(Notary Public Signature)



ANNUAL STATEMENT

For the Year Ended DECEMBER 31, 2024 OF THE CONDITION AND AFFAIRS OF THE

## **GEM STATE INSURANCE COMPANY**

NAIC Group Code	0000 (Current Period)	,	NAIC Company Code _	18457	Employer's ID Number	82-0123310
Organized under the Laws	,	(Prior Period)	. State of Dom	nicile or Port of Entry		ID
Country of Domicile		United States of America	<i>`</i>	,		
, _					0=10.1.10	
Incorporated/Organized		03/10/1910	Comm	nenced Business	07/01/191	10
Statutory Home Office		333 MAIN STREET (Street and Number)	, _	(Ci	GOODING, ID, 83330-023 ity or Town, State, Country and Zip	
Main Administrative Office		(,		IN STREET		
	GO	DDING, ID, 83330-0236	(Street a	and Number)	(208)934-5729	
Mail Address	(City or Town	State, Country and Zip Code)			(Area Code) (Telephone Nur	·
Mail Address		P.O. BOX 236 (Street and Number or P.O. Box	<u> </u>	(Ci	GOODING, ID, 83330-023ity or Town, State, Country and Zip	
Primary Location of Books	and Records			33 MAIN STREET		
	GOOD	NG, ID, 83330-0236	(	Street and Number)	(208)934-5729	
Internet Website Address	(City or Town	State, Country and Zip Code)			(Area Code) (Telephone Nur	nber)
Statutory Statement Conta	ct	ADRIAN CELAYA (Name)			(208)934-5729 (Area Code)(Telephone Number)(	Extension)
		aya@insidaho.com			(208)934-5833	
	1	(E-Mail Address)	OFFICERS		(Fax Number)	
		Nom				
		Nam GENE GUIL		_		
		J. THOMAS	JONES Secretary/Treasur	rer		
			OTHERS			
		KEITH SKAAR	OTTILING			
		DIDEC	TORS OR TRUST	EEG		
	KE	ITH SKAAR	TORS OR TROST	GENE GUILFO	Y	
		LENE H. ANDREWS MES E. WATERS		J. THOMAS JOI	NES	
	Idaho					
County of GC	OODING	SS				
he officers of this reporting enti	ity being duly sworn, eac	h depose and say that they are the des	cribed officers of said reporting enti	ty, and that on the reportin	g period stated above, all of the he	rein described assets were
		d clear from any liens or claims thereor ment of all the assets and liabilities and		-		·
		en completed in accordance with the Na				
		ifferences in reporting not related to ac ed officers also includes the related cor		-	_	
•	•	c filing may be requested by various re			(oncopy to	ung umoromood uud to
	(Signature)		(Signature)		(Signature)	
	ENE GUILFOY (Printed Name)		J. THOMAS JONES (Printed Name)		(Printed Name)	
· ·	1.		2.		3.	
	President (Title)		Secretary/Treasurer (Title)		0 (Title)	
	, ,		, ,		, ,	
Subscribed and swo day of	_	a. Is th , 2025 b. If no	is an original filing? : 1. State the amendment	numher	Yes[X] No[]	
day of	·	, 2020 0. 11 110	2. Date filed	Hallboi		_
			3. Number of pages atta	ched		_

## **ASSETS**

	ASS	LIO			
			Current Year		Prior Year
		1	2	3	4
				Net Admitted	
			Nonadmitted	Assets	Net Admitted
		Assets	Assets	(Cols.1-2)	Assets
1.	Bonds (Schedule D)	4,176,546		4,176,546	4,241,718
2.	Stocks (Schedule D):	, ,		, ,	, ,
	2.1 Preferred stocks	25.000		25.000	25.000
	2.2 Common stocks				
3.	Mortgage loans on real estate (Schedule B):	7,100,210		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,002,100
0.	3.1 First liens				
	3.2 Other than first liens				
4.					
4.	Real estate (Schedule A):				
	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 (\$1,398,672, Schedule E-Part 1), cash equivalents				
	(\$3,158,896, Schedule E-Part 2) and short-term investments				
	(\$0, Schedule DA)	4.557.568		4.557.568	2.251.550
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.					
	Receivables for securities				
10.	Securities Lending Reinvested Collateral Assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued	47,922		47,922	52,730
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection				
	15.2 Deferred premiums, agents' balances and installments booked				
	but deferred and not yet due (Including \$0 earned but				
	unbilled premiums)	260 171		260 171	92 442
	' '	200,171		200,171	02,442
	15.3 Accrued retrospective premiums (\$0) and contracts				
40	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				40,002
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets				
- 1.	(\$0)				
22	,				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$0) and other amounts receivable				
25.	Aggregate write-ins for other-than-invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	16,502,423		16,502,423	13,275,550
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
28.	TOTAL (Lines 26 and 27)	16,502,423		16,502,423	13,275,550
DETA	ILS OF WRITE-INS				
1102.					
1102.					
	Summary of remaining write-ins for Line 11 from overflow page				
	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		<u></u>		<u></u>
1	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, SURPLUS AND OTHER FUNDS

	LIADILITILO, SURPLUS AND OTTILATUN		2
		Current Year	Prior Year
1.	Losses (Part 2A, Line 35, Column 8)		
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$0 on realized capital gains (losses))		
7.2	Net deferred tax liability		
8.	Borrowed money \$0 and interest thereon \$0		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of		
	\$1,523,405 and including warranty reserves of \$1,160,211 and accrued accident and health experience		
	rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)	4,630,221	3,084,837
10.	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		396,248
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.			
	Provision for reinsurance (including \$0 certified) (Schedule F, Part 3 Column 78)		
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)	7,094,561	5,522,865
27.	Protected cell liabilities		
28.	TOTAL Liabilities (Lines 26 and 27)		
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		
-	·		
32.	Aggregate write-ins for other-than-special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)	9,407,862	7,752,685
36.	Less treasury stock, at cost:		
	36.10 shares common (value included in Line 30 \$0)		
	36.20 shares preferred (value included in Line 31 \$0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	9,407,862	7,752,685
38.	TOTALS (Page 2, Line 28, Column 3)	16,502,423	13,275,550
	LS 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.	10 Thie (Line 2007 allough 2000 place 2000) (Line 20 allour)		
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.			
	Summary of remaining write-ins for Line 32 from overflow page		

# **STATEMENT OF INCOME**

		1 Current Year	2 Prior Year
	UNDERWRITING INCOME	7.040.770	E 250 000
1. DEDU	Premiums earned (Part 1, Line 35, Column 4)	7,043,770	5,352,860
2.	Losses incurred (Part 2, Line 35, Column 7)		
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)		
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		
5.	Aggregate write-ins for underwriting deductions	0.504.070	
6. 7.	TOTAL Underwriting Deductions (Lines 2 through 5)  Net income of protected cells		
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)		
0.	INVESTMENT INCOME	102,007	(1,100,007)
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	414,943	397,165
10.	Net realized capital gains (losses) less capital gains tax of \$0 (Exhibit of Capital Gains (Losses))	251,057	269,171
11.	Net investment gain (loss) (Lines 9 + 10)	666,000	666,336
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$0 amount charged off \$		
13.	Finance and service charges not included in premiums		
14.	Aggregate write-ins for miscellaneous income		
15.	TOTAL Other Income (Lines 12 through 14)		
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign		
4-	income taxes (Lines 8 + 11 + 15)		, ,
17.	Dividends to policyholders  Net income offer dividends to policyholders offer conital gains toy and before all other federal and fersion		
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)	1 140 607	(772 251)
19.	Federal and foreign income taxes incurred		
20.	Net income (Line 18 minus Line 19) (to Line 22)		
20.	CAPITAL AND SURPLUS ACCOUNT	1,010,010	(110,001)
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	7,752,685	8,052,239
22.	Net income (from Line 20)	1,015,515	(773,351)
23.	Net transfers (to) from Protected Cell accounts		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$	811,679	473,797
25.	Change in net unrealized foreign exchange capital gain (loss)		
26.	Change in net deferred income tax		
27. 28.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets Line 28, Column 3)  Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
29.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)  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		
	33.3 Transferred from capital		
34.	Net remittances from or (to) Home Office		
35.	Dividends to stockholders		
36.	Change in treasury stock (Page 3, Line 36.1 and 36.2, Column 2 minus Column 1)		
37.	Aggregate write-ins for gains and losses in surplus		
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)		
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	9,407,862	7,752,685
	LS OF WRITE-INS		
0501. 0502.			
0502.			
0598.	Summary of remaining write-ins for Line 5 from overflow page		
1	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)		
1401.			
1402.			
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page		
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		
3701.			
3702.			
3703. 3798.	Summary of remaining write-ins for Line 37 from overflow page		
3796. 3799.	TOTALS (Lines 3701 through 3703 plus 3798) (Lines 37 above)		
0133.	10 Tribo (Ellico of of a llough of oo plus of oo) (Ellico of above)		

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE GEM STATE INSURANCE COMPANY CASH FLOW

		CASH FLOW	1	2
			Current Year	Prior Year
	Cash fr	om Operations		
1.	Premiums collected net of reinsurance		8,502,465	5,893,366
2.	Net investment income		421,347	401,446
3.	Miscellaneous income	<u></u>		
4.	TOTAL (Lines 1 through 3)		8,923,812	6,294,812
5.	Benefit and loss related payments		4,652,853	4,245,803
6.	Net transfers to Separate Accounts, Segregated	Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write	e-ins for deductions	2,238,145	1,723,769
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered	d) net of \$0 tax on capital gains (losses)		(136,676
10.	TOTAL (Lines 5 through 9)		6,890,998	5,832,896
11.	Net cash from operations (Line 4 minus Line 10)		2,032,814	461,916
	Cash fro	om Investments		
12.	Proceeds from investments sold, matured or repa	aid:		
	12.1 Bonds		906,000	560,000
	12.2 Stocks		798,803	294,975
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equiv	valents and short-term investments		
	•	to 12.7)		
13.	Cost of investments acquired (long-term only):	,		
			841,640	619,243
	13.3 Mortgage loans			
	13.4 Real estate			
	• •	I to 13.6)		
14.		emium notes		
15.		13.7 minus Line 14)		
	·	and Miscellaneous Sources		
16.	Cash provided (applied):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	, , , ,			
	, ,	stock		
	·			
		nd other insurance liabilities		
17.		es (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		
	-	UIVALENTS AND SHORT-TERM INVESTMENTS		•••••
18.		erm investments (Line 11, plus Lines 15 and 17)	2 306 018	352 564
19.	Cash, cash equivalents and short-term investmer	, , ,	2,000,010	
10.	·	115.	2 251 550	1 202 026
	· ·			
	19.2 End of year (Line 18 plus Line 19.1)		4,337,308	∠,∠३।,३५६

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

00.0			ı
20.0	001		 1

## PART 1 - PREMIUMS EARNED

1 2 3 Net Unearned Unearned	4
Premiums Premiums Premiums Premiums Unitten Per Dec. 31 Prior Year - Dec. 32 Prior Year - Dec. 31 Prior Year - Dec. 32 Prior Year - Dec. 31 Prior Year - Dec. 32 Prior Year - Dec	ums Earned 31 During Year ear - per (Columns
1. Fire	
2.1 Allied lines	
2.2 Multiple peril crop	
2.3 Federal flood	
2.4 Private crop	
2.5 Private flood	
3. Farmowners multiple peril 27,098 15,090	
4. Homeowners multiple peril 7,165,733 2,474,399 3,6	
5.1 Commercial multiple peril (non-liability portion)	
5.2 Commercial multiple peril (liability portion)	
6. Mortgage guaranty	
8. Ocean marine	I
9.1	
9.2 Pet Insurance Plans	
10. Financial guaranty	
11.1 Medical professional liability - occurrence	
11.2 Medical professional liability - claims-made	
12.   Earthquake	
13.1 Comprehensive (hospital and medical) individual	
13.2 Comprehensive (hospital and medical) group	I
14. Credit accident and health (group and individual)	
15.1 Vision only	
15.2 Dental only	
15.3 Disability income	
15.4 Medicare supplement	
15.5 Medicaid Title XIX	
15.6 Medicare Title XVIII	
15.7 Long-term care	
15.8 Federal employees health benefits plan	
15.9 Other health	
16. Workers' compensation	
17.1 Other liability - occurrence	271,637447,108
17.2 Other liability - claims-made	
17.3 Excess Workers' Compensation	
18.1 Products liability - occurrence	
18.2 Products liability - claims-made	
19.1 Private passenger auto no-fault (personal injury protection)	
19.2 Other private passenger auto liability	
19.3 Commercial auto no-fault (personal injury protection)	
19.4 Other Commercial auto liability	
21.1 Private passenger auto physical damage	
21.2 Commercial auto physical damage	
22. Aircraft (all perils)	
23. Fidelity	
24. Surety	
28. Credit	
29. International	
30. Warranty	
31. Reinsurance-Nonproportional Assumed Property	
32. Reinsurance-Nonproportional Assumed Liability	
33. Reinsurance-Nonproportional Assumed Financial Lines	
34. Aggregate write-ins for other lines of business	
35. TOTALS 8,589,154 3,084,837 4,6	330,221   7,043,770
DETAILS OF WRITE-INS           3401. SERVICE CHARGE         12,295	10.005
3401. SERVICE CHARGE 12,295 12,295 13402.	
3403.	
3498. Summary of remaining write-ins for Line 34 from overflow page	

## PART 1A - RECAPITULATION OF ALL PREMIUMS

	rani ia ini	CAPITULATI	ON OF ALL F	KEINIIOINIS		
	Line of Business	(Running One Year or Less From Date of Policy) (a)	2 Amount Unearned (Running More Than One Year From Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	1 + 2 + 3 + 4
1.	Fire					382,166
2.1	Allied lines	81,770				81,770
2.2	Multiple peril crop					
2.3	Federal flood					
2.4	Private crop					
2.5	Private flood					
3.	Farmowners multiple peril	14,626				14,626
4.	Homeowners multiple peril					
5.1	Commercial multiple peril (non-liability portion)					
5.2	Commercial multiple peril (liability portion)					
6.	Mortgage guaranty					
8.	Ocean marine					
9.1	Inland marine					
9.2	Pet Insurance Plans					
10.	Financial guaranty					
_						
11.1	Medical professional liability - occurrence					
11.2	Medical professional liability - claims-made					
12.	Earthquake					
13.1	Comprehensive (hospital and medical) individual					
	Comprehensive (hospital and medical) group					
14.	Credit accident and health (group and individual)					
15.1	Vision only					
15.2	Dental only					
15.3	Disability income					
15.4	Medicare supplement					
15.5	Medicaid Title XIX					
15.6	Medicare Title XVIII					
15.7	Long-term care					
15.8	Federal employees health benefits plan					
15.9	Other health					
16.						
_	Workers' compensation	074.627				074 627
17.1	Other liability - occurrence					
	Other liability - claims-made					
17.3	Excess Workers' Compensation					
18.1	Products liability - occurrence					
	Products liability - claims-made					
19.1	Private passenger auto no-fault (personal injury					
	protection)					
	Other private passenger auto liability					
19.3	Commercial auto no-fault (personal injury protection)					
19.4	Other Commercial auto liability					
21.1	Private passenger auto physical damage					
	Commercial auto physical damage					
22.	Aircraft (all perils)					
23.	Fidelity				l	
24.	Surety					
26.	Burglary and theft					
27.	Boiler and machinery					
28.	Credit					
29.	International					
30.	Warranty					
31.	Reinsurance-Nonproportional Assumed Property					
32.	Reinsurance-Nonproportional Assumed Liability					
33.	Reinsurance-Nonproportional Assumed Financial Lines					
34.	Aggregate write-ins for other lines of business					
35.	TOTALS					4,630,221
36.	Accrued retrospective premiums based on experience $\ensuremath{\dots}$					
37.	Earned but unbilled premiums					
38.	Balance (Sum of Lines 35 through 37)	<u></u>	<u></u>	<u></u>	<u></u>	4,630,221
DETA	LS OF WRITE-INS					
	0					
3402.	· · · · · · · · · · · · · · · · · · ·					
3403.						
	Summary of remaining write-ins for Line 34 from					
	overflow page					
3499.	TOTALS (Lines 3401 through 3403 plus 3498) (Line					
	34 above)					
	e here basis of computation used in each case:					

<sup>(</sup>a) State here basis of computation used in each case:

#### **PART 1B - PREMIUMS WRITTEN**

		1 AIX 1D - I IX INITIONIO VVIXI I LIV							6
		D: (					-		
		Direct	_ 2	_ 3	4	5	Net Premiums		
		Business	From	From	То	То	Written Columns		
	Line of Business	(a)	Affiliates	Non-Affiliates	Affiliates	Non-Affiliates			
1.	Fire	948,162				240,131	708,031		
2.1	Allied lines	202,874				51,380	151,494		
2.2	Multiple peril crop					1	· ·		
2.3	Federal flood								
2.4									
	Private crop								
2.5	Private flood								
3.	Farmowners multiple peril								
4.	Homeowners multiple peril	9,597,957				2,432,224	7,165,733		
5.1	Commercial multiple peril (non-liability portion)								
5.2	Commercial multiple peril (liability portion)								
6.	Mortgage guaranty								
8.	Ocean marine								
9.1	Inland marine								
							21,248		
9.2	Pet Insurance Plans								
10.	Financial guaranty								
11.1	Medical professional liability - occurrence								
11.2	Medical professional liability - claims-made								
12.	Earthquake								
13.1	Comprehensive (hospital and medical)								
.0.1	individual								
12.0									
13.2	Comprehensive (hospital and medical) group								
14.	Credit accident and health (group and								
	individual)								
15.1	Vision only								
15.2	Dental only								
15.3	Disability income								
15.4	Medicare supplement								
15.5	Medicaid Title XIX								
15.6	Medicare Title XVIII								
15.7	Long-term care								
15.8	Federal employees health benefits plan								
15.9	Other health								
16.	Workers' compensation								
17.1	Other liability - occurrence						503,255		
		073,330				170,001			
17.2	Other liability - claims-made								
17.3	Excess Workers' Compensation								
18.1	Products liability - occurrence								
18.2	Products liability - claims-made								
19.1	Private passenger auto no-fault (personal								
	injury protection)								
19.2	Other private passenger auto liability								
19.3	Commercial auto no-fault (personal injury								
	protection)								
19.4	Other Commercial auto liability								
21.1	Private passenger auto physical damage								
21.2	Commercial auto physical damage								
22.	Aircraft (all perils)								
23.	Fidelity								
24.	Surety								
26.	•								
	Burglary and theft								
27.	Boiler and machinery								
28.	Credit								
29.	International								
30.	Warranty								
31.	Reinsurance-Nonproportional Assumed								
	Property	XXX							
32.	Reinsurance-Nonproportional Assumed	////							
32.	Reinsurance-Nonproportional Assumed	V V V							
	Liability	X X X							
33.	Reinsurance-Nonproportional Assumed								
	Financial Lines								
34.	Aggregate write-ins for other lines of business .	12,295	<u></u>		<u></u>	<u></u>	12,295		
35.	TOTALS								
	LS OF WRITE-INS	. ,	·			. ,	, .,		
	SERVICE FEES	12 205			l	l	12,295		
3402.	OLIVIOL I LLO	,					·		
1									
3403.									
3498.	Summary of remaining write-ins for Line 34								
	. •						<u></u>		
3499.	TOTALS (Lines 3401 through 3403 plus								
	3498) (Line 34 above)	12 295	<b></b>			l	12,295		
(-) D	s the company's direct promiums written include								

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

If yes, (1) The amount of such installment premiums \$......0.

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

# UNDERWRITING AND INVESTMENT EXHIBIT PART 2 - LOSSES PAID AND INCURRED

		Losses Paid Less Salvage				5	6	7	8	
		1	2	3	4	Net Losses	Net Losses	Losses Incurred	Percentage of Losses	
		· '	_		'					
		Direct	Reinsurance	Reinsurance	Net Payments	Unpaid Current Year	Unpaid	Current Year	Incurred (Column 7, Part 2) to	
	Line of Business	Business	Assumed	Recovered	(Columns 1 + 2 - 3)	(Part 2A, Column 8)	Prior Year	(Columns 4 + 5 - 6)	Premiums Earned (Column 4, Part 1)	
1.	Fire									
2.1	Allied lines	309,848		32,149	277,699	11,089	6,705	282,083	151.38	
2.2	Multiple peril crop									
2.3	Federal flood									
2.4	Private crop									
2.5	Private flood									
3.	Farmowners multiple peril									
4.	Homeowners multiple peril	4.875.713		1,100,153		590,452	1,123,880	3,242,132	1 56.17	
5.1	Commercial multiple peril (non-liability portion)									
5.2	Commercial multiple peril (liability portion)									
6.	Mortgage guaranty									
8	Ocean marine									
9.1	Inland marine				2 205			2 225	17.00	
9.1	Pet Insurance Plans							3,325		
10.	Financial guaranty									
11.1	Medical professional liability - occurrence									
11.2	Medical professional liability - claims-made									
12.	Earthquake									
13.1	Comprehensive (hospital and medical) individual									
13.2	Comprehensive (hospital and medical) group									
14.	Credit accident and health (group and individual)									
15.1	Vision only									
15.2	Dental only									
15.3	Disability income									
15.4	Medicare supplement									
15.5	Medicaid Title XIX									
15.6	Medicare Title XVIII									
15.7	Long-term care									
15.8	Federal employees health benefits plan									
15.0										
	Other health									
16.	Workers' compensation			05.740	407.000	400 500	400,000	044.500	47.00	
17.1	Other liability - occurrence	2/2,814		85,746	l '		462,000	,	47.99	
17.2	Other liability - claims-made									
17.3	Excess Workers' Compensation									
18.1	Products liability - occurrence									
18.2	Products liability - claims made									
19.1	Private passenger auto no-fault (personal injury protection)									
19.2	Other private passenger auto liability									
19.3	Commercial auto no-fault (personal injury protection)									
19.4	Other Commercial auto liability									
21.1	Private passenger auto physical damage	.	l	1	l	l		1	l	
21.2	Commercial auto physical damage	1								
22.	Aircraft (all perils)									
23.	Fidelity									
24.	Surety									
26.	Burglary and theft									
27.	Boiler and machinery									
28.	Credit									
29.	International									
30.	Warranty									
31.	Reinsurance-Nonproportional Assumed Property									
32.	Reinsurance-Nonproportional Assumed Liability									
33.	Reinsurance-Nonproportional Assumed Financial Lines	X X X								
34.	Aggregate write-ins for other lines of business									
35.	TOTALS				4,243,652		1,592,585	3,742,108	53.13	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,	,,,	,,	,,	,,.	1	
	ILS 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)									
J-733.	10 17 LO (Lines of the longer of the of the of the of the of	1								

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

		PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES  Reported Losses					Incurred But Not Reported	 	8	9	
		1	2 Reinsurance	3 Deduct Reinsurance	4 Net Losses Excluding Incurred But Not Reported	5	6 Reinsurance	7 Reinsurance	Net Losses Unpaid (Columns	Net Unpaid Loss Adjustment	
	Line of Business	Direct	Assumed	Recoverable	(Columns 1 + 2 - 3)	Direct	Assumed	Ceded	4 + 5 + 6 - 7)	Expenses	
1. 2.1	Fire			146,392	(10,911)					4,44	
2.2	Multiple peril crop				(10,911)					· · · · · · · · · · · · · · · · · · ·	
2.3	Federal flood										
2.4	Private crop										
2.5	Private flood										
3.	Farmowners multiple peril										
4.	Homeowners multiple peril	512,638			258,452	434,000		102,000	590,452	69,34	
5.1 5.2	Commercial multiple peril (non-liability portion)  Commercial multiple peril (liability portion)										
6.	Mortgage guaranty										
8.	Ocean marine										
9.1	Inland marine										
9.2	Pet Insurance Plans										
10.	Financial guaranty										
11.1	Medical professional liability - occurrence										
11.2 12.	Medical professional liability - claims-made										
13.1	Earthquake								(a)		
13.1	Comprehensive (hospital and medical) individual  Comprehensive (hospital and medical) group								(a)		
14.	Credit accident & health (group & individual)								( <i>a</i> )		
15.1	Vision only								(a)		
15.2	Dental only								(a)		
15.3	Disability income								(a)		
15.4	Medicare supplement								(a)		
15.5	Medicaid Title XIX								(a)		
15.6	Medicare Title XVIII								(a)		
15.7 15.8	Long-term care								(a)		
15.0	Other health								(a)		
16.	Workers' compensation								(a)		
17.1	Other liability - occurrence	542,500								64,99	
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 no-fault (personal injury protection) Other private passenger auto liability										
19.2	Commercial auto no-fault (personal injury protection)										
19.4	Other Commercial auto liability										
21.1	Private passenger auto physical damage										
21.2	Commercial auto physical damage										
22. 23. 24. 26.	Aircraft (all perils)										
23.	Fidelity										
24.	Surety										
∠0. 27	Burglary and theft										
28	Boiler and machinery										
27. 28. 29.	International										
30.	Warranty										
31	Reinsurance-Nonproportional Assumed Property	x x x				XXX					
32. 33.	Reinsurance-Nonproportional Assumed Liability	X X X				X X X					
33.	Reinsurance-Nonproportional Assumed Financial Lines					X X X					
34.	Aggregate write-ins for other lines of business										
35.	TOTALS	1,190,619		575,578	615,041	634,000		158,000	1,091,041	138,77	
DETAI	LS OF WRITE-INS										
3401.											
3402.											
3403.											
		1		İ	İ	1	1	I		1	
3498. 3499.	Summary of remaining write-ins for Line 34 from overflow page									<u> </u>	

#### PART 3 - EXPENSES

	PARI 3 - EXI	PENSES			<u> </u>
		1	2	3	4
		Loss	Other		
		Adjustment	Underwriting	Investment	
		Expenses	Expenses	Expenses	Total
1.	Claim adjustment services:				
	1.1 Direct	1 ' 1			342,701
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded	(28,452)			(28,452)
	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	371,153			371,153
2.	Commission and brokerage:				
	2.1 Direct, excluding contingent				
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent				
	2.4 Contingent - direct				
	2.5 Contingent - reinsurance assumed				
	2.6 Contingent - reinsurance ceded				
	2.7 Policy and membership fees				
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)				
3.	Allowances to manager and agents		533,636		533,636
4.	Advertising		300		300
5.	Boards, bureaus and associations		15,824		15,824
6.	Surveys and underwriting reports		42,621		42,621
7.	Audit of assureds' records				
8.	Salary and related items:				
	8.1 Salaries		6,000		6,000
	8.2 Payroll taxes		935		935
9.	Employee relations and welfare				
10.	Insurance				
11.	Directors' fees				
12.	Travel and travel items				
13.	Rent and rent items				
14.	Equipment				
15.	Cost or depreciation of EDP equipment and software				
16.	Printing and stationery				
17.	Postage, telephone and telegraph, exchange and express				
18.	Legal and auditing				105,640
19.	TOTALS (Lines 3 to 18)				894,992
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association credits				
	of \$		168 265		168 265
	20.2 Insurance department licenses and fees				l .
	20.3 Gross guaranty association assessments				
	20.4 All other (excluding federal and foreign income and real estate)				
	20.5 TOTAL taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		175 896	24,407	200 303
21.	Real estate expenses				200,000
22.	Real estate taxes				
23.	Reimbursements by uninsured plans	1			
24.	Aggregate write-ins for miscellaneous expenses				
2 <del>4</del> . 25.	TOTAL expenses incurred	271 152	2 447 912	24 407	(a) 2 9/2 272
25. 26.	·				` '
20. 27.	Less unpaid expenses - current year  Add unpaid expenses - prior year		· ·		
21. 28.	· · · · · · · · · · · · · · · · · · ·				
20. 29.	Amounts receivable relating to uninsured plans, prior year				
	Amounts receivable relating to uninsured plans, current year				
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)		∠,ɔɔਖ਼,ʒ∪ʒ	24,407	<u>2,903,871</u>
	LS OF WRITE-INS		00.444		00.444
	MISC		22,144		·
2402.					
2403.	Commence of a manifestation with the faul time OA from a conflation and				
	Summary of remaining write-ins for Line 24 from overflow page				
<b>2499</b> .	TOTALS (Lines 2401 through 2403 plus 2498) (Line 24 above)		22,144		22,144

## **EXHIBIT OF NET INVESTMENT INCOME**

	EXHIBIT OF NET INVESTMENT INCO	VI L	1		2
			•	_	_
		١,	Collected		arned
1.	U.S. Government bonds	/o\	During Year	Duri	ng Year
	Bonds exempt from U.S. tax				
1.1					
1.2 1.3	Other bonds (unaffiliated)		187,704		
	Bonds of affiliates				
2.1	Preferred stocks (unaffiliated)		2,051		
2.11	Preferred stocks of affiliates	(D)	147,463		450.400
2.2	Common stocks (unaffiliated)				
2.21	Common stocks of affiliates				
3.	Mortgage loans	l ` ′			
4.	Real estate	· ·			
5.	Contract loans				
6.	Cash, cash equivalents and short-term investments				
7.	Derivative instruments	١ ٠ /			
8.	Other invested assets				
9.	Aggregate write-ins for investment income				
10.	TOTAL gross investment income		445,755		439,350
11.	Investment expenses			(g)	24,407
12.	Investment taxes, licenses and fees, excluding federal income taxes			(g)	
13.	Interest expense			(h)	
14.	Depreciation on real estate and other invested assets				
15.	Aggregate write-ins for deductions from investment income			` '	
16.	TOTAL Deductions (Lines 11 through 15)				
17.	Net Investment income (Line 10 minus Line 16)				414,943
	LS OF WRITE-INS				,
0901.					
0902.					
0903.					
0998.	Summary of remaining write-ins for Line 9 from overflow page	l .			
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				
1501.	TO TALES (Lines 0501 timough 0500 plus 0550) (Line 5 dibovo)				
1502.					
1502.					
1598.					
	Summary of remaining write-ins for Line 15 from overflow page				
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)				
(a) Inclu	des \$7,900 accrual of discount less \$9,496 amortization of premium and less \$4,301 pa des \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for	IO TOI	r accrued intere	st on pur	cnases.
(c) Inclu	des \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for	accri	ued aividerias d ued interest on	ourchase	1303. 28.
(d) Inclu	des \$0 for company's occupancy of its own buildings; and excludes \$0 interest on encum	brand	ces.		
(e) Inclu	des \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for	accri	ued interest on	purchase	es.
(t) Inclu	des \$0 accrual of discount less \$0 amortization of premium.	ما ام	nomo tovos str	ibutoble	to
	des \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding fede egated and Separate Accounts.	ai ind	come taxes, attr	Bldanual	ιο
	des \$0 interest on surplus notes and \$0 interest on capital notes.				
	des \$0 depreciation on real estate and \$0 depreciation on other invested assets.				

**EXHIBIT OF CAPITAL GAINS (LOSSES)** 

		// \\	<u> </u>	<del></del>		
		1	2	3	4	5
				Total Realized		Change in
		Realized Gain		Capital Gain	Change in	Unrealized Foreign
		(Loss) on Sales	Other Realized	(Loss)	Unrealized Capital	Exchange Capital
		or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Gain (Loss)
1.	U.S. Government bonds	(218)		(218)		
1.1	Bonds exempt from U.S. tax	1,000		1,000		
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)	250,275		250,275	811,679	
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	TOTAL Capital gains (losses)				811,679	
DETA	ILS OF WRITE-INS					
0901.	0					
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
1	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)					
	, , , , , , , , , , , , , , , , , , , ,		I	1	1	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE GEM STATE INSURANCE COMPANY

EXHIBIT OF NONADMITTED ASSETS

			1	2	3
					Change in Total
			Current Year Total	Prior Year Total	Nonadmitted Assets
	D l -	(Oakaalida D)	Nonadmitted Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
1.		(Schedule D)			
2.		(Schedule D):			
	2.1	Preferred stocks			
_	2.2	Common stocks			
3.	-	ge loans on real estate (Schedule B):			
	3.1	First liens			
	3.2	Other than first liens			
<b>l</b> .		state (Schedule A):			
	4.1	Properties occupied by the company			
	4.2	Properties held for the production of income			
	4.3	Properties held for sale			
5.	Cash (	Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
	investn	nents (Schedule DA)			
ô.	Contra	ct loans			
7.	Derivat	tives (Schedule DB)			
8.	Other i	nvested assets (Schedule BA)			
9.		ables for securities			
10.		ies lending reinvested collateral assets (Schedule DL)			
11.		pate write-ins for invested assets			
12.		als, cash and invested assets (Lines 1 to 11)			
13.		ants (for Title insurers only)			
14.		nent income due and accrued			
15.		Ims and considerations:			
10.	15.1	Uncollected premiums and agents' balances in the course of collection			
	15.2	Deferred premiums, agents' balances and installments booked but deferred and			
	10.2	not yet due			
	15.3	Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsu				
10.					
	16.1	Amounts recoverable from reinsurers			
	16.2	Funds held by or deposited with reinsured companies			
4-	16.3	Other amounts receivable under reinsurance contracts			
17.		ts receivable relating to uninsured plans			
18.1		t federal and foreign income tax recoverable and interest thereon			
18.2		ferred tax asset			
19.		nty funds receivable or on deposit			
20.		nic data processing equipment and software			
21.		re and equipment, including health care delivery assets			
22.	Net adj	justment in assets and liabilities due to foreign exchange rates			
23.	Receiv	ables from parent, subsidiaries and affiliates			
24.	Health	care and other amounts receivable			
25.	Aggreg	pate write-ins for other-than-invested assets			
26.	TOTAL	Assets excluding Separate Accounts, Segregated Accounts and Protected Cell			
	Accour	nts (Lines 12 to 25)		90,848	90,848
27.		Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.		(Lines 26 and 27)			
		VRITE-INS			
1101.					
101.					
103.					
198.		ary of remaining write-ins for Line 11 from overflow page			
1199.		.S (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.					
2502.					
2503.					
2598.		ary of remaining write-ins for Line 25 from overflow page			
2599.	$T \cap T \Delta I$	.S (Lines 2501 through 2503 plus 2598) (Line 25 above)			1

#### Summary of Significant Accounting Policies

#### A. Accounting Practices

The financial statements of Gem State Insurance Company are presented on the basis of accounting practices prescribed or permitted by the Insurance Department of the State of Idaho.

The Insurance Department of the State of Idaho recognizes only statutory accounting practices prescribed or permitted by the State of Idaho for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Idaho 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 Idaho.

		State of		
		Domicile	12/31/24	12/31/23
NET	INCOME			
(1)	State basis (Page 4, Line 20, Columns 1 & 2)		1,015,515	(773,351)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:		1,013,313	(173,331)
(3)	State Permitted Practices that increase/(decrease) NAIC			
	SAP:			
(4)	NAIC SAP (1-2-3=4)		1,015,515	(773,351)
	PLUS State basis (Page 3, Line 37, Columns 1 & 2)		9,407,862	7,752,685
(5) (6)	State Dasis (Fage 3, Ellie 37, Columns 1 & 2)  State Prescribed Practices that increase/(decrease) NAIC SAP:		9,407,802	7,732,063
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:			
(8)	NAIC SAP (5-6-7=8)		9,407,862	7,752,685

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

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

#### C. Accounting Policy

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

- A. Short-term investments are stated at actual cost.
- B. Bonds not backed by other loans are stated at amortized cost using the interest method.
- Common stocks are stated at market value. All fair value measurements are a "Level 1" measurement.
- D. Non-redeemable preferred stocks are stated at market value. All fair value measurements are a "Level 1" measurement. Redeemable preferred stocks are stated at amortized cost using the interest method.
- E. Mortgage Loans: N/A.
- F. Loan-backed securities are stated at amortized cost using the interest method. G. Investments in subsidiaries, controlled and affiliated companies: N/A.
- H. Investments in joint ventures, partnership and limited liability companies: N/A.
- I. Derivatives: N/A.
- The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.

- K. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- L. Capitalization Policy: N/A.

M. Pharmaceutical rebate receivables: N/A

D. Going Concern: There is not a substantial doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors: N/A

3. Business Combinations and Goodwill: N/A

4. Discontinued Operations: N/A

5. Investments

A. Mortgagee Loans: N/A

B. Debt Restructuring: N/A

C. Reverse Mortgages: N/A

D. Loan-Backed Securities: N/A

E. Dollar Repurchase Agreements and/or Securities Lending Transactions: N/A

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: N/A

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: N/A

H. Repurchase Agreements Transactions Accounted for as a Sale: N/A

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: N/A

J. Real Estate: N/A

K. Low-Income Housing Tax Credit: N/A

L. Restricted Assets:

(1) Restricted Assets (Including Pledged)

_	(1) Restricted Assets (including Fredged)										
		Gross Restricted					8		entage		
				Current Year			6	7		9	10
		1	2	3	4	5					Admitted
			G/A Supporting	Total Protected	Protected Cell				Total	Gross	Restricted to
			Protected Cell	Cell Account	Account Assets			Increase/	Current Year	Restricted	Total
		Total General	Account Activity	Restricted	Supporting G/A	Total	Total From Prior	(Decrease)	Admitted	to Total	Admitted
	Restricted Asset Category	Account (G/A)	(a)	Assets	Activity (b)	(1 plus 3)	Year	(5 minus 6)	Restricted	Assets	Assets
(a)	Subject to contractual obligation										
	for which liability is not shown									%	%
(b)	Collateral held under security										
	lending agreements									%	%
(c)	Subject to repurchase agreements									%	%
(d)	Subject to reverse repurchase										
	agreements									%	%
(e)	Subject to dollar repurchase										
	agreements									%	%
(f)	Subject to dollar reverse										
	repurchase agreements									%	%
(g)	Placed under option contracts									%	%
(h)	Letter stock or securities restricted										
	as to sale – excluding FHLB										
	capital stock									%	%
(i)	FHLB capital stock									%	%
(j)	On deposit with states	\$1,025,299				\$1,025,299	\$1,069,804	(\$44,505)	\$1,025,299	6.21%	6.21 %
(k)	On deposit with other regulatory										
	bodies									%	%
(1)	Pledged as collateral to FHLB									l	
	(including assets backing funding										
	agreements)									%	%
(m)	Pledged as collateral not captured										
	in other categories									%	%
(n)	Other restricted assets									%	%
(o)	Total Restricted Assets	\$1,025,299				\$1,025,299	\$1,069,804	(\$44.505)	\$1,025,200		
(0)	Total Restricted Passets	\$1,043,499				\$1,023,299	\$1,009,804	(\$44,303)	\$1,023,299	6.21%	6.21 %

(a) Subset of column 1 (b) Subset of column 3

- (2) Detail of Asset Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate): N/A
- (3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate): N/A

#### ANNUAL STATEMENT FOR THE YEAR 2024 OF THE GEM STATE INSURANCE COMPANY

### **Notes to Financial Statements**

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements: N/A

M. Working Capital Finance Investments: N/A

N. Offsetting and Netting of Assets and Liabilities: N/A

O. Structured Notes: N/A

P. 5\* Securities: N/A

Q. Short Sales: N/A

R. Prepayment Penalty and Acceleration Fees: N/A

6. Joint Ventures, Partnerships and Limited Liability Companies: N/A

#### 7. Investment Income:

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued

1. Gross \$47,922

2. Nonadmitted \$
3. Admitted \$47,922

The correcpt deformed interest

D. The aggregate deferred interest.

Aggregate Deferred Interest \$

E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.

Cumulative amounts of PIK interest included in

the current principal balance \$

8. Derivative Instruments: N/A

#### 9. Income Tax

The Company provides for income taxes based on income reported for statutory purposes. The Company does not file a consolidated income tax return.

The components of the net deferred tax asset (liability) at December 31, 2024 and December 31, 2023 are as follows:

	12/31/24	12/31/23
Total of all deferred tax assets (DTAs)	\$ 209,705	\$ 302,777
Total of all deferred tax liabilities (DTLs)	\$ 381,722	\$ 211,929
Net deferred tax (liability) asset	\$ (172,017)	\$ -

Current income taxes incurred consist of the following major components:

	12/31/24	12/31/23
Current Year (Benefit) Expense	\$ (172,017)	\$ -

The main components of the December 31, 2024 Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs) are as follows:

<b>DTAs</b>		<b>Statutory</b>	<u>Tax</u>	<b>Difference</b>	Tax Effect
	Capital loss carryovers	\$ -	\$ -	\$ -	\$ -
	Net operating loss	-	-	=	-
	20% of unearned premium	-	926,044	926,044	194,469
	Unrealized net capital losses	-	-	=	-
	Discounted unpaid losses		72,551	72,551	15,236
	Total DTAs	<u>\$ - </u>	<u>\$ 998,595</u>	<u>\$ 998,595</u>	<u>\$ 209,705</u>
<u>DTLs</u>					
	Unrealized net capital gains	\$ -	\$1,814,581	\$1,814,581	\$ (381,062)
	TCJA adjustment		3,142	3,142	(660)
	Total DTLs	\$ -	\$1,817,723	<u>\$1,817,723</u>	<u>\$ (381,722)</u>
	Nonadmitted DTAs				<u>\$</u>
	Net Deferred Tax Asset/(Liability	·)			\$ (172,017)

The changes in main components of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs) for December 31, 2024 are as follows:

<u>DTAs</u>	DTAs resulting from book/tax	12/31/24	12/31/23	Change
	differences in:			
	Capital loss carryovers Net operating loss 20% of unearned premiums Discounted unpaid losses Unrealized net capital losses Total DTAs	\$ - 194,469 15,236 - \$ 209,705	\$ - 151,087 129,563 22,127 - \$ 302,777	\$ - (151,087) 64,906 (6,891) - \$ (93,072)
<u>DTLs</u>	Unrealized net capital gains TCJA adjustment Total DTLs	\$ 381,062 660 \$ 381,722	\$ 210,609 	\$ (170,453) 660 \$ (169,793)
	Nonadmitted DTA's	<u>\$</u>	\$ 90,848	\$ 90,848
	Net Deferred Tax Asset/(Liability)	<u>\$ (172,017)</u>	<u>\$ - </u>	\$ (172,017)
The adj	justments from book to tax were as follows:			T Dec
	Net Income before taxes Disallowed capital losses 20% of earned premium adjustment TCJA adjustment Discounted unpaid losses Dividends received deduction Code section 832(b)(5)(B) addition Tax exempt interest		Amount \$ 1,148,697	Tax Effect \$ 241,226 
	Taxable Net Income NOL carryforward		<u>\$ 1,353,661</u>	<u>284,269</u> (151,087)
	Current period expense (benefit)		-	\$ 133,182

The Company has income tax available for recoupment in case of a net operating loss in 2025 as follows:

2024 \$ 634,202 2023 \$ - \_ .

The main components of the December 31, 2023 Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs) are as follows:

<b>DTAs</b>		<b>Statutory</b>	Tax	<b>Difference</b>	Tax Effect
	Capital loss carryovers	\$ -	\$ -	\$ -	\$ -
	Net operating loss	-	719,458	719,458	151,087
	20% of unearned premium	-	616,967	616,967	129,563
	Unrealized net capital losses	-	=	-	-
	Discounted unpaid losses	<u> </u>	105,369	105,369	22,127
	Total DTAs	<u>\$ - </u>	<u>\$ 1,441,794</u>	<u>\$ 1,441,794</u>	\$ 302,777.
DTLs					
	Unrealized net capital gains	\$ -	\$1,002,901	\$1,002,901	\$ (210,609)
	TCJA adjustment		6,285	6,285	(1,320)
	Total DTLs	<u>\$ - </u>	<u>\$1,009,186</u>	\$1,009,186	<u>\$ (211,929)</u>
	Nonadmitted DTAs				\$ (90,848)
	Net Deferred Tax Asset/(Liability	ty)			<u>\$</u>

The changes in main components of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs) for December 31, 2023 are as follows:

<b>DTAs</b>		12/31/23	12/31/22	Change
	DTAs resulting from book/tax differences in:			
	Capital loss carryovers	\$ -	\$ -	\$ -
	Net operating loss	151,087	-	151,087
	20% of unearned premiums	129,563	101,717	18,846
	Discounted unpaid losses	22,127	12,655	9,472
	Unrealized net capital losses	-	-	

	Total DTAs	\$ 302,777	<u>\$ 123,372</u>	<u>\$ 179,405</u>
<u>DTLs</u>				
	Unrealized net capital gains	\$ 210,609	\$ 111,111	\$ (99,498)
	TCJA adjustment	1,320	1,980	660
	Total DTLs	\$ 211,929	\$ 113,091	\$ (98,838)
	Nonadmitted DTA's	\$ 90,848	\$ 10,281	\$ (80,567)
	Net Deferred Tax Asset/(Liability)	\$ -	\$ -	\$ - <u>.</u>

The adjustments from book to tax were as follows:

	Amount_	Tax Effect
Net Income before taxes	\$ (773,351)	\$ (162,404)
Disallowed capital losses	-	-
20% of earned premium adjustment	89,743	18,846
TCJA adjustment	3,142	660
Discounted unpaid losses	44,107	9,262
Dividends received deduction	(77,655)	(16,308)
Code section 832(b)(5)(B) addition	27,700	5,817
NOL carryforward	-	-
Tax exempt interest	(33,144)	(6,960)
Taxable Net Income	<u>\$ (719,458)</u>	(151,087)
NOL carryback		151,087
Current period (benefit)	-	<u>\$</u>

10. Information Concerning Parent, Subsidiaries and Affiliates:

Gem State Insurance Company is managed exclusively by Locke Insurance Agency at 333 Main Street in Gooding, Idaho. The Locke Agency (EIN 82-037516) is also an agent for Gem State Insurance Company. Gem State Insurance Company received property and casualty written premiums of \$758,774 from Locke Agency sales during the twelve-month period ended December 31, 2024. The Locke Agency has authority for claims payment, claims adjustment, reinsurance ceding, binding authority, premium collection and underwriting. The Locke Agency earned commissions of \$140,239 and profit share bonuses of \$27,664 on the above stated collected premiums. The Locke Agency earned \$508,636 in management fees during the twelve-month period ended December 31, 2024. Gem State Insurance Company owed Locke Insurance Agency \$38,637 in management fees, \$6,364 in commissions, and \$27,664 in profit share bonuses at December 31, 2024.

- 11. Debt: N/A
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and other Postretirement Benefit Plans: N/A
- 13. Capital and Surplus, Dividend Restrictions and Quad-Reorganizations.
  - (1) Outstanding Stock Shares: N/A
  - (2) Dividend Rate of Preferred Stock: N/A
  - (3) Dividend Restrictions: N/A
  - (4) Dividends Paid: N/A
  - (5) Portion of Profits Allowed To Be Paid as Ordinary Dividends: N/A
  - (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
  - (7) Mutual Surplus Advances: N/A
  - (8) Company stock held for Special Purposes: N/A
  - (9) Change in Special Surplus Funds: N/A
  - (10) The portion of unassigned funds (surplus) represented or (reduced) by cumulative unrealized gains is \$1,814,581.
  - (11) Surplus Notes: N/A
  - (12) Quasi Reorganizations: N/A
  - (13) Effective Date of Quasi Reorganizations: N/A
- 14. Liabilities, Contingencies and Assessments:
  - A. Contingent Commitments: N/A
  - B. Assessments: N/A
  - C. Gain contingencies: N/A
  - D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits: N/A
  - E. Product Warranties: N/A
  - F. Joint and Several Liabilities: N/A

G. All other contingencies: N/A

- 15. Leases:
  - A. Lessee Operating Lease: N/A
  - B. Lessor Leases: N/A
- 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk: N/A
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities: N/A
- 18. Gain or Loss to the Reporting entity from Uninsured A & H Plans and the Uninsured Portion of Partially insured Plans: N/A
- 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators: N/A
- 20. Fair Value Measurements
  - A.
- 1. All investments reported at fair value are a "Level 1" measurement. See note 1.C.3 and 1.C.4 for additional details. There are no liabilities measured at fair value.
- 2. Level 3: N/A
- 3. Transfers Between Levels: N/A
- Level 2 & 3: N/A
   Derivatives: N/A
- B. SSAP No. 100: N/A
- C. All investments reported at fair value are a "Level 1" measurement. See note 1.C.3 and 1.C.4 for additional details. There are no liabilities measured at fair value.
- D. FMV Practicability: N/A
- 21. Other Items
  - A. Extraordinary Items: N/A
  - B. Troubled Debt Restructuring: N/A
  - C. Other Disclosures

Assets in the amount of \$1,025,299 are held with the Bank of Idaho in reserve as required by law.

- D. Business Interruption Insurance Recoveries: N/A
- E. State Transferable and Non-Transferable Tax Credits: N/A
- F. Subprime-Mortgage-Related Risk Exposure: N/A
- G. Insurance Linked Securities: N/A
- 22. Events Subsequent: N/A
- 23. Reinsurance
  - A. Unsecured Reinsurance Recoverables: N/A
  - $B. \quad Reinsurance \ Recoverable \ in \ Dispute: \ N/A$
  - C. Reinsurance Assumed and Ceded

(1)

#### DECEMBER 31, 2024

	1	Assumed	Ce	ded		
	Re	insurance	Rein	surance	Net	
	(1)	(2)	(3)	(4)	(5)	(6)
	Premium	Commission	Premium	Commission	Premium	Commission
	Reserve	Equity	Reserve	Equity	Reserve	Equity
S	0	0	0	0	0	0
er	0	0	\$1,523,405	0	\$1,523,405	0

a. Affiliatesb. All Other

c. Total \$1,523,405 \$1,523,405

d. Direct Unearned Premium Reserve

\$6,153,626

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

		Reinsurance				
		(1)	(2)	(3)	(4)	
		Direct	Assumed	Ceded	Net	
a.	Contingent Commissions	0	0	0	0	
b.	Sliding Scale Adjustments	0	0	0	0	
c.	Other Profit Commission arrangements	0	0	0	0	
d.	Total	0	0	0	0	

(3) Reinsurance Exposure: N/A

D. Uncollectible Reinsurance: N/A

E. Commutation of Ceded Reinsurance: N/A

F. Retroactive Reinsurance: N/A

G. Reinsurance Accounted for as a Deposit: N/A

H. Disclosure for the Transfer of Property and Casualty Run-off Agreements: N/A

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: N/A

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation: N/A

- 24. Retrospectively Rated Contracts: N/A
  - F. Risk-Sharing Provisions of the Affordable Care Act (ACA)
    - (1) Did the reporting entity write accident and health insurance premiums which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

NO.

- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year: NONE.
- (3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance: NONE.
- (4) Roll forward of risk corridors asset and liability balances by program benefit year: NONE.
- (5) ACA Risk Corridors Receivable as of Reporting Date: NONE.
- 25. Change in Incurred Losses and Loss Adjustment Expenses

Incurred losses and loss adjustment expenses attributable to insured events have decreased by approximately \$890,748 from \$5,004,010 on 12-31-23 to \$4,113,262 on 12-31-24.

- 26. Intercompany Pooling Arrangements: N/A
- 27. Structured Settlements: N/A
- 28. Health Care Receivables: N/A
- 29. Participating Policies: N/A
- 30. Premium Deficiency Reserves: N/A
- 31. High Deductibles: N/A
- 32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

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

- 33. Asbestos/Environmental Reserves: N/A
- 34. Subscriber Savings Accounts: N/A

### ANNUAL STATEMENT FOR THE YEAR 2024 OF THE GEM STATE INSURANCE COMPANY

## **Notes to Financial Statements**

35. Multiple Peril Crop Insurance: N/A

36. Financial Guaranty Insurance: N/A

### **GENERAL INTERROGATORIES PART 1 - COMMON INTERROGATORIES GENERAL**

1.1	an insurer?	•	a member of an Insurand edule Y, Parts 1, 1A, 2 a	ee Holding Company System cons and 3.	sisting of two or mo	ore affiliated perso	ns, one or more of v	vhich is	Yes[] No[X]
1.3 1.4	If yes, did the regulatory of substantially Company Sy requirements State Regula Is the reportion	reporting icial of the similar to stem Reg substant ting? ng entity p	g entity register and file to e state of domicile of the the standards adopted in ulatory Act and model re ially similar to those requoublicly traded or a mem	with its domiciliary State Insurance principal insurer in the Holding C by the National Association of Insurer in the Holding C by the National Association of Insurer in the National Association of Insurer in the National Association in the National Insurer in the Natio	company System, a urance Commissio the reporting entil ?	a registration state ners (NAIC) in its ty subject to stand	ment providing disc Model Insurance Ho	losure	Yes[ ] No[ ] N/A[X] Yes[ ] No[X]
2.1	<ul> <li>.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.</li> <li>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?</li> <li>2.2 If yes, date of change:</li> </ul>							e	Yes[] No[X]
3.1 3.2 3.3	3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 3.2 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. 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of 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).							ile or	12/31/2021 12/31/2021 05/30/2023
3.5	date). 3.4 By what department or departments? 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? 3.6 Have all of the recommendations within the latest financial examination report been complied with?							ment	Yes[X] No[] N/A[] Yes[X] No[] N/A[]
4.1	During the percombination substantial published 4.11 sales of 4.12 renewal During the perceive crediperemiums) of 4.21 sales of 4.22 renewal Has the repo	eriod cove thereof ur art (more new busi s? eriod cove t or comm : new busi s?	ered by this statement, dider common control (of than 20 percent of any riness?  ered by this statement, dissions for or control a siness?	id any agent, broker, sales repres her than salaried employees of th najor line of business measured of id any sales/service organization substantial part (more than 20 per her or consolidation during the per	entative, non-affilia e reporting entity) in direct premiums owned in whole or cent of any major l	ated sales/service receive credit or c ) of: in part by the repo ine of business m	ommissions for or co orting entity or an af	ontrol a	Yes[ ] No[X] Yes[ ] No[X] Yes[ ] No[X] Yes[ ] No[X] Yes[ ] No[X]
5.2	If yes, provid	e the nam	e of the entity, NAIC co sult of the merger or co	mpany code, and state of domicile	e (use two letter sta	2	or any entity that ha  3  State of Dom		
	Has the reporevoked by a lf yes, give fu	ny govern	mental entity during the	Authority, licenses or registration reporting period?	s (including corpor	rate registration, if	applicable) suspend	ded or	Yes[]No[X]
7.2	If yes, 7.21 State th 7.22 State th	e percenta e national	age of foreign control ity(s) of the foreign pers	on(s) or entity(s); or if the entity is tity(s) (e.g., individual, corporation	a mutual or recipr	ocal, the nationali	ty of its manager or		Yes[] No[X]0.000%
				1 Nationality		2 Type of	•		
8.2 8.3 8.4	If response to Is the compa If response to financial regu	o 8.1 is ye any affiliat o 8.3 is ye ılatory ser	es, please identify the named with one or more bards, please provide the name roles agency [i.e. the Fo	stitution holding company (DIHC) ame of the DIHC. lks, thrifts or securities firms? lmes and locations (city and state aderal Reserve Board (FRB), the Securities Exchange Commission	or a DIHC itself, re	egulated by the Fe ) of any affiliates re	egulated by a federa ency (OCC), the Fed	rd? al deral	Yes[ ] No[X] Yes[ ] No[X]
			1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC	
	Federal Res	erve Syst o 8.5 is n	em or a subsidiary of the o, is the reporting entity	olding company with significant in e depository institution holding con a company or subsidiary of a com	mpany?	•			Yes[ ] No[X] Yes[ ] No[ ] N/A[X]
9.	What is the r	ame and 'ANLEUV	address of the independ EN & CATMULL - 1360	lent certified public accountant or ALBION AVE BURLEY, ID 833	accounting firm re 18	tained to conduct	the annual audit?		
10.2 10.3	requirement law or regul If the responsion Has the insulation allowed for If the responsion requirement If the responsion requirement If the responsion law or requirement If the responsion representation requirement If the responsion requirement	ts as alloveration? The set of 10. The set of 10. The section of 10. The section of 10. The section of 10.	ved in Section 7H of the  1 is yes, provide informa granted any exemptions 18A of the Model Regu 3 is yes, provide informa	s to the prohibited non-audit service. Annual Financial Reporting Mode ation related to this exemption: a related to the other requirements lation, or substantially similar station related to this exemption:	el Regulation (Mod s of the Annual Fin e law or regulation	el Audit Rule), or stancial Reporting N	substantially similar	state	Yes[ ] No[X]  Yes[ ] No[X]
10.8	o has the rep of the respon	orting ent nse to 10.	ity established an Audit 5 is no or n/a, please ex	Committee in compliance with the plain:	uomiciliary state i	insurance laws?			Yes[] No[] N/A[X]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE  $\overline{\text{GEM STATE INSURANCE COMPANY}}$ 

GENERAL INTERROGATORIES (Continued)

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting

	firm) of the individua MERLINOS & ASSO	al providing the statement of actuarial opinion OCIATES - 5500 PEACHTREE PARKWAY S	n/certification? UITE 600 - PEACHTREE CORNERS, GA 30092	
12.1	Does the reporting 12.11 Name of real 12.12 Number of pa	estate holding company	ding company or otherwise hold real estate indirectly?	Yes[] No[X]
12.2	12.13 Total book/ac 2 If yes, provide expla	ljusted carrying value		\$
13.1 13.2 13.3	What changes have Does this statemen Have there been an	ES BRANCHES OF ALIEN REPORTING EN been made during the year in the United St t contain all business transacted for the repo by changes made to any of the trust indenture s yes, has the domiciliary or entry state appro	ates manager or the United States trustees of the reporting entity? rting entity through its United States Branch on risks wherever located? es during the year?	Yes[ ] No[ ] N/A[X] Yes[ ] No[ ] N/A[X] Yes[ ] No[ ] N/A[X]
14.1	similar functions) of	cial officer, principal accounting officer or controller, or persons performing cs, which includes the following standards? actual or apparent conflicts of interest between personal and professional	Yes[X] No[]	
	<ul><li>b. Full, fair, accurate</li><li>c. Compliance with</li><li>d. The prompt inter</li><li>e. Accountability fo</li></ul>	applicable governmental laws, rules and recinal reporting of violations to an appropriate pradherence to the code.	ne periodic reports required to be filed by the reporting entity; pulations; person or persons identified in the code; and	
14.2	Has the code of eth	14.1 is no, please explain: nics for senior managers been amended?		Yes[] No[X]
14.3	Have any provision	14.2 is yes, provide information related to am is of the code of ethics been waived for any of 14.3 is yes, provide the nature of any waiver	of the specified officers?	Yes[] No[X]
	Is the reporting enti		unrelated to reinsurance where the issuing or confirming bank is not on the	Vaal I NalVI
15.2	SVO Bank List? If the response to 1 bank of the Letter o	5.1 is yes, indicate the American Bankers As f Credit and describe the circumstances in w	sociation (ABA) Routing Number and the name of the issuing or confirming hich the Letter of Credit is triggered.	Yes[ ] No[X]
	1	2	3	4
	American Bankers Association (ABA)			
	Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
16.	Is the purchase or so		BOARD OF DIRECTORS passed upon either by the Board of Directors or a subordinate committee	Yes[X] No[]
17.		entity keep a complete permanent record of the	ne proceedings of its Board of Directors and all subordinate committees	1 63[7] 110[ ]
	thereof?			Yes[X] No[]
10.	part of any of its office person?	cers, directors, trustees or responsible emplo	to its board of directors or trustees of any material interest or affiliation on the byees that is in conflict or is likely to conflict with the official duties of such	Yes[X] No[ ]
			FINANCIAL	
	Accounting Principle	es)?	her than Statutory Accounting Principles (e.g., Generally Accepted	Yes[] No[X]
20.1	20.11 To directors of		ounts, exclusive of policy loans):	\$
20.2	20.12 To stockholde 20.13 Trustees, sup Total amount of loa	preme or grand (Fraternal only)	of Separate Accounts, exclusive of policy loans):	\$( \$(
20.2	20.21 To directors of 20.22 To stockholde	or other officers ers not officers	or departite Accounts, exclusive or policy loans).	\$( \$(
04.4	•	oreme or grand (Fraternal only)		\$
	obligation being rep	ported in this statement subject to a contract orted in the statement? ount thereof at December 31 of the current ye	ual obligation to transfer to another party without the liability for such	Yes[] No[X]
21.2	21.21 Rented from 21.22 Borrowed from	others	501.	\$ \$
	21.23 Leased from 21.24 Other			\$( \$(
	guaranty associatio	t include payments for assessments as desc n assessments?	ribed in the Annual Statement Instructions other than guaranty fund or	Yes[] No[X]
ZZ.Z	22.22 Amount paid	as losses or risk adjustment as expenses		\$( \$(
<b>99</b> 4	22.23 Other amoun	ts paid	ubaidiarias ar affiliatas an Daga 2 of this statement?	\$
23.2	2 If yes, indicate any	amounts receivable from parent included in t	·	Yes[ ] No[X] \$(
	90 days?		n which the amounts advanced by the third parties are not settled in full within agents and whether they are a related party.	Yes[] No[X]
			and meaner any are a related party.	

1	2
	Is the Third-Party Agent
Name of Third-Party	a Related Party (Yes/No)

	INV	ESTMENT	
	Were all the stocks, bonds and other securities owned December 31 of curre the actual possession of the reporting entity on said date? (other than securi? If no, give full and complete information, relating thereto	ent year, over which the reporting entity has exclusive control, in ties lending programs addressed in 25.03)	Yes[X] No[ ]
25.0	<ul> <li>For securities lending programs, provide a description of the program including whether collateral is carried on or off-balance sheet. (an alternative is to refell For the reporting entity's securities lending program, report amount of collates.)</li> </ul>	ng value for collateral and amount of loaned securities, and rence Note 17 where this information is also provided) and for conforming programs as outlined in the Risk-Based	
Capi 25.0	al Instructions.  For the reporting entity's securities lending program, report amount of collate  Does your securities lending program require 102% (domestic securities) and	eral for other programs.	\$C
25.0° 25.0°	the contract?  Does the reporting entity non-admit when the collateral received from the col  Does the reporting entity or the reporting entity's securities lending agent util	unterparty falls below 100%? ize the Master Securities Lending Agreement (MSLA) to conduct	Yes[ ] No[ ] N/A[X] Yes[ ] No[ ] N/A[X]
25.0	securities lending? For the reporting entity's securities lending program, state the amount of the 25.091 Total fair value of reinvested collateral assets reported on Schedule I 25.092 Total book/adjusted carrying value of reinvested collateral assets rep 25.093 Total payable for securities lending reported on the liability page.	DL, Parts 1 and 2.	Yes[] No[] N/A[X] \$
26.2	Were any of the stocks, bonds or other assets of the reporting entity owned at control of the reporting entity or has the reporting entity sold or transferred any force? (Exclude securities subject to Interrogatory 21.1 and 25.03). If yes, state the amount thereof at December 31 of the current year:	December 31 of the current year not exclusively under the y assets subject to a put option contract that is currently in	Yes[X] No[ ]
	26.21 Subject to repurchase agreements 26.22 Subject to reverse repurchase agreements 26.23 Subject to dollar repurchase agreements 26.24 Subject to reverse dollar repurchase agreements 26.25 Placed under option agreements 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capita 26.27 FHLB Capital Stock 26.28 On deposit with states 26.29 On deposit with other regulatory bodies 26.30 Pledged as collateral - excluding collateral pledged to an FHLB	l Stock	\$
	26.31 Pledged as collateral to FHLB - including assets backing funding agreence 26.32 Other For category (26.26) provide the following:	ements	\$ ( \$ (
	1	2	3
	Nature of Restriction	Description	Amount
27.2	Does the reporting entity have any hedging transactions reported on Schedule If yes, has a comprehensive description of the hedging program been made a If no, attach a description with this statement.	vailable to the domiciliary state?	Yes[ ] No[X] Yes[ ] No[ ] N/A[X]
27.3	S 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY: Does the reporting entity utilize derivatives to hedge variable annuity guarante if the response to 27.3 is yes, does the reporting entity utilize:	ees subject to fluctuations as a result of interest rate sensitivity?	Yes[] No[X]
27.5	27.41 Special Accounting Provision of SSAP No. 108 27.42 Permitted Accounting Practice 27.43 Other Accounting Guidance By responding yes to 27.41 regarding utilizing the special accounting provision - The reporting entity has obtained explicit approval from the domiciliary state - Hedging strategy subject to the special accounting provisions is consistent of a Actuarial certification has been obtained which indicates that the hedging streserves and provides the impact of the hedging strategy within the Actuaria - Financial Officer Certification has been obtained which indicates that the he Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the day-to-day risk mitigation efforts	e. with the requirements of VM-21. rategy is incorporated within the establishment of VM-21 al Guideline Conditional Tail Expectation Amount. dging strategy meets the definition of a Clearly Defined Hedging	Yes[ ] No[X] Yes[ ] No[X] Yes[ ] No[X] Yes[ ] No[X]
	Were any preferred stocks or bonds owned as of December 31 of the current issuer, convertible into equity?  If yes, state the amount thereof at December 31 of the current year.	year mandatorily convertible into equity, or, at the option of the	Yes[ ] No[X] \$(
29.	Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgac offices, vaults or safety deposit boxes, were all stocks, bonds and other securi	ge loans and investments held physically in the reporting entity's	

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?  29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:			
	1	2	
	Name of Custodian(s)	Custodian's Address	
	BANK OF IDAHO	P.O. BOX 1487- IDAHO FALLS, IDAHO 83403	

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year? 29.04 If yes, give full and complete information relating thereto:

Yes[] No[X]

Yes[X] No[]

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

29.05 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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	2
Name of Firm or Individual	Affiliation

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e.

designated with a "U") manage more than 10% of the reporting entity's invested assets?

Ossalia assets under management aggregate to more than 50% of the reporting entity's invested assets?

For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the 29.0598

29.06 information for the table below. Yes[] No[X]

Yes[] No[X]

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

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

Yes[] No[X]

30.2 If yes, complete the following schedule:

1	2	3
		Book/Adjusted
CUSIP#	Name of Mutual Fund	Carrying Value
30.2999 Total		

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

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

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

		1	2	3
				Excess of
				Statement over
				Fair Value (-),
		Statement	Fair	or Fair Value over
		(Admitted) Value	Value	Statement (+)
31.1	Bonds	4,176,550	4,145,867	(30,683)
31.2	Preferred stocks	25,000	27,378	2,378
31.3	Totals	4.201.550	4.173.245	(28.305)

31.4 Describe the sources or methods utilized in determining the fair values: FAIR VALUE OBTAINED FROM TRUST DEPARTMENT, BANK OF IDAHO

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes[X] No[]

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

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

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? 33.2 If no, list exceptions:

Yes[X] No[]

34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

The security was either:

- issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities"). The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the
- The NAIC Designation and NAIC Designation Category were 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, dated during the financial statement year, held by the insurer
- and available for examination by state insurance regulators.

  Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual?

Yes[] No[X]

- 36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
  - The shares were purchased prior to January 1, 2019.
  - b.
  - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security
    The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019. C.
  - d.
  - The fund only or predominantly holds bonds in its portfolio.
    The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC e. 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]

- 37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.

  - If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
  - If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for C. which documentation is available for regulator review.

    Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in
  - 37.a-37.c are reported as long-term investments.

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

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

Yes[] No[X]

- 38.1 Does the reporting entity directly hold cryptocurrencies? 38.2 If the response to 38.1 is yes, on what schedule are they reported?
- 39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies?
- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars? 39.21 Held directly

39.22 Immediately converted to U.S. dollars
39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
	Immediately Converted to USD,	Accepted for Payment
Name of Cryptocurrency	Directly Held, or Both	of Premiums

#### **OTHER**

40.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?
 40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

\$.....0

1	2
Name	Amount Paid

41.1 Amount of payments for legal expenses, if any?

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

1	2
Name	Amount Paid

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement. \$......0

1 2 Name Amount Paid

#### **PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

1.2	Does the reporting entity have any direct Medicare Supplement Insurance in force? If yes, indicate premium earned on U.S. business only. What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? 1.31 Reason for excluding:	Yes[] No[X] \$ \$	0
	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	0
	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6	Individual policies		
	Most current three years:	¢	۸
	1.61 Total premium earned 1.62 Total incurred claims	Ф	0
	1.02 Total incurred claims 1.63 Number of covered lives	Ψ	0
	All years prior to most current three years:		Ŭ
	1.64 Total premium earned	\$	0
	1.65 Total incurred claims	\$	0
	1.66 Number of covered lives		0
1.7	Group policies Meet augreet three years		
	Most current three years: 1.71 Total premium earned	\$	Λ
	1.72 Total incurred claims	\$	0
	1.73 Number of covered lives	Ψ	Ŏ
	All years prior to most current three years:		
	1.74 Total premium earned	<b>\$</b>	0
	1.75 Total incurred claims	\$	Ü
	1.76 Number of covered lives		U

#### 2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator		
2.2	Premium Denominator		5,352,860
2.3	Premium Ratio (2.1 / 2.2)		
2.4	Reserve Numerator		
2.5	Reserve Denominator		4,853,996
2.6	Reserve Ratio (2.4 / 2.5)		

	2.0 Reserve Ratio (2.47.2.3)	
3.2	Did the reporting entity issue participating policies during the calendar year?  If yes, provide the amount of premium written for participating and/or non-participating policies during the calendar year:  3.21 Participating policies  3.22 Non-participating policies	Yes[] No[X] \$0 \$0
4.1 4.2 4.3	For Mutual reporting entities and Reciprocal Exchanges only: Does the reporting entity issue assessable policies? Does the reporting entity issue non-assessable policies? If assessable policies are issued, what is the extent of the contingent liability of the policyholders? Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.	Yes[] No[X] N/A[] Yes[X] No[] N/A[]0.000% \$0
5.1 5.2 5.3 5.4	For Reciprocal Exchanges Only: Does the exchange appoint local agents? If yes, is the commission paid: 5.21 Out of Attorney's-in-fact compensation 5.22 As a direct expense of the exchange What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact? Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions been deferred? If yes, give full information:	Yes[] No[] N/A[X] Yes[] No[] N/A[X] Yes[] No[] N/A[X] Yes[] No[] N/A[X]
	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:  N/A  Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:  CAT MODEL DONE BY REINSURANCE COMPANY	
6.4	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  HAS CATASTROPHE REINSURANCE CONTRACT  Does the reporting entity carry catastrophic reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?  If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss	Yes[X] No[ ]
7.2	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?  If yes, indicate the number of reinsurance contracts containing such provisions.  If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes[ ] No[X] 0 Yes[ ] No[ ] N/A[X]
	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? If yes, give full information.	Yes[] No[X]

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;

- (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
- (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
- (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to
- the ceding entity.

  9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
  - (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or

    (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
  (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
  (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
  - (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be
  - achieved.
- achieved.
  9.4 Except for transactions meeting the requirements of paragraph 36 of SSAP No. 62R Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:

  (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
  (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

  9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:

  (a) The entity does not utilize reinsurance; or,
  - (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation
  - supplement; or
    The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation (c) supplement.
- 10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?
- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force: 11.2 If yes, give full information
- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:

  - 12.11 Unpaid losses
    12.12 Unpaid underwriting expenses (including loss adjustment expenses)
    Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or

- accepted from its insureds covering unpaid premiums and/or unpaid losses?

  If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
  12.41 From
  12.42 To
- promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?

  12.6 If yes, state the amount thereof at December 31 of current year:

  12.6 Letters of Credit

  - 12.62 Collateral and other funds
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):
  13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?
- State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.
- Is the reporting entity a cedant in a multiple cedant reinsurance contract?
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
  14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?
  14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?
- 14.5 If the answer to 14.4 is no, please explain:
- 15.1 Has the reporting entity guaranteed any financed premium accounts?15.2 If yes, give full information
- 16.1 Does the reporting entity write any warranty business?

If yes, disclose the following information for each of the following types of warranty coverage:

Yes[] No[X]

		1	2	3	4	5
		Direct	Direct	Direct	Direct	Direct
		Losses Incurred	Losses Unpaid	Written Premium	Premium Unearned	Premium Earned
16.11	Home					
16.12	Products					
16.13	Automobile					
16.14	Other *					

\* Disclose type of coverage:

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that is exempt from the statutory provision for unauthorized reinsurance?

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption.

17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 exempt from the statutory provision for unauthorized reinsurance

- 17.12 Unfunded portion of Interrogatory 17.11
  17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11
  17.14 Case reserves portion of Interrogatory 17.11
  17.15 Incurred but not reported portion of Interrogatory 17.11
  17.16 Unearned premium portion of Interrogatory 17.11
  17.17 Contingent commission portion of Interrogatory 17.11

0 Ŏ 0 0

Yes[] No[X]

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

Yes[] No[X]

Yes[] No[] N/A[X] 0.000%

Yes[] No[X]

\$.....0 \$....0

\$.....125,000 Yes[] No[X]

.....2

Yes[] No[X]

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

Yes[] No[X]

0

- 18.1 Do you act as a custodian for health savings accounts?
  18.2 If yes, please provide the amount of custodial funds held as of the reporting date.
  18.3 Do you act as an administrator for health savings accounts?
  18.4 If yes, please provide the balance of the funds administered as of the reporting date.

- Yes[] No[X] \$ \_\_\_\_\_ Yes[ ] No[X] 0 Yes[] No[X]
- 19. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?
  19.1 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?

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

	Show amounts in whole dollars only, no c			T		т
		1	2	3	4	5
		2024	2023	2022	2021	2020
	Gross Premiums Written (Page 8, Part 1B, Columns 1, 2 & 3)					
1.	Liability Lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1,					
	19.2, 19.3 & 19.4)	673,936	533,470	512,138	536.536	565,246
2.	Property Lines (Lines 1, 2, 9, 12, 21, & 26)			654,868		
	Property and Liability Combined Lines (Lines 3, 4, 5, 8, 22 & 27)					
3.						
4.	All Other Lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					16,235
5.	Nonproportional Reinsurance Lines (Lines 31, 32, & 33)					
6.	TOTAL (Line 35)	11,499,966	7,937,593	6,617,134	6,152,537	6,066,658
	Net Premiums Written (Page 8, Part 1B, Column 6)					
7.	Liability Lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1,					
''	19.2, 19.3 & 19.4)	503,255	390 919	384,281	307.046	127 251
8.	Property Lines (Lines 1, 2, 9, 12, 21 & 26)					
9.	Property and Liability Combined Lines (Lines 3, 4, 5, 8, 22 & 27)					
10.	All Other Lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	12,295	10,080	9,807	10,985	16,235
11.	Nonproportional Reinsurance Lines (Lines 31, 32 & 33)					
12.	TOTAL (Line 35)			4.966.389	4.554.125	4.588.075
	Statement of Income (Page 4)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12		400 007	(4.420.007)	(054.000)	(702.400)	744 400
13.	Net underwriting gain (loss) (Line 8)					
14.	Net investment gain (loss) (Line 11)					474,777
15.	TOTAL other income (Line 15)					
16.	Dividends to policyholders (Line 17)					
17.	Federal and foreign income taxes incurred (Line 19)				(47 587)	(281 550)
18.	Net income (Line 20)		(773,351)			
10.		1,010,010	(113,331)	(211,030)	(10,023)	1,500,430
,_	Balance Sheet Lines (Pages 2 and 3)					
19.	TOTAL admitted assets excluding protected cell business (Page					
	2, Line 26, Col. 3)	16,502,423	13,275,550	12,186,460	13,201,238	12,428,085
20.	Premiums and considerations (Page 2, Column 3)					
	20.1 In course of collection (Line 15.1)					
	20.2 Deferred and not yet due (Line 15.2)					
	, ,				60,163	50,970
	20.3 Accrued retrospective premiums (Line 15.3)					
21.	TOTAL liabilities excluding protected cell business (Page 3, Line					
	26)	7,094,561	5,522,865	4,134,221	3,888,074	3,691,485
22.	Losses (Page 3, Line 1)	1.091.041	1.592.585	894,897	632.425	617.888
23.	Loss adjustment expenses (Page 3, Line 3)					
1						
24.	Unearned premiums (Page 3, Line 9)			2,636,120		
25.	Capital paid up (Page 3, Lines 30 & 31)					
26.	Surplus as regards policyholders (Page 3, Line 37)	9,407,862	7,752,685	8,052,239	9,313,164	8,736,600
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	2 032 814	461 916	(41 903)	(461 497)	987 882
	Risk-Based Capital Analysis	2,002,011		(11,000)	(101,101)	
		0.407.000	7 750 005	0.050.000	0.040.404	0.700.000
28.	TOTAL adjusted capital					
29.	Authorized control level risk-based capital	1,744,693	1,349,405	1,143,794	1,226,670	1,014,918
Perc	entage Distribution of Cash, Cash Equivalents and Invested Assets					
	(Page 2, Column 3)					
	(Item divided by Page 2, Line 12, Column 3) x 100.0					
30.	Bonds (Line 1)	25.8	32.4	35.2	23.0	28.6
31.	Stocks (Lines 2.1 & 2.2)	46.1	50.4	10.2	53.1	15.3
1						
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
33.	Real estate (Lines 4.1, 4.2 & 4.3)					
34.	Cash, cash equivalents and short-term investments (Line 5)					
35.	Contract loans (Line 6)	[				
36.	Derivatives (Line 7)					
37.	Other invested assets (Line 8)					
38.	Receivables for securities (Line 9)					
	, ,					
39.	Securities lending reinvested collateral assets (Line 10)					
40.	Aggregate write-ins for invested assets (Line 11)					
41.	Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
	Investments in Parent, Subsidiaries and Affiliates					
42.	Affiliated bonds, (Schedule D, Summary, Line 12, Column 1)	l			l	l
43.	Affiliated preferred stocks (Schedule D, Summary, Line 18, Column 1)					
44.						
1	Affiliated common stocks (Schedule D, Summary, Line 24, Column 1)					
45.	Affiliated short-term investments (subtotals included in Schedule DA					
	Verification, Column 5, Line 10)					
46.	Affiliated mortgage loans on real estate	<sup> </sup>				
47.	All other affiliated					
	TOTAL of above Lines 42 to 47					
48						
48.	TOTAL investment in perent included in Lines 42 to 47 charge			1	1	1
49.	TOTAL investment in parent included in Lines 42 to 47 above					
1	Percentage of investments in parent, subsidiaries and affiliates to					
49.	·					

# **FIVE - YEAR HISTORICAL DATA (Continued)**

		1	2	3	4	5
		2024	2023	2022	2021	2020
Capit	al and Surplus Accounts (Page 4)					
51.	Net unrealized capital gains (losses) (Line 24)			' ' '		
52.	Dividends to stockholders (Line 35)					
53.	Change in surplus as regards policyholders for the year (Line 38)	1,655,177	(299,554)	(1,260,925)	576,564	1,705,859
Gros	s Losses Paid (Page 9, Part 2, Columns 1 and 2)					
54.	Liability Lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1,					
	19.2, 19.3 & 19.4)					
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
56.	Property and liability combined lines (Lines 3, 4, 5, 8, 22, & 27)	4,875,713	3,994,320	3,234,318	3,505,321	2,984,709
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
59.	TOTAL (Line 35)					
Net L	osses Paid (Page 9, Part 2, Column 4)					
60.	Liability Lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1,					
	19.2, 19.3 & 19.4)	187,068	96,370	142,517	106,941	107,19
61.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
62.	Property and liability combined lines (Lines 3, 4, 5, 8, 22, & 27)	3,775,560	3,490,096	2,974,237	3,302,848	2,278,47
63.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30, & 34)					
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
65.	TOTAL (Line 35)					
	ating Percentages (Page 4)	,,				_,,_,
1 -	divided by Page 4, Line 1) x 100.0					
66.	Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100 (
67.	Losses incurred (Line 2)					
68.	Loss expenses incurred (Line 3)					
69.	Other underwriting expenses incurred (Line 4)					
70.	Net underwriting gain (loss) (Line 8)					
	r Percentages		(20.0)	(10.0)	(10.0)	
71.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5					
' ' ' '	- 15 divided by Page 8, Part 1B, Column 6, Line 35 x 100.0)	29.5	30.8	20.5	21.1	30 4
72.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2	20.5		29.5	31.1	
12.	+ 3 divided by Page 4, Line 1 x 100.0)	E0 4	03.5	07.1	04.2	E2.
70	,	56.4	93.5	87.1	64.3	53.6
73.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Column	04.0	74.0	C4 7	40.0	50.
	6, Line 35 divided by Page 3, Line 37, Column 1 x 100.0)	91.3		61.7	48.9	52.
	Year Loss Development (\$000 omitted)					
74.	Development in estimated losses and loss expenses incurred prior to	(000)	454	400	100	(000
	current year (Schedule P, Part 2 - Summary, Line 12, Column 11)	(260)	151	168	109	(222
75.	Percent of development of losses and loss expenses incurred to					
	policyholders' surplus of prior year-end (Line 74 above divided by Page 4,					
	Line 21, Column 1 x 100.0)	(3.4)	1.9	1.8	1.2	(3.2
	Year Loss Development (\$000 omitted)					
76.	Development in estimated losses and loss expenses incurred 2 years					
	before the current year and prior year (Schedule P, Part 2 - Summary,					
	,	112	211	88	(263)	9
77.	Percent of development of losses and loss expenses incurred to reported					
	policyholders' surplus of second prior year-end (Line 76 above divided by					
	Page 4, Line 21, Column 2 x 100.0)	1.4	2.3	1.0	(3.7)	1.4

If no, please explain:

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE GEM STATE INSURANCE COMPANY SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES **SCHEDULE P - PART 1 - SUMMARY**

(\$000 omitted)

						,,	ooo ommuca	,					
Year	s in Which	ı	Premiums Earned	d				Loss and Loss E	xpense Payment	S			12
Pr	emiums	1	2	3				and Cost	Adjusting	and Other	10	11	Number
We	re Earned				Loss Pa	nyments	Containmer	t Payments	Payn	nents		Total Net	of Claims
an	d Losses			Net	4	5	6	7	8	9	Salvage and	Paid (Columns	Reported
	Were	Direct and		(Columns	Direct and		Direct and		Direct and		Subrogation	4 - 5 + 6	Direct and
li	ncurred	Assumed	Ceded	1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	- 7 + 8 - 9)	Assumed
1.	Prior	X X X	X X X	X X X									X X X
2.	2015	4,500	1,186	3,314	2,814	562			260	6	46	2,506	X X X
3.	2016	4,815	1,142	3,673	1,533				219		36	1,752	X X X
4.	2017	5,127	1,188	3,939	3,555	466			440	10	22	3,519	X X X
5.	2018	5,572	1,348	4,224	7,323	1,631			616	72	49	6,236	X X X
6.	2019	5,970	1,359	4,611	3,952	863			277	10	111	3,356	X X X
7.	2020	6,094	1,478	4,616	3,015	356			317	12	68	2,964	X X X
8.	2021	6,135	1,597	4,538	4,474	606			429	7	49	4,290	X X X
9.	2022	6,386	1,650	4,736	4,184	455			314	10	39	4,033	X X X
10.	2023	7,508	2,135	5,373	4,884	894			532	88	25	4,514	X X X
11.	2024	9,955	2,911	7,044	3,859	598			34	5		3,290	X X X
12.	Totals	X X X	X X X	X X X	39,593	6,431			3,438	140	445	36,460	X X X

			Losses	Unpaid		De	fense and Cost (	Containment Unp	paid	Adjusting	and Other	23	24	25
		Case Basis		Bulk + IBNR		Case	Basis	Bulk +	· IBNR	Unj	oaid			Number
		13	14	15	16	17	18	19	20	21	22		Total Net	of Claims
												Salvage and	Losses and	Outstanding
		Direct and		Direct and		Direct and		Direct and		Direct and		Subrogation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2015 .													
3.	2016 .													
4.	2017 .													
5.	2018 .													
6.	2019 .													
7.	2020 .	50		9						2			61	
8.	2021 .	100		14	l1					2			115	l1
9.	2022 .			12	l5								17	l
10.	2023 .	325	175	34	5					37	12		204	3
11.		716	400	565	147						35		844	59
12.		1,191	575		158					186	47		1.231	X X X

			Total Losses and		Loss and	d Loss Expense Pe	rcentage	Nonta	abular	34	Net Balar	nce Sheet
		Lo	ss Expenses Incurr	red	(Incu	rred/Premiums Ear	ned)	Disc	count	Inter-Company	Reserves A	fter Discount
		26 27 28		29 30 31		31	32	32 33		35	36	
		Direct and			Direct and				Loss	Participation	Losses	Loss Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	X X X	X X X	X X X	X X X	X X X	X X X			X X X		
2.	2015	3,074	568	2,506	68.3	47.9	75.6					
3.	2016	1,752		1,752	36.4		47.7					
4.	2017	3,995	476	3,519	77.9	40.1	89.3					
5.	2018	7,939	1,703	6,236	142.5	126.3	147.6					
6.	2019	4,229	873	3,356	70.8	64.2	72.8					
7.	2020	3,393	368	3,025	55.7	24.9	65.5				59	2
8.	2021	5,019	614	4,405	81.8	38.4	97.1				113	2
9.	2022	4,510	470	4,040	70.6	28.5	85.3				7	
10.	2023	5,812	1,094	4,718	77.4	51.2	87.8				179	25
11.	2024	5,319	1,185	4,134	53.4	40.7	58.7				734	110
12.	Totals .	X X X	X X X	X X X	X X X	X X X	X X X			X X X	1,092	139

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

# ANNUAL STATEMENT FOR THE YEAR 2024 OF THE GEM STATE INSURANCE COMPANY SCHEDULE P - PART 2 - SUMMARY

		INCURI	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									DEVELO	PMENT
Y	ears in	1	2	3	4	5	6	7	8	9	10	11	12
١ ١	Which												
L	osses												
	Were											One	Two
In	ncurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Year	Year
1.	Prior	(11)				1	1	1	1	1	1		
2.	2015	2,041	2,081	2,085	2,085	2,085	2,085	2,085	2,085	2,085	2,085		
3.	2016	X X X	1,542	1,474	1,471	1,479	1,479	1,479	1,479	1,479	1,479		
4.	2017	X X X	X X X	3,030	2,971	2,950	2,950	2,950	2,950	2,950	2,950		
5.	2018	X X X	X X X	X X X	5,398	5,535	5,500	5,469	5,469	5,469	5,469		
6.	2019	X X X	X X X	X X X	X X X	3,203	3,016	3,006	3,006	3,006	3,006		
7.	2020	X X X	X X X	X X X	X X X	X X X	2,409	2,559	2,538	2,538	2,538		
8.	2021	X X X	X X X	X X X	X X X	X X X	X X X	3,365	3,554	3,597	3,596	(1)	42
9.	2022	X X X	x x x	X X X	X X X	X X X	X X X	X X X	3,581	3,689	3,651	(38)	70
10.	2023	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	4,200	3,979	(221)	X X X
11.	2024	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	3,840	X X X	X X X
12.	TOTALS											(260)	112

## **SCHEDULE P - PART 3 - SUMMARY**

		CUMULATI	VE PAID NET	LOSSES AND	DEFENSE AN	D COST CONT	AINMENT EX	PENSES REPO	ORTED AT YE	AR-END (\$000	OMITTED)	11	12
Y	ears in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
١ ١	Which											Claims	Claims
L	osses.											Closed	Closed
,	Were											With Loss	Without Loss
In	curred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Payment	Payment
1.	Prior	000	3	3	3	4	4	4	4	4	4	X X X	X X X
2.	2015	1,564	2,163	2,252	2,252	2,252	2,252	2,252	2,252	2,252	2,252	X X X	X X X
3.	2016	X X X	1,172	1,463	1,525	1,533	1,533	1,533	1,533	1,533	1,533	X X X	X X X
4.	2017	X X X	X X X	2,660	3,016	3,020	3,047	3,089	3,089	3,089	3,089	X X X	X X X
5.	2018	X X X	X X X	X X X	4,513	5,658	5,692	5,692	5,692	5,692	5,692	X X X	X X X
6.	2019	X X X	X X X	X X X	X X X	2,562	3,081	3,083	3,089	3,089	3,089	X X X	X X X
7.	2020	X X X	X X X	X X X	X X X	X X X	2,052	2,562	2,564	2,639	2,659	X X X	X X X
8.	2021	X X X	X X X	X X X	X X X	X X X	X X X	3,126	3,693	3,753	3,868	X X X	X X X
9.	2022	X X X	X X X	X X X	X X X	X X X	X X X	X X X	3,041	3,720	3,729	X X X	X X X
10.	2023	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	3,099	3,990	X X X	X X X
11.	2024	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	3,261	X X X	X X X

# **SCHEDULE P - PART 4 - SUMMARY**

	Years		BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END											
	in Which	(\$000 OMITTED)												
Lo	osses Were	1	2	3	4	5	6	7	8	9	10			
	Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024			
1.	Prior													
2.	2015	90	5											
3.	2016	X X X	120	25										
4.	2017	X X X	X X X	120	25	5	8							
5.	2018	X X X	X X X	X X X	120	49	25							
6.	2019	X X X	X X X	X X X	X X X	132	30							
7.	2020	X X X	X X X	X X X	X X X	X X X	129	25		9	9			
8.	2021	X X X	X X X	X X X	X X X	X X X	X X X	180	55	16	13			
9.	2022	X X X	X X X	X X X	X X X	X X X	X X X	X X X	228	48	7			
10.	2023	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	389	29			
11.	2024	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	396			

## **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

**ALLOCATED BY STATES AND TERRITORIES** 

			LOCATE	אוט וט כ	I LO AND	I LIXIXII	OKILS			
		1	Gross Premiu Policy and Me Less Return F Premiums on Po	mbership Fees Premiums and	4 Dividends Paid or	5 Direct	6	7	8 Finance	9 Direct Premium Written for Federal
			_	Ü	Credited to	Losses			and Service	Purchasing
		Active	Direct	Direct	Policyholders	Paid	Direct	Direct	Charges Not	Groups
		Status	Premiums	Premiums	on Direct	(Deducting	Losses	Losses	Included in	(Included in
	States, Etc.	(a)	Written	Earned	Business	Salvage)	Incurred	Unpaid	Premiums	Column 2)
1.	Alabama (AL)	. ,	Willon	Lumou	Duoinicoo		inounca	Oripaid	TTOTTIGITIO	Column 2)
2.	Alaska (AK)									
3.	Arizona (AZ)									
4.	Arkansas (AR)									
5.	California (CA)									
6.	Colorado (CO)	N .								
7.	Connecticut (CT)									
8.	Delaware (DE)	N .								
9.	District of Columbia (DC)	N .								
10.	Florida (FL)									
11.	Georgia (GA)	N .								
12.	Hawaii (HI)									
13.	Idaho (ID)			9,591,388		5,461,700		1,824,620		
14.	Illinois (IL)									
15.	Indiana (IN)									
16.	lowa (IA)									
17.	Kansas (KS)									
18. 19.	Kentucky (KY)									
	Louisiana (LA)	N .								
20. 21.	Maine (ME)									
21.	Massachusetts (MA)									
23.	Michigan (MI)									
24.	Minnesota (MN)									
25.	Mississippi (MS)									
26.	Missouri (MO)									
27.	Montana (MT)									
28.	Nebraska (NE)									
29.	Nevada (NV)									
30.	New Hampshire (NH)									
31.	New Jersey (NJ)									
32.	New Mexico (NM)									
33.	New York (NY)									
34.	North Carolina (NC)									
35.	North Dakota (ND)									
36.	Ohio (OH)									
37.	Oklahoma (OK)									
38.	Oregon (OR)									
39.	Pennsylvania (PA)									
40.	Rhode Island (RI)									
41.	South Carolina (SC)									
42.	South Dakota (SD)									
43.	Tennessee (TN)									
44. 45	Texas (TX)									
45. 46.	Utah (UT)									
40. 47.	Vermont (VT)									
48.	Washington (WA)									
40. 49.	West Virginia (WV)									
50.	Wisconsin (WI)									
51.	Wyoming (WY)									
52.	American Samoa (AS)									
53.	Guam (GU)									
54.	Puerto Rico (PR)									
55.	U.S. Virgin Islands (VI)									
56.	Northern Mariana Islands (MP)	N .								
57.	Canada (CAN)	N .								
58.	Aggregate other alien (OT)									
59.	TOTALS	XXX	11,499,966	9,591,388		5,461,700	4,973,209	1,824,620		
	S OF WRITE-INS									
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998.	Summary of remaining write-ins	,,,,,,								
50000	for Line 58 from overflow page	XXX								
58999.	TOTALS (Lines 58001 through									
	58003 plus 58998) (Line 58	VVV								
(a) Antino O	above)tatus Counts:	XXX								
(a) ACTIVE 2	iaiuo ouulio.									

authorized to write surplus lines in the state of domicile.

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

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<sup>(</sup>a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

2. R - Registered - Non-domiciled RRGs

<sup>3.</sup> E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSLI)

<sup>4.</sup> Q - Qualified - Qualified or accredited reinsurer

<sup>5.</sup> D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities

<sup>(</sup>b) Explanation of basis of allocation of premiums by states, etc.: Gem State Insurance only writes insurance on properties located in the State of Idaho.

96	Schedule T - Part 2 - Inters	state Compact - Exhibit of	Premiums Written NONE
97	Schedule Y - Part 1		NONE
98	Schedule Y - Part 1A		NONE
99	Schedule Y - Part 2		NONE
4.5			
100	Schedule Y - Part 3		NONE