

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT _ . . _ . _ . . _ . _ _ _ _ . _ _ . . _ _ . - - -

Δmi	ica Prope	OF THE CON	DITION AND	AFFAIRS OF THE	ce Com	nany
NAIC Group	Code <u>0028</u> (Current)	0028 NAIC Co	ompany Code	12287 Employer's I	D Number	26-0115568
Organized under the Laws of Country of Domicile	Rhode		, Sta nited States of A	te of Domicile or Port of E	ntry	RI
	0.5/1/1/0005					0.1/0.1/0000
Incorporated/Organized	05/11/2005			Commenced Business		01/01/2006
Statutory Home Office	100 Amica (Street and N		,	(City o	Lincoln, RI, US	02865-1156 untry and Zip Code)
	(Offeet and R	umber)	400 4 1 14		Town, otate, oo	
Main Administrative Office			100 Amica V (Street and Nu			
	n, RI, US 02865-1156 State, Country and Zip		,		-800-652 Area Code) (Telep	
		,			,, ,	
Mail Address(P.O. Box 6008 Street and Number or F		,		Providence, RI, U r Town, State, Co	untry and Zip Code)
Primary Location of Books and Recor	ds		100 Amica \	Nav		
			(Street and Nu			
	n, RI, US 02865-1156 State, Country and Zip	Code)	,	(/	-800-652 Area Code) (Telep	
Internet Website Address	, , , , , , , , , , , , , , , , , , , ,	- /	www.amica.	·		,
				5011		
Statutory Statement Contact	Michae	I Lee Baker, Jr. (Name)		,		2-6422-22365 Felephone Number)
	akerjr@amica.com E-mail Address)		,		401-334- (FAX Nur	
(_		iber)
			OFFICER	Senior Vice President,		
Chairman, President and Chief Executive Officer Senior Assistant Vice	Robert Anthor	ny DiMuccio	Ch	ief Financial Officer and		James Parker Loring
	Suzanne El	len Casey		_		
Jill Holton Andy, Senior Vi Peter Ernest Moreau, Senior Vic Information Offic Anthony Noviello III, Senior	e President & Chief cer	Jennifer Ann Mo	Investment C rrison, Senior V Counse	ce President & Chief Officer ⁄ice President & General		DeCubellis, Senior Vice President arles Murphy, Chief Operations Officer
Jeffrey Paul Aik		DIRE	CTORS OR 1 Jill Janice A			Debra Ann Canales
Patricia Walsh Cha	dwick		Robert Anthony	DiMuccio		Barry George Hittner
Michael David Je Debra Marie Pa			Ronald Keith M Donald Julian			Peter Michael Marino Diane Desmarais Souza
	ode Island ovidence	SS				
all of the herein described assets we statement, together with related exhib condition and affairs of the said repor in accordance with the NAIC Annual rules or regulations require differen respectively. Furthermore, the scope	ere the absolute proper bits, schedules and exp ting entity as of the rep Statement Instructions ces in reporting not r e of this attestation by t	ty of the said report lanations therein or orting period stated and Accounting P elated to accounti he described office	orting entity, fre ontained, anne d above, and of Practices and Pr ing practices a ers also include	e and clear from any lien- ed or referred to, is a full a its income and deductions ocedures manual except nd procedures, according as the related correspondir	s or claims thered and true statemen s therefrom for the to the extent that: g to the best of ng electronic filing	that on the reporting period stated above, on, except as herein stated, and that this t of all the assets and liabilities and of the period ended, and have been completed (1) state law may differ; or, (2) that state their information, knowledge and belief, with the NAIC, when required, that is an various regulators in lieu of or in addition
Robert Anthony DiMucci Chairman, President and Chief Exec			Suzanne Ellen stant Vice Presi	Casey dent and Secretary	Senior Vi	James Parker Loring ce President, Chief Financial Officer and Treasurer
Subscribed and sworn to before me to the second state of the secon		ıary, 2022		 a. Is this an original film b. If no, 1. State the amendm 2. Date filed 	nent number	
Ann Marie Octeau Notary Public June 8, 2022				Number of pages	attached	

	A53	SETS				
	Current Year					
		1	2	3 Net Admitted Assets	4 Net Admitted	
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets	
1.				73,060,003		
2.	Stocks (Schedule D): 2.1 Preferred stocks					
	2.2 Common stocks					
3.	Mortgage loans on real estate (Schedule B):					
0.	3.1 First liens	4 632 767		4 632 767	4 761 325	
4.	Real estate (Schedule A):					
	4.1 Properties occupied by the company (less \$					
	encumbrances)					
	4.2 Properties held for the production of income (less					
	\$ encumbrances)					
	4.3 Properties held for sale (less \$					
	encumbrances)					
5.	Cash (\$189,412 , Schedule E - Part 1), cash equivalents					
	(\$4, 108, 672 , Schedule E - Part 2) and short-term					
	investments (\$	4,298,084		4 , 298 , 084	4,856,663	
6.	Contract loans (including \$ premium notes)					
7.	Derivatives (Schedule DB)					
8.	Other invested assets (Schedule BA)					
9.	Receivable for securities					
10.	Securities lending reinvested collateral assets (Schedule DL)					
11.	Aggregate write-ins for invested assets					
12.	Subtotals, cash and invested assets (Lines 1 to 11)	82,120,040		82,129,949	84, 150,526	
13.	Title plants less \$ charged off (for Title insurers					
14.	only) Investment income due and accrued					
14.	Premiums and considerations:					
10.	15.1 Uncollected premiums and agents' balances in the course of collection	2 037 148	18 524	2 018 624	2 573 028	
	15.2 Deferred premiums and agents' balances and installments booked but	2,001,110			2,010,020	
	deferred and not yet due (including \$					
	earned but unbilled premiums)		1,045	6,283,120		
	15.3 Accrued retrospective premiums (\$,			
16.	Reinsurance:					
	16.1 Amounts recoverable from reinsurers	3,470,277		3,470,277	3, 101, 705	
	16.2 Funds held by or deposited with reinsured companies					
	16.3 Other amounts receivable under reinsurance contracts					
17.	Amounts receivable relating to uninsured plans					
18.1	0					
18.2	Net deferred tax asset					
19.	Guaranty funds receivable or on deposit					
20.	Electronic data processing equipment and software					
21.	Furniture and equipment, including health care delivery assets					
00	(\$					
22. 23.	Net adjustment in assets and liabilities due to foreign exchange rates Receivables from parent, subsidiaries and affiliates					
23. 24.	Receivables from parent, subsidiaries and amiliates Health care (\$,	
24. 25.	Aggregate write-ins for other than invested assets	79 217	2 979	76 244		
23. 26.	Total assets excluding Separate Accounts Segregated Accounts and					
20.	Protected Cell Accounts (Lines 12 to 25)					
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts					
28.		94,626,322	54,223		99,480,044	
20.	DETAILS OF WRITE-INS					
1101.						
1102.						
1103.						
1198.	Summary of remaining write-ins for Line 11 from overflow page					
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)					
2501.	Receivable for other surcharges					
2502.	Prepaid expenses					
2503.	· · · · ·					
2598.	Summary of remaining write-ins for Line 25 from overflow page					
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	79,217	2,973	76,244	36,832	

ASSETS

LIABILITIES, SURPLUS AND OTHER FUNDS

	LIADILITIES, SONF LOS AND OTTIEN TO	1	2
1	Langer (Dart 24, Line 25, Column 9)	Current Year	Prior Year
1. 2.	Losses (Part 2A, Line 35, Column 8) Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
2. 3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$ on realized capital gains (losses))		
	Net deferred tax liability		
8.	Borrowed money \$ and interest thereon \$		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of		
	\$12,470,223 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)		
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$ certified) (Schedule F, Part 3, Column 78)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$ and interest thereon \$		
25.	Aggregate write-ins for liabilities		
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)		
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)		
36.	Less treasury stock, at cost:		
	36.1		
27	36.2	80,292,141	81,430,287
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	94,572,099	99,480,044
38.	TOTALS (Page 2, Line 28, Col. 3) DETAILS OF WRITE-INS	54,572,055	33,400,044
2501			
2501. 2502.			
2502.			
2503. 2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.			
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)		
2901. 2902.			
2902. 2903.			
2903. 2998.	Summary of remaining write-ins for Line 29 from overflow page		
2998. 2999.	Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)		
3201.			
3201. 3202.			
3202. 3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page		
3290. 3299.	Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above)		
2200.			

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY **STATEMENT OF INCOME**

	STATEMENT OF INCOME	1	2
		Current Year	Prior Year
1	UNDERWRITING INCOME		
1.	Premiums earned (Part 1, Line 35, Column 4) DEDUCTIONS:		
2.	Losses incurred (Part 2, Line 35, Column 7)		
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)		
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		4,497,449
5.	Aggregate write-ins for underwriting deductions		
6.	Total underwriting deductions (Lines 2 through 5)		4,497,449
7.	Net income of protected cells Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7)		
8.		(3,330,770)	(4,497,449)
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		
10.	Net realized capital gains or (losses) less capital gains tax of \$, ,.	, , ,
	Gains (Losses))	(9,557)	381,316
11.	Net investment gain (loss) (Lines 9 + 10)	2,173,007	2,593,285
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered	(000, 170)	(405, 400)
10	\$111,705 amount charged off \$		(425,493) 101,286
13. 14.	Aggregate write-ins for miscellaneous income	(265)	(3,725)
15.	Total other income (Lines 12 through 14)	(251,997)	(327,932)
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes		
	(Lines 8 + 11 + 15)	(1,409,760)	(2,232,096)
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)	(1,409,760)	(2,232,096)
19.	Federal and foreign income taxes incurred	(248,609)	(813,649)
20.	Net income (Line 18 minus Line 19)(to Line 22)	(1,161,151)	(1,418,447)
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)		
22.	Net income (from Line 20)		
23.	Net transfers (to) from Protected Cell accounts		
24. 25.	Change in net unrealized capital gains or (losses) less capital gains tax of \$		
23. 26.	Change in net deferred income tax		
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)		
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		·
29.	Change in surplus notes		
30.	Surplus (contributed to) withdrawn from protected cells		
31.	Cumulative effect of changes in accounting principles		
32.	Capital changes:		
	32.1 Paid in		
	32.3 Transferred to surplus		
33.	Surplus adjustments:		
	33.1 Paid in		
	33.2 Transferred to capital (Stock Dividend)		
	33.3 Transferred from capital		
34.	Net remittances from or (to) Home Office		
35. 26	Dividends to stockholders	•	
36. 37.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1) Aggregate write-ins for gains and losses in surplus		(12,198)
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)	(1,138,146)	(1,672,552)
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	80,292,141	81,430,287
	DETAILS OF WRITE-INS		
0501.			
0502.			
0503.			
0598. 0599.	Summary of remaining write-ins for Line 5 from overflow page		
1401.	Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above) Regulatory Penalties		(3,725)
1401.			
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page		
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	(265)	(3,725)
3701.	Miscellaneous Surplus Adjustment		(12,198)
3702.			
3703. 3708	Summary of remaining write inc for Line 27 from everflow page		
3798. 3799.	Summary of remaining write-ins for Line 37 from overflow page Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above)		(12,198)
5199.	יסומוס נבחוסס סיטיד נווע סיטס אוש סיסטונבוווב סי מטטיבן		(12,198

CASH FLOW

		1	2
		' Current Year	2 Prior Year
	Cash from Onorstions	Current real	Filor real
4	Cash from Operations	(629, 193)	(882,383)
1.	Premiums collected net of reinsurance		
2.	Net investment income	···· , , ,	, ,
3.	Miscellaneous income		97,098
4.	Total (Lines 1 through 3)		1,738,307
5.	Benefit and loss related payments		(677,177)
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		5 540 050
7.	Commissions, expenses paid and aggregate write-ins for deductions		5,548,356
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		(594,897)
10.	Total (Lines 5 through 9)		4,276,282
11.	Net cash from operations (Line 4 minus Line 10)	(2,075,478)	(2,537,975)
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		(3,297)
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		
	13.2 Stocks		
	13.3 Mortgage loans		1, 190, 492
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications	713,603	1,174,689
	13.7 Total investments acquired (Lines 13.1 to 13.6)	20,581,035	33,658,855
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		912,913
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	1,111,781	134,235
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1, 111, 781	134,235
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		(1,490,827)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year		6,347,490
	19.2 End of period (Line 18 plus Line 19.1)	4,298,084	4,856,663
Note: Sı	upplemental disclosures of cash flow information for non-cash transactions:	1]

Underwriting and Investment Exhibit - Part 1 - Premiums Earned

ΝΟΝΕ

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums **NONE**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY **UNDERWRITING AND INVESTMENT EXHIBIT**

	PART 1B - PREMIUMS WRITTEN							
		1 Reinsurance Assumed 2 3				Reinsurance Ceded		
		Direct D. 1		-		-	Net Premiums Written	
	Line of Business	Direct Business (a)	From Affiliates	From Non-Affiliates	To Affiliates	To Non-Affiliates	Cols. 1+2+3-4-5	
1.	Fire							
2.	Allied lines							
3.	Farmowners multiple peril							
4.	Homeowners multiple peril							
5.	Commercial multiple peril							
6.	Mortgage guaranty							
8.	Ocean marine							
9.	Inland marine							
10.	Financial guaranty							
11.1	Medical professional liability - occurrence							
11.2	Medical professional liability - claims-made	,						
12.	Earthquake							
13.	Group accident and health							
14.	Credit accident and health (group and individual)							
15.	Other accident and health							
16.	Workers' compensation							
17.1	Other liability - occurrence							
17.2	Other liability - claims-made							
17.3	Excess workers' compensation							
18.1	Products liability - occurrence							
18.2	Products liability - claims-made							
19.1, 19.2	Private passenger auto liability							
19.3, 19.4	Commercial auto liability							
21.	Auto physical damage				17,444,166			
22.	Aircraft (all perils)							
23.								
24.	Surety	,						
26.	Burglary and theft							
27.	Boiler and machinery							
28.	Credit							
29.	International							
30.	Warranty							
31.	Reinsurance - nonproportional assumed property							
32.	Reinsurance - nonproportional assumed liability							
33.	Reinsurance - nonproportional assumed financial lines							
34.	Aggregate write-ins for other lines of business							
35.	TOTALS	46,321,674			46,126,553	195, 121		
	DETAILS OF WRITE-INS					,		
3401.								
3402.								
3403.								
3498.	Summary of remaining write-ins for Line 34 from overflow page							
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)							

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

If yes: 1. The amount of such installment premiums \$

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

		Losses Paid Less Salvage		5	6	7	8		
		1	2	2000 Salvaye	4	5	U	/	o Percentage of
		'	2	5	-				Losses Incurred
						Net Losses Unpaid		Losses Incurred	(Col. 7, Part 2) to
1			Reinsurance	Reinsurance	Net Payments	Current Year	Net Losses Unpaid	Current Year	Premiums Earned
	Line of Business	Direct Business	Assumed	Recovered	(Cols. 1 + 2 -3)	(Part 2A , Col. 8)	Prior Year	(Cols. 4 + 5 - 6)	(Col. 4, Part 1)
1.	Fire								
2.	Allied lines								
3.	Farmowners multiple peril								
4.	Homeowners multiple peril								
5.	Commercial multiple peril								
6.	Mortgage guaranty								
8.	Ocean marine								
9.	Inland marine			(100)					
10.	Financial guaranty								
11.1	Medical professional liability - occurrence								
11.2	Medical professional liability - claims-made								
12.	Earthquake								
13.	Group accident and health								
14.	Credit accident and health (group and individual)								
15.	Other accident and health								
16.	Workers' compensation								
17.1	Other liability - occurrence								
17.2	Other liability - claims-made								
17.3	Excess workers' compensation								
18.1	Products liability - occurrence								
18.2	Products liability - claims-made								
19.1, 19.2	Private passenger auto liability								
19.3, 19.4	Commercial auto liability								
21.	Auto physical damage			14,005,277					
22.	Aircraft (all perils)								
23.	Fidelity								
24.	Surety								
26.	Burglary and theft								
27.	Boiler and machinery								
28.	Credit								
29.	International								
30.	Warranty								
31.	Reinsurance - nonproportional assumed property								
32.	Reinsurance - nonproportional assumed liability								
33.	Reinsurance - nonproportional assumed financial lines								
34.	Aggregate write-ins for other lines of business								
35.	TOTALS	36,862,695		36,862,695					
	DETAILS OF WRITE-INS								
3401.									
3402.									
3403.									
3498.	Summary of remaining write-ins for Line 34 from overflow page								
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)								
		1		1			u	L	1

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

				d Losses			ncurred But Not Reported		8	9
		1	2	3	4	5	6	7		Net Unpaid Loss Adjustment Expenses
	Line of Business	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	
1.	Fire									
2.	Allied lines									
3.	Farmowners multiple peril									
4.	Homeowners multiple peril									
5.	Commercial multiple peril									
6.	Mortgage guaranty									
8.	Ocean marine									
9.	Inland marine									
10.	Financial guaranty									
11.1	Medical professional liability - occurrence									
11.2	Medical professional liability - claims-made									
12.	Earthquake									
13.	Group accident and health								(a)	
14.	Credit accident and health (group and individual)									
15.	Other accident and health								(a)	
16.	Workers' compensation									
17.1	Other liability - occurrence									
17.2	Other liability - claims-made									
17.3	Excess workers' compensation									
18.1	Products liability - occurrence									
18.2	Products liability - claims-made									
	Private passenger auto liability									
	Commercial auto liability	· _ · _ ·		, , , , , , , , , , , , , , , , , , ,						
21.	Auto physical damage	2,284,953						1,292,012		
22.	Aircraft (all perils)			· · ·				· · ·		
23.	Fidelity									
24.	Surety									
26.	Burglary and theft									
27.	Boiler and machinery									
28.	Credit									
29.	International									
30.	Warranty				·····					
31.	Reinsurance - nonproportional assumed property	XXX				XXX				
32.	Reinsurance - nonproportional assumed property	XXX								
33.	Reinsurance - nonproportional assumed financial lines						f [
34.	Aggregate write-ins for other lines of business						t [
35.	TOTALS	27,115,611		27,115,611		17,338,916		17,338,916		
55.	DETAILS OF WRITE-INS	27,110,011		21,110,011		17,000,910		17,000,910		
3401.	DETAILS OF WRITE-INS									
3401. 3402.										
3402. 3403.				+			+			
3403. 3498.	Summary of remaining write-ins for Line 34 from overflow page			+			<u> </u>		+	
3499. ncludina §	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) for present value of life indemnity claims.									

(a) Including \$ for present value of life indemnity claims.

UNDERWRITING AND INVESTMENT EXHIBIT

		1	2	3	4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1.	Claim adjustment services:				
	1.1 Direct	1,293,458			1,293,45
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded	4,850,079			4,850,07
	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	(3,556,621)			(3,556,62
2.	Commission and brokerage:				
	2.1 Direct excluding contingent				
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent		9,007,658		
	2.4 Contingent - direct				
	2.5 Contingent - reinsurance assumed				
	2.6 Contingent - reinsurance ceded				
	2.7 Policy and membership fees				
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)				
3.	Allowances to managers and agents				
4.	Advertising				3,288,34
5.	Boards, bureaus and associations				
6.	Surveys and underwriting reports				
7.	Audit of assureds' records				
8.	Salary and related items:				
	8.1 Salaries	2,356,704	4,145,888		6,696,01
	8.2 Payroll taxes				
9.	Employee relations and welfare				1,407,80
10.	Insurance				
11.	Directors' fees				
12.	Travel and travel items				
13.	Rent and rent items				
14.	Equipment				1,812,89
15.	Cost or depreciation of EDP equipment and software			,	, ,
16.	Printing and stationery				
17.	Postage, telephone and telegraph, exchange and express			1,984	
18.	Legal and auditing	,	42,361		42,36
19.	Totals (Lines 3 to 18)	3,556,621	10,992,764	295.245	14.844.63
20.	Taxes, licenses and fees:		,,		····· , , ·
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$		1 197 839		1 197 83
	20.2 Insurance department licenses and fees				
	20.3 Gross guaranty association assessments				
	20.4 All other (excluding federal and foreign income and real estate)		(2,633)		(2,63
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)				
21.	Real estate expenses				
22.	Real estate taxes				
23.	Reimbursements by uninsured plans				
24.	Aggregate write-ins for miscellaneous expenses				
24. 25.	Total expenses incurred				
23. 26.	Less unpaid expenses - current year				
	Add unpaid expenses - current year				
27.					· · · · ·
28.	Amounts receivable relating to uninsured plans, prior year		·		
29.	Amounts receivable relating to uninsured plans, current year		0 600 500		0.005 77
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)		3,630,529	295,245	3,925,77
	DETAILS OF WRITE-INS				
			,		,
402.	COVID-19 Financial Relief				(100,37
403.					
498.	Summary of remaining write-ins for Line 24 from overflow page				

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds		
1.1	Bonds exempt from U.S. tax		
1.2	Other bonds (unaffiliated)	(a)1,749,821	1,738,532
1.3	Bonds of affiliates		
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)193,615	
4.	Real estate	(d)	
5	Contract loans		
6	Cash, cash equivalents and short-term investments	(e)6,508	
7	Derivative instruments	. (f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		21
10.	Total gross investment income	2,507,656	2,482,260
11.	Investment expenses		(g)295,245
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		. (i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net investment income (Line 10 minus Line 16)		2,182,564
	DETAILS OF WRITE-INS		
0901.	Miscellaneous Interest		21
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)		21
1501.	Miscellaneous Interest Expense		
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		4,451

(a) Includes \$	and less \$45,025 paid for accrued interest on purchases.
(b) Includes \$ accrual of discount less \$ amortization of premium a	and less \$ paid for accrued dividends on purchases.
(c) Includes \$ accrual of discount less \$ amortization of premium a	and less \$ paid for accrued interest on purchases.
(d) Includes \$ for company's occupancy of its own buildings; and excludes \$	interest on encumbrances.
(e) Includes \$	and less \$ paid for accrued interest on purchases.
(f) Includes \$ accrual of discount less \$ amortization of premium.	
(g) Includes \$ investment expenses and \$ investment taxes, licen segregated and Separate Accounts.	nses and fees, excluding federal income taxes, attributable to
(h) Includes \$ interest on surplus notes and \$ interest on capital no	otes.
(i) Includes \$ depreciation on real estate and \$ depreciation on of	ther invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
				Total Realized Capital	Change in	Change in Unrealized
		Realized Gain (Loss)	Other Realized	Gain (Loss)	Unrealized Capital	Foreign Exchange
		On Sales or Maturity	Adjustments	(Columns 1 + 2)		Capital Gain (Loss)
1.	U.S. Government bonds	(5,898)	*	(5,898)		
1.1	Bonds exempt from U.S. tax	(5,843)				
1.2	Other bonds (unaffiliated)	(295)		(295)		
1.3	Bonds of affiliates			´		
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments			(62)		
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	(12,098)		(12,098)	127	
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)					

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY EXHIBIT OF NON-ADMITTED ASSETS

	EXHIBIT OF NON-ADMITTED ASSETS						
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)			
1.	Bonds (Schedule D)	Nonaumilieu Assels	Nonaumilieu Assels	(001. 2 - 001. 1)			
	Stocks (Schedule D):						
۷.							
	2.1 Preferred stocks 2.2 Common stocks						
2	Mortgage loans on real estate (Schedule B):						
3.							
	3.1 First liens						
4							
4.	Real estate (Schedule A):						
	4.1 Properties occupied by the company						
	4.2 Properties held for the production of income						
_	4.3 Properties held for sale						
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)						
6.	Contract loans						
7.	Derivatives (Schedule DB)						
8.	Other invested assets (Schedule BA)						
9.	Receivables for securities						
10.	Securities lending reinvested collateral assets (Schedule DL)						
11.	Aggregate write-ins for invested assets						
12.	Subtotals, cash and invested assets (Lines 1 to 11)						
13.	Title plants (for Title insurers only)						
14.	Investment income due and accrued						
15.	Premiums and considerations:						
	15.1 Uncollected premiums and agents' balances in the course of collection						
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	1,045					
	15.3 Accrued retrospective premiums and contracts subject to redetermination						
16.	Reinsurance:						
	16.1 Amounts recoverable from reinsurers						
	16.2 Funds held by or deposited with reinsured companies						
	16.3 Other amounts receivable under reinsurance contracts						
17.	Amounts receivable relating to uninsured plans						
18.1	Current federal and foreign income tax recoverable and interest thereon						
18.2	Net deferred tax asset			(31,681)			
19.	Guaranty funds receivable or on deposit						
20.	Electronic data processing equipment and software						
21.	Furniture and equipment, including health care delivery assets						
22.	Net adjustment in assets and liabilities due to foreign exchange rates						
23.	Receivables from parent, subsidiaries and affiliates						
24.	Health care and other amounts receivable						
25.	Aggregate write-ins for other than invested assets			(2,973)			
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)			(22,105)			
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts						
28.	Total (Lines 26 and 27)	54,223	32,118	(22,105)			
	DETAILS OF WRITE-INS						
1101.							
1102.							
1103.							
1198.	Summary of remaining write-ins for Line 11 from overflow page						
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)						
2501.	Prepaid expenses			(2,973)			
2501.				(2,070)			
2502.							
2598.	Summary of remaining write-ins for Line 25 from overflow page						
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	2,973		(2,973)			
2033.	1 JUNIS LENIUS 2001 IIIIU 2000 PIUS 2030/(LIIIC 20 abuve)	2,313	ļ	(2,373)			

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying financial statements of the Amica Property and Casualty Insurance Company (the Company) have been prepared on the basis of accounting practices prescribed or permitted by the State of Rhode Island.

The State of Rhode Island requires insurance companies domiciled in the State of Rhode Island to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the state of Rhode Island Department of Business Regulation Insurance Division. The Company has no state prescribed adjustments to report, however, the Company does have the state permitted practice as detailed below.

Effective June 2020, the Rhode Island Department of Business Regulation Insurance Division approved a permitted accounting practice to classify COVID-19 relief funds as other underwriting expenses. This treatment contrasts that of *INT 20-08: COVID-19 Premium Refunds, Limited-Time Exception, Rate Reductions and Policyholder Dividends*, which mandates such relief funds be treated as reductions to premium, with a limited-time exception for treatment as other underwriting expense under specific conditions, for which the Company does not qualify.

In the second quarter of 2020, the Company announced its intention to return a portion of its profits to policyholders through its COVID-19 Financial Relief Program. The expected total disbursements under this program have been recorded as a charge to other underwriting expenses totaling \$4,065,218 as of December 31, 2020. As of December 31, 2021, all anticipated disbursements have been made totaling \$3,964,841. See Note 21A for additional program details.

A reconciliation of the Company's net income and capital and surplus between NAIC statutory accounting practices (NAIC SAP) and practices prescribed and permitted by the State of Rhode Island as of December 31, 2021 and December 31, 2020 is shown below:

		F/S	F/S		
	SSAP #	Page	Line #	2021	2020
Net Income					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	(\$1,161,151)	(\$1,418,447)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				0	0
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
COVID-19 Financial Relief	INT 20-08, 00	4	4	63,439	(2,569,217)
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	(\$1,224,590)	\$1,150,770
Surplus					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$80,292,141	\$81,430,287
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:				0	0
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
COVID-19 Financial Relief	INT 20-08, 00	3	37	63,439	(2,569,217)
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$80,228,702	\$83,999,504

INT 20-08: COVID-19 Premium Refunds, Limited-Time Exception, Rate Reductions and Policyholder Dividends necessitates entities to identify the impact of not reporting relief amounts as a return of premium on various ratios included in the Five-Year Historical Data Exhibit of the Annual Statement. There was no impact to 2021 ratios as a result of the permitted practice as of December 31, 2021.

No regulatory action or risk-based capital event would be triggered under NAIC SAP or permitted practice accounting.

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

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses. It also requires estimates in the disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

C. Accounting Policies

Premiums are earned over the terms of the related policies and reinsurance contracts. Unearned premiums are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business. Expenses incurred in connection with acquiring new insurance business, including acquisition costs, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

- 1. Short-term investments are stated at cost.
- 2. Bonds not backed by other loans are stated at amortized value using the scientific method, or fair value as specified by the SVO Manual.
- 3. The Company does not hold common stock.
- 4. The Company does not hold preferred stock.
- 5. First lien mortgage loans on real estate are reported at the unpaid principal of the loan.
- Loan-backed bonds and structured securities are valued at amortized cost using the retrospective method (or a method which approximates the retrospective method).
- 7. The Company does not have an interest in any subsidiaries.
- 8. The Company has no investments in joint ventures, partnerships, and limited liability corporations.
- 9. The Company does not hold or issue derivative financial instruments.

- 10. The Company does not anticipate investment income as a factor in premium deficiency calculations.
- 11. Unpaid losses and loss adjustment expenses will 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 are continually reviewed and any adjustments are reflected in the period determined.
- 12. All equipment expenses are allocated to the Company through its cost-sharing agreement with its parent company, Amica Mutual Insurance Company. The capitalization policy includes a prepaid expense threshold of \$500,000, capitalization of qualifying expenses associated with projects in excess of \$500,000, and capitalization of internal labor costs on strategic projects to the extent they qualify. The policy maintains the \$5,000 de minimis limitation on capitalizing individual items for projects under \$500,000.
- 13. The Company has no pharmaceutical rebate receivables.
- 14. The Company presents net realized capital gains or (losses) net of capital gains tax on the statement of income.
- 15. When the commission received under a reinsurance agreement exceeds the anticipated acquisition costs of the business ceded, the Company establishes a liability equal to the difference between the anticipated acquisition costs and the reinsurance commission received.
- D. Going Concern

Management's review of relevant conditions and events, considered in the aggregate, indicate that it is probable that the Company will be able to meet its obligations as they become due within one year after the date that the financial statements are issued.

Note 2 – Accounting Changes and Correction of Errors

Not applicable.

Note 3 – Business Combinations and Goodwill

Not applicable.

Note 4 – Discontinued Operations

Not applicable.

<u>Note 5 – Investments</u>

- A. Mortgage Loans, including Mezzanine Real Estate Loans
 - 1. The Company has invested in seventeen commercial mortgage loans at December 31, 2021. There were no new loans originated in the current year.
 - 2. The maximum percentage of any one loan to the value of the security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgages, was 70.5%.
 - 3. There were no taxes, assessments or any amounts advanced and not included in the mortgage loan total.

4. Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is a Participant or Co-lender in a Mortgage Loan Agreement:

1. 2.	rent Year Recorded Investment (All) (a) Current (b) 30-59 Days Past Due	Farm	Insured	All Other	Insured	All Other	Mezzanine	Total
1. 2.	Recorded Investment (All) (a) Current (b) 30-59 Days Past Due	\$0						
2.	(a) Current(b) 30-59 Days Past Due	\$0						
2.	(b) 30-59 Days Past Due	\$0						
2.	., .	+ -	\$0	\$0	\$0	\$4,632,767	\$0	\$4,632,767
2.		0	0	0	0	0	0	0
2.	(c) 60-89 Days Past Due	0	0	0	0	0	0	0
2.	(d) 90-179 Days Past Due	0	0	0	0	0	0	0
	(e) 180+ Days Past Due	0	0	0	0	0	0	0
	Accruing Interest 90-179 Days Past Due							
	(a) Recorded Investment	0	0	0	0	0	0	0
	(b) Interest Accrued	0	0	0	0	0	0	0
3.	Accruing Interest 180+ Days Past Due							
	(a) Recorded Investment	0	0	0	0	0	0	0
	(b) Interest Accrued	0	0	0	0	0	0	0
4.	Interest Reduced							
	(a) Recorded Investment	0	0	0	0	0	0	0
	(b) Number of Loans	0	0	0	0	0	0	0
	(c) Percent Reduced	0	0	0	0	0	0	0
5.	Participant or Co-lender in a Mortgage							
	Loan Agreement							
	(a) Recorded Investment	0	0	0	0	4,632,767	0	4,632,767
B. Prio	r Year							
1.	Recorded Investment (AII)							
	(a) Current	\$0	\$0	\$0	\$0	\$4,761,325	\$0	\$4,761,325
	(b) 30-59 Days Past Due	0	0	0	0	0	0	0
	(c) 60-89 Days Past Due	0	0	0	0	0	0	0
	(d) 90-179 Days Past Due	0	0	0	0	0	0	0
	(e) 180+ Days Past Due	0	0	0	0	0	0	0
2.	Accruing Interest 90-179 Days Past Due	· ·	·	÷		Ť	· ·	·
	(a) Recorded Investment	0	0	0	0	0	0	0
	(b) Interest Accrued	0	0	0	0	0	0	0
3.	Accruing Interest 180+ Days Past Due	Ū.	· ·	Ŭ	Ŭ	Ŭ	Ŭ	0
	(a) Recorded Investment	0	0	0	0	0	0	0
	(b) Interest Accrued	ů 0	0	0	0 0	0	0 0	0
	Interest Reduced	v	v	Ŭ	v	v	v	0
	(a) Recorded Investment	0	0	0	0	0	0	0
	(b) Number of Loans	0	0	0	0	0	0	0
	(c) Percent Reduced	0	0	0	0	0	0	0
	Participant or Co-lender in a Mortgage	U	U	0	U	0	U	0
	Loan Agreement							
	(a) Recorded Investment	0	0	0	0	4,761,325	0	4,761,325

5-9. There were no impaired mortgage loans, mortgage loans derecognized as a result of foreclosure or allowances for credit losses on mortgage loans.

B. Debt Restructuring

Not applicable.

C. Reverse Mortgages

Not applicable.

D. Loan-Backed Securities

- 1. Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker dealer survey values, nationally recognized data services or internal estimates. The Company uses ICE Data Services to update prepayment assumptions quarterly and to determine the market value of its loan-backed securities. In 2021, there were no changes from retrospective to prospective methodologies.
- 2-3. The Company did not write down any loan-backed securities during the period.

4. All impaired securities (fair value is less than amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:	
1. Less than 12 Months	\$ 131,794
2. 12 Months or Longer	\$ 42,222
 b. The aggregate related fair value of securities with unrealized losses: 1. Less than 12 Months 2. 12 Months or Longer 	 1,125,984

- 5. All loan-backed and structured securities in an unrealized loss position were reviewed to determine whether other-than-temporary impairments should be recognized. The Company asserts that it has the intent and ability to hold these securities long enough to allow the cost basis of these securities to be recovered. These conclusions are supported by an analysis of the underlying credit of each security. Unrealized losses are primarily attributable to higher interest rates, faster prepayment speed assumptions and modestly wider spread levels. It is possible that the Company could recognize other-than-temporary impairments in the future on some of the securities, if future events, information and the passage of time cause it to conclude that declines in value are other-than-temporary.
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale Not applicable.

J. Real Estate

Not applicable.

K. Investments in Low-Income Housing Tax Credits (LIHTC)

Not applicable

- L. Restricted Assets
 - 1. Restricted Assets (Including Pledged)

	Gross (Admitted & Nonadmitted		itted) Restric	ted					Percentage		
		Current Year									
	1	2	3	4	5	6	7	8	9	10	11
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual				. ,	,		, ,		, ,	.,	
obligation for which liability is not shown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	0.0%
 Collateral held under 											
security lending arrangements	0	0	0	0	0	0	0	0	0	0.0%	0.0%
 Subject to repurchase agreements 	0	0	0	0	0	0	0	0	0	0.0%	0.0%
 Subject to reverse repurchase agreements 	0	0	0	0	0	0	0	0	0	0.0%	0.0%
e. Subject to dollar repurchase agreeements	0	0	0	0	0	0	0	0	0	0.0%	0.0%
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0	0	0	0	0.0%	0.0%
 g. Placed under option contracts 	0	0	0	0	0	0	0	0	0	0.0%	0.0%
 Letter stock or securities restricted as to sale - ex cluding FHLB capital stock 	0	0	0	0	0	0	0	0	0	0.0%	0.0%
i. FHLB capital stock	0	0		0	0	0		0	0	0.0%	0.0%
j. On deposit with states	2,439,786	0		0	2,439,786	2,445,899	(6,113)	0	2,439,786	2.6%	2.6%
 On deposit with other regulatory bodies 	0	0	0	0	0	0		0	0	0.0%	0.0%
 Pledged as collateral to FHLB (including assets backing funding 											
agreements)	0	0	0	0	0	0	0	0	0	0.0%	0.0%
 Pledged as collateral not captured in other categories 	_		_								
n. Other restricted assets	0	0		0	0	0	0	0	0	0.0%	0.0%
	0	0		0	0	0	•	0	0	0.0%	0.0%
 Total restricted assets 	\$2,439,786	\$0	\$0	\$0	\$2,439,786	\$2,445,899	(\$6,113)	\$0	\$2,439,786	2.6%	2.6%

(a) Subset of column 1

(b) Subset of column 3

(c) Column 5 divided by Asset Page, Column 1, Line 28

(d) Column 9 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories

Not applicable.

3. Detail of Other Restricted Assets

Not applicable.

4. Collateral Received and Reflected as Assets Within the Company's Financial Statements

Not applicable.

M. Working Capital Finance Investments

Not applicable.

N. Offsetting and Netting of Assets and Liabilities

Not applicable.

O. 5GI* Securities

None.

P. Short Sales

Not applicable.

Q. Prepayment Penalty and Acceleration Fees

	General Account	Protected Cell
1. Number of CUSIPs	15	0
2. Aggregate Amount of Investment Income	\$161,202	\$0

R. Reporting Entity's Share of Cash Pool by Asset Type

Not applicable.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7 – Investment Income

A. Basis for Excluding (Non-Admitting) Investment Income Due and Accrued

The Company non-admits investment income due and accrued if amounts are over 90 days past due (180 days for mortgage loans in foreclosure or default).

B. Amounts Non-Admitted

None.

Note 8 – Derivative Instruments

Not applicable.

Note 9 – Income Taxes

- A. Deferred Tax Asset/(Liability)
 - 1. Components of Net Deferred Tax Assets (DTAs) and Net Deferred Liabilities (DTLs)

	(1)	(2)	(3) (Col 1+2)
	Ordinary	Capital	Total
12/31/21			
a. Gross deferred tax assets	\$52,940	\$0	\$52,940
b. Statutory valuation allowance adjustment	0	0	0
c. Adjusted gross deferred tax assets (1a-1b)	52,940	0	52,940
d. Deferred tax assets nonadmitted	31,681	0	31,681
e. Subtotal net admitted deferred tax asset (1c-1d)	21,259	0	21,259
f. Deferred tax liabilities	21,235	24	21,259
g. Net admitted deferred tax asset/(Net deferred tax liability) (1e-1f)	\$24	(\$24)	\$0
	(4)	(5)	(6)
			(Col 4+5)
12/31/20	Ordinary	Capital	Total
a. Gross deferred tax assets	\$7,863	\$3	\$7,866
b. Statutory valuation allowance adjustment	0	0	0
c. Adjusted gross deferred tax assets (1a-1b)	7,863	3	7,866
d. Deferred tax assets nonadmitted	0	0	0
e. Subtotal net admitted deferred tax asset (1c-1d)	7,863	3	7,866
f. Deferred tax liabilities	21,168	0	21,168
g. Net admitted deferred tax asset/(Net deferred tax liability) (1e-1f)	(\$13,305)	\$3	(\$13,302)
	(7)	(8)	(9)
	(Col 1-4)	(Col 2-5)	(Col 7+8)
Change	Ordinary	Capital	Total
a. Gross deferred tax assets	\$45,077	(\$3)	\$45,074
b. Statutory valuation allowance adjustment	0	0	0
c. Adjusted gross deferred tax assets (1a-1b)	45,077	(3)	45,074
d. Deferred tax assets nonadmitted	31,681	0	31,681
e. Subtotal net admitted deferred tax asset (1c-1d)	13,396	(3)	13,393
f. Deferred tax liabilities	67	24	91
g. Net admitted deferred tax asset/(Net deferred tax liability) (1e-1f)	\$13,329	(\$27)	\$13,302

2. Admission Calculation Components

	(1)	(2)	(3) (Col 1+2)
	Ordinary	Capital	Total
12/31/21			
a. Federal income tax es paid in prior years recoverable through loss carry backs	\$0	\$0	\$0
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of			
deferred tax assets from 2(a) above) after application of the threshold limitation			
(The lesser of 2(b)1 and 2(b)2 below)	0	0	0
1. Adjusted gross deferred tax assets expected to be realized following the balance			
sheet date	0	0	0
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	12,043,821
c. Adjusted gross deferred tax assets (Excluding the amount of deferred tax assets from			
2(a) and 2(b) abov e) offset by gross deferred tax liabilities	21,259	0	21,259
d. Deferred tax assets admitted as the result of application of SSAP No. 101	\$21,259	\$0	\$21,259
	(4)	(5)	(6)
40/04/00	0.1	A	(Col 4+5)
12/31/20	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carry backs	\$7,866	0	\$7,866
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of			
deferred tax assets from 2(a) above) after application of the threshold limitation			
(The lesser of 2(b)1 and 2(b)2 below)	0	0	0
1. Adjusted gross deferred tax assets expected to be realized following the balance			
sheet date	0	0	0
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	12,214,543
c. Adjusted gross deferred tax assets (Excluding the amount of deferred tax assets from			
2(a) and 2(b) abov e) offset by gross deferred tax liabilities	0	0	0
d. Deferred tax assets admitted as the result of application of SSAP No. 101	\$7,866	\$0	\$7,866
	(7)	(8)	(9)
	(Col 1-4)	(Col 2-5)	(Col 7+8)
Change	Ordinary	Capital	Total
a. Federal income tax es paid in prior y ears recoverable through loss carry backs	(\$7,866)	\$0	(\$7,866)
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of			
deferred tax assets from 2(a) above) after application of the threshold limitation			
(The lesser of 2(b)1 and 2(b)2 below)	0	0	0
1. Adjusted gross deferred tax assets expected to be realized following the balance			
sheet date	0	0	0
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	(170,722)
c. Adjusted gross deferred tax assets (Excluding the amount of deferred tax assets from			
2(a) and 2(b) above) offset by gross deferred tax liabilities	21,259	0	21,259
		-	-

3. Other Admissibility Criteria

	2021	2020
a. Ratio used to determine recovery period and threshold limitations amount	13512%	20912%
b. Amount of adjusted capital and surplus used to determine recovery		
period and threshold limitation in 2(b)2 above	\$80,292,141	\$81,430,287

	12/31	/21	12/31/20		Change	
	(1)	(2)	(3)	(4)	(5) (Col 1-3)	(6) (Col 2-4)
	Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
a. Determination of adjusted gross deferred						
tax assets and net admitted deferred tax						
assets, by tax character, as a percentage.						
1. Adjusted gross DTAs amount from						
Note 9A1(c).	\$52,940	\$0	\$7,863	\$3	\$45,077	(\$3
2. Percentage of adjusted gross DTAs						
by tax character attributable to the						
impact of tax planning strategies.	0%	0%	0%	0%	0%	0%
3. Net admitted adjusted gross DTAs						
amount from Note 9A1(e).	\$21,259	\$0	\$7,863	\$3	\$13,396	(\$3
4. Percentage of net admitted adjusted						
gross DTAs by tax character						
admitted because of the impact						
of tax planning strategies.	0%	0%	0%	0%	0%	0%

4. Impact of Tax Planning Strategies

B. Deferred Tax Liabilities Not Recognized

There are no temporary differences for which deferred tax liabilities are not recognized.

C. Current and Deferred Income Taxes

1. Current Income Tax

	(1)	(2)	(3) (Col 1-2)
	12/31/21	12/31/20	Change
a. Federal	(\$248,609)	(\$813,649)	\$565,040
b. Foreign	0	0	0
c. Subtotal	(248,609)	(813,649)	565,040
d. Federal income tax on net capital gains	(2,541)	101,363	(103,904)
e. Utilization of capital loss carry-forw ards	0	0	0
f. Other	0	0	0
g. Federal and foreign income tax es incurred	(\$251,150)	(\$712,286)	\$461,136

2. Deferred Tax Assets

	(1)	(2)	(3) (Col 1-2)
	12/31/21	12/31/20	Change
a. Ordinary:			
1. Discounting of unpaid losses	\$0	\$0	\$0
2. Unearned premium reserve	2,866	1,118	1,748
3. Policy holder reserves	624	0	624
4. Investments	0	0	0
5. Deferred acquition costs	0	0	0
6. Policy holder dividends accrual	0	0	0
7. Fix ed assets	0	0	0
8. Compensation and benefits accrual	0	0	0
9. Pension accrual	0	0	0
10. Receivables - nonadmitted	4,109	6,745	(2,636)
11. Net operating loss carry -forw ard	0	0	0
12. Tax credit carry-forward	0	0	0
13. Other (including items <5% of total ordinary tax assets)	45,341	0	45,341
99. Subtotal	52,940	7,863	45,077
b. Statutory valuation allowance adjustment	0	0	0
c. Nonadmitted	31,681	0	31,681
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	21,259	7,863	13,396
e. Capital:			
1. Investments	\$0	\$3	(\$3)
2. Net capital loss carry-forw ard	0	0	0
3. Real estate	0	0	0
Other (including items <5% of total capital tax assets)	0	0	0
99. Subtotal	0	3	(3)
f. Statutory valuation allowance adjustment	0	0	0
g. Nonadmitted	0	0	0
h. Admitted capital deferred tax assets (2e99-2f-2g)	0	3	(3)
i. Admitted deferred tax assets (2d + 2h)	\$21,259	\$7,866	\$13,393

3. Deferred Tax Liabilities

	(1)	(2)	(3)
			(Col 1-2)
	12/31/21	12/31/20	Change
a. Ordinary:			
1. Investments	\$21,235	\$21,021	\$214
2. Fixed assets	0	0	0
3. Deferred and uncollected premium	0	0	0
4. Policy holder reserves	0	0	0
5. Other (including items <5% of total ordinary tax liabilities)	0	147	(147)
99. Subtotal	21,235	21,168	67
b. Capital:			
1. Investments	\$24	\$0	\$24
2. Real estate	0	0	0
3. Other (including items <5% of total ordinary tax liabilities)	0	0	0
99. Subtotal	24	0	24
c. Deferred tax liabilities (3a99 + 3b99)	\$21,259	\$21,168	\$91

4. Net Deferred Tax Assets/(Liabilities)

	(1)	(2)	(3) (Col 1-2)
	12/31/21	12/31/20	Change
Net deferred tax assets/(liabilities) (2i - 3c)	\$0	(\$13,302)	\$13,302

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

12/31/21	12/31/20	Change
\$52,940	\$7,866	\$45,074
21,259	21,168	91
31,681	(13,302)	44,983
0	0	0
31,681	(13,302)	44,983
24	(3)	27
0	0	0
\$31,705	(\$13,305)	\$45,010
	\$52,940 21,259 31,681 0 31,681 24 0	\$52,940 \$7,866 21,259 21,168 31,681 (13,302) 0 0 31,681 (13,302) 24 (3) 0 0 0 0

In accordance with NAIC Statutory Accounting Principles, the Company recognizes deferred tax assets and liabilities for the expected future consequences of events that have been included in the financial statements. Deferred tax assets and liabilities are determined on the basis of differences between the financial statement and tax bases of assets and liabilities using enacted tax rates in effect for the year in which the differences are expected to reverse.

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The provision for Federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before taxes. Among the more significant book to tax adjustments were the following:

	12/31/2	21	12/31/2	20
		Effective		Effective
	Amount	Tax Rate	Amount	Tax Rate
Income before tax es	(\$296,583)	21.0%	(\$447,454)	21.0%
Change in non-admitted assets	2,011	-0.1%	5,667	-0.3%
Other	(1,588)	0.1%	(1,611)	0.1%
Total	(\$296,160)	21.0%	(\$443,398)	20.8%
Federal income taxes incurred	(\$248,609)	17.6%	(\$813,649)	38.2%
Tax on capital gains (losses)	(2,541)	0.2%	101,363	-4.8%
Change in net deferred tax es	(45,010)	3.2%	268,888	-12.6%
Total statutory income tax es	(\$296,160)	21.0%	(\$443,398)	20.8%

- E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits
 - 1. At December 31, 2021, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.

- 2. The Company does not have any amounts of Federal income taxes incurred and available for recoupment in the event of future net losses.
- 3. The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.
- F. Consolidated Federal Income Tax Return

L

- 1. The Company's Federal income tax return is consolidated with the following entities:
 - a. Amica Mutual Insurance Company
 - b. Amica General Agency, LLC
 - c. Amica Life Insurance Company
- 2. The method of allocation between the companies is contained in a written agreement approved by the Board of Directors. Allocation is made in accordance with Section 1552(a)(2) of the Internal Revenue Code based upon separate return calculations with current credit for net losses. Inter-company estimated tax balances are settled at least quarterly during the tax year with a final settlement during the month following the filing of the consolidated income tax return.
- G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

H. Repatriation Transition Tax (RTT)

The Company does not have any liability as it relates to Repatriation Transition Tax.

I. Alternative Minimum Tax (AMT) Credit

The Company does not have an AMT credit available to be recognized.

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

A. Nature of Relationships

Amica Mutual Insurance Company manages its wholly-owned subsidiary, Amica Property and Casualty Insurance Company. Amica Property and Casualty Insurance Company currently writes automobile coverage alongside Amica Mutual Insurance Company under a dual-company underwriting model. Management intends to further expand Amica Property and Casualty Insurance Company's writings into additional states in the future under the dual-company underwriting model.

The Company is a party to a quota-share reinsurance agreement with Amica Mutual Insurance Company. Effective January 1, 2013, the Company amended the quota-share reinsurance agreement with Amica Mutual Insurance Company. From inception of business to December 31, 2012, the Company maintained quota-share reinsurance ceding 80% of all premiums, losses, and loss adjustment expenses. Beginning January 1, 2013, the ceding share changed from 80% to 100%. In return, Amica Mutual Insurance Company pays a 20% ceding commission to the Company.

B. Significant Transactions and Changes in Terms of Intercompany Agreements

The Company did not have any transactions greater than ½% of admitted assets in 2021 or 2020. However, the following significant intercompany transaction occurred during the year:

The Company is owed reinsurance balances (including case and IBNR reserves) of \$68,278,583 and \$74,299,419 at December 31, 2021 and 2020, respectively, from its parent, Amica Mutual Insurance Company, under the intercompany reinsurance agreement between the companies.

There were no changes in terms of intercompany arrangements in 2021 or 2020.

C. Transactions With Related Parties Who Are Not Reported on Schedule Y

There were no additional related party transactions to report that are not reported in Schedule Y.

D. Amounts Due (to) or from Related Parties

The Company reported \$652,866 due to and \$461,887 due from Amica Mutual Insurance Company at December 31, 2021 and December 31, 2020, respectively. The terms of the settlement require that these amounts are settled within 55 days.

E. Management, Service Contracts, Cost Sharing Arrangements

Amica Mutual Insurance Company performs certain managerial and other operational functions for the benefit of Amica Property and Casualty Insurance Company. Amica Mutual Insurance Company allocates such costs to Amica Property and Casualty Insurance Company based on the estimated costs of the services performed. The written agreement between the companies indicates that settlement of these costs be made within fifty-five days of the end of the month to which it applies. The costs charged from Amica Mutual to Amica Property and Casualty Insurance Company amounted to \$11,182,182 and \$11,876,184 in 2021 and 2020, respectively.

F. Guarantees or Undertakings for Related Parties

Not applicable.

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by its parent.

H. Amount Deducted for Investment in Upstream Company

Not applicable.

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

Not applicable.

J. Write-downs for Impairment of Investments in Affiliates

Not applicable.

K. Foreign Insurance Subsidiary Valued Using CARVM

Not applicable.

- L. Downstream Holding Company Valued Using Look-Through Method Not applicable.
- M. All Subsidiary, Controlled and Affiliated (SCA) Investments

Not applicable.

- N. Insurance SCA Entities Utilizing Prescribed or Permitted Practices Not applicable.
- O. SCA and SSAP No. 48 Entity Loss Tracking Not applicable.

Note 11 - Debt

Not applicable.

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

The Company has no employees. Management and other services are provided by its ultimate parent, Amica Mutual Insurance Company.

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

A. Outstanding Shares

The Company has 10,000 shares authorized and issued. All shares are Class A shares with par value of \$350.

B. Dividend Rate of Preferred Stock

Not applicable.

C. Dividend Restrictions

The Company is subject to certain statutory restrictions on payment of dividends to its Parent. These restrictions are based on net income (excluding net capital gains) and surplus. The maximum dividend payout which may be made without prior approval of the Insurance Commissioner was \$1,555,263 in 2021.

D. Dates and Amounts of Dividends Paid

None.

E. Amount of Ordinary Dividends That May Be Paid

Within limitations of paragraph 3 above, there are no restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to stockholders.

F. Restrictions on Unassigned Funds

There are no restrictions on the unassigned funds of the Company other than those described above in paragraph 3 as of December 31, 2021 and 2020. Unassigned funds are held for the benefit of the owner and policyholders.

G. Mutual Surplus Advances

Not applicable.

H. Company Stock Held for Special Purposes

Not applicable.

I. Changes in Special Surplus Funds

None.

J. Changes in Unassigned Funds

The portion of unassigned funds (surplus) represented by cumulative unrealized capital gains is \$89, net of deferred taxes.

K. Surplus Notes

The Company has no surplus notes.

L. Impact of Quasi Reorganizations

Not applicable.

M. Effective Date of Quasi Reorganizations

Not applicable.

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments

- None.
- B. Assessments

None.

C. Gain Contingencies

None.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

There was no activity pertaining to claims-related extra contractual obligations or bad faith losses stemming from lawsuits during the period and no such liabilities exist as of December 31, 2021.

E. Product Warranties

Not applicable.

F. Joint and Several Liabilities

Not applicable.

G. All Other Contingencies

Lawsuits arise against the Company in the normal course of business. The ultimate resolution of such proceedings will not, in our opinion, have a material impact on the Company's financial position.

Note 15 – Leases

Not applicable.

<u>Note 16 – Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk</u>

Not applicable.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not applicable.

B. Transfer and Servicing of Financial Assets

Not applicable.

C. Wash Sales

The Company did not have any wash sales at December 31, 2021.

Note 18 – Gain or Loss from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable.

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

Not applicable.

Note 20 – Fair Value Measurement

- A. Assets and Liabilities Measured at Fair Value
 - 1. Fair Value Measurements at December 31, 2021:

The Company's valuation techniques are based on observable and unobservable pricing inputs. Observable inputs reflect market data obtained from independent sources based on trades of securities, while unobservable inputs reflect the Company's market assumptions. These inputs comprise the following fair value hierarchy:

Level 1 - Observable inputs in the form of quoted prices for identical instruments in active markets.

Level 2 – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active or other inputs that are observable or can be derived from observable market data for substantially the full term of the assets or liabilities.

Level 3 – One or more unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets and liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using internal models, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

			N	et Asset Value	
Description	Level 1	Level 2	Level 3	(NAV)	Total
(a) Assets at Fair Value/NAV:					
Cash equivalents:					
All other money market mutual funds	\$4,108,672	\$0	\$0	\$0	\$4,108,672
Total cash equivalents	4,108,672	0	0	0	4,108,672
Total Assets at Fair Value/NAV	\$4,108,672	\$0	\$0	\$0	\$4,108,672
(b) Liabilities at Fair Value:					
Total Liabilities at Fair Value	\$0	\$0	\$0	\$0	\$0

2. Rollforward of Level 3 Items

As of December 31, 2021, the Company did not hold any investments with a Level 3 fair value measurement. There were no purchases, sales, or settlements of Level 3 assets during 2021 or 2020.

3. Policy on Transfers Into and out of Level 3

The Company recognizes transfers between levels at the end of the reporting period.

4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values

- The Company has no assets or liabilities measured at fair value in the Level 2 and Level 3 category.
- 5. Derivative Fair Values

The Company did not hold derivative assets or liabilities at December 31, 2021.

B. Other Fair Value Disclosures

Not applicable.

C. Fair Value Measurements for All Financial Instruments at December 31, 2021:

							Not Practicable
	Aggregate	Admitted				Net Asset	(Carrying
Type of Financial Instrument	Fair Value	Assets	Level 1	Level 2	Level 3	Value (NAV)	Value)
Bonds:							
U.S. governments	\$17,599,282	\$16,222,735	\$6,221,529	\$11,377,753	\$0	\$0	\$0
Municipal bonds	19,790,539	19,042,152	0	19,790,539	0	0	0
U.S. special revenue and assessments	4,218,188	4,122,562	0	4,218,188	0	0	0
Industrial and miscellaneous	34,768,028	33,672,554	0	34,768,028	0	0	0
Total bonds	76,376,037	73,060,003	6,221,529	70,154,508	0	0	0
Mortgage loans:							
Commercial mortgages	4,721,678	4,632,767	0	4,721,678	0	0	0
Total mortgage loans	4,721,678	4,632,767	0	4,721,678	0	0	0
Cash, cash equivalents and short-term investments:							
Cash	189,412	189,412	189,412	0	0	0	0
All other money market mutual funds	4,108,672	4,108,672	4,108,672	0	0	0	0
Total cash, cash equivalents and short-term investments	4,298,084	4,298,084	4,298,084	0	0	0	0
Total assets	\$85,395,799	\$81,990,854	\$10,519,613	\$74,876,186	\$0	\$0	\$0

D. Not Practicable to Estimate Fair Value

The Company does not have any securities for which it is not practicable to estimate fair value.

E. Investments Reported Using NAV as a Practical Expedient to Fair Value

The Company does not have any securities measured at net asset value.

Note 21 - Other Items

A. Unusual or Infrequent Items

The Company, along with many other property and casualty auto insurers, benefited from COVID-19 sheltering initiatives in the spring of 2020, which resulted in fewer cars on the roads and fewer auto accidents. Resulting favorable auto loss ratios prompted the Company's announcement to return a portion of recent profits to policyholders to provide financial relief. The Company announced the COVID-19 Financial Relief Program in April 2020 to provide auto policyholders credits on auto premiums for both April and May. The program was extended in June 2020 to provide auto policyholders with four additional months of credits on monthly auto premiums. As of December 31, 2021, \$3,964,841 has been distributed to policyholders under the program in 2020 and 2021. See Note 1 for accounting treatment details.

B. Troubled Debt Restructuring: Debtors

Not applicable.

C. Other Disclosures

Assets with book values in the amount of \$2,439,786 and \$2,445,899 at December 31, 2021 and December 31, 2020, respectively, were on deposit with government authorities or trustees as required by law.

D. Business Interruption Insurance Recoveries

None.

E. State Transferable and Non-transferable Tax Credits

None.

- F. Subprime Mortgage Related Risk Exposure
 - 1. At December 31, 2021, the Company did not invest directly in subprime mortgage loans. Direct exposure is classified as exposure through (1) direct investment in subprime mortgage loans, (2) investment in mortgage-backed or asset-backed securities, or (3) any other assets in which the investment's primary objective, or underlying assets, are significantly invested in, or indexed to, subprime mortgage loans or related exposures. The Company has minimal exposure to subprime mortgage related risk through equity investments in financial institutions. The Company believes its greatest exposure is to unrealized losses from declines in asset values versus realized losses resulting from defaults or foreclosures. Conservative investment practices limit the Company's exposure to such losses.
 - 2. As of December 31, 2021, substantially all of the Company's investments in mortgage-backed or asset-backed securities are in securities which are guaranteed by the issuer (e.g. GNMA or FNMA), are backed by conservative loans on established commercial properties or by conservative loans on residential properties to "prime" quality borrowers and, therefore, have no direct exposure to subprime mortgage related risk.
 - 3. As of December 31, 2021, the Company has no other investments in which the investment's primary objective, or underlying assets, are significantly invested in, or indexed to, subprime mortgage loans or related exposure.
 - 4. As of December 31, 2021, the Company has no underwriting exposure to subprime mortgage risk.

G. Insurance-Linked Securities (ILS) Contracts

None.

H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy

Not applicable.

Note 22 – Subsequent Events

Subsequent events have been considered through February 9, 2022 for the statutory statement issued on February 9, 2022. There were no events occurring subsequent to the end of the year that merited recognition or disclosure in these statements.

Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverable

The Company's unsecured reinsurance balances (including ceded case and IBNR reserves) in excess of 3% of policyholders' surplus with any one reinsurer are displayed below:

NAIC			
Code	Federal ID No.	Name of Reinsurer	Amount
0028	05-0348344	Amica Mutual Insurance Company	\$68,278,583

B. Reinsurance Recoverable in Dispute

There are no individual reinsurance recoverable amounts on paid and unpaid losses in dispute which exceed 5% of the Company's policyholders' surplus or aggregate reinsurance recoverable amounts on paid and unpaid losses in dispute which exceed 10% of the Company's policyholders' surplus in aggregate.

- C. Reinsurance Assumed and Ceded
 - 1. The following table summarizes ceded and assumed unearned premiums and the related commission equity at December 31, 2021. Direct unearned premium at December 31, 2020 was \$15,894,053.

	Assumed	Assumed	Ceded	Ceded	Net	Net
	Premium	Commission	Premium	Commission	Premium	Commission
	Reserve	Equity	Reserve	Equity	Reserve	Equity
Affiliated	\$0	\$0	\$12,470,223	\$2,494,045	(\$12,470,223)	(\$2,494,045)
All Other	0	0	0	0	0	0
Total =	\$0	\$0	\$12,470,223	\$2,494,045	(\$12,470,223)	(\$2,494,045)
Direct Unearned Pr	emium Reserve		\$12,470,223			

2. The Company does not have any existing reinsurance contractual arrangements which allow for additional or return commission which is predicated on loss experience or on any other form of profit sharing arrangements.

- 3. The Company does not use protected cells as an alternative to traditional reinsurance.
- D. Uncollectible Reinsurance

As of December 31, 2021, the Company believes that all reinsurance recoverables are collectible.

E. Commutation of Ceded Reinsurance

The Company did not participate in the commutation of ceded reinsurance during the period.

F. Retroactive Reinsurance

Not applicable.

G. Reinsurance Accounted for as a Deposit

None.

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

None.

- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation Not applicable.
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation None.
- K. Reinsurance Credit on Contracts Covering Health Business
 Not applicable.

Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable.

Note 25 – Changes in Incurred Losses and Loss Adjustment Expenses

As the result of the 100% quota share reinsurance agreement in the current and prior year, loss and loss adjusting reserves are \$0 as of December 31, 2021. Consequently, there was no development of loss or loss adjusting reserves in the current year.

Note 26 – Intercompany Pooling Arrangements

Not applicable.

Note 27 – Structured Settlements

Not applicable.

Note 28 – Health Care Receivables

Not applicable.

Note 29 – Participating Policies

Not applicable.

Note 30 – Premium Deficiency Reserves

1. Liability carried for premium deficiency reserve	\$0
2. Date of the most recent evaluation of this liability	12/31/2021
3. Was investment income utilized in this calculation?	No

Note 31- High Deductibles

Not applicable.

Note 32 – Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable.

Note 33 – Asbestos and Environmental Reserves

Not applicable.

Note 34 – Subscriber Savings Accounts

Not applicable.

Note 35 – Multiple Peril Crop Insurance

Not applicable.

Note 36 - Financial Guaranty Insurance

Not applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

12 If yes, do the reporting entry register and file with its domain and the prime schedule commissions: Director of SuperIntendent, or with provide parallel to the prime schedule (prime schedule) and the prime schedule (prime schedule). Yes (I) is the prime schedule (prime schedule) in the schedule parallel to the prime schedule). Yes (I) is the prime schedule (prime schedule). Yes (I) is the prime s	1.1	.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of is an insurer?] No []	
14 Is the reporting entity publicly taded or a member of a publicly taded group? Yes [] No [X 15 If the response to 14 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. Yes [] No [X 21 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or dead of settlement of the reporting entity? Yes [] No [X 22 Hyse, date of change. 12/31/2019 32 State as of what date the latest financial examination report became available from either the state of domicile or the reporting entity. This site and the the table of the examined balance sheet admost to the date the report was completed of released. 12/31/2019 33 State as of what date the latest financial examination report became available to the state of domicile or the reporting entity. This is the release date or completion date of the examination report adm not the date of the examination report admost available to the state state of domicile or the reporting entity. This is the release date or completion date of the examination report been accounted for in a subsequent financial available to the state and not the date of the examination report been accounted with? Yes [] No [] NA [XA [A [] we all of the recommendations within the latest financial examination report been accounted with? Yes [] No [] NA [XA [A [] we all of the recommendations within the latest financial examination report been accounted with? Yes [] No [] NA [XA [A [] we all of the recommendations within the latest financial examination report bean examined on denepolicy or antificient st	1.2	such regulatory official of the state of domicile of the principal insurer in t providing disclosure substantially similar to the standards adopted by the its Model Insurance Holding Company System Regulatory Act and mode	the Holding Co e National Asso el regulations p	mpany System, a regist ociation of Insurance Co ertaining thereto, or is t	tration statement ommissioners (NAIC) in he reporting entity] No [] N/A []
15 If the response to 14 is yes, provide the CiK (Central Index Key) code issued by the SEC for the entity/group	1.3	State Regulating?					Rhode I	sland	
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] 2.1 If yes, date of change:	1.4	Is the reporting entity publicly traded or a member of a publicly traded gr	oup?				Yes [] No [X]	
2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X] 2.1 If yes, date of change:	1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code is	sued by the SI	EC for the entity/group.					
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2019 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2019 3.3 State as of what date the latest financial examination report became available to other states or the public form either the state of domicile or the reporting entity. This is the release date or completed or released. 04/04/2021 3.4 By what department or departments? State of Rhode Island, Departments? West of the public form either the state of domicile or the reporting entity. Yes [] NG [] N/A [] 3.6 Have all financial statement adjustments? Yes [] NG [] N/A [] N/A [] 3.6 Have all of the recommendations within the latest financial examination report been accounted for in a subsequent financial statement file with Departments? Yes [] NG [] N/A [] 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] NG [] N/A [] 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under commensions for or control a substantial part (more than 20 percent of any major line of business measured on direct prenuming) of. Yes [] N G [X	2.1	Has any change been made during the year of this statement in the char	rter, by-laws, a	rticles of incorporation,	or deed of settlement of	fthe			
3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2019 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination the date of the examination test of demicile or the report and not the date of the examination test of demicile or the report and not the date of the examination test of demicile or the report and not the date of the examination test of demicile or the report and not the date of the examination test of demicile or the report and not the date of the examination test of demicile or the report and not the date of the examination test of demicile or the report and not the date of the examination test of demicile or the report and not the date of the recommendations within the latest financial examination report been accounted for in a subsequent financial statement field with Departments? 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] NG [] N/A [4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under commosions for or control a substantial part (more than 20 percent of any major line of business measured on direct premuma) of. Yes [] NG [X [] N	2.2	If yes, date of change:							
entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2019 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/04/2021 3.4 By what department or departments? State of Mode Island, Department of Business Regulation: Insurance Division	3.1	State as of what date the latest financial examination of the reporting en	tity was made	or is being made			12/31/	2019	
domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (blance sheet date). 04/04/2021 34 By what department or departments? State of Rhode Island, Department of Business Regulation: Insurance Division	3.2						12/31/	2019	
State of Rhode Island, Department of Business Regulation: Insurance Division	3.3	domicile or the reporting entity. This is the release date or completion da	ate of the exam	ination report and not th	he date of the	<u>.</u>	04/04/	2021	
statement filed with Departments? Yes [] No [] N/A [3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A [3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A [4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliade alse/service organization or any combination thereof under common control (other than aslaried employees of the reporting entity, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business or ganization on any commensions for or control a substantial part (more than 20 percent of any major line of husiness or ganization or any test or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct permissions for or control a substantial part (more than 20 percent of any major line of business measured on direct permissions for or control a substantial part (more than 20 percent of any major line of business measured on direct permissions) of. Yes [] No [X 4.21 sales of new business? Yes [] No [X Yes [] No [X 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X 1 Yes [] No [X Yes [] No [X Yes [] No [X 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has c	3.4		Division						
4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? 4.12 renewals? 4.21 sales of new business? 4.22 renewals? Yes [] No [X 4.22 renewals? Yes [] No [X 4.21 sales of new business? Yes [] No [X 4.22 renewals? Yes [] No [X Yes []	3.5					Yes [] No [] N/A [X]
combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	3.6	Have all of the recommendations within the latest financial examination	report been co	mplied with?		Yes [X] No [] N/A []
premiums) of: 4.21 sales of new business? Yes [] No [X 4.22 renewals? Yes [] No [X 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X 5.1 Has the reporting entity been a party to a merger or consolidation Yes [] No [X 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. 3 1 1 2 1 1 1 1 1 2 3 1 1 2 3 1 1 1 1 2 3 1 1 1 1 1 1 1 2 3 3 4 2 3 4 4 2 3 4 4 4 4 4 4		combination thereof under common control (other than salaried employe a substantial part (more than 20 percent of any major line of business m 4.11 sales 4.12 renew During the period covered by this statement, did any sales/service organ	ees of the report easured on dir of new busine vals?	rting entity), receive cre ect premiums) of: ss? in whole or in part by th	dit or commissions for c	affiliate,			
5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. Image: Comparison of Entity NAIC Company Code State of Domicile 6.1 Has the 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 6.2 If yes, give full information: Yes [] No [X 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X 7.2 If yes, 7.21 State the percentage of foreign control;		premiums) of: 4.21 sales	of new busine	ss?] No [X]	
If yes, complete and file the merger history data file with the NAIC. 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.									
ceased to exist as a result of the merger or consolidation. 1 2 3 1 Name of Entity NAIC Company Code State of Domicile 6.1 Has the 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 6.2 If yes, give full information:	5.1		the period cov	vered by this statement?	?		Yes [] No [X]	
Name of Entity NAIC Company Code State of Domicile 6.1 Has the 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 6.2 If yes, give full information:	5.2		f domicile (use	two letter state abbrevi	ation) for any entity that	has			
6.1 Has the 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 6.2 If yes, give full information:									
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	6.1	Has the reporting entity had any Certificates of Authority, licenses or regi	istrations (inclu	uding corporate registrat	tion, if applicable) suspe		Yes [] No [X]	
7.2 If yes, 7.21 State the percentage of foreign control; 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact). 1 2 Nationality Type of Entity	6.2	, , , ,							
7.21 State the percentage of foreign control; 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact). 1 2 Nationality Type of Entity	7.1	Does any foreign (non-United States) person or entity directly or indirect	ly control 10%	or more of the reporting	g entity?		Yes [] No [X]	
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact). 1 2 Nationality Type of Entity	7.2								%
Nationality Type of Entity		7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the	entity is a mutu	al or reciprocal, the nat	ionality of its manager o				w
		Nationality		Type of En					

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY **GENERAL INTERROGATORIES**

8.1 8.2	Is the company a subsidiary of a depository institution holding compar If the response to 8.1 is yes, please identify the name of the DIHC.				Yes []	No [X]
8.3 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.]	No [X]
	1 Affiliate Name	2 Location (City, State)	3 4 FRB OC	-	C SEC			
8.5	Is the reporting entity a depository institution holding company with sig Federal Reserve System or a subsidiary of the reporting entity?	gnificant insurance operations as defined by the Boa	ard of Govern	ors of	Yes [1	No [í X I
8.6	If response to 8.5 is no, is the reporting entity a company or subsidiary Federal Reserve Board's capital rule?	y of a company that has otherwise been made subje	ect to the] No [•	-	
9.	What is the name and address of the independent certified public acc KPMG LLP 23rd Floor 1 Financial Plaza	ountant or accounting firm retained to conduct the a	annual audit?					
10.1	Providence, RI 02903 Has the insurer been granted any exemptions to the prohibited non-au requirements as allowed in Section 7H of the Annual Financial Report law or regulation?	udit services provided by the certified independent p ting Model Regulation (Model Audit Rule), or substa	oublic account antially similar	state	Yes [1	No [(X 1
10.2	If the response to 10.1 is yes, provide information related to this exem	iption:				,		
10.3 10.4	Has the insurer been granted any exemptions related to the other requallowed for in Section 18A of the Model Regulation, or substantially silf the response to 10.3 is yes, provide information related to this exemption.	uirements of the Annual Financial Reporting Model milar state law or regulation? ption:	Regulation as	•	Yes []	No [[X]
10.5	Has the reporting entity established an Audit Committee in compliance	e with the domiciliary state insurance laws?		- Yes [X 1 No [1	N/A	A []
10.6	If the response to 10.5 is no or n/a, please explain			-				
11.	What is the name, address and affiliation (officer/employee of the repr firm) of the individual providing the statement of actuarial opinion/certi Peter Drogan, Senior Vice President & Chief Actuary	orting entity or actuary/consultant associated with a						
	Amica Mutual Insurance Company 100 Amica Way							
12.1	Lincoln, RI Does the reporting entity own any securities of a real estate holding co 12.11 Name of real	ompany or otherwise hold real estate indirectly? estate holding company			Yes [X]	No []
		rcels involved ljusted carrying value					1 2	251 692
12.2	If, yes provide explanation:	justed carrying value			\$		I , S	004,002
	The Company owns real estate indirectly through various securities lis							
13. 13.1	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTIT What changes have been made during the year in the United States r		ng entity?					
13.2	Does this statement contain all business transacted for the reporting e				Vec [1	No [()
	Have there been any changes made to any of the trust indentures dur				Yes [Yes [[]
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved t	he changes?		Yes [] No [A[]
14.1	Are the senior officers (principal executive officer, principal financial or similar functions) of the reporting entity subject to a code of ethics, wh a. Honest and ethical conduct, including the ethical handling of actual relationships; b. Full, fair, accurate, timely and understandable disclosure in the peri	ich includes the following standards? or apparent conflicts of interest between personal a iodic reports required to be filed by the reporting ent	and professior		Yes [X	[]	No [: 1
	c. Compliance with applicable governmental laws, rules and regulationd. The prompt internal reporting of violations to an appropriate person							
14.11	e. Accountability for adherence to the code. If the response to 14.1 is No, please explain:							
	· · · · · · · · · · · · · · · · · · ·							, -
14.2 14.21		ent(s).			Yes []	No [X]
14.3	Have any provisions of the code of ethics been waived for any of the s				Yes [1	No ſ	X 1
	If the response to 14.3 is yes, provide the nature of any waiver(s).			-		,		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY **GENERAL INTERROGATORIES**

15.1	Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?					
15.2	If the response	to 15.1 is yes, indicate the American Bankers Association is the of Credit and describe the circumstances in which the Leven stances is the standard stand	(ABA) Routing Number a	nd the name of the issuing or confirming	165 [] No [X]
	1 American Bankers Association (ABA) Routing	2		3		4
	Number	Issuing or Confirming Bank Name	Circumstances T	hat Can Trigger the Letter of Credit	An	nount
		BOARD	OF DIRECTORS	6		
16.		or sale of all investments of the reporting entity passed up	on either by the board of	directors or a subordinate committee	Yes [X] No []
17.	Does the report	ing entity keep a complete permanent record of the procee	dings of its board of dire	ctors and all subordinate committees] No []
18.		ng entity an established procedure for disclosure to its boar s officers, directors, trustees or responsible employees that			Yes [X] No []
			INANCIAL			
19.		ent been prepared using a basis of accounting other than s nciples)?			Yes [] No [X]
20.1		aned during the year (inclusive of Separate Accounts, excl				
				20.12 To stockholders not officers	\$	
				20.13 Trustees, supreme or grand		
				(Fraternal Only)	\$	
20.2		f loans outstanding at the end of year (inclusive of Separate	e Accounts, exclusive of			
	policy loans):			20.21 To directors or other officers		
				20.22 To stockholders not officers	\$	
				20.23 Trustees, supreme or grand		
				(Fraternal Only)	\$	
	obligation being	ts reported in this statement subject to a contractual obligat greported in the statement?	tion to transfer to another	party without the liability for such	Yes [] No [X]
21.2	If yes, state the	amount thereof at December 31 of the current year:		21.21 Rented from others		
				21.22 Borrowed from others	\$	
				21.23 Leased from others		
				21.24 Other	\$	
22.1	guaranty associ	nent include payments for assessments as described in the iation assessments?	e Annual Statement Instr	uctions other than guaranty fund or	Yes [] No [X]
22.2	If answer is yes	:	22.	21 Amount paid as losses or risk adjustmen	t\$	
			22.	22 Amount paid as expenses	\$	
			22.	23 Other amounts paid	\$	
23.1	Does the report	ing entity report any amounts due from parent, subsidiaries				
23.2	If yes, indicate a	any amounts receivable from parent included in the Page 2	amount:		\$	
24.1	Does the insure	er utilize third parties to pay agent commissions in which the	e amounts advanced by t	he third parties are not settled in full within		
24.2	If the response	to 24.1 is yes, identify the third-party that pays the agents a	and whether they are a re	lated party.	-	
		Name of Third Party	ls the Third-Party Ager a Related Party (Yes/No)			
		Name of Third-Party	(Tes/NO)			

INVESTMENT

25.01	Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in	
	the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)	Yes [X] No []

GENERAL INTERROGATORIES

25.02	If no, give full and complete informatic	0				
25.03	For securities lending programs, provi whether collateral is carried on or off-t					
25.04			llateral for conforming programs as outlined in the Risk-Based		\$	
25.05	For the reporting entity's securities len	nding program, report amount of col	llateral for other programs.		\$	
25.06) and 105% (foreign securities) from the counterparty at the	Yes [] No [] N/A [X]
25.07	Does the reporting entity non-admit w	hen the collateral received from the	e counterparty falls below 100%?	Yes [] No [] N/A [X]
25.08			t utilize the Master Securities lending Agreement (MSLA) to	Yes [] No [] N/A [X]
25.09	For the reporting entity's securities len	nding program state the amount of t	the following as of December 31 of the current year:			
	25.091 Total fair valu	e of reinvested collateral assets rep	ported on Schedule DL, Parts 1 and 2.	\$		
	25.092 Total book ad	ljusted/carrying value of reinvested	collateral assets reported on Schedule DL, Parts 1 and 2	\$		
	25.093 Total payable	for securities lending reported on the	he liability page	\$		
26.1	control of the reporting entity, or has the	he reporting entity sold or transferre	ned at December 31 of the current year not exclusively under the ed any assets subject to a put option contract that is currently i	n	Yes [)	(] No []
26.2	If yes, state the amount thereof at Dec	cember 31 of the current year:	26.21 Subject to repurchase agreements		\$	
			26.22 Subject to reverse repurchase agreements.		\$	
			26.23 Subject to dollar repurchase agreements		\$	
			26.24 Subject to reverse dollar repurchase agreen	nents	\$	
			26.25 Placed under option agreements		\$	
			26.26 Letter stock or securities restricted as to sale	ə -	•	
			excluding FHLB Capital Stock		\$	
			26.27 FHLB Capital Stock		\$	0 400 706
			26.28 On deposit with states		ቅ ሰ	2,439,780
			26.29 On deposit with other regulatory bodies 26.30 Pledged as collateral - excluding collateral p	ledged to	ΦΦ	
			an FHLB	ายนั้นคุณ เป	\$	
			00.04 Disclosed as a sile to well to FUI D. So should be as	+ -		
			backing funding agreements		\$	
			26.32 Other		\$	

26.3 For category (26.26) provide the following:

	1 2 Nature of Restriction Description		Am	3 iount		
27.1	Does the reporting entity have any hedging transactions reported on Sc	hedule DB?	Yes []	No [X]
27.2	If yes, has a comprehensive description of the hedging program been n If no, attach a description with this statement.	nade available to the domiciliary state? Yes [] No []	N/A	[X]
LINES 2	7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONI	_Y:				
27.3	Does the reporting entity utilize derivatives to hedge variable annuity gu	arantees subject to fluctuations as a result of interest rate sensitivity?	Yes []	No []
27.4 27.5	27.42 Per	ecial accounting provision of SSAP No. 108 mitted accounting practice er accounting guidance	Yes [j	No [No [No []]]
21.3	 following: The reporting entity has obtained explicit approval from the dot Hedging strategy subject to the special accounting provisions i Actuarial certification has been obtained which indicates that the reserves and provides the impact of the hedging strategy within Financial Officer Certification has been obtained which indicates 	niciliary state. s consistent with the requirements of VM-21. he hedging strategy is incorporated within the establishment of VM-21	Yes []	No []
28.1	Were any preferred stocks or bonds owned as of December 31 of the c issuer, convertible into equity?		Yes []	No [X]
28.2	If yes, state the amount thereof at December 31 of the current year		\$			
29.	Excluding items in Schedule E - Part 3 - Special Deposits, real estate, r offices, vaults or safety deposit boxes, were all stocks, bonds and other custodial agreement with a qualified bank or trust company in accordan Outsourcing of Critical Functions, Custodial or Safekeeping Agreement	securities, owned throughout the current year held pursuant to a ce with Section 1, III - General Examination Considerations, F.	Yes [)	X]	No []

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

1	2
Name of Custodian(s)	Custodian's Address
State Street Bank & Trust Co	801 Pennsylvania Avenue, Kansas City, MO 64105

GENERAL INTERROGATORIES

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

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

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

Yes [] No [X]

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

1	2
Name of Firm or Individual	Affiliation
Susan F. Chung, Senior Vice President and Chief Investment Officer	I

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

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

 30.1
 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?
 Yes [] No [X]

30.2 If yes, complete the following schedule:

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

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

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

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

		1	2	3 Excess of Statement		
				over Fair Value (-), or		
		Statement (Admitted)		Fair Value over		
		Value	Fair Value	Statement (+)		
	31.1 Bonds			3,316,034		
	31.2 Preferred stocks					
	31.3 Totals	73,060,003	76,376,037	3,316,034		
31.4	Describe the sources or methods utilized in determining the fair values Fair Values are obtained from ICE Data Services, Bloomberg, or deter		ntity. The reporting enti	ty's method for		
	determining fair value is based on prices by a dealer who traffics in sir identical issuer with similar maturities.	nilar securities and based	on market yields of se	curities from an		
32.1	Was the rate used to calculate fair value determined by a broker or cu	stodian for any of the sec	urities in Schedule D?		Yes [] No [X]
32.2	If the answer to 32.1 is yes, does the reporting entity have a copy of th all brokers or custodians used as a pricing source?				Yes [] No []
32.3	If the answer to 32.2 is no, describe the reporting entity's process for ovalue for Schedule D:	. .				
33.1 33.2	Have all the filing requirements of the Purposes and Procedures Manu If no, list exceptions:	ual of the NAIC Investmen	t Analysis Office been	followed?	Yes [X] No []
34.	 By self-designating 5GI securities, the reporting entity is certifying the a. Documentation necessary to permit a full credit analysis of the s security is not available. b. Issuer or obligor is current on all contracted interest and principa c. The insurer has an actual expectation of ultimate payment of all Has the reporting entity self-designated 5GI securities? 	security does not exist or a al payments. contracted interest and p	n NAIC CRP credit rati	ng for an FE or PL	Vac [] No [X]
					les [] NU [X]
35.	By self-designating PLGI securities, the reporting entity is certifying the	e following elements of ea	ch self-designated PLC	GI security:		
	 a. The security was purchased prior to January 1, 2018. b. The reporting entity is holding capital commensurate with the N/ 	AIC Designation reported	for the security			
	c. The NAIC Designation was derived from the credit rating assign	•		SRO which is shown		
	on a current private letter rating held by the insurer and available					
	d. The reporting entity is not permitted to share this credit rating of					
	Has the reporting entity self-designated PLGI securities?				Yes [] No [X]
36.	By assigning FE to a Schedule BA non-registered private fund, the rep	portina entity is certifyina t	he following elements o	of each self-designated		
	FE fund:	5 , , , 5	5	5		
	a. The shares were purchased prior to January 1, 2019.		e			
	 b. The reporting entity is holding capital commensurate with the N/ c. The security had a public credit rating(s) with annual surveillance 	. .	•	as an NPSPO prior to		
	January 1, 2019.	e assigned by an MAIC Ci	TF III IIS legal capacity	as an MINORO phor to		
	d. The fund only or predominantly holds bonds in its portfolio.					
	 The current reported NAIC Designation was derived from the pu in its legal capacity as an NRSRO. 			gned by an NAIC CRP		
	f. The public credit rating(s) with annual surveillance assigned by a	-				
	Has the reporting entity assigned FE to Schedule BA non-registered p	rivate funds that complied	I with the above criteria	?	Yes [] No [X]
37.	By rolling/renewing short-term or cash equivalent investments with co (identified through a code (%) in those investment schedules), the rep	orting entity is certifying to	the following:	edule E Part 2		
	 a. The investment is a liquid asset that can be terminated by the rebuilt of the investment is with a nonrelated party or nonaffiliate, then it 			completed at the		
	discretion of all involved parties.	เ าอกอบเจ สม สมมรายเญเป แ		completed at the		
	c. If the investment is with a related party or affiliate, then the report which documentation is available for regulator review.	rting entity has completed	robust re-underwriting	of the transaction for		
	d. Short-term and cash equivalent investments that have been ren 37 c are reported as long-term investments	ewed/rolled from the prior	period that do not mee	et the criteria in 37.a -		

GENERAL INTERROGATORIES

OTHER

38.1	Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?	\$	244,511	
38.2	List the name of the organization and the amount paid if any such payment represented 25% or more of the total p service organizations and statistical or rating bureaus during the period covered by this statement.	payments to trade a	ssociations,	
	1 Name	2 Amount Paid		
	Insurance Services Office Inc			
39.1 39.2	Amount of payments for legal expenses, if any? List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments during the period covered by this statement.			
	1 Name	2 Amount Paid		
40.1	Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments	s of government, if a	ny?\$	
40.0				

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

1	2
Name	Amount Paid
·	

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?		Yes [] No [X]
1.2	If yes, indicate premium earned on U. S. business only.		\$
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experi 1.31 Reason for excluding	ence Exhibit?	\$
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not inclu	ded in Item (1.2) above.	\$
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.		\$
1.6	Individual policies:	Most current three years:	
		1.61 Total premium earned	\$
		1.62 Total incurred claims	
		1.63 Number of covered lives	
		All years prior to most current three years	
		1.64 Total premium earned	\$
		1.65 Total incurred claims	
		1.66 Number of covered lives	
1.7	Group policies:	Most current three years:	
		1.71 Total premium earned	\$
		1.72 Total incurred claims	\$
		1.73 Number of covered lives	
		All years prior to most current three years	
		1.74 Total premium earned	\$
		1.75 Total incurred claims	
		1.76 Number of covered lives	
2.	Health Test:		
		1 2	
	2.1 Premium Numerator	Current Year Prior Year	
	2.1 Premium Numerator		
	2.3 Premium Ratio (2.1/2.2)		
	2.4 Reserve Numerator		
	2.5 Reserve Denominator		
	2.6 Reserve Ratio (2.4/2.5)	0.0000.000	
3.1	Did the reporting entity issue participating policies during the calendar year?		Yes [] No [X]
3.2	If yes, provide the amount of premium written for participating and/or non-participating po	licies	
	during the calendar year:	3.21 Participating policies	\$
		3.22 Non-participating policies	
4.	For mutual reporting Entities and Reciprocal Exchanges Only:		
4.1	Does the reporting entity issue assessable policies?		
4.2	Does the reporting entity issue non-assessable policies? If assessable policies are issued, what is the extent of the contingent liability of the policy	haldara)	Yes [] No []
4.3 4.4	Total amount of assessments paid or ordered to be paid during the year on deposit note	s or contingent premiums.	\$
5.	For Reciprocal Exchanges Only:		
5.1	Does the Exchange appoint local agents?		Yes [] No []
5.2	If yes, is the commission paid:		
		ensationYes [
- ^		hange] No [] N/A []
5.3	What expenses of the Exchange are not paid out of the compensation of the Attorney-in		
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, be	en deferred?	Yes [] No []

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PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss? Not applicable				
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process. Amica relies on our catastrophe reinsurance broker, Guy Carpenter, for modeling services. This year, they provided calculations of our PML using RMS (v. 18.1) and AIR (v. 7). The Company's largest exposure would occur on comprehensive coverage resulting from a hurricane in Texas and/or New Jersey.				
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? The Company is party to a 100% quota share reinsurance agreement with its parent.				
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes [] [No [X]
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss. All losses are reinsured at 100% under the Company's quota share reinsurance agreement.				
7.1	Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss ratio cap, an aggregate limit or any similar provisions)?	Yes [1 [No [X]
7.2	If yes, indicate the number of reinsurance contracts containing such provisions:				
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes [] [No []
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?	Yes []	No [X]
8.2	If yes, give full information				
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results: (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term; (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer; (c) Aggregate stop loss reinsurance coverage;				
	 (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party; (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or 				
	 (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. 	Yes []	No [X]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:				
	 (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. 	Yes []	No [X]
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9: (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.				
9.4	 Except for transactions meeting the requirements of paragraph 36 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either: (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? 	Yes []	No [X]
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.				
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:		_		
	(a) The entity does not utilize reinsurance; or,	-	-	-	-
	supplement; or(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an				
10.	attestation supplement If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?		-	-	-

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

11.1	Has the reporting entity guaranteed policies issued by	y any other entity and n	ow in force?			Yes [] No [X]
11.2	If yes, give full information						
12.1	If the reporting entity recorded accrued retrospective amount of corresponding liabilities recorded for:	premiums on insurance	e contracts on Line 15.3	of the asset schedule,	Page 2, state the		
			oaid losses				
		12.12 Unp	paid underwriting expens	ses (including loss adjus	stment expenses)	\$	
12.2	Of the amount on Line 15.3, Page 2, state the amour	nt which is secured by le	etters of credit, collatera	l, and other funds		\$	
12.3	If the reporting entity underwrites commercial insuran accepted from its insureds covering unpaid premiums	ce risks, such as worke s and/or unpaid losses?	ers' compensation, are p	premium notes or promi	ssory notes Yes [] No [] N/A [X]
12.4	If yes, provide the range of interest rates charged und	ler such notes during th	ne period covered by this	s statement:			
		12.41 Fro	m				%
		12.42 To					%
12.5	Are letters of credit or collateral and other funds receipromissory notes taken by a reporting entity, or to ser losses under loss deductible features of commercial	cure any of the reporting	g entity's reported direct	unpaid loss reserves ,	including unpaid	Yes [] No [X]
12.6	If yes, state the amount thereof at December 31 of th	e current year:					
			ers of credit				
		12.62 Col	lateral and other funds			\$	
13.1	Largest net aggregate amount insured in any one rist	(excluding workers' co	ompensation):			\$	
13.2	Does any reinsurance contract considered in the calc reinstatement provision?	ulation of this amount i	nclude an aggregate lim	it of recovery without al	so including a	Yes [] No [X]
13.3	State the number of reinsurance contracts (excluding facilities or facultative obligatory contracts) considered	individual facultative ri d in the calculation of th	sk certificates, but inclue ne amount	ding facultative program	ıs, automatic		
14.1	Is the company a cedant in a multiple cedant reinsura	ance contract?				Yes [] No [X]
14.2	If yes, please describe the method of allocating and r	•	•				
14.3	If the answer to 14.1 is yes, are the methods describe contracts?					Yes [] No []
14.4	If the answer to 14.3 is no, are all the methods descri	bed in 14.2 entirely cor	ntained in written agreen	nents?		Yes [] No []
14.5	If the answer to 14.4 is no, please explain:						
15.1	Has the reporting entity guaranteed any financed pre-					Yes [] No [X]
15.2	If yes, give full information						
16.1	Does the reporting entity write any warranty business If yes, disclose the following information for each of the					Yes [] No [X]
		1 Direct Losses	2 Direct Losses	3 Direct Written Promium	4 Direct Premium	Dir	5 rect Premium

16.14 Other* * Disclose type of coverage:

 16.11
 Home

 16.12
 Products

 16.13
 Automobile

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

17.1	Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that is exempt from the statutory provision for unauthorized reinsurance?	Yes [] No [X]
	Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:	
	17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 exempt from the statutory provision for unauthorized reinsurance	\$
	17.12 Unfunded portion of Interrogatory 17.11	<u>\$</u>
	17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	
	17.14 Case reserves portion of Interrogatory 17.11	<u>\$</u>
	17.15 Incurred but not reported portion of Interrogatory 17.11	\$
	17.16 Unearned premium portion of Interrogatory 17.11	
	17.17 Contingent commission portion of Interrogatory 17.11	\$
18.1	Do you act as a custodian for health savings accounts?	Yes [] No [X]
18.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$
18.3	Do you act as an administrator for health savings accounts?	
18.4	If yes, please provide the balance of funds administered as of the reporting date.	.\$
19.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [X] No []
19.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [] No []

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY FIVE-YEAR HISTORICAL DATA

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

	Show amounts in whole o				, i.e. 17.6.	
		1 2021	2 2020	3 2019	4 2018	5 2017
	Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 & 3)					
1.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	28 877 508	33,778,034	31.947.697		
2.						
3.	Property and liability combined lines (Lines 3, 4, 5,					
4.						
5.	29, 30 & 34) Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6.					42,550,797	
7.	Net Premiums Written (Page 8, Part 1B, Col. 6) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3,					
8.	18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) Property lines (Lines 1, 2, 9, 12, 21 & 26)					
9.	Property and liability combined lines (Lines 3, 4, 5,					
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28,					
11.						
12.						
10	Statement of Income (Page 4) Net underwriting gain (loss) (Line 8)	(2 220 770)	(4, 407, 440)	525 252	50 107	(216,332)
13 14.	Net investment gain or (loss) (Line 3)					1.789.591
15.	Total other income (Line 15)	(251,997)	(327,932)			
16.	Dividends to policyholders (Line 17)					
17.	Federal and foreign income taxes incurred (Line 19)	(248,609)	(813,649)	367,425	566,723	516,172
18.	Net income (Line 20)	(1,161,151)	(1,418,447)	2,396,824		
19.	Balance Sheet Lines (Pages 2 and 3) Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)					
20.	Premiums and considerations (Page 2, Col. 3)					
	20.1 In course of collection (Line 15.1)			, ,	, ,	1,617,466
	20.2 Deferred and not yet due (Line 15.2) 20.3 Accrued retrospective premiums (Line 15.3)				14,783,060	
21	Total liabilities excluding protected cell business					
	(Page 3, Line 26)					4,392,547
22.	Losses (Page 3, Line 1)					
23.	Loss adjustment expenses (Page 3, Line 3)					
24. 25.	Unearned premiums (Page 3, Line 9) Capital paid up (Page 3, Lines 30 & 31)					
25. 26.	Surplus as regards policyholders (Page 3, Line 30 & 31)				80.854.136	
27.	Cash Flow (Page 5) Net cash from operations (Line 11)					(2,316,745)
	Risk-Based Capital Analysis					
28.	Total adjusted capital					
29.	Authorized control level risk-based capital Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col.					259,030
	3) (Line divided by Page 2, Line 12, Col. 3) x100.0	20 0	20 0	22.0	05.0	
30. 31.	Bonds (Line 1) Stocks (Lines 2.1 & 2.2)					
31. 32.	Mortgage loans on real estate (Lines 3.1 and 3.2)		5 7	4 1	2 1	1 7
33.	Real estate (Lines 4.1, 4.2 & 4.3)					
34.	Cash, cash equivalents and short-term investments (Line 5)	5.2		7.3		
35.	Contract loans (Line 6)					
36.	Derivatives (Line 7)					
37.	Other invested assets (Line 8)					
38. 39.	Receivables for securities (Line 9) Securities lending reinvested collateral assets (Line		0.3		1.1	
39.	Securities lending reinvested collateral assets (Line 10)					
40. 41.	Aggregate write-ins for invested assets (Line 11)					
	12)	100.0	100.0	100.0	100.0	100.0
42.	Affiliates Affiliated bonds (Schedule D, Summary, Line 12,					
43.						
44.	Line 18, Col. 1) Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)					
45.	Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)					
46.	Affiliated mortgage loans on real estate					
47. 48.	All other affiliated Total of above Lines 42 to 47					
48. 49.	Total Investment in Parent included in Lines 42 to 47 above					
50.	Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY FIVE-YEAR HISTORICAL DATA

		1 2021	2 2020	3 2019	4 2018	5 2017
	Capital and Surplus Accounts (Page 4)		2020	2013	2010	2011
51.	Net unrealized capital gains (losses) (Line 24)	100	(6)	(21)	17	
52.	Dividends to stockholders (Line 35)					
53.	Change in surplus as regards policyholders for the					
00.	year (Line 38)	(1,138,146)	(1,672,552)	2,248,703	1,113,994	
	Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
55.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
56.	Property and liability combined lines (Lines 3, 4, 5,					
	8, 22 & 27)					
57.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
58.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
59.	Total (Line 35)					
	Net Losses Paid (Page 9, Part 2, Col. 4)					
60.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3,					
	18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
61.	Property lines (Lines 1, 2, 9, 12, 21 & 26)					
62.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
63.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
64.	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
65.	Total (Line 35)					
	Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0					
66.	Premiums earned (Line 1)					
67.	Losses incurred (Line 2)					
68.	Loss expenses incurred (Line 3)					
69.	Other underwriting expenses incurred (Line 4)					
70.	Net underwriting gain (loss) (Line 8)					
	Other Percentages					
71.	Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)					
72.	Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)					
73.	Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)					
	One Year Loss Development (\$000 omitted)					
74.	Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11)					
75.	Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)					
	Two Year Loss Development (\$000 omitted)					
76.	Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)					
77.						

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES SCHEDULE P - PART 1 - SUMMARY

						(\$00	0 OMITTED)					
		Pre	emiums Earn	ed			Los	s and Loss Ex	pense Payme	ents			12
Ye	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
V	Vhich				Loss Pa	yments	Containmen	t Payments	Paym	nents			Number of
Premi	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and		Subrogation		Direct and
In	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX		xxx			7	7	9	9	4		XXX
2.	2012	122,058		23,552		66,864	4,649	4,417	10,368	8,571	6,353	11,366	xxx
3.	2013	135,561	119,383	16, 178	67,775	61,610	4,431	4,253	10,255		5,265	7,615	XXX
4.	2014	83,533	74,347	9, 186		42 , 135	3,003	2,944	5,055	4,476	3,596	3,248	XXX
5.	2015			(3)	16 , 192	16 , 192	1,823	1,823	1,223	1,223	2,021		XXX
6.	2016	19,775			17,530	17,530	1,614	1,614	1,441	1,441	2,397		XXX
7.	2017	22,870					1,504	1,504	1,648	1,648	2,526		XXX
8.	2018					25,581	1,699	1,699	2,266	2,266	4 , 103		XXX
9.	2019	55,651					1,473	1,473	3,518	3,518	6,540		XXX
10.	2020								3,296	3,296	4 ,759		XXX
11.	2021	49,746	49,746		22,838	22,838	414	414	2,582	2,582	4,004		XXX
12.	Totals	XXX	XXX	XXX	352,976	334,863	21,472	21,003	41,663	38,015	41,568	22,229	XXX

												23	24	25
		Case		Unpaid Bulk +	IBNR	Defens Case		Containment Bulk +		Adjusting Unp				
		13	14	15	16	17	18	19	20	21	22	-		Number
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog- ation Anticipated	Total Net Losses and Expenses Unpaid	of Claims Outstand- ing Direct and Assumed
1.	Prior									5	5			xxx
2.	2012													xxx
3.	2013			17	17		79	6	6	2	2			XXX
4.	2014	11	11	25	25	4	4	8	8					XXX
5.	2015	12	12			2	2			1	1			XXX
6.	2016			13	13	40	40	1	1	9	9			XXX
7.	2017			(152)	(152)		125	(23)	(23)	14	14			XXX
8.	2018	2,888	2,888	(168)	(168)			(24)	(24)	53	53			XXX
9.	2019	4,405	4 , 405	1,278	1,278			187	187	116	116			XXX
10.	2020	6,097	6,097	4,233	4,233				631					XXX
11.	2021	11,680	11,680	12,093	12,093	1,357	1,357	1,646	1,646	1,484	1,484			XXX
12.	Totals	27,116	27,116	17,339	17,339	3,542	3,542	2,432	2,432	1,910	1,910			xxx

		Losses and	Total Loss Expense	es Incurred		.oss Expense F ed /Premiums E		Nontabula	r Discount	34		nce Sheet fter Discount
		26 Direct	27	28	29 Direct	30	31	32	33	Inter- Company	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	xxx	xxx	xxx	xxx	xxx	xxx			xxx		
2.	2012	91,218										
3.	2013			7,615	<u></u> 61.3							
4.	2014											
5.	2015											
6.	2016	21,017	21,017									
7.	2017											
8.	2018											
9.	2019											
10.	2020	42,373	42,373									
11.	2021	54,095	54,095		108.7	108.7						
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 2 - SUMMARY

			0011				2 - 00					
Years in	INCURRED	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END (\$00	0 OMITTED)	DEVELO	PMENT
Which Losses	1	2	3	4	5	6	7	8	9	10	11	12
Were Incurred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	One Year	Two Year
1. Prior												
2. 2012		9,657	9,673				9,569		9,569	9,569		
3. 2013		6,842	6,404	6,343	6,343	6,343	6,343	6,343	6,343	6,343		
4. 2014	XXX	XXX	3,275	2,670	2,670	2,670	2,670	2,670	2,670	2,670		
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12 Totals		

12. Totals

SCHEDULE P - PART 3 - SUMMARY

				••••			/ \ \						
		CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN	ISE AND COS	ST CONTAINI	MENT EXPEN	NSES REPOR	RTED AT YEA	AR END	11	12
						(\$000 ON	AITTED)					Number of	Number of
	ears in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
	Vhich											Closed	Closed
	osses											With	Without
-	Nere	0040	0040	0014	0045	0010	0047	0040	0040	0000	0004	Loss	Loss
Inc	curred	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Payment	Payment
1.	Prior	000										XXX	XXX
2.	2012			9,560					9,569	9,569	9,569	XXX	XXX
3.	2013	xxx	4,846	6,060	6,343	6,343	6,343	6,343	6,343	6,343	6,343	xxx	xxx
4.	2014		XXX	2,368	2,670	2,670	2,670	2,670	2,670	2,670	2,670	xxx	XXX
5.	2015	xxx	XXX	XXX								xxx	xxx
6.	2016	xxx	XXX	XXX	xxx							xxx	xxx
7.	2017	xxx	xxx	xxx	xxx	XXX						xxx	xxx
8.	2018		XXX	XXX	XXX	XXX	XXX					xxx	XXX
9.	2019	xxx	XXX	XXX	xxx	XXX	XXX	XXX				xxx	xxx
10.	2020	xxx	XXX	XXX	xxx	XXX	xxx	XXX	XXX			xxx	xxx
11.	2021	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

		BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
Years in		1	2	3	4	5	6	7	8	9	10
	Vhich										
	osses Vere										
Incurred		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1.	Prior	1,704									
2.	2012	3,075									
3.	2013	xxx									
4.	2014	xxx	XXX								
5.	2015	XXX	XXX	XXX							
6.	2016	XXX	XXX	XXX	XXX						
7.	2017	XXX	XXX	XXX	XXX	XXX					
8.	2018	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2020	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX		
11.	2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

			1	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		by States and ⁻ 4 Dividends Paid or	5 Direct	6	7	8 Finance and	9 Direct Premiums Written for Federal
	States, Etc.		Active Status	2 Direct Premiums Written	3 Direct Premiums Earned	Credited to Policyholders on Direct	Losses Paid (Deducting	Direct Losses	Direct Losses	Service Charges Not Included in Premiums	Purchasing Groups (Included in
1.	AlabamaAl		(a) N	whiten	Earned	Business	Salvage)	Incurred	Unpaid	Premiums	Column 2)
	Alaska		NN.								
3.	ArizonaAz	z	L		433,864						
4.	ArkansasA		N								
5.	CaliforniaC/ ColoradoC/	-	N		FE1 000		405 700	405 007	C40.001		
6. 7.	Connecticut		<u>L</u>		551,039						
8.	Delaware	•	⊢ N	1,040,000					2,000,200		
9.	District of ColumbiaDo	с [N								
10.	FloridaFL		L								
11.	GeorgiaG,		L	2,183,005	2,414,100		2,292,462	1,981,438	3,016,601	3, 192	
12. 13.	HawaiiHl Idaho		N N.								
14.	IllinoisIL		L		.299,180		111,664				
15.	IndianaIN		L								
16.	lowaIA		N								
17.	Kansas		N		AF 450		04 540			~~	
18. 19.	KentuckyK	-	L N		65 , 158		,.			63	
20.	Maine		NL					104,323		228	
21.	MarylandM	_	L								
22.	MassachusettsM	•	L	4,917,043	4,851,954		2,281,675	3,239,200	2,253,771		
23.	MichiganM		L								
24. 25.	MinnesotaM		L								
25. 26.	MississippiMi MissouriMi		N N								
27.	MontanaM	-	N								
28.	NebraskaN	-	N								
29.	NevadaN		L	120,535							
30.	New HampshireNI	-	L								
31. 32.	New JerseyN.		L	10,072,007	10,267,295		8,905,128	4,074,825			
-	New YorkN	•••	N		2.943.883		2.559.283		1,856,376		
34.	North CarolinaN		N						1,000,070		
35.	North DakotaNI	5	N								
	OhioOl		L		403,066					471	
	OklahomaOl		N		005 704		407.040	000 775	700 044		
	OregonOl PennsylvaniaP/		L								
	Rhode IslandRI		⊢ 	1,888,718			2,044,119	. , ,			
41.	South Carolina		L					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
42.	South DakotaSI		N								
43.	TennesseeTh		<u>L</u>								
44. 45.	TexasT> UtahU	•	L N		16,475,128		13,765,259		13,285,729	14,028	
45. 46.	VermontV	-	NNNNN								
	VirginiaV/		L								
	WashingtonW		L	1,215,079	1,325,950					1,254	
49.	West VirginiaW		N								
	WisconsinW WyomingW		LN		62 , 186		6,496	6,496			
	American SamoaAs		N N								
53.	GuamGl		N								
	Puerto Rico	R	N							**	
	U.S. Virgin IslandsVI		N								
56.	Northern Mariana IslandsM	Р	N								
57.	CanadaC/		N								
58.	Aggregate other alien O		XXX								
59.	Totals	\square	XXX	46,321,674	49,745,503		36,862,695	34,422,384	44,454,527	80,744	
50004	DETAILS OF WRITE-INS		1001								
58001. 58002.			XXX 							<u> </u>	
58002. 58003.			XXX	-							
	. Summary of remaining write-ins for Line 58 from										
58999.	overflow page Totals (Lines 58001 through										
	58003 plus 58998)(Line		1001								
	above) /e Status Counts:		XXX								1

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

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI). D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus

R - Registered - Non-domiciled RRGs...

Q - Qualified - Qualified or accredited reinsurer

N - None of the above - Not allowed to write

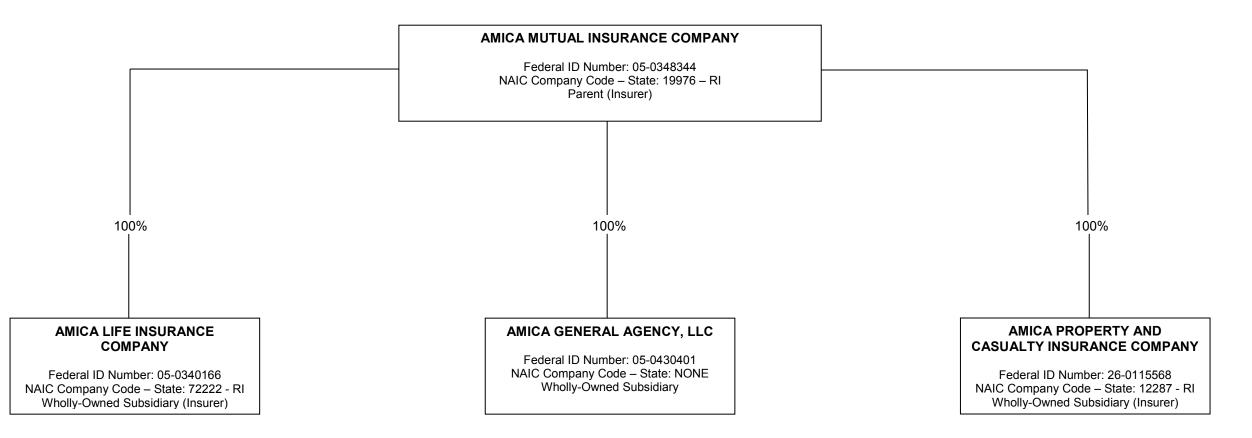
business in the state _ ...30

lines in the state of domicile.

(b) Explanation of basis of allocation of premiums by states, etc.All Automobile lines of business are allocated to the state in which the automobile is garaged.

.....27

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY OVERFLOW PAGE FOR WRITE-INS

