

**QUARTERLY STATEMENT**

**OF THE**

**Securian Specialty Lines, Inc.**

**TO THE**

**Insurance Department**

**OF THE**

**STATE OF**

**FOR THE QUARTER ENDED  
SEPTEMBER 30, 2024**

**PROPERTY AND CASUALTY**

**2024**



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2024
OF THE CONDITION AND AFFAIRS OF THE
Securian Specialty Lines, Inc

NAIC Group Code 0869 (Current) NAIC Company Code 17631 Employer's ID Number 99-2262045
Organized under the Laws of Texas, State of Domicile or Port of Entry TX
Country of Domicile United States of America
Incorporated/Organized 04/01/2024 Commenced Business 04/25/2024
Statutory Home Office 211 E. 7th Street, Suite 620 Austin, TX, US 78701-3218
Main Administrative Office 6055 Lakeside Commons Drive, Suite 200 Macon, GA, US 31210
Mail Address 6055 Lakeside Commons Drive, Suite 200 Macon, GA, US 31210
Primary Location of Books and Records 6055 Lakeside Commons Drive, Suite 200 Macon, GA, US 31210
Internet Website Address www.securian.com
Statutory Statement Contact Amanda Rachael Larson amanda.larson@securian.com

OFFICERS

President & Chief Executive Officer Christopher Robert Greene #
Secretary James Scott Fuller #
Treasurer Ted James Nistler #

OTHER

Adam Marshall Swartz #, Vice President James Keith Daniels #, Vice President

DIRECTORS OR TRUSTEES

James Scott Fuller # Christopher Michael Hilger # Ted James Nistler #
Siddharth Subhash Gandhi # James Keith Daniels # Christopher Robert Greene #
David Anthony Seidel #

State of Georgia SS:
County of Houston

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

Handwritten signatures of Christopher Robert Greene, James Scott Fuller, and Ted James Nistler with their respective titles: President & Chief Executive Officer, Secretary, and Treasurer.

Subscribed and sworn to before me this 23rd day of October, 2024
Angel C Lutz
Financial Planning & Analysis Specialist
12/10/2027

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

Angel C Lutz
NOTARY PUBLIC
HOUSTON COUNTY, GEORGIA
My Commission Expires
12/10/2027

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Securian Specialty Lines, Inc.

**ASSETS**

|   | Current Statement Date |                         |   | 4<br>December 31<br>Prior Year Net<br>Admitted Assets |
|---|------------------------|-------------------------|---|---|
|   | 1<br>Assets            | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) |   |
| 1. Bonds .....  | 14,960,797             |                         | 14,960,797                                |   |
| 2. Stocks:  |                        |                         |   |   |
| 2.1 Preferred stocks .....  |                        |                         | 0   |   |
| 2.2 Common stocks .....   |                        |                         | 0   |   |
| 3. Mortgage loans on real estate:   |                        |                         |   |   |
| 3.1 First liens .....   |                        |                         | 0   |   |
| 3.2 Other than first liens.....   |                        |                         | 0   |   |
| 4. Real estate:   |                        |                         |   |   |
| 4.1 Properties occupied by the company (less \$<br>encumbrances) .....  |                        |                         | 0   |   |
| 4.2 Properties held for the production of income (less<br>\$ ..... encumbrances) .....  |                        |                         | 0   |   |
| 4.3 Properties held for sale (less \$<br>encumbrances) .....  |                        |                         | 0   |   |
| 5. Cash (\$ ..... 5,053,712 ), cash equivalents<br>(\$ ..... 15,206 ) and short-term<br>investments (\$ ..... ) .....                                       | 5,068,918              |                         | 5,068,918                                 |   |
| 6. Contract loans (including \$ ..... premium notes) .....  |                        |                         | 0   |   |
| 7. Derivatives .....  |                        |                         | 0   |   |
| 8. Other invested assets .....  |                        |                         | 0   |   |
| 9. Receivables for securities .....   |                        |                         | 0   |   |
| 10. Securities lending reinvested collateral assets .....   |                        |                         | 0   |   |
| 11. Aggregate write-ins for invested assets .....   | 0                      | 0                       | 0   | 0   |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....   | 20,029,715             | 0                       | 20,029,715                                | 0   |
| 13. Title plants less \$ ..... charged off (for Title insurers<br>only) .....   |                        |                         | 0   |   |
| 14. Investment income due and accrued .....   | 160,033                |                         | 160,033                                   |   |
| 15. Premiums and considerations:  |                        |                         |   |   |
| 15.1 Uncollected premiums and agents' balances in the course of collection .....  | 103,278                |                         | 103,278                                   |   |
| 15.2 Deferred premiums, agents' balances and installments booked but<br>deferred and not yet due (including \$ .....<br>earned but unbilled premiums) ..... |                        |                         | 0   |   |
| 15.3 Accrued retrospective premiums (\$ ..... ) and<br>contracts subject to redetermination (\$ ..... ) .....   |                        |                         | 0   |   |
| 16. Reinsurance:  |                        |                         |   |   |
| 16.1 Amounts recoverable from reinsurers .....  | 1,036                  |                         | 1,036                                     |   |
| 16.2 Funds held by or deposited with reinsured companies .....  |                        |                         | 0   |   |
| 16.3 Other amounts receivable under reinsurance contracts .....   |                        |                         | 0   |   |
| 17. Amounts receivable relating to uninsured plans .....  |                        |                         | 0   |   |
| 18.1 Current federal and foreign income tax recoverable and interest thereon ....   |                        |                         | 0   |   |
| 18.2 Net deferred tax asset .....   | 1,109                  |                         | 1,109                                     |   |
| 19. Guaranty funds receivable or on deposit .....   |                        |                         | 0   |   |
| 20. Electronic data processing equipment and software .....   |                        |                         | 0   |   |
| 21. Furniture and equipment, including health care delivery assets<br>(\$ ..... ) .....   |                        |                         | 0   |   |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....  |                        |                         | 0   |   |
| 23. Receivables from parent, subsidiaries and affiliates .....  |                        |                         | 0   |   |
| 24. Health care (\$ ..... ) and other amounts receivable .....  |                        |                         | 0   |   |
| 25. Aggregate write-ins for other than invested assets .....  | 0                      | 0                       | 0   | 0   |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25) .....                                     | 20,295,171             | 0                       | 20,295,171                                | 0   |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell<br>Accounts .....  |                        |                         | 0   |   |
| 28. Total (Lines 26 and 27)   | 20,295,171             | 0                       | 20,295,171                                | 0   |
| <b>DETAILS OF WRITE-INS</b>   |                        |                         |   |   |
| 1101. ....  |                        |                         |   |   |
| 1102. ....  |                        |                         |   |   |
| 1103. ....  |                        |                         |   |   |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....   | 0                      | 0                       | 0   | 0   |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)   | 0                      | 0                       | 0   | 0   |
| 2501. ....  |                        |                         |   |   |
| 2502. ....  |                        |                         |   |   |
| 2503. ....  |                        |                         |   |   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   | 0                      | 0                       | 0   | 0   |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)   | 0                      | 0                       | 0   | 0   |

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Securian Specialty Lines, Inc.

**LIABILITIES, SURPLUS AND OTHER FUNDS**

|   | 1<br>Current<br>Statement Date | 2<br>December 31,<br>Prior Year |
|---|--------------------------------|---------------------------------|
| 1. Losses (current accident year \$ .....9,000 ) .....  | 9,321                          |                                 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses .....  |                                | 0                               |
| 3. Loss adjustment expenses .....   |                                |                                 |
| 4. Commissions payable, contingent commissions and other similar charges .....  | 61,830                         |                                 |
| 5. Other expenses (excluding taxes, licenses and fees) .....  | 8,107                          |                                 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....  |                                |                                 |
| 7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....  |                                |                                 |
| 7.2 Net deferred tax liability .....  | 18,148                         |                                 |
| 8. Borrowed money \$ ..... and interest thereon \$ .....  |                                |                                 |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ ..... and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act) ..... |                                |                                 |
| 10. Advance premium .....   |                                |                                 |
| 11. Dividends declared and unpaid:  |                                |                                 |
| 11.1 Stockholders .....   |                                |                                 |
| 11.2 Policyholders .....  |                                |                                 |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) .....  | 8,173                          | 0                               |
| 13. Funds held by company under reinsurance treaties .....  | 1,036                          | 0                               |
| 14. Amounts withheld or retained by company for account of others .....   |                                |                                 |
| 15. Remittances and items not allocated .....   |                                |                                 |
| 16. Provision for reinsurance (including \$ ..... certified) .....  |                                | 0                               |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates .....   |                                |                                 |
| 18. Drafts outstanding .....  |                                |                                 |
| 19. Payable to parent, subsidiaries and affiliates .....  | 12,973                         |                                 |
| 20. Derivatives .....   | 0                              | 0                               |
| 21. Payable for securities .....  |                                |                                 |
| 22. Payable for securities lending .....  |                                |                                 |
| 23. Liability for amounts held under uninsured plans .....  |                                |                                 |
| 24. Capital notes \$ ..... and interest thereon \$ .....  |                                |                                 |
| 25. Aggregate write-ins for liabilities .....   | 0                              | 0                               |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....   | 119,588                        | 0                               |
| 27. Protected cell liabilities .....  |                                |                                 |
| 28. Total liabilities (Lines 26 and 27) .....   | 119,588                        | 0                               |
| 29. Aggregate write-ins for special surplus funds .....   | 0                              | 0                               |
| 30. Common capital stock .....  | 2,500,000                      |                                 |
| 31. Preferred capital stock .....   |                                |                                 |
| 32. Aggregate write-ins for other than special surplus funds .....  | 0                              | 0                               |
| 33. Surplus notes .....   |                                |                                 |
| 34. Gross paid in and contributed surplus .....   | 17,500,000                     |                                 |
| 35. Unassigned funds (surplus) .....  | 175,583                        |                                 |
| 36. Less treasury stock, at cost:   |                                |                                 |
| 36.1 ..... shares common (value included in Line 30 \$ ..... ) .....  |                                |                                 |
| 36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....   |                                |                                 |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) .....  | 20,175,583                     | 0                               |
| 38. Totals (Page 2, Line 28, Col. 3)  | 20,295,171                     | 0                               |
| <b>DETAILS OF WRITE-INS</b>   |                                |                                 |
| 2501. ....  |                                |                                 |
| 2502. ....  |                                |                                 |
| 2503. ....  |                                |                                 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   | 0                              | 0                               |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)   | 0                              | 0                               |
| 2901. ....  |                                |                                 |
| 2902. ....  |                                |                                 |
| 2903. ....  |                                |                                 |
| 2998. Summary of remaining write-ins for Line 29 from overflow page .....   | 0                              | 0                               |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)   | 0                              | 0                               |
| 3201. ....  |                                |                                 |
| 3202. ....  |                                |                                 |
| 3203. ....  |                                |                                 |
| 3298. Summary of remaining write-ins for Line 32 from overflow page .....   | 0                              | 0                               |
| 3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)   | 0                              | 0                               |

**STATEMENT OF INCOME**

|   | 1<br>Current<br>Year to Date | 2<br>Prior Year<br>to Date | 3<br>Prior Year Ended<br>December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| <b>UNDERWRITING INCOME</b>  |                              |                            |                                      |
| 1. Premiums earned:   |                              |                            |                                      |
| 1.1 Direct (written \$ 103,566 )  | 103,566                      |                            | 0                                    |
| 1.2 Assumed (written \$ )   |                              |                            | 0                                    |
| 1.3 Ceded (written \$ 10,357 )  | 10,357                       |                            | 0                                    |
| 1.4 Net (written \$ 93,209 )  | 93,209                       | 0                          | 0                                    |
| <b>DEDUCTIONS:</b>  |                              |                            |                                      |
| 2. Losses incurred (current accident year \$ 9,000 ):   |                              |                            |                                      |
| 2.1 Direct  | 10,357                       |                            | 0                                    |
| 2.2 Assumed   |                              |                            | 0                                    |
| 2.3 Ceded   | 1,036                        |                            | 0                                    |
| 2.4 Net   | 9,321                        | 0                          | 0                                    |
| 3. Loss adjustment expenses incurred  | 3,107                        |                            |                                      |
| 4. Other underwriting expenses incurred   | 149,831                      |                            |                                      |
| 5. Aggregate write-ins for underwriting deductions  | 0                            | 0                          | 0                                    |
| 6. Total underwriting deductions (Lines 2 through 5)  | 162,259                      | 0                          | 0                                    |
| 7. Net income of protected cells  |                              |                            |                                      |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)  | (69,050)                     | 0                          | 0                                    |
| <b>INVESTMENT INCOME</b>  |                              |                            |                                      |
| 9. Net investment income earned   | 289,123                      |                            |                                      |
| 10. Net realized capital gains (losses) less capital gains tax of \$  |                              |                            |                                      |
| 11. Net investment gain (loss) (Lines 9 + 10)   | 289,123                      | 0                          | 0                                    |
| <b>OTHER INCOME</b>   |                              |                            |                                      |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )  | 0                            |                            |                                      |
| 13. Finance and service charges not included in premiums  |                              |                            |                                      |
| 14. Aggregate write-ins for miscellaneous income  | 2,184                        | 0                          | 0                                    |
| 15. Total other income (Lines 12 through 14)  | 2,184                        | 0                          | 0                                    |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)     | 222,257                      | 0                          | 0                                    |
| 17. Dividends to policyholders  |                              |                            |                                      |
| 18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) | 222,257                      | 0                          | 0                                    |
| 19. Federal and foreign income taxes incurred   | 47,783                       |                            |                                      |
| 20. Net income (Line 18 minus Line 19)(to Line 22)  | 174,474                      | 0                          | 0                                    |
| <b>CAPITAL AND SURPLUS ACCOUNT</b>  |                              |                            |                                      |
| 21. Surplus as regards policyholders, December 31 prior year  | 0                            |                            |                                      |
| 22. Net income (from Line 20)   | 174,474                      | 0                          | 0                                    |
| 23. Net transfers (to) from Protected Cell accounts   |                              |                            |                                      |
| 24. Change in net unrealized capital gains (losses) less capital gains tax of \$  |                              |                            |                                      |
| 25. Change in net unrealized foreign exchange capital gain (loss)   |                              |                            |                                      |
| 26. Change in net deferred income tax   | 1,109                        |                            |                                      |
| 27. Change in nonadmitted assets  |                              |                            |                                      |
| 28. Change in provision for reinsurance   |                              |                            |                                      |
| 29. Change in surplus notes   |                              |                            |                                      |
| 30. Surplus (contributed to) withdrawn from protected cells   |                              |                            |                                      |
| 31. Cumulative effect of changes in accounting principles   |                              |                            |                                      |
| 32. Capital changes:  |                              |                            |                                      |
| 32.1 Paid in  | 2,500,000                    |                            |                                      |
| 32.2 Transferred from surplus (Stock Dividend)  |                              |                            |                                      |
| 32.3 Transferred to surplus   |                              |                            |                                      |
| 33. Surplus adjustments:  |                              |                            |                                      |
| 33.1 Paid in  | 17,500,000                   |                            |                                      |
| 33.2 Transferred to capital (Stock Dividend)  |                              |                            |                                      |
| 33.3 Transferred from capital   |                              |                            |                                      |
| 34. Net remittances from or (to) Home Office  |                              |                            |                                      |
| 35. Dividends to stockholders   |                              |                            |                                      |
| 36. Change in treasury stock  |                              |                            |                                      |
| 37. Aggregate write-ins for gains and losses in surplus   | 0                            | 0                          | 0                                    |
| 38. Change in surplus as regards policyholders (Lines 22 through 37)  | 20,175,583                   | 0                          | 0                                    |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)   | 20,175,583                   | 0                          | 0                                    |
| <b>DETAILS OF WRITE-INS</b>   |                              |                            |                                      |
| 0501.   |                              |                            |                                      |
| 0502.   |                              |                            |                                      |
| 0503.   |                              |                            |                                      |
| 0598. Summary of remaining write-ins for Line 5 from overflow page  | 0                            | 0                          | 0                                    |
| 0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)  | 0                            | 0                          | 0                                    |
| 1401. Miscellaneous income  | 2,184                        | 0                          | 0                                    |
| 1402.   |                              |                            |                                      |
| 1403.   |                              |                            |                                      |
| 1498. Summary of remaining write-ins for Line 14 from overflow page   | 0                            | 0                          | 0                                    |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)   | 2,184                        | 0                          | 0                                    |
| 3701.   |                              |                            |                                      |
| 3702.   |                              |                            |                                      |
| 3703.   |                              |                            |                                      |
| 3798. Summary of remaining write-ins for Line 37 from overflow page   | 0                            | 0                          | 0                                    |
| 3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)   | 0                            | 0                          | 0                                    |

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Securian Specialty Lines, Inc.

**CASH FLOW**

|   | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| <b>Cash from Operations</b>   |                              |                            |                                      |
| 1. Premiums collected net of reinsurance .....  | (1,896)                      |                            |                                      |
| 2. Net investment income .....  | 131,152                      |                            |                                      |
| 3. Miscellaneous income .....   | 2,184                        |                            |                                      |
| 4. Total (Lines 1 to 3) .....   | 131,440                      | 0                          | 0                                    |
| 5. Benefit and loss related payments .....  | 1,036                        |                            |                                      |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                                | 0                            |                            |                                      |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....  | 83,001                       |                            |                                      |
| 8. Dividends paid to policyholders .....  | 0                            |                            |                                      |
| 9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital<br>gains (losses) .....                 | 29,635                       |                            |                                      |
| 10. Total (Lines 5 through 9) .....   | 113,672                      | 0                          | 0                                    |
| 11. Net cash from operations (Line 4 minus Line 10) .....   | 17,768                       | 0                          | 0                                    |
| <b>Cash from Investments</b>  |                              |                            |                                      |
| 12. Proceeds from investments sold, matured or repaid:  |                              |                            |                                      |
| 12.1 Bonds .....  | 0                            |                            |                                      |
| 12.2 Stocks .....   | 0                            |                            |                                      |
| 12.3 Mortgage loans .....   | 0                            |                            |                                      |
| 12.4 Real estate .....  | 0                            |                            |                                      |
| 12.5 Other invested assets .....  | 0                            |                            |                                      |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....                                       | 0                            |                            |                                      |
| 12.7 Miscellaneous proceeds .....   | 0                            |                            |                                      |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) .....   | 0                            | 0                          | 0                                    |
| 13. Cost of investments acquired (long-term only):  |                              |                            |                                      |
| 13.1 Bonds .....  | 14,962,859                   |                            |                                      |
| 13.2 Stocks .....   | 0                            |                            |                                      |
| 13.3 Mortgage loans .....   | 0                            |                            |                                      |
| 13.4 Real estate .....  | 0                            |                            |                                      |
| 13.5 Other invested assets .....  | 0                            |                            |                                      |
| 13.6 Miscellaneous applications .....   | 0                            |                            |                                      |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) .....  | 14,962,859                   | 0                          | 0                                    |
| 14. Net increase (or decrease) in contract loans and premium notes .....  | 0                            |                            |                                      |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....   | (14,962,859)                 | 0                          | 0                                    |
| <b>Cash from Financing and Miscellaneous Sources</b>  |                              |                            |                                      |
| 16. Cash provided (applied):  |                              |                            |                                      |
| 16.1 Surplus notes, capital notes .....   | 0                            |                            |                                      |
| 16.2 Capital and paid in surplus, less treasury stock .....   | 20,000,000                   |                            |                                      |
| 16.3 Borrowed funds .....   | 0                            |                            |                                      |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities .....   | 0                            |                            |                                      |
| 16.5 Dividends to stockholders .....  | 0                            |                            |                                      |
| 16.6 Other cash provided (applied) .....  | 14,009                       |                            |                                      |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5<br>plus Line 16.6) ..... | 20,014,009                   | 0                          | 0                                    |
| <b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>  |                              |                            |                                      |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....                   | 5,068,918                    | 0                          | 0                                    |
| 19. Cash, cash equivalents and short-term investments:  |                              |                            |                                      |
| 19.1 Beginning of year .....  | 0                            |                            |                                      |
| 19.2 End of period (Line 18 plus Line 19.1) .....   | 5,068,918                    | 0                          | 0                                    |

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The accompanying statutory financial statements of Securian Specialty Lines, Inc. (the Company) have been prepared in accordance with accounting practices prescribed or permitted by the Texas Department of Insurance. The Texas Department of Insurance recognizes statutory accounting practices prescribed or permitted by the State of Texas for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Texas Insurance Law. Prescribed statutory accounting practices are those practices that are incorporated directly or by reference in state laws, regulations and general administrative rules applicable to all insurance enterprises domiciled in a particular state. Permitted statutory accounting practices include practices not prescribed by the domiciliary state but allowed by the domiciliary state regulatory authority. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Texas. The state has adopted the prescribed accounting practices found in NAIC SAP, without modification.

| NET INCOME                                   | SSAP<br># | F/S<br>Page | F/S<br>Line # | 2024          | 2023     |
|--|-----------|-------------|---------------|---------------|----------|
| 1) State basis(Page 4, Line 20, Columns 1&3) | XXX       | XXX         | XXX           | \$ 174,474    | \$ 0     |
| 2) Effect of state prescribed practices      | _____     | _____       | _____         | \$ _____      | \$ _____ |
| 3) Effect of state permitted practices       | _____     | _____       | _____         | \$ _____      | \$ _____ |
| 4) NAIC SAP                                  | XXX       | XXX         | XXX           | \$ 174,474    | \$ 0     |
| <br>   |           |             |               |               |          |
| SURPLUS                                      |           |             |               |               |          |
| 5) State basis(Page 3, Line 37, Columns 1&2) | XXX       | XXX         | XXX           | \$ 20,175,583 | \$ 0     |
| 6) Effect of state prescribed practices      | _____     | _____       | _____         | \$ _____      | \$ _____ |
| 7) Effect of state permitted practices       | _____     | _____       | _____         | \$ _____      | \$ _____ |
| 8) NAIC SAP                                  | XXX       | XXX         | XXX           | \$ 20,175,583 | \$ 0     |

#### B. Use of Estimates

The preparation of financial statements in conformity with statutory accounting practices requires management to make certain estimates and assumptions that affect the reported assets and liabilities, including reporting or disclosure of contingent assets and liabilities as of the date of the statements of admitted assets, liabilities and surplus and the reported amounts within the statement of income during the reporting period. Future events, including changes in interest rates and asset valuations, could cause actual results to differ from the estimates used in the financial statements.

The most significant estimates include those used in determining loss reserves, impairment losses on investments, and federal income taxes. Although some variability is inherent in these estimates, the recorded amounts reflect management's best estimates based on facts and circumstances as of the statements of admitted assets, liabilities, and surplus date. Management believes the amounts provided are appropriate.

#### C. Accounting Policy

The Company recognizes premium as earned over the period of risk in proportion to the insurance protection provided.

Expenses incurred in connection with acquiring new and renewal insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Investment income is recognized as earned, net of related investment expenses.

In addition, the Company uses the following accounting policies:

1. Cash and cash equivalents are carried at cost, which generally approximates fair value. Money market funds are included in cash equivalents and are generally valued at fair value. The Company considers short-term investments that are readily convertible to known amounts of cash and have an original maturity date of three months or less to be cash equivalents. The Company places its cash and cash equivalents with high quality financial institutions and, at times, these balances may be in excess of the Federal Deposit Insurance Corporation (FDIC) insurance limit.
2. The Company has no bonds.
3. The Company has no common stock.
4. The Company has no preferred stocks.
5. The Company has no mortgage loans.
6. The Company has no Loan-backed securities.
7. The Company does not have any subsidiaries.
8. The Company does not have any other invested assets.
9. The Company has no derivative instruments.
10. The Company does not anticipate investment income when evaluating the need for premium deficiency reserves.
11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from the prior period.
13. The Company does not have pharmaceutical rebate receivables.

#### D. Going Concern

Not applicable

## NOTES TO FINANCIAL STATEMENTS

### 2. Accounting Changes and Corrections of Errors

Not applicable

### 3. Business Combinations and Goodwill

Not applicable

### 4. Discontinued Operations

Not applicable

### 5. Investments

A. Not applicable

B. Not applicable

C. Not applicable

D. Loan-Backed Securities

#### 1. Describe sources used to determine prepayment assumptions

Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained primarily from broker dealer survey values or internal estimates when survey values are not available.

2. There were no other than temporary impairments (OTTI) recorded as of September 30, 2024, due to present values of cash flows expected to be collected being less than the amortized cost basis of the securities. There were no other-than-temporary impairments (OTTI) recorded as of September 30, 2024, due to management's intent to sell or inability to hold a security until recovery.

3. As of September 30, 2024, the company did not hold any securities for which an OTTI has previously been recognized.

4. Report in aggregate all impaired securities (i.e.  $MV < BV$ ) for which an OTTI has not been taken (include securities that have a credit impairment when a non-recognized non-credit impairment remains)

a. The aggregate amount of unrealized losses:

|    |                     |    |   |
|----|---------------------|----|---|
| 1. | Less than 12 months | \$ | 0 |
| 2. | 12 months or longer | \$ | 0 |

b. The aggregate related fair value of securities with unrealized losses:

|    |                     |    |   |
|----|---------------------|----|---|
| 1. | Less than 12 months | \$ | 0 |
| 2. | 12 months or longer | \$ | 0 |

5. In determining whether a decline in value is other than temporary, the Company considers several factors including, but not limited to the following: the extent and duration of the decline in value; the Company's ability or lack of intent to retain the investment for a period of time sufficient to recover the amortized cost basis; and the performance of the security's underlying collateral and projected future cash flows. In projecting future cash flows, the Company incorporates inputs from third-party sources and applies reasonable judgment in developing assumptions used to estimate the probability and timing of collecting all contractual cash flows.



## NOTES TO FINANCIAL STATEMENTS

### 5. Investments (continues)

- E. Not applicable
- F. Not applicable
- G. Not applicable
- H. Not applicable
- I. Not applicable
- J. Not applicable
- K. Not applicable
- L. Not applicable
- M. Not applicable
- N. Not applicable
- O. Not applicable
- P. Not applicable
- Q. Not applicable
- R. Not applicable

### 6. Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

### 7. Investment Income

Not applicable

### 8. Derivative Instruments

Not applicable

### 9. Income Taxes

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

|   | Current Year Ordinary | Current Year Capital | Current Year Total |
|---|-----------------------|----------------------|--------------------|
| a) Total of gross deferred tax assets (DTA) | \$ 5,280              | \$ -                 | \$ 5,280           |
| b) Valuation allowance adjustment           | \$ -                  | \$ -                 | \$ -               |
| c) Adjusted gross DTA (1(a)-1(b))           | \$ 5,280              | \$ -                 | \$ 5,280           |
| d) Deferred tax assets nonadmitted          | \$ -                  | \$ -                 | \$ -               |
| e) Subtotal net admitted DTA (1(c)-1(d))    | \$ 5,280              | \$ -                 | \$ 5,280           |
| f) Deferred tax liabilities (DTL)           | \$ -                  | \$ -                 | \$ -               |
| g) Net admitted DTA / (DTL) (1(e)-1(f))     | \$ 5,280              | \$ -                 | \$ 5,280           |

#### B. Deferred tax liabilities that are not recognized for the period: None

#### C. Major Components of Current Income Taxes Incurred:

##### 1. Current Income Tax:

|   | Current Year |
|---|--------------|
| a. Federal                                    | \$ 47,783    |
| b. Foreign                                    | \$ -         |
| c. Subtotal                                   | \$ 47,783    |
| d. Federal income tax on net capital gains    | \$ -         |
| e. Utilization of capital loss carry-forwards | \$ -         |
| f. Other                                      | \$ -         |
| g. Federal and foreign income taxes incurred  | \$ 47,783    |

## NOTES TO FINANCIAL STATEMENTS

### 9. Income Taxes (continue)

#### 2. Deferred Tax Assets/(Liabilities):

##### a. Ordinary

|   |
|---|
| 1. Discounting of unpaid losses                             |
| 2. Unearned premium reserve                                 |
| 3. Policyholder reserves                                    |
| 4. Investment   |
| 5. Deferred acquisition costs                               |
| 6. Policyholder dividends accrual                           |
| 7. Fixed assets   |
| 8. Compensation and benefits accrual                        |
| 9. Pension accrual  |
| 10.Receivable - nonadmitted                                 |
| 11.Net operating loss carry-forward                         |
| 12.Tax credit carry-forward                                 |
| 13.Other (including items <5% of total ordinary tax assets) |
| 99. Subtotal  |

##### Current Year

|  |          |
|--|----------|
|  | \$ 280   |
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ 5,000 |
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ 5,280 |

##### b. Statutory valuation allowance adjustment

|  |      |
|--|------|
|  | \$ - |
|--|------|

##### c. Nonadmitted

|  |      |
|--|------|
|  | \$ - |
|--|------|

##### d. Admitted ordinary deferred tax assets (2a99-2b-2c)

|  |          |
|--|----------|
|  | \$ 5,280 |
|--|----------|

##### e. Capital

|  |
|--|
| 1. Investments   |
| 2. Net capital loss carry-forward                          |
| 3. Real estate   |
| 4. Other (including items <5% of total capital tax assets) |
| 99. Subtotal   |

##### Current Year

|  |          |
|--|----------|
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ -     |
|  | \$ 5,280 |

##### f. Statutory valuation allowance adjustment

|  |      |
|--|------|
|  | \$ - |
|--|------|

##### g. Nonadmitted

|  |      |
|--|------|
|  | \$ - |
|--|------|

##### h. Admitted capital deferred tax assets (2e99-2f-2g)

|  |      |
|--|------|
|  | \$ - |
|--|------|

##### i. Admitted deferred tax assets (2d+2h)

|  |          |
|--|----------|
|  | \$ 5,280 |
|--|----------|

D. The change in the net deferred income taxes: Not Applicable.

E. At September 30, 2024, the Company had no net operating loss carryforward, capital loss carryforward or tax credit carryforwards. Total income taxes incurred in the current year of \$19,756 are available for recovery in the event of future net losses. The aggregate amount of deposits reported as admitted assets under Section 6603 of the Internal Revenue Service (IRS) Code was \$0 as of September 30, 2024.

F. The Company files a consolidated life/non-life federal income tax return with Minnesota Mutual Companies, Inc (MMC), the Company's ultimate parent. Entities included in the consolidated return include: Securian Holding Company, Robert Street Property Management, Inc., Securian Financial Group, Inc (SFG), Securian Casualty Company (SCC), Securian Specialty Lines, Inc. (SSL), Securian Ventures, Inc., Securian Financial Services, Inc (SFS), Securian Trust Company, Securian Asset Management, Inc (Securian AM), Ochs Inc., Lowertown Capital, LLC, Emphyrean Holding Company, Inc. and its subsidiaries and Minnesota Life Insurance Company and its subsidiaries.

Emphyrean Holding Company's subsidiaries include Emphyrean Benefits Solutions, Inc., Emphyrean Insurance Services, Inc. and Spinnaker Holdings, LLC

Minnesota Life's subsidiaries include the Company, Allied Solutions LLC (Allied), Securian AAM Holdings, LLC, Marketview Properties, LLC, Marketview Properties II, LLC, Marketview Properties III, LLC, Marketview Properties IV, LLC and Oakleaf Service Corporation.

The method of allocation between companies is subject to written agreement, approved by an officer of the Company. Under the agreement, the Company computes federal income taxes on a separate return basis, and benefit is given for operating losses and credits as utilized to reduce consolidated federal income taxes. Intercompany tax balances are settled annually when the tax return is filed with the Internal Revenue Service (IRS).

G. Federal or Foreign Income Tax Loss Contingencies  
Not Applicable

## NOTES TO FINANCIAL STATEMENTS

### 9. Income Taxes (continue)

- H. Repatriation Transition Tax  
Not applicable
- I. Alternative Minimum Tax Credit  
Not applicable

### 10. Information Concerning Parent, Subsidiaries and Affiliates

#### A. Nature of Relationships

The Company is a wholly owned subsidiary of Securian Casualty Company. Securian Casualty Company is a wholly owned property and casualty insurance subsidiary of Securian Financial Group, Inc. Securian Financial Group, Inc. is an intermediate stock holding company held by the mutual holding company, Minnesota Mutual Companies, Inc. created in 1998.

#### B. Detail of Transactions Greater than ½ of 1% of Admitted Asset

The initial capital contribution of \$20,000,000 was infused by Securian Casualty Company on 4/3/2024.

#### C. Transactions with Related Parties who are not on Schedule Y

None

#### D. Amount Due to or from Related Parties

None

#### E. Management, Service Contracts, Cost Sharing Arrangements

The Company has agreements with its affiliates for expenses including allocations for occupancy costs, data processing, compensation, advertising and promotion, and other administrative expenses, which the Company incurs on behalf of its affiliates and is reimbursed.

#### F. Guarantees or Contingencies for Related Parties

None

#### G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Securian Casualty Company.

#### H. Amount Deducted for Investment in Upstream Parent.

Not applicable

#### I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

None

#### J. Writedown for Impairments

None

#### K. GAAP account value reserves using CARVM

Not applicable

#### L. Amount withheld from a downstream entity

Not applicable

#### M. All SCA Investments

Not applicable

#### N. Investment in Insurance SCA's

Not applicable

#### O. SCA and SSAP No. 48 Entity Loss Tracking

Not applicable

## NOTES TO FINANCIAL STATEMENTS

### 11. Debt

Not applicable

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

Not applicable

### 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations.

#### A. Outstanding Shares

Not Applicable

#### B. Dividend Rate of Preferred Stock

Not Applicable

#### C. Dividend Restrictions

Dividends are restricted under Chapter 823 of the Texas Insurance Code (Insurance Holding Company Systems Act), and require notice to or approval by the Texas Department of Insurance. Dividend distributions to shareholders up to 10% of policyholder surplus as of the preceding year require written notice to the Texas Department of Insurance. Dividend distributions to shareholders that exceed 10% of the policyholder surplus as of the preceding year require Texas Department of Insurance approval.

#### D. Dividends Paid

None

#### E. Refer to item (3) above

#### F. Refer to item (3) above

#### G. Mutual Surplus Advances

None

#### H. Company Stock Held for Special Purposes

None

#### I. Changes in Special Surplus Funds

None

#### J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses

None

#### K. Surplus Notes

The Company has not issued any surplus notes or debentures or similar obligations.

#### L. Quasi-Reorganizations

There has been no restatement of surplus due to quasi-reorganizations.

#### M. Refer to item (12) above.

## NOTES TO FINANCIAL STATEMENTS

### 14. Contingencies

A. Contingent Commitments

None

B. Assessments

None

C. Gain Contingencies

None

D. Extra Contractual Obligation and Bad Faith Losses

None

E. Product Warranties

None

F. Joint and Several Liabilities

None

G. All Other Contingencies

The Company is involved in various pending or threatened legal proceedings arising out of the normal course of business. In the opinion of management, the ultimate resolution of such litigation will not have a material adverse effect on operations or the financial position of the Company.

In the normal course of business, the Company seeks to limit its exposure to loss on any single insured and to recover a portion of benefits paid by ceding reinsurance to other insurance companies (reinsurers). To the extent that a reinsurer is unable to meet its obligations under the reinsurance agreement, the Company remains liable. The Company evaluates the financial condition of its reinsurers and monitors concentrations of credit risk to minimize its exposure to significant losses from reinsurer insolvencies. Allowances are established for amounts deemed uncollectible.

### 15. Leases

Not applicable

### 16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

Not applicable

### 17. Sale Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Not applicable

B. Not applicable

C. Not applicable

### 18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

Not applicable

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

Not applicable

## NOTES TO FINANCIAL STATEMENTS

### 20. Fair Market Value

A. The fair value of the Company's financial assets and financial liabilities has been determined using available market information as of September 30, 2024. Although the Company is not aware of any factors that would significantly affect the fair value of financial assets and financial liabilities, such amounts have not been comprehensively revalued since those dates. Therefore, estimates of fair value subsequent to the valuation dates may differ significantly from the amounts presented herein. Considerable judgment is required to interpret market data to develop the estimates of fair value. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value amounts.

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (exit price) in an orderly transaction between market participants at the measurement date. In determining fair value, the Company primarily uses the market approach which utilizes prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. To a lesser extent, the Company also uses the income approach which uses discounted cash flows to determine fair value. When applying either approach, the Company maximizes the use of observable inputs and minimizes the use of unobservable inputs. Observable inputs reflect the assumptions market participants would use in valuing a financial instrument based on market data obtained from sources independent of the Company. Unobservable inputs reflect the Company's estimates about the assumptions market participants would use in valuing financial assets and financial liabilities based on the best information available in the circumstances.

The Company is required to categorize its financial assets and financial liabilities carried at fair value on the statutory statements of admitted assets, liabilities and capital and surplus according to a three-level hierarchy. A level is assigned to each financial asset and financial liability based on the lowest level input that is significant to the fair value measurement in its entirety. The levels of fair value hierarchy are as follows:

Level 1: Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market.

Level 2: Fair value is based on significant inputs, other than quoted prices included in Level 1 that are observable in active markets for identical or similar assets and liabilities.

Level 3: Fair value is based on at least one or more significant unobservable inputs. These inputs reflect the Company's assumptions about the inputs market participants would use in pricing assets or liabilities.

The Company uses prices and inputs that are current as of the measurement date. In periods of market disruption, the ability to observe prices and inputs may be reduced, which could cause an asset or liability to be reclassified to a lower level.

Inputs used to measure fair value of an asset or liability may fall into different levels of the fair value hierarchy. In these situations, the Company will determine the level in which the fair value falls based upon the lowest level input that is significant to the determination of the fair value.

- The following table summarizes by level of fair value hierarchy the financial assets and liabilities measured and reported by the Company at fair value as of September 30, 2024:

|                                   | Level 1         | Level 2     | Level 3     | Net Asset Value<br>NAV | Total           |
|-----------------------------------|-----------------|-------------|-------------|------------------------|-----------------|
| Cash Equivalents                  |                 |             |             |                        |                 |
| Money Market Mutual Funds         | \$15,206        | \$ -        | \$ -        |                        | \$ 15,206       |
| Bonds                             |                 |             |             |                        |                 |
| Industrial & Misc                 | -               | -           | -           |                        | -               |
| Common Stocks                     |                 |             |             |                        |                 |
| Industrial & Misc                 | -               | -           | -           |                        | -               |
| <b>Total assets at fair value</b> | <b>\$15,206</b> | <b>\$ -</b> | <b>\$ -</b> |                        | <b>\$15,206</b> |

- Not applicable - no level 3 assets or liabilities
- Transfer of securities among the levels occur at the beginning of the reporting period.
- The majority of Level 2 securities prices are obtained from pricing services and are reviewed and corroborated by the Company. Market inputs utilized in the pricing evaluation typically include benchmark yields, issuer spreads, reported trades, estimated cash flows and prepayment speeds, and collateral valuations.
- Not applicable - no derivative assets or liabilities

B. Not applicable

C. The following table summarizes by level of fair value hierarchy the aggregate fair value of all financial assets and liabilities held by the Company as of September 30, 2024:

| Type of Financial Instrument | Aggregate Fair value | Admitted Assets      | Level 1              | Level 2     | Level 3     | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|----------------------|----------------------|-------------|-------------|-----------------------|----------------------------------|
| Bonds                        | \$ 15,326,629        | \$ 14,960,797        | \$ 15,326,629        | \$ -        | \$ -        |                       | \$ -                             |
| Common Stock                 | -                    | -                    | -                    | -           | -           |                       | -                                |
| Cash Equivalents             | 15,206               | 15,206               | 15,206               | -           | -           |                       | -                                |
| Surplus Notes                | -                    | -                    | -                    | -           | -           |                       | -                                |
| <b>Total Assets</b>          | <b>\$ 15,341,835</b> | <b>\$ 14,976,003</b> | <b>\$ 15,341,835</b> | <b>\$ -</b> | <b>\$ -</b> |                       | <b>\$ -</b>                      |

D. Not applicable

E. Not applicable

## NOTES TO FINANCIAL STATEMENTS

### 21. Other Items

#### A. Extraordinary Items

Not applicable

#### B. Troubled Debt Restructuring

Not applicable

#### C. Other Disclosures and Unusual Items

Risks

The Company's financial statements are based on estimates and assumptions that are subject to significant business, economic and competitive risks and uncertainties, many of which are beyond the Company's control or are subject to change. As such, actual results could differ from the estimates used in the statutory financial statements and the value of the Company's investments, its financial condition and its liquidity could be adversely affected. The following risks and uncertainties, among others, may have such an effect:

- Economic environment and capital markets-related risks such as those related to interest rates, equity markets, credit spreads, real estate, and derivatives.
- Investment-related risks such as those related to valuation, impairment, and concentration.
- Business and operational-related risks such as those related to claims experience, reinsurers and counterparties, liquidity, ratings, competition, cyber or other information security, fraud, and overall risk management.
- Catastrophic and pandemic event-related risks that may impact policyholder behavior and claims experience, volatility in financial markets and economic activity, and operations.
- Acquisition, disposition, or other structural change related risks.
- Regulatory and legal risks such as those related to changes in fiscal, tax and other legislation, insurance and other regulation, and accounting standards.

The Company actively monitors and manages risks and uncertainties through a variety of policies and procedures in an effort to mitigate or minimize the adverse impact of any exposures impacting the financial statements.

#### D. Business Interruption Insurance Recoveries

None

#### E. State Transferable Tax Credit

None

#### F. Subprime Mortgage Related Risk Exposure

None

#### G. Offsetting and Netting of Assets and Liabilities

Not applicable

#### H. Risk Sharing Provisions of the Affordable Care Act

Not applicable

### 22. Events Subsequent

Not applicable

### 23. Reinsurance

None

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

Not applicable

## NOTES TO FINANCIAL STATEMENTS

### 25. Change in Incurred Losses and Loss Adjustment Expenses (000 Omitted)

|                              | <u>09/30/2024</u> | <u>12/31/2023</u> |
|------------------------------|-------------------|-------------------|
| Beginning Balance            | \$ 0              | \$ 0              |
| Less reinsurance recoverable | <u>0</u>          | <u>0</u>          |
| Net Beginning Balance        | <u>0</u>          | <u>0</u>          |
| Incurred related to:         |                   |                   |
| Current year                 | 12                | 0                 |
| Prior years                  | <u>0</u>          | <u>0</u>          |
| Total incurred               | <u>12</u>         | <u>0</u>          |
| Paid related to:             |                   |                   |
| Current year                 | 3                 | 0                 |
| Prior years                  | <u>0</u>          | <u>0</u>          |
| Total paid                   | <u>3</u>          | <u>0</u>          |
| Net Ending Balance           | 9                 | 0                 |
| Plus reinsurance recoverable | <u>1</u>          | <u>0</u>          |
| Ending Balance               | \$ <u>10</u>      | \$ <u>0</u>       |

Original estimates are increased or decreased as additional information becomes known regarding individual claims.

### 26. Intercompany Pooling Arrangements

Not applicable

### 27. Structured Settlements

Not applicable

### 28. Health Care Receivables

Not applicable

### 29. Participating Policies

Not applicable

### 30. Premium Deficiency Reserves

Not applicable

### 31. High Deductibles

Not applicable

### 32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

### 33. Asbestos/Environmental Reserves

Not applicable

### 34. Subscriber Savings Accounts

Not applicable

### 35. Multiple Peril Crop Insurance

Not applicable

### 36. Financial Guaranty Insurance

Not applicable



# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
If yes, attach an explanation.  
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2024
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....
- 6.4 By what department or departments?  
The Texas Department of Insurance .....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ X ] No [ ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

| 1  | 2                      | 3        | 4         | 5        | 6         |
|--|------------------------|----------|-----------|----------|-----------|
| Affiliate Name                                     | Location (City, State) | FRB      | OCC       | FDIC     | SEC       |
| Securian Financial Services, Inc. ....             | St. Paul, MN .....     | ...NO... | ...NO...  | ...NO... | ...YES... |
| Securian Trust Company, N.A. ....                  | St. Paul, MN .....     | ...NO... | ...YES... | ...NO... | ...NO...  |
| Asset Allocation & Management Company, L.L.C. .... | Chicago, IL .....      | ...NO... | ...NO...  | ...NO... | ...YES... |
| Securian Asset Management, Inc. ....               | St. Paul, MN .....     | ...NO... | ...NO...  | ...NO... | ...YES... |

**GENERAL INTERROGATORIES**

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain: .....
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s). .....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s). .....

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [ X ]
- 11.2 If yes, give full and complete information relating thereto: .....
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....
13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [ X ]
- 14.2 If yes, please complete the following:

|   | 1   | 2  |
|---|---|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>Carrying Value |
| 14.21 Bonds .....   | \$ .....0   | \$ .....   |
| 14.22 Preferred Stock .....   | \$ .....0   | \$ .....   |
| 14.23 Common Stock .....  | \$ .....0   | \$ .....   |
| 14.24 Short-Term Investments .....  | \$ .....0   | \$ .....   |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....0   | \$ .....   |
| 14.26 All Other .....   | \$ .....0   | \$ .....   |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ .....0   | \$ .....0  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....  | \$ .....   |

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement. ....
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ .....0
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....0
- 16.3 Total payable for securities lending reported on the liability page. .... \$ .....0

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Securian Specialty Lines, Inc.

**GENERAL INTERROGATORIES**

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

| 1<br>Name of Custodian(s) | 2<br>Custodian Address                    |
|---------------------------|---|
| Truist Bank .....         | P O Box 2887, Wilson, NC 27894-2887 ..... |

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

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

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

- 17.4 If yes, give full information relating thereto:

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

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

| 1<br>Name of Firm or Individual      | 2<br>Affiliation |
|--------------------------------------|------------------|
| Securian Asset Management, Inc. .... | A.....           |

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

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

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

| 1<br>Central Registration Depository Number | 2<br>Name of Firm or Individual      | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With | 5<br>Investment Management Agreement (IMA) Filed |
|---|--------------------------------------|------------------------------------|----------------------|--|
| 109905 .....                                | Securian Asset Management, Inc. .... | 5URRAMPU5ELN8AQJB87 .....          | SEC .....            | NO.....  |

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

- 18.2 If no, list exceptions:

.....

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

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

- Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

- Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

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

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

# GENERAL INTERROGATORIES

## PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? ..... Yes [ ] No [ ] N/A [ X ]  
 If yes, attach an explanation.

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

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

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

| 1<br>Line of Business | 2<br>Maximum Interest | 3<br>Discount Rate | TOTAL DISCOUNT     |                 |           |            | DISCOUNT TAKEN DURING PERIOD |                 |            |             |
|-----------------------|-----------------------|--------------------|--------------------|-----------------|-----------|------------|------------------------------|-----------------|------------|-------------|
|                       |                       |                    | 4<br>Unpaid Losses | 5<br>Unpaid LAE | 6<br>IBNR | 7<br>TOTAL | 8<br>Unpaid Losses           | 9<br>Unpaid LAE | 10<br>IBNR | 11<br>TOTAL |
| TOTAL                 |                       |                    | 0                  | 0               | 0         | 0          | 0                            | 0               | 0          | 0           |

5. Operating Percentages:

5.1 A&H loss percent ..... %

5.2 A&H cost containment percent ..... %

5.3 A&H expense percent excluding cost containment expenses ..... %

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

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

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

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

7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]

7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]



STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Securian Specialty Lines, Inc.  
**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

| States, etc.   | 1<br>Active<br>Status<br>(a) | Direct Premiums Written      |                            | Direct Losses Paid (Deducting Salvage) |                            | Direct Losses Unpaid         |                            |
|--|------------------------------|------------------------------|----------------------------|--|----------------------------|------------------------------|----------------------------|
|  |                              | 2<br>Current Year<br>To Date | 3<br>Prior Year<br>To Date | 4<br>Current Year<br>To Date           | 5<br>Prior Year<br>To Date | 6<br>Current Year<br>To Date | 7<br>Prior Year<br>To Date |
| 1. Alabama   | AL                           | E                            | 7,068                      |  | 0                          |                              | 707                        |
| 2. Alaska  | AK                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 3. Arizona   | AZ                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 4. Arkansas  | AR                           | E                            | 3,929                      |  | 0                          |                              | 393                        |
| 5. California  | CA                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 6. Colorado  | CO                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 7. Connecticut   | CT                           | E                            | 0                          |  | 0                          |                              | 0                          |
| 8. Delaware  | DE                           | E                            | 2,385                      |  | 0                          |                              | 239                        |
| 9. District of Columbia  | DC                           | E                            | 0                          |  | 0                          |                              | 0                          |
| 10. Florida  | FL                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 11. Georgia  | GA                           | E                            | 4,935                      |  | 0                          |                              | 494                        |
| 12. Hawaii   | HI                           | E                            | 203                        |  | 0                          |                              | 20                         |
| 13. Idaho  | ID                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 14. Illinois   | IL                           | E                            | 917                        |  | 0                          |                              | 92                         |
| 15. Indiana  | IN                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 16. Iowa   | IA                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 17. Kansas   | KS                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 18. Kentucky   | KY                           | E                            | 0                          |  | 0                          |                              | 0                          |
| 19. Louisiana  | LA                           | E                            | 0                          |  | 0                          |                              | 0                          |
| 20. Maine  | ME                           | E                            | 0                          |  | 0                          |                              | 0                          |
| 21. Maryland   | MD                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 22. Massachusetts  | MA                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 23. Michigan   | MI                           | E                            | 0                          |  | 0                          |                              | 0                          |
| 24. Minnesota  | MN                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 25. Mississippi  | MS                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 26. Missouri   | MO                           | E                            | 0                          |  | 0                          |                              | 0                          |
| 27. Montana  | MT                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 28. Nebraska   | NE                           | E                            | 4,621                      |  | 0                          |                              | 462                        |
| 29. Nevada   | NV                           | E                            | 187                        |  | 0                          |                              | 19                         |
| 30. New Hampshire  | NH                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 31. New Jersey   | NJ                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 32. New Mexico   | NM                           | E                            | 5,845                      |  | 0                          |                              | 584                        |
| 33. New York   | NY                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 34. North Carolina   | NC                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 35. North Dakota   | ND                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 36. Ohio   | OH                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 37. Oklahoma   | OK                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 38. Oregon   | OR                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 39. Pennsylvania   | PA                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 40. Rhode Island   | RI                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 41. South Carolina   | SC                           | E                            | 0                          |  | 0                          |                              | 0                          |
| 42. South Dakota   | SD                           | E                            | 34                         |  | 0                          |                              | 3                          |
| 43. Tennessee  | TN                           | E                            | 2,957                      |  | 0                          |                              | 296                        |
| 44. Texas  | TX                           | D                            | 58,957                     |  | 0                          |                              | 5,896                      |
| 45. Utah   | UT                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 46. Vermont  | VT                           | E                            | 0                          |  | 0                          |                              | 0                          |
| 47. Virginia   | VA                           | E                            | 0                          |  | 0                          |                              | 0                          |
| 48. Washington   | WA                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 49. West Virginia  | WV                           | N                            | 0                          |  | 0                          |                              | 0                          |
| 50. Wisconsin  | WI                           | E                            | 10,594                     |  | 0                          |                              | 1,059                      |
| 51. Wyoming  | WY                           | E                            | 934                        |  | 0                          |                              | 93                         |
| 52. American Samoa   | AS                           | N                            |                            |  |                            |                              |                            |
| 53. Guam   | GU                           | N                            |                            |  |                            |                              |                            |
| 54. Puerto Rico  | PR                           | N                            |                            |  |                            |                              |                            |
| 55. U.S. Virgin Islands  | VI                           | N                            |                            |  |                            |                              |                            |
| 56. Northern Mariana Islands   | MP                           | N                            |                            |  |                            |                              |                            |
| 57. Canada   | CAN                          | N                            |                            |  |                            |                              |                            |
| 58. Aggregate Other Alien  | OT                           | XXX                          | 0                          | 0                                      | 0                          | 0                            | 0                          |
| 59. Totals   | XXX                          |                              | 103,566                    | 0                                      | 0                          | 0                            | 10,357                     |
| DETAILS OF WRITE-INS   |                              |                              |                            |  |                            |                              |                            |
| 58001.   | XXX                          |                              |                            |  |                            |                              |                            |
| 58002.   | XXX                          |                              |                            |  |                            |                              |                            |
| 58003.   | XXX                          |                              |                            |  |                            |                              |                            |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX                          |                              | 0                          | 0                                      | 0                          | 0                            | 0                          |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)  | XXX                          |                              | 0                          | 0                                      | 0                          | 0                            | 0                          |

(a) Active Status Counts:

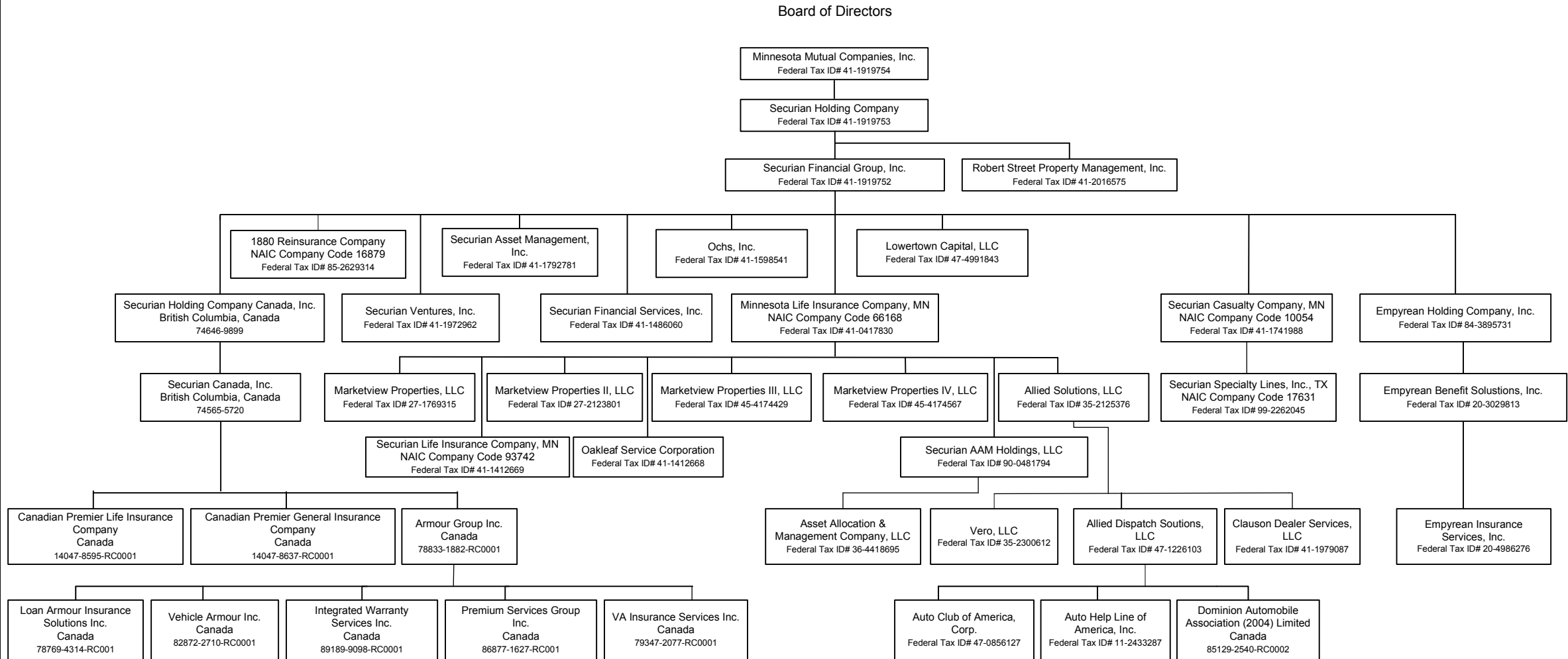
|  |    |  |    |
|--|----|--|----|
| 1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....  | 0  | 4. Q - Qualified - Qualified or accredited reinsurer.....  | 0  |
| 2. R - Registered - Non-domiciled RRGs.....  | 0  | 5. D - Domestic Surplus Lines Insurer (DSL) - Reporting entities authorized to write surplus lines in the state of domicile..... | 1  |
| 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI)..... | 23 | 6. N - None of the above - Not allowed to write business in the state.....   | 33 |

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Securian Specialty Lines, Inc.

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

Organization Chart of Minnesota Mutual Companies, Inc., Subsidiaries, and Affiliates

Policyholders of Minnesota Mutual Companies, Inc.



STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Securian Specialty Lines, Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

| 1          | 2                      | 3                 | 4          | 5            | 6   | 7  | 8  | 9                    | 10                               | 11  | 12   | 13   | 14  | 15                                  | 16 |
|------------|------------------------|-------------------|------------|--------------|-----|--|--|----------------------|----------------------------------|---|--|--|---|-------------------------------------|----|
| Group Code | Group Name             | NAIC Company Code | ID Number  | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates    | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person)    | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s)        | Is an SCA Filing Required? (Yes/No) | *  |
| .0869      | Minnesota Mutual Group | 16879             | 85-2629314 |              |     |  | 1880 REINSURANCE COMPANY                       | VT                   | IA                               | SECURIAN FINANCIAL GROUP, INC.                    | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 47-1226103 |              |     |  | ALLIED DISPATCH SOLUTIONS, LLC                 | TN                   | NIA                              | ALLIED SOLUTIONS, LLC                             | Ownership  | 80.000                                     | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  | 3  |
|            |                        |                   | 35-2125376 |              |     |  | ALLIED SOLUTIONS, LLC                          | IN                   | NIA                              | MINNESOTA LIFE INSURANCE COMPANY                  | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 36-4418695 |              |     |  | ARMOUR GROUP INC.                              | CAN                  | NIA                              | SECURIAN CANADA, INC                              | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 47-0856127 |              |     |  | ASSET ALLOCATION & MANAGEMENT COMPANY, LLC     | IL                   | NIA                              | SECURIAN AAM HOLDINGS, LLC                        | Ownership  | 66.000                                     | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 11-2433287 |              |     |  | AUTO CLUB OF AMERICA, CORP.                    | OK                   | NIA                              | ALLIED DISPATCH SOLUTIONS, LLC                    | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 41-1979087 |              |     |  | AUTO HELP LINE OF AMERICA, INC.                | OK                   | NIA                              | ALLIED DISPATCH SOLUTIONS, LLC                    | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 20-3029813 |              |     |  | CANADIAN PREMIER GENERAL INSURANCE COMPANY     | CAN                  | IA                               | SECURIAN CANADA, INC                              | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 84-3895731 |              |     |  | CANADIAN PREMIER LIFE INSURANCE COMPANY        | CAN                  | IA                               | SECURIAN CANADA, INC                              | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 20-4986276 |              |     |  | CLAUSON DEALER SERVICE, LLC                    | DE                   | NIA                              | ALLIED SOLUTIONS, LLC                             | Ownership  | 75.000                                     | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  | 2  |
|            |                        |                   | 47-4991843 |              |     |  | DOMINION AUTOMOBILE ASSOCIATION (2004) LIMITED | CAN                  | NIA                              | ALLIED DISPATCH SOLUTIONS, LLC                    | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 27-2123801 |              |     |  | EMPHYREAN BENEFIT SOLUTIONS, INC.              | DE                   | NIA                              | EMPHYREAN HOLDING COMPANY, INC.                   | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 45-4174429 |              |     |  | EMPHYREAN HOLDING COMPANY, INC.                | DE                   | NIA                              | SECURIAN FINANCIAL GROUP, INC.                    | Ownership  | 96.370                                     | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  | 1  |
|            |                        |                   | 45-4174567 |              |     |  | EMPHYREAN INSURANCE SERVICES, INC.             | TX                   | NIA                              | EMPHYREAN BENEFIT SOLUTIONS, INC.                 | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 27-1769315 |              |     |  | INTEGRATED WARRANTY SERVICES INC.              | CAN                  | NIA                              | ARMOUR GROUP INC                                  | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 41-0417830 |              |     |  | LOAN ARMOUR INSURANCE SOLUTIONS INC.           | CAN                  | NIA                              | ARMOUR GROUP INC                                  | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 41-1919754 |              |     |  | LOWERTOWN CAPITAL, LLC                         | DE                   | NIA                              | SECURIAN FINANCIAL GROUP, INC.                    | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 41-1412668 |              |     |  | MARKETVIEW PROPERTIES II, LLC                  | MN                   | NIA                              | MINNESOTA LIFE INSURANCE COMPANY                  | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 41-1598541 |              |     |  | MARKETVIEW PROPERTIES III, LLC                 | MN                   | NIA                              | MINNESOTA LIFE INSURANCE COMPANY                  | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   |            |              |     |  | MARKETVIEW PROPERTIES IV, LLC                  | MN                   | NIA                              | MINNESOTA LIFE INSURANCE COMPANY                  | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   |            |              |     |  | MARKETVIEW PROPERTIES, LLC                     | MN                   | NIA                              | MINNESOTA LIFE INSURANCE COMPANY                  | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
| .0869      | Minnesota Mutual Group | 66168             | 41-0417830 |              |     |  | MINNESOTA LIFE INSURANCE COMPANY               | MN                   | IA                               | SECURIAN FINANCIAL GROUP, INC.                    | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 41-1919754 |              |     |  | MINNESOTA MUTUAL COMPANIES, INC.               | MN                   | UIP                              | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 41-1412668 |              |     |  | OAKLEAF SERVICE CORPORATION                    | MN                   | NIA                              | MINNESOTA LIFE INSURANCE COMPANY                  | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   | 41-1598541 |              |     |  | OCHS, INC.                                     | MN                   | NIA                              | SECURIAN FINANCIAL GROUP, INC.                    | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |
|            |                        |                   |            |              |     |  | PREMIUM SERVICES GROUP INC.                    | CAN                  | NIA                              | ARMOUR GROUP INC                                  | Ownership  | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | NO                                  |    |



**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

| 1          | 2                      | 3                 | 4          | 5            | 6   | 7  | 8   | 9                    | 10                               | 11   | 12   | 13   | 14  | 15                                  | 16 |
|------------|------------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|---|-------------------------------------|----|
| Group Code | Group Name             | NAIC Company Code | ID Number  | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s)        | Is an SCA Filing Required? (Yes/No) | *  |
|            |                        |                   | 41-2016575 |              |     |  | ROBERT STREET PROPERTY MANAGEMENT, INC.     | ..MN.....            | ..NIA.....                       | SECURIAN FINANCIAL GROUP, INC.                 | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
|            |                        |                   | 90-0481794 |              |     |  | SECURIAN AAM HOLDINGS, LLC                  | ..DE.....            | ..NIA.....                       | MINNESOTA LIFE INSURANCE COMPANY               | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
|            |                        |                   | 41-1792781 |              |     |  | SECURIAN ASSET MANAGEMENT, INC.             | ..MN.....            | ..NIA.....                       | SECURIAN FINANCIAL GROUP, INC.                 | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
|            |                        |                   |            |              |     |  | SECURIAN CANADA, INC                        | ..CAN.....           | ..NIA.....                       | SECURIAN HOLDING COMPANY CANADA, INC           | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
| .0869      | Minnesota Mutual Group | 10054             | 41-1741988 |              |     |  | SECURIAN CASUALTY COMPANY                   | ..MN.....            | ..UDP.....                       | SECURIAN FINANCIAL GROUP, INC.                 | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
|            |                        |                   | 41-1919752 |              |     |  | SECURIAN FINANCIAL GROUP, INC.              | ..DE.....            | ..UIP.....                       | SECURIAN HOLDING COMPANY                       | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
|            |                        |                   | 41-1486060 |              |     |  | SECURIAN FINANCIAL SERVICES, INC.           | ..MN.....            | ..NIA.....                       | SECURIAN FINANCIAL GROUP, INC.                 | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
|            |                        |                   | 41-1919753 |              |     |  | SECURIAN HOLDING COMPANY                    | ..DE.....            | ..UIP.....                       | MINNESOTA MUTUAL COMPANIES, INC.               | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
|            |                        |                   |            |              |     |  | SECURIAN HOLDING COMPANY CANADA, INC        | ..CAN.....           | ..NIA.....                       | SECURIAN FINANCIAL GROUP, INC.                 | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
| .0869      | Minnesota Mutual Group | 93742             | 41-1412669 |              |     |  | SECURIAN LIFE INSURANCE COMPANY             | ..MN.....            | ..IA.....                        | MINNESOTA LIFE INSURANCE COMPANY               | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
| .0869      | Minnesota Mutual Group | 17631             | 99-2262045 |              |     |  | SECURIAN SPECIALTY LINES, INC.              | ..TX.....            | ..RE.....                        | SECURIAN CASUALTY COMPANY                      | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
|            |                        |                   | 41-1972962 |              |     |  | SECURIAN VENTURES, INC.                     | ..MN.....            | ..NIA.....                       | SECURIAN FINANCIAL GROUP, INC.                 | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
|            |                        |                   |            |              |     |  | VA INSURANCE SERVICES INC.                  | ..CAN.....           | ..NIA.....                       | ARMOUR GROUP INC                               | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
|            |                        |                   |            |              |     |  | VEHICLE ARMOUR INC.                         | ..CAN.....           | ..NIA.....                       | ARMOUR GROUP INC                               | Ownership.....   | 100.000                                    | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           |    |
|            |                        |                   | 35-2300612 |              |     |  | VERO, LLC                                   | ..DE.....            | ..NIA.....                       | ALLIED SOLUTIONS, LLC                          | Ownership.....   | 93.000                                     | POLICYHOLDERS OF MINNESOTA MUTUAL COMPANIES, INC. | ..NO.....                           | 4  |

| Asterisk | Explanation  |
|----------|--|
| 1        | Non-Controlling Interest held by members of Emprayan Management. |
| 2        | Non-Controlling Interest held by Clauson Holdings, Inc.          |
| 3        | Non-Controlling Interests are held by unrelated individuals.     |
| 4        | Non-Controlling Interests are held by unrelated individuals.     |

**PART 1 - LOSS EXPERIENCE**

| Line of Business  | Current Year to Date           |                                |                                | 4<br>Prior Year to Date<br>Direct Loss<br>Percentage |
|---|--------------------------------|--------------------------------|--------------------------------|--|
|   | 1<br>Direct Premiums<br>Earned | 2<br>Direct Losses<br>Incurred | 3<br>Direct Loss<br>Percentage |  |
| 1. Fire .....   |                                |                                | 0.0                            |  |
| 2.1 Allied Lines .....  |                                |                                | 0.0                            |  |
| 2.2 Multiple peril crop .....   |                                |                                | 0.0                            |  |
| 2.3 Federal flood .....   |                                |                                | 0.0                            |  |
| 2.4 Private crop .....  |                                |                                | 0.0                            |  |
| 2.5 Private flood .....   |                                |                                | 0.0                            |  |
| 3. Farmowners multiple peril .....  |                                |                                | 0.0                            |  |
| 4. Homeowners multiple peril .....  |                                |                                | 0.0                            |  |
| 5.1 Commercial multiple peril (non-liability portion) .....               |                                |                                | 0.0                            |  |
| 5.2 Commercial multiple peril (liability portion) .....                   |                                |                                | 0.0                            |  |
| 6. Mortgage guaranty .....  |                                |                                | 0.0                            |  |
| 8. Ocean marine .....   |                                |                                | 0.0                            |  |
| 9.1 Inland marine .....   |                                |                                | 0.0                            |  |
| 9.2 Pet insurance .....   |                                |                                | 0.0                            |  |
| 10. Financial guaranty .....  |                                |                                | 0.0                            |  |
| 11.1 Medical professional liability - occurrence .....                    |                                |                                | 0.0                            |  |
| 11.2 Medical professional liability - claims-made .....                   |                                |                                | 0.0                            |  |
| 12. Earthquake .....  |                                |                                | 0.0                            |  |
| 13.1 Comprehensive (hospital and medical) individual .....                |                                |                                | 0.0                            |  |
| 13.2 Comprehensive (hospital and medical) group .....                     |                                |                                | 0.0                            |  |
| 14. Credit accident and health .....                                      |                                |                                | 0.0                            |  |
| 15.1 Vision only .....  |                                |                                | 0.0                            |  |
| 15.2 Dental only .....  |                                |                                | 0.0                            |  |
| 15.3 Disability income .....  |                                |                                | 0.0                            |  |
| 15.4 Medicare supplement .....  |                                |                                | 0.0                            |  |
| 15.5 Medicaid Title XIX .....   |                                |                                | 0.0                            |  |
| 15.6 Medicare Title XVIII .....   |                                |                                | 0.0                            |  |
| 15.7 Long-term care .....   |                                |                                | 0.0                            |  |
| 15.8 Federal employees health benefits plan .....                         |                                |                                | 0.0                            |  |
| 15.9 Other health .....   |                                |                                | 0.0                            |  |
| 16. Workers' compensation .....   |                                |                                | 0.0                            |  |
| 17.1 Other liability - occurrence .....                                   |                                |                                | 0.0                            |  |
| 17.2 Other liability - claims-made .....                                  |                                |                                | 0.0                            |  |
| 17.3 Excess workers' compensation .....                                   |                                |                                | 0.0                            |  |
| 18.1 Products liability - occurrence .....                                |                                |                                | 0.0                            |  |
| 18.2 Products liability - claims-made .....                               |                                |                                | 0.0                            |  |
| 19.1 Private passenger auto no-fault (personal injury protection) .....   |                                |                                | 0.0                            |  |
| 19.2 Other private passenger auto liability .....                         |                                |                                | 0.0                            |  |
| 19.3 Commercial auto no-fault (personal injury protection) .....          |                                |                                | 0.0                            |  |
| 19.4 Other commercial auto liability .....                                |                                |                                | 0.0                            |  |
| 21.1 Private passenger auto physical damage .....                         |                                |                                | 0.0                            |  |
| 21.2 Commercial auto physical damage .....                                |                                |                                | 0.0                            |  |
| 22. Aircraft (all perils) .....   |                                |                                | 0.0                            |  |
| 23. Fidelity .....  |                                |                                | 0.0                            |  |
| 24. Surety .....  |                                |                                | 0.0                            |  |
| 26. Burglary and theft .....  |                                |                                | 0.0                            |  |
| 27. Boiler and machinery .....  |                                |                                | 0.0                            |  |
| 28. Credit .....  | 103,566                        | 10,357                         | 10.0                           |  |
| 29. International .....   |                                |                                | 0.0                            |  |
| 30. Warranty .....  |                                |                                | 0.0                            |  |
| 31. Reinsurance - Nonproportional Assumed Property .....                  | XXX                            | XXX                            | XXX                            | XXX  |
| 32. Reinsurance - Nonproportional Assumed Liability .....                 | XXX                            | XXX                            | XXX                            | XXX  |
| 33. Reinsurance - Nonproportional Assumed Financial Lines .....           | XXX                            | XXX                            | XXX                            | XXX  |
| 34. Aggregate write-ins for other lines of business .....                 | 0                              | 0                              | 0.0                            | 0.0  |
| 35. Totals  | 103,566                        | 10,357                         | 10.0                           |  |
| <b>DETAILS OF WRITE-INS</b>   |                                |                                |                                |  |
| 3401. ....  |                                |                                |                                |  |
| 3402. ....  |                                |                                |                                |  |
| 3403. ....  |                                |                                |                                |  |
| 3498. Summary of remaining write-ins for Line 34 from overflow page ..... | 0                              | 0                              | 0.0                            |  |
| 3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)           | 0                              | 0                              | 0.0                            |  |

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Securian Specialty Lines, Inc.

**PART 2 - DIRECT PREMIUMS WRITTEN**

| Line of Business            |   | 1<br>Current Quarter | 2<br>Current<br>Year to Date | 3<br>Prior Year<br>Year to Date |
|-----------------------------|---|----------------------|------------------------------|---------------------------------|
| 1.                          | Fire .....  | 0                    |                              |                                 |
| 2.1                         | Allied Lines .....  | 0                    |                              |                                 |
| 2.2                         | Multiple peril crop .....   | 0                    |                              |                                 |
| 2.3                         | Federal flood .....   | 0                    |                              |                                 |
| 2.4                         | Private crop .....  | 0                    |                              |                                 |
| 2.5                         | Private flood .....   | 0                    |                              |                                 |
| 3.                          | Farmowners multiple peril .....                                     | 0                    |                              |                                 |
| 4.                          | Homeowners multiple peril .....                                     | 0                    |                              |                                 |
| 5.1                         | Commercial multiple peril (non-liability portion) .....             | 0                    |                              |                                 |
| 5.2                         | Commercial multiple peril (liability portion) .....                 | 0                    |                              |                                 |
| 6.                          | Mortgage guaranty .....   | 0                    |                              |                                 |
| 8.                          | Ocean marine .....  | 0                    |                              |                                 |
| 9.1                         | Inland marine .....   | 0                    |                              |                                 |
| 9.2                         | Pet insurance .....   | 0                    |                              |                                 |
| 10.                         | Financial guaranty .....  | 0                    |                              |                                 |
| 11.1                        | Medical professional liability - occurrence .....                   | 0                    |                              |                                 |
| 11.2                        | Medical professional liability - claims-made .....                  | 0                    |                              |                                 |
| 12.                         | Earthquake .....  | 0                    |                              |                                 |
| 13.1                        | Comprehensive (hospital and medical) individual .....               | 0                    |                              |                                 |
| 13.2                        | Comprehensive (hospital and medical) group .....                    | 0                    |                              |                                 |
| 14.                         | Credit accident and health .....                                    | 0                    |                              |                                 |
| 15.1                        | Vision only .....   | 0                    |                              |                                 |
| 15.2                        | Dental only .....   | 0                    |                              |                                 |
| 15.3                        | Disability income .....   | 0                    |                              |                                 |
| 15.4                        | Medicare supplement .....   | 0                    |                              |                                 |
| 15.5                        | Medicaid Title XIX .....  | 0                    |                              |                                 |
| 15.6                        | Medicare Title XVIII .....  | 0                    |                              |                                 |
| 15.7                        | Long-term care .....  | 0                    |                              |                                 |
| 15.8                        | Federal employees health benefits plan .....                        | 0                    |                              |                                 |
| 15.9                        | Other health .....  | 0                    |                              |                                 |
| 16.                         | Workers' compensation .....   | 0                    |                              |                                 |
| 17.1                        | Other liability - occurrence .....                                  | 0                    |                              |                                 |
| 17.2                        | Other liability - claims-made .....                                 | 0                    |                              |                                 |
| 17.3                        | Excess workers' compensation .....                                  | 0                    |                              |                                 |
| 18.1                        | Products liability - occurrence .....                               | 0                    |                              |                                 |
| 18.2                        | Products liability - claims-made .....                              | 0                    |                              |                                 |
| 19.1                        | Private passenger auto no-fault (personal injury protection) .....  | 0                    |                              |                                 |
| 19.2                        | Other private passenger auto liability .....                        | 0                    |                              |                                 |
| 19.3                        | Commercial auto no-fault (personal injury protection) .....         | 0                    |                              |                                 |
| 19.4                        | Other commercial auto liability .....                               | 0                    |                              |                                 |
| 21.1                        | Private passenger auto physical damage .....                        | 0                    |                              |                                 |
| 21.2                        | Commercial auto physical damage .....                               | 0                    |                              |                                 |
| 22.                         | Aircraft (all perils) .....   | 0                    |                              |                                 |
| 23.                         | Fidelity .....  | 0                    |                              |                                 |
| 24.                         | Surety .....  | 0                    |                              |                                 |
| 26.                         | Burglary and theft .....  | 0                    |                              |                                 |
| 27.                         | Boiler and machinery .....  | 0                    |                              |                                 |
| 28.                         | Credit .....  | 103,566              | 103,566                      | 0                               |
| 29.                         | International .....   | 0                    |                              |                                 |
| 30.                         | Warranty .....  | 0                    |                              |                                 |
| 31.                         | Reinsurance - Nonproportional Assumed Property .....                | XXX                  | XXX                          | XXX                             |
| 32.                         | Reinsurance - Nonproportional Assumed Liability .....               | XXX                  | XXX                          | XXX                             |
| 33.                         | Reinsurance - Nonproportional Assumed Financial Lines .....         | XXX                  | XXX                          | XXX                             |
| 34.                         | Aggregate write-ins for other lines of business .....               | 0                    | 0                            | 0                               |
| 35.                         | Totals  | 103,566              | 103,566                      | 0                               |
| <b>DETAILS OF WRITE-INS</b> |   |                      |                              |                                 |
| 3401.                       | .....   |                      |                              |                                 |
| 3402.                       | .....   |                      |                              |                                 |
| 3403.                       | .....   |                      |                              |                                 |
| 3498.                       | Summary of remaining write-ins for Line 34 from overflow page ..... | 0                    | 0                            | 0                               |
| 3499.                       | Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)           | 0                    | 0                            | 0                               |

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Securian Specialty Lines, Inc.

**PART 3 (\$000 OMITTED)**

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

|  | 1   | 2   | 3  | 4  | 5  | 6  | 7   | 8  | 9                                    | 10  | 11  | 12   | 13  |                                       |
|--|---|---|--|--|--|--|---|--|--------------------------------------|---|---|--|---|---------------------------------------|
| Years in Which Losses Occurred                     | Prior Year-End Known Case Loss and LAE Reserves | Prior Year-End IBNR Loss and LAE Reserves | Total Prior Year-End Loss and LAE Reserves (Cols. 1+2) | 2024 Loss and LAE Payments on Claims Reported as of Prior Year-End | 2024 Loss and LAE Payments on Claims Unreported as of Prior Year-End | Total 2024 Loss and LAE Payments (Cols. 4+5) | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End | Q.S. Date IBNR Loss and LAE Reserves | Total Q.S. Loss and LAE Reserves (Cols.7+8+9) | Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1) | Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2) | Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12) |                                       |
| 1. 2021 + Prior .....                              | 0   | 0   | 0  | 0  | 0  | 0  | 0   | 0  | 0                                    | 0   | 0   | 0  | 0   |                                       |
| 2. 2022 .....                                      | 0   | 0   | 0  | 0  | 0  | 0  | 0   | 0  | 0                                    | 0   | 0   | 0  | 0   |                                       |
| 3. Subtotals 2022 + Prior .....                    | 0   | 0   | 0  | 0  | 0  | 0  | 0   | 0  | 0                                    | 0   | 0   | 0  | 0   |                                       |
| 4. 2023 .....                                      | 0   | 0   | 0  | 0  | 0  | 0  | 0   | 0  | 0                                    | 0   | 0   | 0  | 0   |                                       |
| 5. Subtotals 2023 + Prior .....                    | 0   | 0   | 0  | 0  | 0  | 0  | 0   | 0  | 0                                    | 0   | 0   | 0  | 0   |                                       |
| 6. 2024 .....                                      | XXX   | XXX                                       | XXX  | XXX  | 3  | 3  | XXX   | 0  | 9                                    | 9   | XXX   | XXX  | XXX   |                                       |
| 7. Totals .....                                    | 0   | 0   | 0  | 0  | 3  | 3  | 0   | 0  | 9                                    | 9   | 0   | 0  | 0   |                                       |
| 8. Prior Year-End Surplus As Regards Policyholders | 0   |   |  |  |  |  |   |  |                                      |   |   | Col. 11, Line 7 As % of Col. 1 Line 7  | Col. 12, Line 7 As % of Col. 2 Line 7   | Col. 13, Line 7 As % of Col. 3 Line 7 |
|  |   |   |  |  |  |  |   |  |                                      |   |   | 1. 0.0   | 2. 0.0  | 3. 0.0                                |
|  |   |   |  |  |  |  |   |  |                                      |   |   | Col. 13, Line 7 As a % of Col. 1 Line 8  |   |                                       |
|  |   |   |  |  |  |  |   |  |                                      |   |   | 4. 0.0   |   |                                       |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

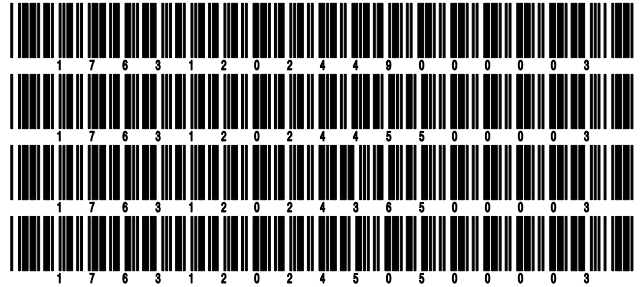
|  | Response |
|--|----------|
| 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....   | NO       |
| 2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? .....   | NO       |
| 3.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

Explanations:

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

Bar Codes:

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



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

|   | 1<br>Year to Date | 2<br>Prior Year Ended<br>December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....                      | 0                 |                                      |
| 2. Cost of bonds and stocks acquired .....  | 14,962,859        |                                      |
| 3. Accrual of discount .....  | 0                 |                                      |
| 4. Unrealized valuation increase/(decrease) .....   | 0                 |                                      |
| 5. Total gain (loss) on disposals .....   | 0                 |                                      |
| 6. Deduct consideration for bonds and stocks disposed of .....  | 0                 |                                      |
| 7. Deduct amortization of premium .....   | 2,062             |                                      |
| 8. Total foreign exchange change in book/adjusted carrying value .....                                    | 0                 |                                      |
| 9. Deduct current year's other than temporary impairment recognized .....                                 | 0                 |                                      |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees ..... | 0                 |                                      |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....              | 14,960,797        | 0                                    |
| 12. Deduct total nonadmitted amounts .....  |                   |                                      |
| 13. Statement value at end of current period (Line 11 minus Line 12)                                      | 14,960,797        | 0                                    |

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Securian Specialty Lines, Inc.

**SCHEDULE D - PART 1B**

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

| NAIC Designation                    | 1<br>Book/Adjusted<br>Carrying Value<br>Beginning<br>of Current Quarter | 2<br>Acquisitions<br>During<br>Current Quarter | 3<br>Dispositions<br>During<br>Current Quarter | 4<br>Non-Trading Activity<br>During<br>Current Quarter | 5<br>Book/Adjusted<br>Carrying Value<br>End of<br>First Quarter | 6<br>Book/Adjusted<br>Carrying Value<br>End of<br>Second Quarter | 7<br>Book/Adjusted<br>Carrying Value<br>End of<br>Third Quarter | 8<br>Book/Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
|-------------------------------------|---|--|--|--|---|--|---|---|
| <b>BONDS</b>                        |   |  |  |  |   |  |   |   |
| 1. NAIC 1 (a) .....                 | 0   | 14,962,859                                     | 0  | (2,062)  | 0   | 0  | 14,960,797  |   |
| 2. NAIC 2 (a) .....                 | 0   |  |  |  | 0   | 0  | 0   |   |
| 3. NAIC 3 (a) .....                 | 0   |  |  |  | 0   | 0  | 0   |   |
| 4. NAIC 4 (a) .....                 | 0   |  |  |  | 0   | 0  | 0   |   |
| 5. NAIC 5 (a) .....                 | 0   |  |  |  | 0   | 0  | 0   |   |
| 6. NAIC 6 (a) .....                 | 0   |  |  |  | 0   | 0  | 0   |   |
| 7. Total Bonds                      | 0   | 14,962,859                                     | 0  | (2,062)  | 0   | 0  | 14,960,797  | 0   |
| <b>PREFERRED STOCK</b>              |   |  |  |  |   |  |   |   |
| 8. NAIC 1 .....                     | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 9. NAIC 2 .....                     | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 10. NAIC 3 .....                    | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 11. NAIC 4 .....                    | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 12. NAIC 5 .....                    | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 13. NAIC 6 .....                    | 0   |  |  |  | 0   | 0  | 0   | 0   |
| 14. Total Preferred Stock .....     | 0   | 0  | 0  | 0  | 0   | 0  | 0   | 0   |
| 15. Total Bonds and Preferred Stock | 0   | 14,962,859                                     | 0  | (2,062)  | 0   | 0  | 14,960,797  | 0   |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

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

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

|   | 1            | 2                               |
|---|--------------|---------------------------------|
|   | Year To Date | Prior Year Ended<br>December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year .....                          | 0            | 0                               |
| 2. Cost of cash equivalents acquired .....  | 15,206       | 0                               |
| 3. Accrual of discount .....  | 0            | 0                               |
| 4. Unrealized valuation increase/(decrease) .....   | 0            | 0                               |
| 5. Total gain (loss) on disposals .....   | 0            | 0                               |
| 6. Deduct consideration received on disposals .....                                       | 0            | 0                               |
| 7. Deduct amortization of premium .....   | 0            | 0                               |
| 8. Total foreign exchange change in book/adjusted carrying value .....                    | 0            | 0                               |
| 9. Deduct current year's other than temporary impairment recognized .....                 | 0            | 0                               |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) ..... | 15,206       | 0                               |
| 11. Deduct total nonadmitted amounts .....  | 0            | 0                               |
| 12. Statement value at end of current period (Line 10 minus Line 11)                      | 15,206       | 0                               |

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

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Securian Specialty Lines, Inc.

**SCHEDULE D - PART 3**

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

| 1<br>CUSIP<br>Identification                    | 2<br>Description       | 3<br>Foreign | 4<br>Date<br>Acquired | 5<br>Name of Vendor           | 6<br>Number of<br>Shares of<br>Stock | 7<br>Actual Cost | 8<br>Par Value | 9<br>Paid for Accrued<br>Interest and<br>Dividends | 10<br>NAIC<br>Designation,<br>NAIC<br>Designation<br>Modifier<br>and<br>SVO<br>Admini-<br>strative<br>Symbol |
|---|------------------------|--------------|-----------------------|-------------------------------|--------------------------------------|------------------|----------------|--|--|
| 91282C-KX-8                                     | UNITED STATES TREASURY |              | 07/23/2024            | BANK OF AMERICA MERRILL LYNCH |                                      | 14,962,859       | 14,900,000     | 39,578   | 1.A  |
| 0109999999. Subtotal - Bonds - U.S. Governments |                        |              |                       |                               |                                      | 14,962,859       | 14,900,000     | 39,578   | XXX  |
| 2509999997. Total - Bonds - Part 3              |                        |              |                       |                               |                                      | 14,962,859       | 14,900,000     | 39,578   | XXX  |
| 2509999998. Total - Bonds - Part 5              |                        |              |                       |                               |                                      | XXX              | XXX            | XXX  | XXX  |
| 2509999999. Total - Bonds                       |                        |              |                       |                               |                                      | 14,962,859       | 14,900,000     | 39,578   | XXX  |
| 4509999997. Total - Preferred Stocks - Part 3   |                        |              |                       |                               |                                      | 0                | XXX            | 0  | XXX  |
| 4509999998. Total - Preferred Stocks - Part 5   |                        |              |                       |                               |                                      | XXX              | XXX            | XXX  | XXX  |
| 4509999999. Total - Preferred Stocks            |                        |              |                       |                               |                                      | 0                | XXX            | 0  | XXX  |
| 5989999997. Total - Common Stocks - Part 3      |                        |              |                       |                               |                                      | 0                | XXX            | 0  | XXX  |
| 5989999998. Total - Common Stocks - Part 5      |                        |              |                       |                               |                                      | XXX              | XXX            | XXX  | XXX  |
| 5989999999. Total - Common Stocks               |                        |              |                       |                               |                                      | 0                | XXX            | 0  | XXX  |
| 5999999999. Total - Preferred and Common Stocks |                        |              |                       |                               |                                      | 0                | XXX            | 0  | XXX  |
| 6009999999 - Totals                             |                        |              |                       |                               |                                      | 14,962,859       | XXX            | 39,578   | XXX  |

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE Securian Specialty Lines, Inc.

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

| 1<br>Depository  | 2<br>Code | 3<br>Rate of Interest | 4<br>Amount of Interest Received During Current Quarter | 5<br>Amount of Interest Accrued at Current Statement Date | Book Balance at End of Each Month During Current Quarter |                   |                  | 9<br>* |
|--|-----------|-----------------------|---|---|--|-------------------|------------------|--------|
|  |           |                       |   |   | 6<br>First Month   | 7<br>Second Month | 8<br>Third Month |        |
| Truist Bank ..... Macon, GA .....  |           | 3.500                 | 67,538  |   | 5,108,246  | 5,122,302         | 5,053,712        | XXX    |
| 0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories      | XXX       | XXX                   |   |   |  |                   |                  | XXX    |
| 0199999. Totals - Open Depositories  | XXX       | XXX                   | 67,538  | 0   | 5,108,246  | 5,122,302         | 5,053,712        | XXX    |
| 0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories | XXX       | XXX                   |   |   |  |                   |                  | XXX    |
| 0299999. Totals - Suspended Depositories   | XXX       | XXX                   | 0   | 0   | 0  | 0                 | 0                | XXX    |
| 0399999. Total Cash on Deposit   | XXX       | XXX                   | 67,538  | 0   | 5,108,246  | 5,122,302         | 5,053,712        | XXX    |
| 0499999. Cash in Company's Office  | XXX       | XXX                   | XXX   | XXX   |  |                   |                  | XXX    |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| .....  |           |                       |   |   |  |                   |                  |        |
| 0599999. Total - Cash  | XXX       | XXX                   | 67,538  | 0   | 5,108,246  | 5,122,302         | 5,053,712        | XXX    |

