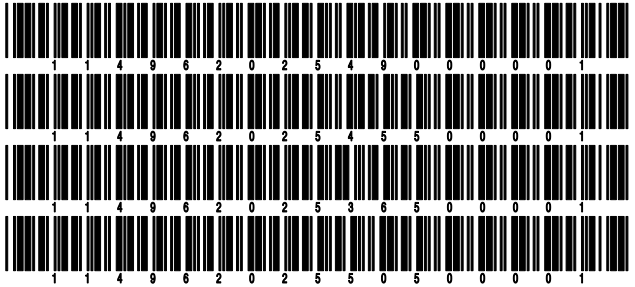
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
AUGUST FILING	
5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A

Explanations:

- 1.
- 2.
- 3.
- 4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
2. Supplement A to Schedule T [Document Identifier 455]
3. Medicare Part D Coverage Supplement [Document Identifier 365]
4. Director and Officer Supplement [Document Identifier 505]



OVERFLOW PAGE FOR WRITE-INS

NONE

STATEMENT AS OF MARCH 31, 2025 OF THE Insurors Indemnity Select Insurance Company

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
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 Year to Date	2 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 paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
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, depreciation and proportional amortization		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	15,912,060	11,650,807
2. Cost of bonds and stocks acquired	99,481	3,970,207
3. Accrual of discount	4,715	18,520
4. Unrealized valuation increase/(decrease)	455,388	844,374
5. Total gain (loss) on disposals	0	8,397
6. Deduct consideration for bonds and stocks disposed of	167,634	579,821
7. Deduct amortization of premium	86	424
8. Total foreign exchange change in book/adjusted carrying value	0	
9. Deduct current year's other than temporary impairment recognized	0	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	16,303,924	15,912,060
12. Deduct total nonadmitted amounts	0	
13. Statement value at end of current period (Line 11 minus Line 12)	16,303,924	15,912,060

STATEMENT AS OF MARCH 31, 2025 OF THE Insurors Indemnity Select 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	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
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	3,590,743	99,481	100,000	3,641	3,593,865	0	0	3,590,743
2. NAIC 2 (a)	0	0	0	0	0	0	0	0
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total ICO	3,590,743	99,481	100,000	3,641	3,593,865	0	0	3,590,743
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1	2,214,520	0	67,634	988	2,147,874	0	0	2,214,520
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total ABS	2,214,520	0	67,634	988	2,147,874	0	0	2,214,520
PREFERRED STOCK								
15. NAIC 1	0	0	0	0	0	0	0	0
16. NAIC 2	0	0	0	0	0	0	0	0
17. NAIC 3	0	0	0	0	0	0	0	0
18. NAIC 4	0	0	0	0	0	0	0	0
19. NAIC 5	0	0	0	0	0	0	0	0
20. NAIC 6	0	0	0	0	0	0	0	0
21. Total Preferred Stock	0	0	0	0	0	0	0	0
22. Total ICO, ABS & Preferred Stock	5,805,263	99,481	167,634	4,629	5,741,739	0	0	5,805,263

(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

S102

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	24,243	222,469
2. Cost of cash equivalents acquired	305,920	1,466,031
3. Accrual of discount	0	0
4. Unrealized valuation increase/(decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	157,633	1,664,257
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)	172,530	24,243
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	172,530	24,243

Schedule A - Part 2 - Real Estate Acquired and Additions Made

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

STATEMENT AS OF MARCH 31, 2025 OF THE Insurors Indemnity Select Insurance Company

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
91282C-60-8	UNITED STATES TREASURY NOTE	02/27/2025	BMO CAPITAL MARKETS CORP.		99,481	100,000	0	1.A
0019999999	Subtotal - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)				99,481	100,000	0	XXX
0489999999	Total - Issuer Credit Obligations (Unaffiliated)				99,481	100,000	0	XXX
0499999999	Total - Issuer Credit Obligations (Affiliated)				0	0	0	XXX
0509999997	Total - Issuer Credit Obligations - Part 3				99,481	100,000	0	XXX
0509999998	Total - Issuer Credit Obligations - Part 5				XXX	XXX	XXX	XXX
0509999999	Total - Issuer Credit Obligations				99,481	100,000	0	XXX
1889999999	Total - Asset-Backed Securities (Unaffiliated)				0	0	0	XXX
1899999999	Total - Asset-Backed Securities (Affiliated)				0	0	0	XXX
1909999997	Total - Asset-Backed Securities - Part 3				0	0	0	XXX
1909999998	Total - Asset-Backed Securities - Part 5				XXX	XXX	XXX	XXX
1909999999	Total - Asset-Backed Securities				0	0	0	XXX
2009999999	Total - Issuer Credit Obligations and Asset-Backed Securities				99,481	100,000	0	XXX
4509999997	Total - Preferred Stocks - Part 3				0	XXX	0	XXX
4509999998	Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX
4509999999	Total - Preferred Stocks				0	XXX	0	XXX
5989999997	Total - Common Stocks - Part 3				0	XXX	0	XXX
5989999998	Total - Common Stocks - Part 5				XXX	XXX	XXX	XXX
5989999999	Total - Common Stocks				0	XXX	0	XXX
5999999999	Total - Preferred and Common Stocks				0	XXX	0	XXX
6009999999	Totals				99,481	XXX	0	XXX

STATEMENT AS OF MARCH 31, 2025 OF THE Insurors Indemnity Select Insurance Company

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21		
									10	11	12	13	14									
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol		
..73319F-AK-5	POPPY BANK	03/27/2025	MATURITY at 100.0000		100,000	100,000	100,000	100,000	0	0	0	0	0	100,000	0	0	0	271	03/27/2025	1.A FE		
0249999999. Subtotal - Issuer Credit Obligations - Certificates of Deposit (Unaffiliated)					100,000	100,000	100,000	100,000	0	0	0	0	0	100,000	0	0	0	271	XXX	XXX		
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					100,000	100,000	100,000	100,000	0	0	0	0	0	100,000	0	0	0	271	XXX	XXX		
0499999999. Total - Issuer Credit Obligations (Affiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
0509999997. Total - Issuer Credit Obligations - Part 4					100,000	100,000	100,000	100,000	0	0	0	0	0	100,000	0	0	0	271	XXX	XXX		
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0509999999. Total - Issuer Credit Obligations					100,000	100,000	100,000	100,000	0	0	0	0	0	100,000	0	0	0	271	XXX	XXX		
..38374L-RZ-6	GOVERNMENT NATIONAL MORTGAGE A 05-56 JA	03/01/2025	MBS PAYDOWN		420	420	469	420	0	0	0	0	0	420	0	0	0	3	05/17/2035	1.A FE		
1019999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Guaranteed (Exempt from RBC)					420	420	469	420	0	0	0	0	0	420	0	0	0	0	3	XXX	XXX	
..31320S-LC-4	UMBS - POOL SD4823	03/01/2025	MBS PAYDOWN		16,897	16,897	16,400	16,895	0	2	0	2	0	16,897	0	0	0	107	12/01/2053	1.A FE		
..3140LY-CA-1	UMBS - POOL BT8164	03/01/2025	MBS PAYDOWN		3,009	3,009	2,866	3,009	0	1	0	1	0	3,009	0	0	0	18	06/01/2052	1.A FE		
..31400P-2F-3	UMBS - POOL CB4373	03/01/2025	MBS PAYDOWN		7,233	7,233	7,123	7,232	0	1	0	1	0	7,233	0	0	0	43	08/01/2052	1.A FE		
1039999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Agency Residential Mortgage-Backed Securities - Not/Partially Guaranteed (Not Exempt from RBC)					27,139	27,139	26,389	27,136	0	4	0	4	0	27,139	0	0	0	168	XXX	XXX		
..98163V-AD-0	WORLD OMNI AUTO RECEIVABLES TR 22-D A3	03/15/2025	MBS PAYDOWN		40,076	40,076	40,068	39,995	0	80	0	80	0	40,076	0	0	0	373	02/15/2028	1.A FE		
1119999999. Subtotal - Asset-Backed Securities - Financial Asset-Backed - Self-Liquidating - Other Financial Asset-Backed Securities - Self-Liquidating (Unaffiliated)					40,076	40,076	40,068	39,995	0	80	0	80	0	40,076	0	0	0	0	373	XXX	XXX	
1889999999. Total - Asset-Backed Securities (Unaffiliated)					67,635	67,635	66,926	67,551	0	84	0	84	0	67,635	0	0	0	0	544	XXX	XXX	
1899999999. Total - Asset-Backed Securities (Affiliated)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
1909999997. Total - Asset-Backed Securities - Part 4					67,635	67,635	66,926	67,551	0	84	0	84	0	67,635	0	0	0	0	544	XXX	XXX	
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1909999999. Total - Asset-Backed Securities					67,635	67,635	66,926	67,551	0	84	0	84	0	67,635	0	0	0	0	544	XXX	XXX	
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					167,635	167,635	166,926	167,551	0	84	0	84	0	167,635	0	0	0	0	815	XXX	XXX	
4509999997. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4509999999. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
5989999997. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
5999999999. Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
6009999999 - Totals					167,635	XXX	166,926	167,551	0	84	0	84	0	167,635	0	0	0	0	815	XXX	XXX	

E05

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

STATEMENT AS OF MARCH 31, 2025 OF THE Insurors Indemnity Select Insurance Company

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Restricted Asset 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	
CENTRAL NATIONAL BANK ATLAS PREMIUM WACO, TX					0	4,846	27,768	XXX
CENTRAL NATIONAL BANK iMGA CLAIM WACO, TX					(77,800)	(78,588)	(156,997)	XXX
CENTRAL NATIONAL BANK OPERATING WACO, TX		3.040			795,834	518,872	307,062	XXX
CENTRAL NATIONAL BANK COMPANY CLAIMS WACO, TX		0.300			63,095	315,906	303,602	XXX
CENTRAL NATIONAL BANK DENALI CLAIMS WACO, TX					50,000	50,000	50,000	XXX
CENTRAL NATIONAL BANK MONEY MARKET WACO, TX		3.820			1,564,504	1,569,004	1,574,003	XXX
CENTRAL NATIONAL BANK iMGA PREMIUM WACO, TX		0.500			1,448,089	1,389,092	969,356	XXX
CENTRAL NATIONAL BANK iMGA REFUND WACO, TX					(48,982)	(22,289)	(28,634)	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	3,794,740	3,746,843	3,046,160	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	3,794,740	3,746,843	3,046,160	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	0	0	3,794,740	3,746,843	3,046,160	XXX

