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

SIMED

			OIMED			
NAIC Group Code	(Current Period)	, 0000	NAIC Company Code	11078	Employer's ID Number	66-0438697
	,	(Prior Period)				
Organized under the	e Laws of	Puerto Rico	State of Domi	icile or Port of Entry	59	PR
Country of Domicile	<u>80</u>	United States of America				
Incorporated/Organia	ized	12/30/1986	Comme	enced Business	07/07/198	37
Statutory Home Office	ce	1492 Ponce de Leon			San Juan , PR, 00907-402	
Main Administrative	Office	(Street and Number	STATE OF THE PROPERTY OF THE P	c Leon Suite 501	City or Town, State, Country and Zip	Code)
man / taniniou du vo				nd Number)		
		an Juan, PR, 00907-4024			(787)641-2550	
Mail Address	(City or To	vn, State, Country and Zip Code) PO Box 8969	,		(Area Code) (Telephone Nur San Juan, PR, 00910	nber)
		(Street and Number or P	.O. Box)	(0	City or Town, State, Country and Zip	Code)
Primary Location of	Books and Records			once de Leon Suite 5	501	
			(8	Street and Number)	(707)044 0550	
		Juan, PR, 00907-4024 wn, State, Country and Zip Code)			(787)641-2550 (Area Code) (Telephone Nu	mhos)
Internet Website Add		www.simedpi	r.com		(Area Code) (Telephone Nul	liber)
Statutory Statement	Contact	Laurelaa M.D.	atiata		/707)644 4406	
Statutory Statement	Contact	Lourdes M B (Name)	dusid		(787)641-1406 (Area Code)(Telephone Number)(Extension)
	ba	atistal@simedpr.com			(787)625-1403	
		(E-Mail Address)	OFFICERO		(Fax Number)	
			OFFICERS			
		Name	Title			
		Agustin L. Mont		Distribution		
		Antonio Acosta Lourdes M. Bati	Vice-President - Operations 8 sta Vice-President - Finance & A			
			OTHERS	· ·		
	11-4-40		RECTORS OR TRUST		i-i 0 0	
		& Indemnity Company Insurance Company	Puerto I	Rico College of Phys e Licenciamiento & D	Icians & Surgeons Disciplina Médica	
	Point Guard I	nsurance Company		ativa de Seguros Mu		
		Salud de Puerto Rico	Antilles	Insurance Company		
	Pedro L. Gard	aa Esq				
State of	Puerto Rico					
County of	T dello Nico	SS				
· –						
The officers of this report	ting entity being duly swom, e	ach depose and say that they are	the described officers of said reporting entity	y, and that on the reporti	ng period stated above, all of the he	rein described assets were
			thereon, except as herein stated, and that th			•
			ties and of the condition and affairs of the sa			
			h the NAIC Annual Statement Instructions ar ed to accounting practices and procedures, a	_	•	
			ated corresponding electronic filing with the N			
			rious regulators in lieu of or in addition to the		to an ender copy (encope for forma	and anoronous ass to
	(Signature)		(Signature)		(Signature)	
	Agustin L. Montalvo		Antonio Acosta		Lourdes M. Batis	sta
	(Printed Name)		(Printed Name)		(Printed Name)	
	1.		2.	_	3.	
	President		Vice-President Operations & Distributi	ion	Vice-President Finance &	Accounting
	(Title)		(Title)		(Title)	
Subscribed an	nd sworn to before me thi	S	a. Is this an original filing?		Yes[X] No[]	
	day of		b. If no: 1. State the amendment i	number		
			Date filed			_
			Number of pages attac	ched		_
(Notar	ry Public Signature)					

ASSETS

	ASSE		Current Year		Prior Year	
		1	2	3 Net Admitted	4	
		Assets	Nonadmitted Assets	Assets (Cols.1-2)	Net Admitted Assets	
1.	Bonds (Schedule D)	91,867,014		91,867,014		
2.	Stocks (Schedule D):	31,007,014		31,007,014	101,020,331	
۷.	2.1 Preferred stocks					
	2.2 Common stocks					
3.	Mortgage loans on real estate (Schedule B):	3,004,007		3,004,007	10,000,001	
J.	3.1 First liens					
4.	Real estate (Schedule A):					
1.	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 (\$2,940,704, Schedule E-Part 1), cash equivalents					
	(\$588,122, Schedule E-Part 2) and short-term investments					
	(\$0, Schedule DA)	3,528,826		3,528,826	6,609,710	
6.	Contract loans (including \$0 premium notes)					
7.	Derivatives (Schedule DB)					
3.	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					
15.	Premiums and considerations:					
	15.1 Uncollected premiums and agents' balances in the course of					
	collection	2 132 084	120 608	2 011 476	1 974 200	
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$0 earned but					
	unbilled premiums)					
	15.3 Accrued retrospective premiums (\$0) and contracts					
	subject to redetermination (\$0)					
16.	Reinsurance:					
	16.1 Amounts recoverable from reinsurers					
	16.2 Funds held by or deposited with reinsured companies					
4.7	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					
18.2	Net deferred tax asset					
19.	Guaranty funds receivable or on deposit					
20.	Electronic data processing equipment and software	1/2,59/		1/2,59/	115,10	
21.	Furniture and equipment, including health care delivery assets	7.0.0	7			
	(\$0)		/4,012			
22.	g					
23.	Receivables from parent, subsidiaries and affiliates					
24.						
25.		677,888	677,888			
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and					
		110,435,929	872,508	109,563,422	131,694,430	
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts					
28.		110,435,929	872,508	109,563,422	131,694,430	
DETA	ILS OF WRITE-INS					
1101.						
1102.						
1103.						
1198.	Summary of remaining write-ins for Line 11 from overflow page					
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)					
		418,810	418,810			
2502.			76,548			
	AUTO & OTHER					
		-	-			
2598.	Summary of remaining write-ins for Line 25 from overflow page					

LIABILITIES, SURPLUS AND OTHER FUNDS

	LIABILITIES, SURPLUS AND OTHER FUN		•
		1 Current Year	2 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)	Committee of the state of the s	
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges		Contract to the state of the st
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	A CONTROL OF THE PARTY OF THE P	
7.1	Current federal and foreign income taxes (including \$	CO CONTRACTOR CONTRACT	10,000
7.2	Net deferred tax liability	2 CONTRACTOR STATE OF SECURITION STATES	
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		
	\$0 and including warranty reserves of \$0 and accrued accident and health experience rating		
	refunds including \$	10 744 266	10 436 286
10.	Advance premium		
11.	Dividends declared and unpaid:	012,010	1,020
11.	11.1 Stockholders	3 208 315	4 182 483
	11.2 Policyholders	1	4,102,400
12.	Ceded reinsurance premiums payable (net of ceding commissions)	1	
		1	
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	1	
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding	1	
19.	Payable to parent, subsidiaries and affiliates	-	
20.	Derivatives		
21.	Payable for securities		135,396
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		1,244
26.	TOTAL Liabilities excluding protected cell liabilities (Lines 1 through 25)	55,928,057	57,347,442
27 .	Protected cell liabilities		
28.	TOTAL Liabilities (Lines 26 and 27)	55,928,057	57,347,442
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	5.800	5.800
33.	Surplus notes	1	
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)		
36.	Less treasury stock, at cost:	25,520,000	,311,101
00.	36.1		
	36.2		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)		74,346,989
38.	TOTALS (Page 2, Line 28, Column 3)		
	LS OF WRITE-INS	109,303,422	131,694,430
2501.	UNCASHED CHECKS		1,244
2502.			
2503.	Summany of completing write ine for Line 25 from everflow page		
2598. 2599.	Summary of remaining write-ins for Line 25 from overflow page		1,244
2901.	TOTALO (Lilies 2001 tillough 2000 pius 2000) (Lilie 20 above)		
2902.		1	
2903 .			
2998.	Summary of remaining write-ins for Line 29 from overflow page		
2999. 3201.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) MEMBER'S CONTRIBUTION		5.800
3201.	MEMBER'S CONTRIBUTION	1	
3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page		
3299.	TOTALS (Lines 3201 through 3203 plus 3298) (Line 32 above)		5,800

STATEMENT OF INCOME

	STATEMENT OF INCOME	a .	2
		1 Current	2 Prior
		Year	Year
	UNDERWRITING INCOME	200 Carlo 200 Ca	
1.	Premiums earned (Part 1, Line 35, Column 4)	18,023,617	17,334,562
DEDU 2.	CTIONS: Losses incurred (Part 2, Line 35, Column 7)	2 224 025	2 276 044
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		
6 .	TOTAL Underwriting Deductions (Lines 2 through 5)		
7.	Net income of protected cells		
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	3,713,659	2,904,454
9.	INVESTMENT INCOME Net investment income earned (Exhibit of Net Investment Income, Line 17)	2 220 642	2 964 402
10.	Net realized capital gains (losses) less capital gains tax of \$		
11.	Net investment gain (loss) (Lines 9 + 10)		
	OTHER INCOME		L, 120,000
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$0 amount charged off		
	\$0)		
13.	Finance and service charges not included in premiums	-	-
14.	Aggregate write-ins for miscellaneous income		
15.	TOTAL Other Income (Lines 12 through 14)	158,578	112,034
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	0.244.275	E 146 222
17.	Dividends to policyholders		
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign		
10.	income taxes (Line 16 minus Line 17)	9,211,275	5,146,323
19.	Federal and foreign income taxes incurred		
20.	Net income (Line 18 minus Line 19) (to Line 22)	9,211,275	5,146,323
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	74,346,989	66,797,181
22.	Net income (from Line 20)		
23. 24.	Net transfers (to) from Protected Cell accounts	(6/1 272)	2 517 240
2 4 . 25.	Change in net unrealized capital gains or (tosses) less capital gains tax of \$		
26.	Change in net deferred income tax		
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets Line 28, Column 3)		
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
29.	Change in surplus notes		
30.	Surplus (contributed to) withdrawn from protected cells		
31.	Cumulative effect of changes in accounting principles		
32.	Capital changes:		
	32.1 Paid in		
	32.3 Transferred to surplus	I	
33.	Surplus adjustments:		
	33.1 Paid in		
	33.2 Transferred to capital (Stock Dividend)		
	33.3 Transferred from capital		
34.			
35.		(30,000,000)	
36.			
37. 38.		(20,711,623)	7,549,807
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)		74.346.989
	LS OF WRITE-INS		
0501.			
0502.			
0503.			
l			
	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)		^
1401.	OTHER TIEMS		U
1402.			
	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		0
	Rounding Problem		
3702.	-		
3703.			
	Summary of remaining write-ins for Line 37 from overflow page		
3/99.	TOTALS (Lines 3701 through 3703 plus 3798) (Lines 37 above)		

CASH FLOW

	CASH		
		1 Current Year	2 Prior Year
	Cash from Operations	ourient real	Thor real
1.	Premiums collected net of reinsurance	18 483 947	17 649 443
2.	Net investment income		and the second
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)		
5.	Benefit and loss related payments	0.000,000,000,000,000	919777711111111111111111111111111111111
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	8 8	100
7.	Commissions, expenses paid and aggregate write-ins for deductions	STATE STATE OF THE	
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$		
10.	TOTAL (Lines 5 through 9)	200.000	
11.	Net cash from operations (Line 4 minus Line 10)		
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	24.481.854	20.749.544
	12.2 Stocks	13,857,551	651,794
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets	7.863	164,186
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	35.821	11.507
	12.7 Miscellaneous proceeds		
	12.8 TOTAL Investment proceeds (Lines 12.1 to 12.7)		
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	16.010.019	22.411.187
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications	·	•
	13.7 TOTAL Investments acquired (Lines 13.1 to 13.6)		
14.	Net increase/(decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
	Cash from Financing and Miscellaneous Sources	20,000,210	(1,011,000
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		1 185 205
	16.6 Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	, , ,	
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	(51,000,201)	(100,000)
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(3.080.884)	(157,537)
19.	Cash, cash equivalents and short-term investments:	(-,,,)	(101,001)
	19.1 Beginning of year	6,609,710	6,767,247
	19.2 End of year (Line 18 plus Line 19.1)		6,609,710

Mator Cumplemental Disaleguese of Cast	Flow Information for Non-Cash Transactions:

		1
20 0001		1

PART 1 - PREMIUMS EARNED

	FARI I-FRE	MIUMS EARN			
	Line of Business	Net Premiums Written Per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year- per Column 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Column 5, Part 1A	4 Premiums Earned During Year (Columns 1+2-3)
1.	Fire			F-17-11-11-11-11-11-11-11-11-11-11-11-11-	
2.1	Allied lines				
2.2	Multiple peril crop	Agreement report programment report			
2.3	Federal flood			***************************************	
2.4	Private crop				
2.5	Private flood	5500,000,000,000,000,000,000			
3. 4.	Farmowners multiple peril	With the State of the State of the	***************************************		
5.1	Commercial multiple peril (non-liability portion)				
5.2	Commercial multiple peril (liability portion)				
6.	Mortgage guaranty	1			
8.	Ocean marine	1			
9.1	Inland marine				
9.2	Pet Insurance Plans				
10.	Financial guaranty				
11.1	Medical professional liability - occurrence			1	326,405
11.2	Medical professional liability - claims-made	18,005,192	10,436,286	10,744,266	17,697,212
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	1			
15.3	Disability income				
15.4	Medicare supplement				
15.5	Medicaid Title XIX				
15.6 15.7	Medicare Title XVIII				
15.7	Long-term care	1			
15.9	Other health	1			
16.	Workers' compensation				
17.1	Other liability - occurrence				
17.2	Other liability - claims-made				
17.3	Excess Workers' Compensation				
18.1	Products liability - occurrence				
18.2	Products liability - claims-made				
19.1	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	1			
26.	Burglary and theft				
27.	Boiler and machinery				
28.	Credit				
29. 20.	International				
30. 31.	Warranty				
31. 32.	Reinsurance-Nonproportional Assumed Property Reinsurance-Nonproportional Assumed Liability				
32. 33.	Reinsurance-Nonproportional Assumed Financial Lines				
33. 34.	Aggregate write-ins for other lines of business				
35.	TOTALS		10,436,286		18,023,617
	LS OF WRITE-INS	10,001,001	10, 100,200	10,1 11,200	10,020,011
3401.					
3402. 3403.					
3498. 3499.	Summary of remaining write-ins for Line 34 from overflow page TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)				

	17M1171 N	1	ON OF ALL P 2 Amount Unearned	3	4 Reserve for	5 Total Reserve
	Line of Business	(Running One Year or Less From Date of Policy) (a)	(Running More Than One Year From Date of Policy) (a)	Earned But Unbilled Premium	Rate Credits and Retrospective Adjustments Based on Experience	For Unearned Premiums Columns 1+2+3+4
1. 2.1	Fire		***************************************		***************************************	
2.2	Multiple peril crop					
2.3	Federal flood					
2.4	Private crop					
2.5	Private flood					
3.	Farmowners multiple peril	100				
4. 5.1	Homeowners multiple peril		•••••			
5.1	Commercial multiple peril (non-liability portion)					
6.	Mortgage guaranty	1				
8.	Ocean marine					
9.1	Inland marine					
9.2	Pet Insurance Plans					
10.	Financial guaranty	1				
11.1	Medical professional liability - occurrence					40.744.00
11.2 12.	Medical professional liability - claims-made					10,744,26
13.1	Comprehensive (hospital and medical) individual	1				
	Comprehensive (hospital and medical) group					
14.	Credit accident and health (group and individual)					
	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 15.8	Long-term care	1				
15.9	Other health					
16.	Workers' compensation					
17.1	Other liability - occurrence					
17.2	Other liability - claims-made					
	Excess Workers' Compensation	1				
	Products liability - occurrence					
	Products liability - claims-made					
19.1	Private passenger auto no-fault (personal injury protection)					
19.2	Other private passenger auto liability					
	Commercial auto no-fault (personal injury protection)					
	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. 27.	Burglary and theft					
21. 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					40.744.00
35.	TOTALS					10,744,26
36. 37.	Accrued retrospective premiums based on experience Earned but unbilled premiums					
38.	Balance (Sum of Lines 35 through 37)					10,744,26
	LS OF WRITE-INS					10,177,20
3401.						
3403.						
3498.	Summary of remaining write-ins for Line 34 from overflow page					
	oromen page					

(a) State here basis of computation used in each case: DAILY PRO RATA

PART 1B - PREMIUMS WRITTEN

PART 1B - PREMIUMS WRITTEN								
		1		e Assumed		nce Ceded	6	
		Direct Business	2 From	3 From	4 To	5 To	Net Premiums Written Columns	
	Line of Business	(a)	Affiliates	Non-Affiliates	Affiliates	Non-Affiliates	1+2+3-4-5	
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							
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	326,405					326,40	
11.2	Medical professional liability - claims-made	19,808,496				1,803,305	18,005,192	
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							
15.9	Other health							
16.	Workers' compensation							
17.1	Other liability - occurrence							
17.2	Other liability - claims-made							
17.3	Excess Workers' Compensation							
18.1	Products liability - occurrence							
18.2	Products liability - claims-made							
19.1	Private passenger auto no-fault (personal							
10.1	injury protection)							
19.2	Other private passenger auto liability							
19.3	Commercial auto no-fault (personal injury							
10.0	protection)							
19.4	Other Commercial auto liability							
21.1	Private passenger auto physical damage							
21.1	Commercial auto physical damage							
22.	Aircraft (all perils)							
23.	Fidelity							
23. 24.	Surety							
26.	Burglary and theft							
27.	Boiler and machinery							
28.	Credit							
29.	International							
30.	Warranty							
31.	Reinsurance-Nonproportional Assumed							
31.	Property	xxx				1		
32.	Reinsurance-Nonproportional Assumed	^^^						
JZ.	Liability	XXX				1		
33.	Reinsurance-Nonproportional Assumed	٨٨٨						
5 0.	Financial Lines	xxx						
34.	Aggregate write-ins for other lines of business .							
35.	TOTALS	20,134,901				1,803,305	18,331,597	
	LS OF WRITE-INS	20, 104,001				1,000,000	10,001,001	
3401.								
3402.								
3403.								
l	Summary of remaining write-ins for Line 34							
5 100.	from overflow page							
3499	TOTALS (Lines 3401 through 3403 plus							
3.00.	3498) (Line 34 above)					1		
	/ \				1	1		

⁽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

		i		Losses Paid Less Salvage			6	7	8	
		1 2 3			5 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									
22	Multiple peril crop									
23	Federal flood									
24	Private crop									
2.5	Private flood									
3.	Farmowners multiple peril									
4.	Homeowners multiple peril									
5.1	Commercial multiple peril (non-liability portion)									
5.2	Commercial multiple peril (liability portion)									
6.	Mortgage guaranty									
8.	Ocean manne									
9.1	Inland marine									
9.2	Pet Insurance Plans									
10.	Financial guaranty									
11.1	Medical professional liability - occurrence	90,000			90,000	831,833	1,000,441	(78,608)	(24.08	
11.2	Medical professional liability - claims-made	3,602,300			3,602,300	29,950,837	30,252,704	3,300,433	18.6	
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									
15.7	Medicare Title XVIII									
15.8	Long-term care									
15.9	Other health									
16.	Workers' compensation									
17.1	Other liability - occurrence									
17.2	Other liability - claims-made									
17.3	Excess Workers' Compensation									
18.1	Products liability - occurrence									
18.2	Droducts liability - claims made									
19.1	Products liability - claims made 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)									
	Fidelity									
23. 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 Liability	x x x								
33.	Reinsurance-Nonproportional Assumed Financial Lines	XXX								
34.	Aggregate write-ins for other lines of business									
35.	TOTAL5	3,692,300					31,253,145	3,221,825	17.8	
DETAI	LS OF WRITE-INS			•						
3401.										
3402.										
3403.										
3498.	Summary of remaining write-ins for Line 34 from overflow page									
3499.	TOTAL5 (Lines 3401 through 3403 plus 3498) (Line 34 above)									

		PAR		ed Losses	ADJUSTMENT EXPEN	ISES	Incurred But Not Reporte	1	8	9
	Line of Business	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excluding Incurred But Not Reported (Columns 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded	Net Losses Unpaid (Columns 4+5+6-7)	Net Unpaid Loss Adjustment Expenses
1.	Fire									
2.1	Allied lines									
2.2	Multiple peril crop									
2.3	Federal flood									
2.2 2.3 2.4 2.5	Private crop Private flood									
3.	Farmowners multiple peni									
4	Homeowners multiple peril									
5.1	Commercial multiple peril (non-liability portion)									
5.1 5.2	Commercial multiple peril (liability portion)									
6.	Mortgage guaranty									
8.	Ocean manne									
9.1	Inland marine									
9.2	Pet Insurance Plans									
11.1	Financial guaranty Medical professional liability - occurrence					626,833			831.833	55,48
11.2	Medical professional liability - claims-made	32,727,673		25,003	32,702,670	(2,751,833)			29,950,837	8,770,62
12.	Farthquake					(4,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,-1,				
13.1	Comprehensive (hospital and medical) individual								(a)	
13.2	Comprehensive (hospital and medical) group								(a)	
14.	Credit accident & health (group & individual)									
15.1	Vision only								(a)	
15.2 15.3	Dental only								(a)	
15.4	Disability income								(a)	
15.5	Medicaid Title XIX								(a)	
15.6	Medicare Title XVIII								(a).	
15.7	Long-term care								(a)	
15.8	Federal employees health benefits plan								(a)	
15.9	Other health								(a)	
16.	Workers' compensation									
17.1 17.2	Other liability - occurrence 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 21.2	Private passenger auto physical damage									
21.2	Aircraft (all perils)									
22. 23. 24.	Fidelity									
24.	Surety									
26.	Burglary and theft									
27. 28.	Boiler and machinery									
28.	Credit									
29. 30.	International									
30.	Warranty									
31. 32.	Reinsurance-Nonproportional Assumed Property Reinsurance-Nonproportional Assumed Liability	XXX				XXX				
32.	Reinsurance-Nonproportional Assumed Liability Reinsurance-Nonproportional Assumed Financial Lines	XXX				XXX	l			
34.	Aggregate write-ins for other lines of business									
35.	TOTAL5	32,932,673		25,003	32,907,670	(2,125,000)			30,782,670	8.826.10
-				23,003	32,907,670	(2,125,000)				0,020,10
	ILS OF WRITE-INS									
3401.										
3402.										
3403. 3498.	Cumman of promising units for the Line 24 from a patient man									
	Summary of remaining write-ins for Line 34 from overflow page									
3499.	TOTAL5 (Lines 3401 through 3403 plus 3498) (Line 34 above)								I	

(a) Including \$......0 for present value of life indemnity claims reported in Lines 13 and 15.

PART 3 - EXPENSES

	PART 3 - EXP	1	2	3	4
		Loss	Other	3	4
		Adjustment	Underwriting	Investment	
		A STATE OF THE STA	•		Total
1.	Claim adjustment conject:	Expenses	Expenses	Expenses	Total
1.	Claim adjustment services:	2 257 525			2 257 525
	1.1 Direct	A CONTRACTOR OF THE PROPERTY O			
	1.2 Reinsurance assumed	The same of the sa	THE RESERVE THE PARTY OF THE PA		AND THE RESERVE OF THE PARTY OF
	1.3 Reinsurance ceded				
,	1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	2,503,927			2,503,927
2.	Commission and brokerage:		040 007		040 007
	Direct, excluding contingent Reinsurance assumed, excluding contingent	1			
	. 5 5				
	Contingent - reinsurance ceded				
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)		016 027		046 027
,	- ·	1			
3.	Allowances to manager and agents				
4.	Advertising				
5.	Boards, bureaus and associations				
6. 7.	Surveys and underwriting reports	1	I		
	Audit of assureds' records				
В.		4 040 400	2 402 725	00.704	2 204 022
	8.1 Salaries				
	8.2 Payroll taxes	224 420		7,000	042,400
9.	Insurance	321,439	584,232		242 027
10.					
11.	Directors' fees	1			
12.	Travel and travel items				
13.	Rent and rent items	87,855	204,486		292,341
14.	Equipment	12,264	32,052		44,316
15.	Cost or depreciation of EDP equipment and software	14,119	32,939		47,058
16.	Printing and stationery	12,900	420.055		
17.	Postage, telephone and telegraph, exchange and express				
18.	Legal and auditing	190,973	100,465	400.000	291,438
19.	TOTALS (Lines 3 to 18)	2,022,200	4,312,502	100,806	6,501,574
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association credits of \$0	7,000	00.547		75 707
	20.2 Insurance department licenses and fees				
	20.3 Gross guaranty association assessments				
	20.4 All other (excluding federal and foreign income and real estate)	7 220	C0 E47		75,767
21.	Real estate expenses				
22.	Real estate taxes		I		
23.	Reimbursements by uninsured plans				
23. 24.	Aggregate write-ins for miscellaneous expenses	270 206	010 250	260 465	1 567 100
24. 25.	TOTAL expenses incurred				
25. 26.	Less unpaid expenses - current year	8,826,106	1,700,022		10,586,573
27.	Add unpaid expenses - prior year		1,700,022	67.835	10,859,893
28.	Amounts receivable relating to uninsured plans, prior year		1,254,550	07,000	10,000,000
20. 29.	Amounts receivable relating to uninsured plans, prior year Amounts receivable relating to uninsured plans, current year	1			
29. 30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	5,643,753	5,710,311	483,661	11,837,725
	LS OF WRITE-INS	J,043,733	3,110,311	403,001	11,031,123
2401.	Miscellaneous Expense	56,412	102,339		158,750
	Consulting Expense		143,308	258,273	
	Outsourcing Expense	3,480	8,068		122,740
	Summary of remaining write-ins for Line 24 from overflow page		564,544	111,181	819,653
7492					

(a) Includes management fees of \$...... 0 to affiliates and \$...... 0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected	Earned
1.	U.S. Government bonds	During Year	During Year
1. 1.1			
	Bonds exempt from U.S. tax		196,793
1.2	Other bonds (unaffiliated)	(-)	
1.3	Bonds of affiliates	· ·	DESCRIPTION OF THE PROPERTY.
2.1	Preferred stocks (unaffiliated)		
2.11	Preferred stocks of affiliates	. ,	
2.2	Common stocks (unaffiliated)		291,070
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 investment income		
10.	TOTAL gross investment income		
11.	Investment expenses		(g) 476,271
12.	Investment taxes, licenses and fees, excluding federal income taxes		
13.	Interest expense		
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	TOTAL Deductions (Lines 11 through 15)		476,271
17.	Net Investment income (Line 10 minus Line 16)		3,228,613
DETAI	LS OF WRITE-INS		
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)		
1501.		•	
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)		
(a) Inclu	des \$0 accrual of discount less \$0 amortization of premium and less \$0 paid fo	accrued interest on	purchases.
(b) Inclu	des \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid fo	r accrued dividends of	n purchases.
(c) Inclu	des \$	r accrued interest on	purchases.
(e) Inclu	des \$0 for company's occupancy of its own buildings, and excludes \$0 interest of encur des \$0 accrual of discount less \$0 amortization of premium and less \$	r accrued interest on	nurchases
(f) Inclu	des \$0 accrual of discount less \$0 amortization of premium.		•
(q) Inclu	des \$0 investment expenses and \$0 investment taxes, licenses and fees, excluding fede	ral income taxes, attr	ributable to
segr	egated and Separate Accounts. des \$0 interest on surplus notes and \$0 interest on capital notes.		
	des \$0 interest on surpius notes and \$0 interest on capital notes. des \$0 depreciation on real estate and \$0 depreciation on other invested assets.		
y iniciu	wes with the second of the state and with the second of th		

EXHIBIT OF CAPITAL GAINS (LOSSES)

	EXIIIDIT OF	· · · · · · · · · · · · · · · · · · ·	-, <u> </u>			
		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	(59,122)		(59,122)		
1.1	Bonds exempt from U.S. tax	(776)		(776)		
1.2	Other bonds (unaffiliated)	(567,701)		(567,701)		
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments	35,821		35,821		
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	TOTAL Capital gains (losses)	2,110,425		2,110,425	(64,271)	
DETA	ILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page \dots					
	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

			.1	2	3 Change in Total
			Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds	(Schedule D)		Nonaumilled Assets	(001. 2 - 001. 1)
2.		(Schedule D):			
	2.1	Preferred stocks	1007 (0000-000) (0000-000)		
	22	Common stocks			
3.		ige loans on real estate (Schedule B):			
٠.	3.1	First liens	A 1770 TABLE STORE OF STATE OF		* C134 * C258 * SC255 * SC40 * SW40 * SW
	3.2	Other than first liens			
4.		state (Schedule A):		***************************************	
٦.	4.1	Properties occupied by the company			
	4.2	Properties held for the production of income			
	4.3	Properties held for sale			
5 .		Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
J.		nents (Schedule DA)			
c					
6. 7		ct loans			
7.		tives (Schedule DB)			
8.		invested assets (Schedule BA)			
9.		rables for securities			
10.		ties lending reinvested collateral assets (Schedule DL)			
11.		gate write-ins for invested assets			
12.		als, cash and invested assets (Lines 1 to 11)			
13.		ants (for Title insurers only)			
14.		ment income due and accrued			
15.	Premiu	ums and considerations:			
	15.1	Uncollected premiums and agents' balances in the course of collection		176,196	55,588
	15.2	Deferred premiums, agents' balances and installments booked but deferred and			
		not yet due			
	15.3	Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsu	irance:			
	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.		nts receivable relating to uninsured plans			
18.1		It federal and foreign income tax recoverable and interest thereon			
18.2		ferred tax asset			
19.		nty funds receivable or on deposit			
19. 20.					
	Electro	onic data processing equipment and softwarere and equipment, including health care delivery assets	74.042	E0 400	(44 642
21.					
22.		justment in assets and liabilities due to foreign exchange rates			
23.	Receiv	vables from parent, subsidiaries and affiliates			
24.		care and other amounts receivable			
25.	Aggre	gate write-ins for other-than-invested assets	6/7,888		100,398
26.		Assets excluding Separate Accounts, Segregated Accounts and Protected Cell			
	Accou	nts (Lines 12 to 25)	872,508	1,013,881	141,37
27.	From S	Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.			872,508	1,013,881	141,37
	LS OF V	VRITE-INS			
1101.					
1102.					
1103.					
1198.	Summ	ary of remaining write-ins for Line 11 from overflow page			
1199.		LS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.		AID EXPENSES	418,810	476,499	57.68
2502.		EHOLD IMPROVEMENTS		132,715	
2503.		& OTHER		169,072	(13,458
2598.		ary of remaining write-ins for Line 25 from overflow page		100,072	(10,400
2000.		LS (Lines 2501 through 2503 plus 2598) (Line 25 above)	677,888	778,285	100,39

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices, Impact of NAIC/State Differences

The accompanying statutory-basis financial statements of SIMED (the "Company") have been prepared in conformity with accounting practices prescribed or permitted by the Insurance Commissioner of the Commonwealth of Puerto Rico.

The Insurance Commissioner of the Commonwealth of Puerto Rico (the "Commissioner") requires insurance companies domiciled in Puerto Rico to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners (NAIC) Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the Commissioner of Insurance of the Commonwealth of Puerto Rico (the "Commissioner").

The Company provides coverage primarily on a claims-made basis for physicians, surgeons, dentists, and hospital professional liability. The primary policy provides coverage limits of up to \$100,000 per medical incidents and \$300,000 in the aggregate for an insured incident during the twelve months policy period. Beginning in 2016 higher limits are offered through of excess medical professional liability. The excess policy provides various coverage limits that range from \$150,000 to \$900,000 per medical incident and \$300,000 to \$2,700,000 in the aggregate for an insurance incident during the twelve months policy period. The excess limits apply only to claims in excess of the primary policy limits of \$100,000/\$300,000.

A reconciliation of the Company's net income and surplus as reported in the accompanying statutory-basis financial statements and NAIC SAP is shown below. There are no differences between the Company's net income as reported in the accompanying statutory-basis financial statements and NAIC SAP.

	State of Domicile	2024	2023
NET INCOME			
Net Income PR Insurance Code	PR	\$9,211,275.00	\$5,146,323.00
Net Income NAIC SAP basis		\$9,211,275.00	\$5,146,323.00
SURPLUS			
Policyholders' surplus, PR Insurance Code	PR	\$53,635,365.00	\$ 74,346,988.00
Policyholders' surplus, NAIC SAP basis		\$53,635,365.00	\$ 74,346,988.00

B. Uses of Estimates

The Preparation of the statutory-basis financial statements requires management to make estimates and assumptions that affect the amount reported of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Such estimates and assumptions could change in the future, as more information becomes know which could impact the amounts reported and disclosed herein.

C. Accounting Policies

Premiums are earned over the terms of the policies. Unearned Premiums are established to cover unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business.

In addition, the company uses the following accounting policies:

1. Investment Securities (Includes C1 thru C9)

Investments in debt securities and short-term investments are carried at amortized cost. Investment transactions are recorded on the basis of trade date. Realized gains or losses on sale of investments are recorded on the basis of the specific cost of securities sold.

Mortgage-backed securities are valued at amortized cost using the interest method including anticipated prepayments. Prepayment assumptions are obtained from dealer surveys and are based on the current interest rate and economic environment. The retrospective adjustment method is used to value all such securities.

Common Stocks are reported at market value

A decline in fair value of a security below cost that is deemed to be other than temporary results in a reduction in the carrying amount to fair value. The impairment is charged to earnings and a new cost basis for the security is established. To determine whether impairment is other than temporary, the Company considers whether evidence indicating that the cost of the investments recoverable outweighs evidence to the contrary. Evidence considered in this assessment includes the reasons for the impairment, the severity and duration of the impairment, changes in the value subsequent to year end, and forecasted performance of the investee.

Net investment income earned consists primarily of interest and dividends. Interest and dividends are recognized on an accrual basis. Net realized capital gains (losses) are recognized on a specific identification basis when securities are sold, redeemed or otherwise disposed. Realized capital losses include write-downs for impairments considered to be other than temporary.

2. Premium Deficiency Reserve (C10)

Not applicable

3. Method of establishing Loss and LAE reserves (C11)

Loss and loss adjustment expenses reserve is provided on the basis of individual case estimates for reported losses and estimates of expenses of expenses for investigating and setting claims. Management also provides for bulk reserves on losses based on experience modified by current trends. The estimated reserves are periodically evaluated and resulting adjustments, if any, are reflected in the current period operations. Simed also provides an incurred but not reported loss reserve for extended coverage base on the medical malpractice industry experience.

Management has estimated reserves and loss adjustment expenses that it believes are reasonable and reflective of anticipate experience. Simed has historical experience data as result of which, the net amount that will ultimately be paid to settle the liability, may vary significantly from estimated amounts provide for in the statutory-basis financial statements.

4. Changes in Capitalization Policy (C12)

Not applicable

5. Method of estimating pharmaceutical rebate receivables (C13)

Not applicable

D. Going Concern

Based upon its evaluation of relevant conditions and events, management does not have substantial doubt about the Company's ability to continue as a going concern.

Note 2 - Accounting Changes and Corrections of Errors

A. Accounting changes other than Codification and corrections of errors

Not applicable

Note 3 - Business Combinations and Goodwill

Not applicable

Note 4 - Discontinued Operations

Not applicable

Note 5 - Investments

A. Mortgage Loans

Not Applicable

B. Debt Restructuring

Not Applicable

C. Reverse Mortgages

Not Applicable

- D. Loan Backed Securities
- 1. Prepayment assumptions for single class and multiclass mortgage backed/asset securities were obtained from broker dealers survey value
 - 2. The Company uses the fair value provided by the broker to determine the fair value of its loan backed securities.
- E. Repurchase Agreements and/or Securities Lending Transactions

Not Applicable

F. Repurchase Agreement Transactions Accounted for as Secured Borrowing

Not Applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing Repurchase Transactions - Cash Provider -Overview of Secured Borrowing Transactions

- H. Repurchase Agreements Transactions Accounted for as a Sale / Repurchase Transaction Cash Taker Overview of Sale Transactions
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale / Repurchase Transaction Cash Provider Overview of Sale Transactions Not Applicable

J. Real Estate

Not Applicable

K. Low Income Housing Tax Credits (LIHTC)

Not Applicable

L. Restricted Assets

Not Applicable

M. Working Capital Finance Investments

Not Applicable

N. Offsetting and Netting of Assets and Liabilities

Not Applicable

O 5GI Securities

Not Applicable

P. Short Sales

Not Applicable

Q. Prepayment Penalties and Acceleration Fees

Not Applicable

Note 6- Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7- Investment Income

A. Accrued Investment Income

The Company does not admit investment income due and accrued if amounts are over 90 days past due.

B. Amounts Non-admitted

Not applicable

Note 8 - Derivative Instruments

Not applicable

Note 9 - Income Taxes

Not applicable

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

Not applicable

Note 11 - Debt

Not applicable

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

A. Defined Benefit Plans

Not applicable

B. to D. Description of Investment Policies, Fair Value of Plan Assets, Rate of Return Assumptions

Not applicable

E. Defined Contribution Plans

The company sponsors a Defined Contribution Plan covering substantially all Company employees. Employees may contribute up to \$15,000.00 of base salary to the plan, which is subject to a 100% company distribution up to 6% of the employee salary. The company expense for this plan was \$151,210 and \$153,919 for the year 2024 and 2023 respectively.

F. Multiemployer Plans

Not applicable

G. Consolidated / Holding Company Plans

Not applicable

H. Postemployment Benefits and Compensated Absences

Not applicable

I. Impact of Medicare Modernization Act on Postretirement Benefits

Not applicable

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

Not applicable

Note 14 - Liabilities, Contingencies and Assessments

Not applicable

Note 15- Leases

SIMED conduct operations in leased facilities under an operating lease expiring in 2026. The lease provides annual rentals of approximately \$167,550 plus maintenance expenses.

Note 16 Information About Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable

Note 17- Sale. Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable

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

Not applicable

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

Not applicable

Note 20 - Fair Value Measurement

A. Inputs Used for Assets and Liabilities Measured and Reported at Fair Value

Fair Value Measurements by Levels 1, 2 and 3

The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy defined by SSAP No. 100. The three-level fair value hierarchy, defined by SSAP No. 100 and directly related to the amount of subjectivity associated with the inputs to fair valuation of financial instruments, are as follows:

Level 1 – Values are unadjusted quoted process in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 – Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical assets or liabilities in markets that are not active, that is, markets in which there are few transactions for the asset or liability, the prices are not current, or price quotations vary substantially either over time or among market makers, or in which little information is released publicly.

Level 3 – Certain inputs are unobservable and significant to the fair value measurement. Unobservable inputs reflect SIMED's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date

The following table presents information about SIMED's assets measured at fair value on recurring basis as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Common Stock	\$ 9,684,067.00	\$ 0.00	\$ 0.00	\$ 9,684,067.00

B. Other Fair Value Disclosures

Not applicable

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

Not applicable

D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not applicable

Note 21 - Other Items

Not applicable

Note 22 - Events Subsequent

Not applicable

Note 23 – Reinsurance

A. Unsecured Reinsurance Recoverable

The Company does not have an unsecured aggregate reinsurance recoverable for paid and unpaid losses, loss adjustment expenses and unearned premiums from any individual reinsurer, authorized or unauthorized, that exceeds 3% of policyholders' surplus.

NAIC code Federal ID #		Name of Reinsurer	Amount			
None						

B. Reinsurance Recoverable in Dispute

The Company does not have reinsurance recoverable in dispute for paid losses and loss adjustment expenses that exceed 5% of policyholders' surplus from an individual reinsurer or exceed 10% of policyholders' surplus in aggregate.

	Total Amount in				
Name of Reinsurer	Dispute (including IBNR)	Notification	Arbitration	Litigation	
None					

C. Reinsurance Assumed and Ceded

 The following table summarizes ceded and assumed unearned premiums and the related commission equity at the end of the current year.

	Assumed Reinsurance Premium Commission		Ceded Re	einsurance	Net		
			Premium	Commission	Premium	Commission	
	Reserve	Equity	Reserve	Equity	Reserve	Equity	
a. Affiliates	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
b. All other	\$ 0.00	\$ 0.00	\$ 1,518,696.00	\$ 251,362.00	(\$1,518,696.00)	(\$251,362.00)	
c. Totals	\$ 0.00	\$ 0.00	\$ 1,518,696.00	\$ 251,362.00	(\$1,518,696.00)	(\$251,362.00)	

Certain agency agreements and ceded reinsurance contracts provide for additional or return commissions based on the actual loss experience of the produced or reinsured business. Amounts accrued at the end of the current year are as follows:

Description	Direct	Assumed	Ceded	Net
a. Contingent commissions b. Sliding scale adjustment c. Other profit commissions	\$ 0.00 \$ 0.00	\$ 0.00 \$ 0.00		\$ 0.00 \$ 0.00
d. Totals	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

3. The Company does not use protected cells as an alternative to traditional reinsurance.

D. Uncollectible Reinsurance

The Company does not have balance for uncollectible reinsurance.

E. Commutation of Ceded Reinsurance

Not applicable

F. Retroactive Reinsurance

Not applicable

G. Reinsurance Accounted for as a Deposit

Not applicable

Notes to Financial Statements

Not applica	able
H. Disclosi	ures for the Transfer of Property and Casualty Run-off Agreements
Not applica	able
I. Certified	Reinsurer Rating Downgraded or Status Subject to Revocation
Not applica	able
J. Reinsura	ance Agreements Qualifying for Reinsurer Aggregation
Not applica	able
Note 24 –	Retrospectively Rated Contracts and Contracts Subject to Redetermination
Not applica	The state of the s
Note 25 - (Changes in Incurred Losses and Loss Adjustment Expenses
claim adjust of re-estim developme	as of December 31, 2023 were \$40,810,265.00. As September 30, 2024, \$8,128,357.00has been paid for incurred claims and stment expenses attributable to insured events of prior years. Reserves remaining for prior year are now \$28,213,864.00 as a result lation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$4,468,045.00favorable prior-year ent since December 31, 2023. The decrease is generally the result of ongoing analysis of recent loss development trends. Original are increased or decreased, as additional information becomes known regarding individual claims.
Note 26 –	Intercompany Pooling Arrangements
Not applica	able
Note 27 –	Structured Settlements
Not applica	able
Note 28 –	Health Care Receivables
Not applica	able
Note 29 –	Participating Policies
Not applica	able
Note 30 P	remium Deficiency Reserves
1. 2.	Liability carried for premium deficiency reserves \$0.00 Date of the most recent evaluation of this liability 03/26/2025
3.	Was anticipated investment income utilized in the calculation? Yes ☑ No ☐
Note 31 –	High Deductibles
Not applica	able
Note 32 –	Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses
Not applica	able
Note 33 –	Asbestos/Environmental Reserves
Not applica	able
Note 34 –	Subscriber Savings Accounts
Not applica	able
Note 35 –	Multiple Peril Crop Insurance
Not applica	able
Note 36 –	Financial Guaranty Insurance

GENERAL INTERROGATORIES PART 1 - COMMON INTERROGATORIES GENERAL

1.2	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1, 1A, 2 and 3. If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? State Regulating? Is the reporting entity publicly traded or a member of a publicly traded group? If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.							
1.5 2.1	If the response to	o 1.4 is yes, provide the CIK (been made during the year of			, ,	ed of settlement of th	ne	Yes[] No[X] Yes[] No[X]
3.3	State the as of da date should be the State as of what the reporting enti- date).	ate that the latest financial ex- ie date of the examined balar date the latest financial exam ty. This is the release date or	ination of the reporting entity was i amination report became available ce sheet and not the date the report ination report became available to completion date of the examination	from either the st ort was completed other states or the	ate of domicile or or released. e public from eithe	er the state of domic	ile or	12/31/2013 12/31/2013 04/01/2015
3.5 3.6	By what department or departments? Puerto Rico Puerto Rico Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Have all of the recommendations within the latest financial examination report been complied with? During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any							
	combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? 4.12 renewals? 2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.21 sales of new business? 4.22 renewals?							
	 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? If yes, complete and file the merger history data file with the NAIC. 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 							
		Na	1 me of Entity	NAIC Comp		3 State of Dom	icile	
6.2 7.1	revoked by any g If yes, give full in	overnmental entity during the formation:	Authority, licenses or registrations reporting period?				ded or	Yes[] No[X] Yes[] No[X]
	7.21 State the pe 7.22 State the na	rcentage of foreign control tionality(s) of the foreign pers act and identify the type of er	on(s) or entity(s); or if the entity is tity(s) (e.g., individual, corporation	a mutual or recipr , government, ma	ocal, the nationali nager or attorney	ty of its manager or in-fact).		0.000%
			1 Nationality		2 Type of	Entity		
8.2 8.3	8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? It response to 8.1 is yes, please identify the name of the DIHC. It response to 8.3 is yes, please identify the name of the DIHC. It response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.							
		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC	
8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal								Yes[] No[X] Yes[] No[] N/A[X]
10. 10.	Deloitte & Touche LLP; Torre Chardon, 350 Chardon Avenue Suite 700, San Juan, PR 00918-2140 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? 10.2 If the response to 10.1 is yes, provide information related to this exemption: 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? 10.4 If the response to 10.3 is yes, provide information related to this exemption:							Yes[] No[X] Yes[] No[X]
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[X] N 10.6 If the response to 10.5 is no or n/a, please explain:								Yes[X] No[] N/A[]

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

		ll providing the statement of actuarial opinion ,FCAS, MAAA, Willis Towers Watson 75 Ar		
12.1 Does t	the reporting	entity own any securities of a real estate hol estate holding company	ding company or otherwise hold real estate indirectly?	Yes[] No[X]
12.12 N	Number of pa Total book/ad	rcels involved justed carrying value		\$
13.1 What cl 13.2 Does th 13.3 Have th	hanges have his statement here been an		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[X]N/A[] Yes[]No[]N/A[X]
similar i a. Hon	functions) of	the reporting entity subject to a code of ethic	ncial 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[]
b. Full, c. Com d. The	, fair, accurate npliance with prompt inten	applicable governmental laws, rules and reg	he periodic reports required to be filed by the reporting entity; gulations; person or persons identified in the code; and	
14.11 If the r	response to 1	14.1 is no, please explain: ics for senior managers been amended?		Yes[] No[X]
14.21 If the r	response to 1	14.2 is yes, provide information related to an s of the code of ethics been waived for any		Yes[] No[X]
		14.3 is yes, provide the nature of any waiver		100[]110[1]
	eporting entit	y the beneficiary of a Letter of Credit that is	unrelated to reinsurance where the issuing or confirming bank is not on the	Yes[] No[X]
		5.1 is yes, indicate the American Bankers As Credit and describe the circumstances in w	ssociation (ABA) Routing Number and the name of the issuing or confirming thich the Letter of Credit is triggered.	[]
			30	
	1 American	2	3	4
	Bankers			
I	ociation (ABA) Routing	Issuing or Confirming	Circumstances That Can	
	Number	Bank Name	Trigger the Letter of Credit	Amount
			DOADD OF DIDECTORS	
16. Is the pu	urchase or sa		BOARD OF DIRECTORS bassed upon either by the Board of Directors or a subordinate committee	
thereof?				Yes[X] No[]
17. Does the thereof?		ntity keep a complete permanent record of t	he proceedings of its Board of Directors and all subordinate committees	Yes[X] No[]
18. Has the	reporting en	tity an established procedure for disclosure t	to its board of directors or trustees of any material interest or affiliation on the	
part of a person?		ers, directors, trustees or responsible emplo	oyees that is in conflict or is likely to conflict with the official duties of such	Yes[X] No[]
			FINANCIAL	
	s statement b ting Principle		ther than Statutory Accounting Principles (e.g., Generally Accepted	Yes[] No[X]
		d during the year (inclusive of Separate According to the officers)	ounts, exclusive of policy loans):	\$
20.12 T	To stockholde	rs not officers reme or grand (Fraternal only)		\$
20.2 Total ar	mount of loar		of Separate Accounts, exclusive of policy loans):	\$ (
20.22 T	To stockholde	rs not officers reme or grand (Fraternal only)		\$
			tual obligation to transfer to another party without the liability for such	· · · · · · · · · · · · · · · · · · ·
obligation	ion being rep	orted in the statement? ount thereof at December 31 of the current ye	, , , ,	Yes[] No[X]
21.21 F	Rented from o	others		\$(\$
	Leased from o			\$
		include payments for assessments as desc	cribed in the Annual Statement Instructions other than guaranty fund or	
	ity association	n assessments?	ů,	Yes[] No[X]
22.21 A		as losses or risk adjustment as expenses		\$(\$(
	Other amount			\$
		entity report any amounts due from parent, s amounts receivable from parent included in t	ubsidiaries or affiliates on Page 2 of this statement? the Page 2 amount:	Yes[] No[X] \$(
		ize third parties to pay agent commissions in	n which the amounts advanced by the third parties are not settled in full within	Voci 1 NotVI
90 days		1.1 is yes, identify the third-party that pays th	ne agents and whether they are a related party.	Yes[] No[X]

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

INVES	

25.02 lf 25.03 FC 25.04 FC Capital II 25.05 FC 25.06 D0 25.08 D0 25.08 D0 25.09 FC 25.09 FC 25.09 FC 26.2 26.2 26.2 26.2 26.2 26.2 26.2 26.	e actual possession of the reporting entity on said date? (other than an on, give full and complete information, relating thereto or securities lending programs, provide a description of the program in the program is programs, provide a description of the program in the program is program, report amount of or structions. The reporting entity's securities lending program, report amount of or structions. The reporting entity is securities lending program, report amount of or securities lending program require 102% (domestic securities exporting entity is non-admit when the collateral received from the operation of the reporting entity or the reporting entity's securities lending age scurities lending? The reporting entity is securities lending program, state the amount of the reporting entity's securities lending program, state the amount of the reporting entity is securities lending program, state the amount of the reporting entity or securities lending reported on Sche 5.092 Total book/adjusted carrying value of reinvested collateral assets of the reporting entity on the reporting entity of the current year. Subject to reverse repurchase agreements Subject to reverse expurchase agreements Subject to reverse dollar repurchase agreements Placed under option agreements Letter stock or securities restricted as to sale - excluding FHLB (FHLB - GHLB) on deposit with states On deposit with other regulatory bodies Pledged as collateral to FHLB - including assets backi	ncluding value for collateral and amount of loaned securities, and to reference Note 17 where this information is also provided) collateral for conforming programs as outlined in the Risk-Based collateral for other programs. es) and 105% (foreign securities) from the counterparty at the outset of the counterparty falls below 100%? ent utilize the Master Securities Lending Agreement (MSLA) to conduct of the following as of December 31 of the current year: etale DL, Parts 1 and 2. ets reported on Schedule DL, Parts 1 and 2. e. e. e. e. e. e. e	Yes[X] No[] \$
Γ	1	2	3
	Nature of Restriction	Description	3 Amount
27.1 Doo 27.2 If y If no. LINES 2: 27.3 Doo 27.4 If the 22: 27.5 By - T - H - F	es the reporting entity have any hedging transactions reported on Scles, has a comprehensive description of the hedging program been mo, attach a description with this statement. 7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES Cles the reporting entity utilize derivatives to hedge variable annuity guing the response to 27.3 is yes, does the reporting entity utilize: 7.41 Special Accounting Provision of SSAP No. 108 7.42 Permitted Accounting Provision of SSAP No. 108 7.43 Other Accounting Guidance responding yes to 27.41 regarding utilizing the special accounting provisions is consistent and the special accounting provisions is consistent and certification has been obtained which indicates that the hedgeserves and provides the impact of the hedging strategy within the Australia.	Description hedule DB? nade available to the domiciliary state? DNLY: narantees subject to fluctuations as a result of interest rate sensitivity? ovisions of SSAP No. 108, the reporting entity attests to the following: y state. stent with the requirements of VM-21. ging strategy is incorporated within the establishment of VM-21 ctuarial Guideline Conditional Tail Expectation Amount. the hedging strategy meets the definition of a Clearly Defined Hedging	
27.1 Doc 272 If y If Inn LINES 2: 27.3 Doc 27.4 If If It 2: 27.5 By -T -H -A A A 28.1 We issi	es the reporting entity have any hedging transactions reported on Scies, has a comprehensive description of the hedging program been mo, attach a description with this statement. 7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES Coes the reporting entity utilize derivatives to hedge variable annuity gue response to 27.3 is yes, does the reporting entity utilize: 7.41 Special Accounting Provision of SSAP No. 108 7.42 Permitted Accounting Provision of SSAP No. 108 7.43 Permitted Accounting Practice 7.43 Other Accounting Guidance responding yes to 27.41 regarding utilizing the special accounting prohe reporting entity has obtained explicit approval from the domicilian ledging strategy subject to the special accounting provisions is consistent of the special accounting provisions has been obtained which indicates that the hedging strategy within the Acinancial Officer Certification has been obtained which indicates that the trategy within VM-21 and that the Clearly Defined Hedging Strategy ay-to-day risk mitigation efforts	Description hedule DB? nade available to the domiciliary state? DNLY: narantees subject to fluctuations as a result of interest rate sensitivity? ovisions of SSAP No. 108, the reporting entity attests to the following: y state. stent with the requirements of VM-21. ging strategy is incorporated within the establishment of VM-21 ctuarial Guideline Conditional Tail Expectation Amount. the hedging strategy meets the definition of a Clearly Defined Hedging	Amount Yes[] No[X] Yes[] No[] N/A[X] Yes[] No[X] Yes[] No[X]

1 Name of Custodian(s)	2 Custodian's Address
UBS Financial Services, Inc.	American International Plaza 250 Muñoz Rivera Ave. San Juan, PR 00918-9998

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)

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

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 Name of Firm or Individual	2 Affiliation
Eagle Asset Management Standish Mellon Asset Management	U
UBS Financial Services, Inc.	U

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?
 29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?
 6 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the

Yes[X] No[]

Yes[X] No[]

29.06 information for the table below.

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
N/A	Eagle Asset Management	N/A	SEC	DS
N/A	Standish Mellon Asset			
	Management	N/A	SEC	DS
13042	UBS Financial Services, Inc	N/A	SEC	DS

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	Book/Adjusted 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	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 (+)
ı				
31.1	Bonds	(riallitica) value		······································
31.1 31.2	Bonds Preferred stocks	(variated) value		outoment (*)

31.4 Describe the sources or methods utilized in determining the fair values: SVO unit prices were used to determine fair value, if the prices were available. For bonds that the prices were not available, the fair values were obtained from published sources such as Wall Street Journal or from securities dealers, when available.

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[] No[X]

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

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?

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

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

33.2 If no. list exceptions:

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

a. Documentation necessary to permit a full credit analysis of the security does

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 confracted 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 lefte 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

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

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.

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 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 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]

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?

Yes[] No[X]

9.1 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

Yes[] No[X]

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.

Yes[] No[)
] No[)

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

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.

\$.....183,839

1		2
Name	_	Amount Paid
RISK MANAGEMENT FOUNDATION		63,612
ISO SERVICES, INC.		51,110

41.1 Amount of payments for legal expenses, if any?

\$.....3,952

41.2 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
FERRAIUOLI, LLC	3,952

42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?

42.2 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.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SIMED GENERAL INTERROGATORIES (Continued)

2
Amount Paid

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.3	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: Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	Yes[] No[X] \$	000
.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
	Individual policies		
	Most current three years:	•	^
	1.61 Total premium earned 1.62 Total incurred claims	5	0
	1.62 Total interior dains	Φ	0
	All years prior to most current three years:		ď
	1.64 Total premium earned	\$	0
	1.65 Total incurred claims	\$	0
7	1.66 Number of covered lives		0
	Group policies Most current three years:		
	1.71 Total premium earned	\$	0
	1.72 Total incurred claims	\$	0
	1.73 Number of covered lives		0
	All years prior to most current three years:	¢	۸
	1.74 Total premium earned 1.75 Total incurred claims	J	0
	1.75 Number of covered lives	Ψ	0
	1.10 Hambol of solving into		•

2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator		
2.2	Premium Denominator	18,023,617	17,334,562
2.3	Premium Ratio (2.1 / 2.2)		
2.4	Reserve Numerator		
2.5	Reserve Denominator		51,246,551
2.6	Reserve Ratio (2.4 / 2.5)		

	2.6	Reserve Ratio (2.47 2.5)		
3.2	Did the reporting If yes, provide th 3.21 Participatin 3.22 Non-partic		ar:	Yes[]No[X] \$0 \$0
4.1 [4.2 [4.3]	Does the reporti Does the reporti If assessable po	orting entities and Reciprocal Exchanges only: ting entity issue assessable policies? ting entity issue non-assessable policies? olicies are issued, what is the extent of the contingent liability of the policyholders? f		Yes[]No[]N/A[X] Yes[]No[]N/A[X] 0.0009
5.1 I	For Reciprocal E Does the exchar If yes, is the con	Exchanges Only: unge appoint local agents?		Yes[] No[] N/A[X]
į	5.21 Out of Atto 5.22 As a direct	orney's-in-fact compensation at expense of the exchange		Yes[] No[] N/A[X] Yes[] No[] N/A[X]
5.4 l		of the Exchange are not paid out of the compensation of the Attorney-in-fact? ey-in-fact compensation, contingent on fulfillment of certain conditions been deferred? Information:		Yes[] No[] N/A[X]
6.1 6.2 6.3 6.4 6.5	What provision compensation or Describe the mocomprising that firms or comput What provision from the types a Does the report probable maxim if no, describe a	I has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe uncontract issued without limit of loss: lethod used to estimate this reporting entity's probable maximum insurance loss, and identify the type of probable maximum loss, the locations of concentrations of those exposures and the external resource ter software models), if any, used in the estimation process: I has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an eland concentrations of insured exposures comprising its probable maximum property insurance loss? ting entity carry catastrophic reinsurance protection for at least one reinstatement, in an amount sufficient mum loss attributable to a single loss event or occurrence? any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsure to unreinsured catastrophic loss	of insured exposures es (such as consulting excessive loss arising ent to cover its estima	g ated Yes[X] No[]
7.2	limit the reinsur any similar prov If yes, indicate t	the number of reinsurance contracts containing such provisions.	p, an aggregate limit	uld or Yes[] No[X] 0
	provision(s)?	e amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any appli	cable limiting	Yes[] No[] N/A[X]
		ing entity reinsured any risk with any other entity and agreed to release such entity from liability, in who occur on this risk, or portion thereof, reinsured? information.	ole or in part, from an	y Yes[] No[X]
9.1 I	Has the reportin	ng entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reins	surer or its affiliates)	for

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, 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 the period); or (f) Payment schedule, accumulating retentions from multi the ceding entity. Has the reporting entity during the period covered by the with the same reinsurer or its affiliates), for which, during result greater than 5% of prior year-end surplus as regan and loss expense reserves ceded greater than 5% of prior arrangements or to captive insurance companies that are	ple years or any feat statement ceded an the period covered I ds policyholders or it or year-end surplus a e directly or indirectly	ures inherently design y risk under any rein by the statement, it no reported calendar y us regards policyholo controlling, controlle	gned to delay timing surance contract (or ecorded a positive or ear written premium lers; excluding cessied by, or under comi	of the reimbursemen under multiple contra r negative underwritic ceded or year-end lo ions to approved pool mon control with (i) or	t to Yes acts ng ss ling ne or	:[] No[X]
9.3	more unaffiliated policyholders of the reporting entity, or is a member where: (a) The written premium ceded to the reinsurer by the rep and assumed premium written by the reinsurer based (b) Twenty-five percent (25%) or more of the written prem affiliates in a separate reinsurance contract. If yes to 9.1 or 9.2, please provide the following informati (a) The aggregate financial statement impact gross of all (b) A summary of the reinsurance contract terms and indi (c) A brief discussion of management's principle objective achieved.	porting entity or its aff on its most recently nium ceded to the rei ion in the Reinsuranc such ceded reinsura cate whether it applies es in entering into the	iliates represents fift available financial st nsurer has been retro be Summary Suppler nce contracts on the est to the contracts me reinsurance contract	y percent (50%) or natement; or occeded back to the innental Filing for Gerbalance sheet and electing the criteria in ct including the econ	nore of the entire dire reporting entity or its heral Interrogatory 9: statement of income; 9.1 or 9.2; and lomic purpose to be	Yes	:[] No[X]
	Except for transactions meeting the requirements of para entity ceded any risk under any reinsurance contract (or the financial statement, and either: (a) Accounted for that contract as reinsurance (either pro- under generally accepted accounting principles ("GAA"	multiple contracts wi spective or retroactiv	th the same reinsure	r or its affiliates) dur	ing the period covere	ed by	
	(b) Accounted for that contract as reinsurance under GAA If yes to 9.4, explain in the Reinsurance Summary Suppli differently for GAAP and SAP.	AP and as a deposit usernental Filing for Ge	eneral Interrogatory 9				[] No[X]
9.6	The reporting entity is exempt from the Reinsurance Atte (a) The entity does not utilize reinsurance; or,	estation Supplement	under one or more o	t the following criteri	a:	Yes	[] No[X]
	(b) The entity only engages in a 100% quota share contri-	act with an affiliate a	nd the affiliated or le	ad company has file	d an attestation		
	supplement; or (c) The entity has no external cessions and only participal supplement.	ates in an intercompa	any pool and the affil	iated or lead compa	ny has filed an attesta	ation	[] No[X] [] No[X]
10.	If the reporting entity has assumed risks from another en which the original entity would have been required to cha	itity, there should be arge had it retained th	charged on account ne risks. Has this be	of such reinsurance en done?	s a reserve equal to t	hat	No[X] N/A[]
	Has the reporting entity guaranteed policies issued by a	any other entity and r	now in force:			Yes	[] No[X]
	2 If yes, give full information 1 If the reporting entity recorded accrued retrospective pr	emiums on insurance	e contracts on Line 1	5.3 of the asset sch	edule Page 2 state t	the	
	amount of corresponding liabilities recorded for:	cimario ori ilibarario	oonaada on Emo	o.o or allo addoct corr	odalo, r ago 2, olalo i		
	12.11 Unpaid losses 12.12 Unpaid underwriting expenses (including loss ad	fjustment expenses)				\$	
	2 Of the amount on Line 15.3, Page 2, state the amount to					\$	
IZ.	3 If the reporting entity underwrites commercial insurance accepted from its insureds covering unpaid premiums a			re premium notes of	promissory notes	Yes[]	No[] N/A[X]
12.4	4 If yes, provide the range of interest rates charged under			this statement:			
	12.41 From 12.42 To						0.00
12.	5 Are letters of credit or collateral and other funds receive promissory notes taken by a reporting entity, or to secu						
12.0	osses under loss deductible features of commercial po 6 If yes, state the amount thereof at December 31 of curre 12.61 Letters of Credit	licies?	g chary's reported a	ireat unpulu loss res	cives, moduling unpu	Yes	[] No[X]
	12.62 Collateral and other funds					\$	
	Largest net aggregate amount insured in any one risk (Does any reinsurance contract considered in the calculations			e limit of recovery wi	thout also including a		300,00
	reinstatement provision? State the number of reinsurance contracts (excluding in facilities or facultative obligatory contracts) considered in	ndividual facultative ri	isk certificates, but in	•			[X] No[]
14 -	Let the reporting entity a codent in a multiple codent rain	curanco contract?				Voc	I NoIVI
14.2	1 Is the reporting entity a cedant in a multiple cedant reins 2 If yes, please describe the method of allocating and rec	cording reinsurance a					[] No[X]
14.4	3 If the answer to 14.1 is yes, are the methods described 4 If the answer to 14.3 is no, are all the methods describe 5 If the answer to 14.4 is no, please explain:				ant reinsurance contr		No[] N/A[X] No[] N/A[X]
	Has the reporting entity guaranteed any financed premi If yes, give full information	um accounts?				Yes	[] No[X]
16.	Does the reporting entity write any warranty business? If yes, disclose the following information for each of the	following types of wa	rranty coverage:			Yes	[] No[X]
				_			1
		1 Direct	2 Direct	3 Direct	4 Direct	5 Direct	
		Losses Incurred	Losses Unpaid		Premium Unearned		
	16.11 Home	200000 IIIOUIICU	200000 Oripuid			. roman cumed	†
	16.12 Products						
	16.13 Automobile						
	* Disclose type of coverage:						J
17.	 Disclose type of coverage: Does the reporting entity include amounts recoverable of provision for unauthorized reinsurance? 				•		[] No[X]
	Incurred but not reported losses on contracts in force pri provision for unauthorized reinsurance. Provide the follo	wing information for	this exemption.	•	_		_
	17.11 Gross amount of unauthorized reinsurance in Sc 17.12 Unfunded portion of Interrogatory 17.11	nedule F - Part 3 exe	empt from the statute	ory provision for una	utnorized reinsurance	\$ \$	
	17.13 Paid losses and loss adjustment expenses portion	on of Interrogatory 17	7.11			\$	
	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	1				\$	
	17.17 Contingent commission portion of Interrogatory 1	17.11				5	

Yes[] No[X]

18.1 Do you act as a custodian for health savings accounts?

GENERAL INTERROGATORIES (Continued) 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.

- 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 o					-
		1 2024	2 2023	3 2022	4 2021	5 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)	20,134,901	19,375,674	18,306,222	17,443,185	17,578,667
2.	Property Lines (Lines 1, 2, 9, 12, 21, & 26)					
3.	Property and Liability Combined Lines (Lines 3, 4, 5, 8, 22 & 27)					
4.	All Other Lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5.	Nonproportional Reinsurance Lines (Lines 31, 32, & 33)					
6.	TOTAL (Line 35)	20,134,901	19,375,674	18,306,222	17,443,185	17,578,667
_	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,	ACCOUNT COME	Walker Street	70000000000	1002/27/02 100 100	790700000000
_	19.2, 19.3 & 19.4)					
8.	Property Lines (Lines 1, 2, 9, 12, 21 & 26)					
9.	Property and Liability Combined Lines (Lines 3, 4, 5, 8, 22 & 27)					
10. 11.	All Other Lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) Nonproportional Reinsurance Lines (Lines 31, 32 & 33)					
12.	TOTAL (Line 35)	18 221 507	17 953 759	16 9/6 /5/	16 322 144	16 556 970
12.	Statement of Income (Page 4)	10,551,557	17,000,700	10,040,454	10,322,144	10,550,570
13.	Net underwriting gain (loss) (Line 8)	3 713 659	2 904 454	(1 979 094)	2 186 929	68 688
14.	Net investment gain (loss) (Line 0)					
15.	TOTAL other income (Line 15)					
16.	Dividends to policyholders (Line 17)					
17.	Federal and foreign income taxes incurred (Line 19)					
18.	Net income (Line 20)				5 583 004	5 636 534
	Balance Sheet Lines (Pages 2 and 3)			(51 5,51 1)		
19.	TOTAL admitted assets excluding protected cell business (Page					
	2, Line 26, Col. 3)	109.563.422	131.694.430	127.590.114	150.837.482	144.390.718
20.	Premiums and considerations (Page 2, Column 3)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,
	20.1 In course of collection (Line 15.1)	2,011,476	1,974,200	1,639,581	1,971,592	2,115,510
	20.2 Deferred and not yet due (Line 15.2)					
	20.3 Accrued retrospective premiums (Line 15.3)					
21.	TOTAL liabilities excluding protected cell business (Page 3, Line					
	26)	55,928,057	57,347,442	60,792,933	57,334,265	59,202,109
22.	Losses (Page 3, Line 1)					
23.	Loss adjustment expenses (Page 3, Line 3)	8,826,106	9,557,120	10,026,013	9,994,186	11,342,845
24.	Unearned premiums (Page 3, Line 9)	10,744,266	10,436,286	9,917,091	9,452,524	9,387,628
25 .	Capital paid up (Page 3, Lines 30 & 31)					
26.	Surplus as regards policyholders (Page 3, Line 37)	53,635,365	74,346,989	66,797,181	93,503,217	85,188,609
	Cash Flow (Page 5)					
27.	Net cash from operations (Line 11)	7,103,130	2,289,102	2,066,722	3,319,903	4,854,640
	Risk-Based Capital Analysis					
28.	TOTAL adjusted capital					
29.	Authorized control level risk-based capital	2,880,812	4,225,392	4,076,394	4,467,540	4,229,835
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		70.4		70.7	70.4
30.	Bonds (Line 1)		78.4		79.7	
31.	Stocks (Lines 2.1 & 2.2)	9.1	15.5	13.6	14.6	13.0
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
33.	Real estate (Lines 4.1, 4.2 & 4.3)					7.0
34.	Cash, cash equivalents and short-term investments (Line 5)					
35.	Contract loans (Line 6)					
36.	Derivatives (Line 7)	4 E		4.0		0.0
37.	Receivables for securities (Line 9)					
38. 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 11)	100.0	100.0	100.0	100.0	100.0
41.	Investments in Parent, Subsidiaries and Affiliates			100.0	100.0	
42.	Affiliated bonds, (Schedule D, Summary, Line 12, Column 1)					
43.	Affiliated preferred stocks (Schedule D, Summary, Line 18, Column 1)					
44.	Affiliated common stocks (Schedule D, Summary, Line 24, Column 1).	1	I			1
45.	Affiliated short-term investments (subtotals included in Schedule DA					
	Verification, Column 5, Line 10)					
46.	Affiliated mortgage loans on real estate					
47.	All other affiliated					
48.	TOTAL of above Lines 42 to 47					
49.	TOTAL investment in parent included in Lines 42 to 47 above	I I		I		
50.	Percentage of investments in parent, subsidiaries and affiliates to					
	surplus as regards policyholders (Line 48 above divided by Page 3,					
	Column 1, Line 37 x 100.0)	1				

FIVE - YEAR HISTORICAL DATA (Continued)

		1 2024	2 2023	3 2022	4 2021	5 2020
Canit	al and Surplus Accounts (Page 4)	2024	2023	2022	2021	2020
51.	Net unrealized capital gains (losses) (Line 24)	(64 272)	2 517 249	(3 9/6 529)	2 697 922	(130 499
52.	Dividends to stockholders (Line 35)					
53.	Change in surplus as regards policyholders for the year (Line 38)					
	Losses Paid (Page 9, Part 2, Columns 1 and 2)	(20,711,023)	1,349,001	(20,700,030)	6,314,009	5,551,552
4.	Liability Lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1,					
4.	19.2, 19.3 & 19.4)	2 602 200	6 121 512	6 107 522	E 007 250	1 261 70
5.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	(i) (ii)	80 50	W 5.25	107 100	55
5. 6.	Property and liability combined lines (Lines 3, 4, 5, 8, 22, & 27)		And the second s			
o. 7.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
r. 8.						
o. 9.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
	TOTAL (Line 35)	3,092,300	0,121,312	6, 107,533	5,087,250	4,201,792
et Lo 0.	osses Paid (Page 9, Part 2, Column 4)					
U.	Liability Lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1,	2 602 200	0.404.540	6 007 522	E 007 2E0	4 244 70
	19.2, 19.3 & 19.4)					
1.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	1				
2.	Property and liability combined lines (Lines 3, 4, 5, 8, 22, & 27)					
3.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30, & 34)					
4.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
5.	TOTAL (Line 35)	3,692,300	6,121,512	6,007,533	5,087,250	4,241,79
•	ting Percentages (Page 4)					
	divided by Page 4, Line 1) x 100.0					
6.	Premiums earned (Line 1)	1				
7.	Losses incurred (Line 2)					
8.	Loss expenses incurred (Line 3)	27.3	30.4	36.0	28.7	39.9
9.	Other underwriting expenses incurred (Line 4)					
0.	Net underwriting gain (loss) (Line 8)	20.6	16.8	(12.0)	13.5	0.4
ther	Percentages					
1.	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)	32.8	31.8	32.7	31.0	28.
2.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2					
	+ 3 divided by Page 4, Line 1 x 100.0)	45.1	49.9	78.2	54.6	70.4
3.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Column					
	6, Line 35 divided by Page 3, Line 37, Column 1 x 100.0)	34.2	24.0	25.4	17.5	19.
ne Y	ear Loss Development (\$000 omitted)					
4.	Development in estimated losses and loss expenses incurred prior to					
	current year (Schedule P, Part 2 - Summary, Line 12, Column 11)	(4,664)	(4,471)	(1,136)	(3,251)	(1,720
5.	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)	(6.3)	(6.7)	(1.2)	(3.8)	(2.2
wo Y	ear Loss Development (\$000 omitted)	,	(2)	(,	, , , , , , , , , , , , , , , , , , , ,	
6.	Development in estimated losses and loss expenses incurred 2 years					
-	before the current year and prior year (Schedule P, Part 2 - Summary,					
	Line 12, Column 12)	(8 461)	(4 485)	(4 241)	(3 673)	(3 060
7.	Percent of development of losses and loss expenses incurred to reported	(0,101)	(1,100)	(1,211)	(0,0,0)	
	policyholders' surplus of second prior year-end (Line 76 above divided by					
	Page 4, Line 21, Column 2 x 100.0)	(12.7)	(4.9)	(5.0\)	(4.6)	(A 2
		1 (14.1)	1			

If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE SIMED SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES SCHEDULE P - PART 1 - SUMMARY

(\$000 omitted)

Yea	rs in Which		Premiums Earned	d	Loss and Loss Expense Payments					12			
	remiums	1	2	3			Defense and Cost Ad		Adjusting	Adjusting and Other		11	Number
We	ere Earned				Loss Pa	yments	Containmer	nt Payments	Payr	nents	A SECURITY OF THE PARTY OF THE	Total Net	of Claims
an	nd 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
	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	374		266		73			713	XXX
2.	2015	20,529	540	19,989	5,644		4,465		2,612			12,721	X X X
3.	2016	19,478	572	18,906	5,873		3,715		2,370			11,958	XXX
4.	2017	17,487	670	16,817	4,450		3,450		2,002			9,902	X X X
5.	2018	18,462	508	17,954	4,641		3,926		2,144			10,711	X X X
6.	2019	17,656	985	16,671	4,003	40	2,675	2	1,932			8,568	X X X
7.	2020	17,663	1,022	16,641	3,403		2,284		1,947			7,634	X X X
8.	2021	17,378	1,121	16,257	2,547		2,040		1,505			6,092	X X X
9.	2022	17,842	1,360	16,482	1,474	100	1,562	1	1,771			4,706	XXX
10.	2023	18,856	1,522	17,334								2,553	X X X
11.	2024	19,826	1,803	18,023	50		235		858			1,143	X X X
12.	Totals	X X X	XXX	XXX	32,813	140	25,556	3	18,475			76,701	X X X

			Losses	Unpaid		De	fense and Cost (Containment Unp	aid	Adjusting	and Other	23	24	25
		Case Basis		Bulk + IBNR		Case Basis		Bulk +	- IBNR	Unpaid				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	1,028		(105)		123				92			1,138	17
2.	2015.	498	25	(63)		62	278			49			243	9
3.	2016.	535		(82)		77				60			590	11
4.	2017.	660		(93)		115				71			753	13
5.	2018.	1,378		(192)		218				136			1,540	25
6.	2019.	1,235		(122)		199				120			1,432	22
7.	2020 .	2,135		(267)		442	7			206			2,509	38
8.	2021.	3,681		(235)		562				348			4,356	64
9.	2022 .	5,479		(302)		830	172			522			6,357	96
10.	2023 .	7,621		(428)		1,246				858			9,297	158
11.	2024 .	8,683		(236)		1,753				1,195			11,395	220
12.	Totals	32,933	25	(2,125)		5,627	457			3,657			39,610	X X X

			Total Losses and		Loss and	Loss Expense Pe	rcentage	Nonta	abular	34	Net Balance Sheet	
		Lo	ss Expenses Incun	red	(Incu	rred/Premiums Ear	med)	Disc	ount	Inter-Company	Reserves After Discount	
		26	27	28	29 30		31	32	33	Pooling	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	XXX	XXX	XXX			X X X	923	215
2.	2015	13,267	303	12,964	64.6	56.1	64.9				410	(167)
3.	2016	12,548		12,548	64.4		66.4				453	137
4.	2017	10,655		10,655	60.9		63.4				567	186
5.	2018	12,251		12,251	66.4		68.2				1,186	354
6.	2019	10,042	42	10,000	56.9	4.3	60.0				1,113	319
7.	2020	10,150	7	10,143	57.5	0.7	61.0				1,868	641
8.	2021	10,448		10,448	60.1		64.3				3,446	910
9.	2022	11,336	273	11,063	63.5	20.1	67.1				5,177	1,180
10	2023	11,850		11,850	62.8		68.4				7,193	2,104
11.	2024	12,538		12,538	63.2		69.6				8,447	2,948
12	Totals .	XXX	XXX	XXX	XXX	XXX	XXX			X X X	30,783	8,827

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.

SCHEDULE P - PART 2 - SUMMARY

		INCUR	RED NET LOS	SES AND DEF	ENSE AND C	OST CONTAIN	MENT EXPEN	ISES REPORT	ED AT YEAR-	END (\$000 ON	IITTED)	DEVELO	PMENT
	Years in	1	2	3	4	5	6	7	8	9	10	11	12
	Which												
	Losses												
	Were											One	Two
	Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Year	Year
1.	Prior	38,243	35,832	35,539	33,627	33,328	32,860	32,807	32,393	31,745	31,907	162	(486)
2.	2015	16,029	13,740	11,962	11,294	10,702	10,523	10,543	10,547	10,530	10,303	(227)	(244)
3.	2016	X X X	13,453	11,534	10,485	10,405	10,422	10,461	10,380	10,182	10,118	(64)	(262)
4.	2017	XXX	XXX	10,556	10,026	9,325	9,331	9,019	8,996	8,704	8,582	(122)	(414)
5.	2018	XXX	XXX	XXX	11,656	11,007	10,892	10,609	10,752	10,357	9,971	(386)	(781)
6.	2019	XXX	XXX	XXX	XXX	11,455	10,474	9,110	8,948	8,365	7,948	(417)	(1,000)
7.	2020	XXX	XXX	XXX	XXX	XXX	10,910	9,612	9,155	8,831	7,990	(841)	(1,165)
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX	10,097	9,951	9,059	8,595	(464)	(1,356)
9.	2022	X X X	XXX	XXX	X X X	X X X	XXX	XXX	11,523	10,401	8,770	(1,631)	(2,753)
10.	2023	X X X	XXX	X X X	X X X	X X X	XXX	XXX	XXX	10,405	9,731	(674)	XXX
11.	2024	X X X	XXX	XXX	X X X	XXX	XXX	XXX	XXX	XXX	10,485	X X X	X X X
12.	TOTALS											(4,664)	(8,461)

SCHEDULE P - PART 3 - SUMMARY

		CUMULATI	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										12
	Years in	1	2	3	4	5	6	7	8	9	10	Number of	Number of
	Which											Claims	Claims
	Losses											Closed	Closed
	Were											With Loss	Without Loss
	Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	Payment	Payment
1.	Prior	000	10,187	17,351	22,435	25,515	26,702	28,014	29,454	30,221	30,861	X X X	X X X
2.	2015	420	2,114	4,046	5,810	7,913	8,875	9,338	9,666	9,922	10,109	X X X	X X X
3.	2016	X X X	494	2,227	4,288	6,646	8,017	8,776	9,266	9,502	9,588	X X X	X X X
4.	2017	X X X	XXX	288	1,563	3,725	4,832	6,206	6,991	7,658	7,900	X X X	X X X
5.	2018	XXX	XXX	XXX	448	1,907	3,471	5,432	6,506	7,860	8,567	X X X	X X X
6.	2019	XXX	XXX	XXX	XXX	277	1,502	3,003	4,982	6,158	6,636	X X X	X X X
7.	2020	X X X	XXX	XXX	X X X	X X X	303	1,302	3,087	4,679	5,687	X X X	X X X
8.	2021	XXX	XXX	XXX	XXX	XXX	XXX	524	1,706	3,666	4,587	X X X	X X X
9.	2022	X X X	XXX	XXX	X X X	X X X	XXX	X X X	407	1,621	2,935	X X X	X X X
10.	2023	X X X	XXX	XXX	X X X	X X X	XXX	X X X	X X X	234	1,292	X X X	X X X
11.	2024	XXX	XXX	XXX	XXX	XXX	XXX	X X X	XXX	XXX	285	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)											
Losses Were		1	2	3	4	5	6	7	8	9	10			
	Incurred	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024			
1.	Prior	(8,851)	(4,148)	(2,662)	(1,950)	(1,976)	(1,950)	(1,005)	(468)	(305)	(105)			
2.	2015	(1,294)	(410)	(636)	(536)	(601)	(482)	(362)	(210)	(145)	(63)			
3.	2016	XXX	529	(311)	(448)	(573)	(604)	(317)	(235)	(125)	(82)			
4.	2017	XXX	XXX	359	(109)	(483)	(602)	(367)	(309)	(175)	(93)			
5.	2018	XXX	xxx	XXX	(778)	(1,167)	(900)	(574)	(375)	(292)	(192)			
6.	2019	XXX	XXX	XXX	X X X	(1,499)	(939)	(434)	(390)	(142)	(122)			
7.	2020	XXX	XXX	XXX	XXX	XXX	(822)	(402)	(162)	(327)	(267)			
8.	2021	XXX	XXX	XXX	X X X	XXX	XXX	(638)	(462)	30	(235)			
9.	2022	XXX	XXX	XXX	X X X	XXX	XXX	XXX	(988)	(346)	(302)			
10.	2023	XXX	x x x	XXX	x x x	XXX	xxx	XXX	xxx	(421)	(428)			
11	2024	XXX	xxx	XXX	XXX	XXX	x x x	XXX	x x x	X X X	(236)			

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

		1	Policy and Me Less Return F Premiums on Po	Premiums and Dicies Not Taker		5	6	7	8	9 Direct Premium Written for	
	States, Etc.	Active Status (a)	2 Direct Premiums Written	3 Direct Premiums Earned	Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	Federal Purchasing Groups (Included in Column 2)	
1.	Alabama (AL)	N .									
2.	Alaska (AK)	N .									
3.	Arizona (AZ)	N .									
4.	Arkansas (AR)	1									
5. 6.	California (CA)	N .				•••••					
0. 7.	Colorado (CO)	1									
8.	Delaware (DE)	N .			CONTRACTOR OF THE PARTY OF THE			ACM ACM ACM ACM	W. S. GOTTO DAVICE.	ontentalescen	
9.	District of Columbia (DC)	N .									
10.	Florida (FL)	N .									
11.	Georgia (GA)	N .									
12.	Hawaii (HI)	1									
13.	Idaho (ID)	N .									
14. 15.	Illinois (IL)										
15. 16.	Indiana (IN)	1									
10. 17.	Kansas (KS)	N .									
18.	Kentucky (KY)	1									
19.	Louisiana (LA)										
20.	Maine (ME)	N .									
21.	Maryland (MD)	N .									
22.	Massachusetts (MA)	N .									
23.	Michigan (MI)	1									
24.	Minnesota (MN)	N .									
25. 26.	Mississippi (MS)	N .									
20. 27.	Missouri (MO) Montana (MT)	N .									
28.	Nebraska (NE)										
29.	Nevada (NV)	1									
30.	New Hampshire (NH)	1									
31.	New Jersey (NJ)	N .									
32.	New Mexico (NM)										
33.	New York (NY)	N .									
34.	North Carolina (NC)	1									
35. 36.	North Dakota (ND)										
30. 37.	Ohio (OH) Oklahoma (OK)										
38.	Oregon (OR)	1									
39.	Pennsylvania (PA)										
40.	Rhode Island (RI)	N .									
41.	South Carolina (SC)	N .									
42.	South Dakota (SD)										
43.	Tennessee (TN)										
44.	Texas (TX)										
45. 46.	Utah (UT)	N .									
46. 47.	Vermont (VT) Virginia (VA)	1									
47. 48.	Washington (WA)										
40. 49.	West Virginia (WV)	1									
50.	Wisconsin (WI)	1									
51.	Wyoming (WY)	N .									
52.	American Samoa (AS)										
53.	Guam (GU)										
54.	Puerto Rico (PR)		20,134,901	l		3,692,300	2,996,825	30,807,673			
55. se	U.S. Virgin Islands (VI) Northern Mariana Islands (MP)				***************************************						
56. 57.	Canada (CAN)	N .			***************************************						
58.	Aggregate other alien (OT)	XXX									
59.	TOTALS	XXX	20,134,901	19,826,922		3,692,300	2,996,825	30,807,673			
	S OF WRITE-INS										
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998.	Summary of remaining write-ins										
E0000	for Line 58 from overflow page	XXX									
58999.	TOTALS (Lines 58001 through									1	
	58003 plus 58998) (Line 58										

(b) Explanation of basis of allocation of premiums by states, etc.: Premiums are allocated to those states where the insured risks are located

 ^{1.} L - Loedised of Challerede - Loedised instance camer or administrations
 2. R. Registered-Non-doministd RROs
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of dominist – See DSL)

Q - Qualified - Qualified or accredited reinsurer
 D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.
 N - None of the above - Not allowed to write business in the state

96 Schedule T - Part 2 - Interstate Compact - Exhibit of Premiums Written NO	NE
97 Schedule Y - Part 1 NO	NE
98 Schedule Y - Part 1A	NE
99 Schedule Y - Part 2	NE
33 Schedule 1 - Fait 2	NL
100 Schedule Y - Part 3	NE