



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

Amica Property and Casualty Insurance Company

NAIC Group Code 0028 0028 NAIC Company Code 12287 Employer's ID Number 26-0115568
(Current) (Prior)

Organized under the Laws of Rhode Island, State of Domicile or Port of Entry RI
Country of Domicile United States of America

Incorporated/Organized 05/11/2005 Commenced Business 01/01/2006

Statutory Home Office 100 Amica Way, Lincoln, RI, US 02865-1156
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 100 Amica Way
(Street and Number)
Lincoln, RI, US 02865-1156 800-652-6422
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 6008, Providence, RI, US 02940-6008
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 100 Amica Way
(Street and Number)
Lincoln, RI, US 02865-1156 800-652-6422
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.amica.com

Statutory Statement Contact Michael Lee Baker, Jr., 800-652-6422-22365
(Name) (Area Code) (Telephone Number)
mbakerjr@amica.com 401-334-3657
(E-mail Address) (FAX Number)

OFFICERS

President and Chief Executive Officer Edmund Shallcross III
Executive Vice President, Chief Financial Officer and Treasurer James Parker Loring
Senior Vice President, General Counsel and Secretary Jennifer Ann Morrison

OTHER

Susan Fie Chung, Executive Vice President, Chief Investment and Strategy Officer George Henry Hutt III #, Vice President & Chief Information Officer Jennifer Ann Morrison, Senior Vice President, General Counsel and Secretary
Theodore Charles Murphy, Senior Executive Vice President, Chief Operations Officer Anthony Noviello III, Senior Vice President Samuel Charles Palmisano, Senior Vice President
Sean Francis Welch, Senior Vice President

DIRECTORS OR TRUSTEES

Jill Janice Avery Ivy Lynne Brown Debra Ann Canales
Matthew Alexander Lopes, Jr. Peter Michael Marino Debra Marie Paul
Heidi Carter Pearson Joan Rodena Robinson-Berry Edmund Shallcross III
Diane Desmarais Souza

State of Rhode Island SS
County of Providence

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

Edmund Shallcross III
President and Chief Executive Officer

Jennifer Ann Morrison
Senior Vice President, General Counsel and Secretary

James Parker Loring
Executive Vice President, Chief Financial Officer and Treasurer

Subscribed and sworn to before me this 12th day of February, 2025

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

Ann Marie Oteau
Notary Public
June 8, 2026



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 648

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19AZ



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, Life, and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 378

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 CO



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, Life, and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 3,078

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 CT



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, and Health, ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 561
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 FL



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, and Health, ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,929

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 GA



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 465

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.1L



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Flood, Auto, and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 156

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.IN



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, and Health, ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 78

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 KY



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, and Health, ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 447

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 ME



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, and Health, ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,074

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 MD



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple Peril, Flood, etc., and a total row at the bottom.

(a) Finance and service charges not included in Lines 1 to 35 \$ 35,849

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 MA



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, and Health, ending with a Total (a) row showing 551.

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.MI



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Auto, and Commercial, ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 312

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 JUN



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Gross Premiums (Direct Written, Direct Earned), Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Auto, Life, etc., and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 168

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 NV



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,503

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 NH



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., and a total row at the bottom.

(a) Finance and service charges not included in Lines 1 to 35 \$ 15,597

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 NJ



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, and Commercial, ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 8,409

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.NY



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, and Health, ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 369

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 OH



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, and Health, ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,774

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 OR



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple Peril, Flood, etc., and a total row at the bottom.

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,418

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.PA



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., and a total row at the bottom.

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,616

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.R1



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, and Health, ending with a Total (a) of 2,003.

19 SC

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, and Health, ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 372

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.TN



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, and Health, ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 7,260

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.TX



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2024

NAIC Company Code 12287

| Line of Business | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 Dividends Paid or Credited to Policyholders on Direct Business | 4 Direct Unearned Premium Reserves | 5 Direct Losses Paid (deducting salvage) | 6 Direct Losses Incurred | 7 Direct Losses Unpaid | 8 Direct Defense and Cost Containment Expense Paid | 9 Direct Defense and Cost Containment Expense Incurred | 10 Direct Defense and Cost Containment Expense Unpaid | 11 Commissions and Brokerage Expenses | 12 Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire | | | | | | | | | | | | |
| 2.1 Allied Lines | | | | | | | | | | | | |
| 2.2 Multiple Peril Crop | | | | | | | | | | | | |
| 2.3 Federal Flood | | | | | | | | | | | | |
| 2.4 Private Crop | | | | | | | | | | | | |
| 2.5 Private Flood | | | | | | | | | | | | |
| 3. Farmowners Multiple Peril | | | | | | | | | | | | |
| 4. Homeowners Multiple Peril | | | | | | | | | | | | |
| 5.1 Commercial Multiple Peril (Non-Liability Portion) | | | | | | | | | | | | |
| 5.2 Commercial Multiple Peril (Liability Portion) | | | | | | | | | | | | |
| 6. Mortgage Guaranty | | | | | | | | | | | | |
| 8. Ocean Marine | | | | | | | | | | | | |
| 9.1 Inland Marine | | | | | | | | | | | | |
| 9.2 Pet Insurance Plans | | | | | | | | | | | | |
| 10. Financial Guaranty | | | | | | | | | | | | |
| 11.1 Medical Professional Liability - Occurrence | | | | | | | | | | | | |
| 11.2 Medical Professional Liability - Claims-Made | | | | | | | | | | | | |
| 12. Earthquake | | | | | | | | | | | | |
| 13.1 Comprehensive (hospital and medical) ind (b) | | | | | | | | | | | | |
| 13.2 Comprehensive (hospital and medical) group (b) | | | | | | | | | | | | |
| 14. Credit A&H (Group and Individual) | | | | | | | | | | | | |
| 15.1 Vision Only (b) | | | | | | | | | | | | |
| 15.2 Dental Only (b) | | | | | | | | | | | | |
| 15.3 Disability Income (b) | | | | | | | | | | | | |
| 15.4 Medicare Supplement (b) | | | | | | | | | | | | |
| 15.5 Medicaid Title XIX (b) | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII (b) | | | | | | | | | | | | |
| 15.7 Long-Term Care (b) | | | | | | | | | | | | |
| 15.8 Federal Employees Health Benefits Plan (b) | | | | | | | | | | | | |
| 15.9 Other Health (b) | | | | | | | | | | | | |
| 16. Workers' Compensation | | | | | | | | | | | | |
| 17.1 Other Liability - Occurrence | | | | | | | | | | | | |
| 17.2 Other Liability - Claims-Made | | | | | | | | | | | | |
| 17.3 Excess Workers' Compensation | | | | | | | | | | | | |
| 18.1 Products Liability - Occurrence | | | | | | | | | | | | |
| 18.2 Products Liability - Claims-Made | | | | | | | | | | | | |
| 19.1 Private Passenger Auto No-Fault (Personal Injury Protection) | | | | | | | | | | | | |
| 19.2 Other Private Passenger Auto Liability | 358,447 | 378,735 | | 67,241 | 270,754 | (244,115) | 73,728 | 6,709 | (41,241) | 6,810 | | 38,555 |
| 19.3 Commercial Auto No-Fault (Personal Injury Protection) | | | | | | | | | | | | |
| 19.4 Other Commercial Auto Liability | | | | | | | | | | | | |
| 21.1 Private Passenger Auto Physical Damage | 204,461 | 225,354 | | 38,712 | 82,548 | 85,133 | (2,270) | 2,642 | 3,384 | 938 | | 22,004 |
| 21.2 Commercial Auto Physical Damage | | | | | | | | | | | | |
| 22. Aircraft (all perils) | | | | | | | | | | | | |
| 23. Fidelity | | | | | | | | | | | | |
| 24. Surety | | | | | | | | | | | | |
| 26. Burglary and Theft | | | | | | | | | | | | |
| 27. Boiler and Machinery | | | | | | | | | | | | |
| 28. Credit | | | | | | | | | | | | |
| 29. International | | | | | | | | | | | | |
| 30. Warranty | | | | | | | | | | | | |
| 31. Reins nonproportional assumed property | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 32. Reins nonproportional assumed liability | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 33. Reins nonproportional assumed financial lines | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 34. Aggregate Write-Ins for Other Lines of Business | | | | | | | | | | | | |
| 35. Total (a) | 562,908 | 604,089 | | 105,953 | 353,302 | (158,982) | 71,458 | 9,351 | (37,857) | 7,748 | | 60,559 |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) | | | | | | | | | | | | |

(a) Finance and service charges not included in Lines 1 to 35 \$ 496

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 VA



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Auto, and Health, ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,230

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19/WA



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Flood, Auto, and Health, ending with a Total (a) row.

19.WI

(a) Finance and service charges not included in Lines 1 to 35 \$ 84

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2024

NAIC Company Code 12287

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., and a total row at the bottom.

(a) Finance and service charges not included in Lines 1 to 35 \$ 87,271

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 GT

Schedule F - Part 1 - Assumed Reinsurance

N O N E

Schedule F - Part 2 - Premium Portfolio Reinsurance Effected or (Canceled)

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

| 1 ID Number | 2 NAIC Com- pany Code | 3 Name of Reinsurer | 4 Domiciliary Jurisdiction | 5 Special Code | 6 Reinsurance Premiums Ceded | Reinsurance Recoverable On | | | | | | | | | | 16 Amount in Dispute included in Column 15 | Reinsurance Payable | | 19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18] | 20 Funds Held by Company Under Reinsurance Treaties |
|---|-----------------------------------|--|----------------------------------|----------------------|---------------------------------------|----------------------------|------------------|-------------------------------------|-------------------------------------|--------------------------------|-------------------------------|----------------------------|--------------------------------------|---|------------------------------------|--|--|--------|--|---|
| | | | | | | 7 Paid Losses | 8 Paid LAE | 9 Known Case Loss Reserves | 10 Known Case LAE Reserves | 11 IBNR Loss Reserves | 12 IBNR LAE Reserves | 13 Unearned Premiums | 14 Contingent Commis- sions | 15 Columns 7 through 14 Totals | 17 Ceded Balances Payable | | 18 Other Amounts Due to Reinsurers | | | |
| 05-0348344 | 19976 | AMICA MUT INS CO | RI | | 62,927 | 3,166 | 502 | 30,438 | 4,294 | 6,692 | 3,518 | 17,763 | | 66,373 | | 18,487 | | 47,886 | | |
| 0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other | | | | | 62,927 | 3,166 | 502 | 30,438 | 4,294 | 6,692 | 3,518 | 17,763 | | 66,373 | | 18,487 | | 47,886 | | |
| 0499999. Total Authorized - Affiliates - U.S. Non-Pool | | | | | 62,927 | 3,166 | 502 | 30,438 | 4,294 | 6,692 | 3,518 | 17,763 | | 66,373 | | 18,487 | | 47,886 | | |
| 0799999. Total Authorized - Affiliates - Other (Non-U.S.) | | | | | | | | | | | | | | | | | | | | |
| 0899999. Total Authorized - Affiliates | | | | | 62,927 | 3,166 | 502 | 30,438 | 4,294 | 6,692 | 3,518 | 17,763 | | 66,373 | | 18,487 | | 47,886 | | |
| AA-9991160 | 00000 | NEW JERSEY UNSATISFIED CLAIM AND JUDGMENT FUND | NJ | | 83 | | | | | | | | | | | | | | | |
| 1099999. Total Authorized - Pools - Mandatory Pools | | | | | 83 | | | | | | | | | | | | | | | |
| 1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999) | | | | | 63,010 | 3,166 | 502 | 30,438 | 4,294 | 6,692 | 3,518 | 17,763 | | 66,373 | | 18,487 | | 47,886 | | |
| 1899999. Total Unauthorized - Affiliates - U.S. Non-Pool | | | | | | | | | | | | | | | | | | | | |
| 2199999. Total Unauthorized - Affiliates - Other (Non-U.S.) | | | | | | | | | | | | | | | | | | | | |
| 2299999. Total Unauthorized - Affiliates | | | | | | | | | | | | | | | | | | | | |
| 2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999) | | | | | | | | | | | | | | | | | | | | |
| 3299999. Total Certified - Affiliates - U.S. Non-Pool | | | | | | | | | | | | | | | | | | | | |
| 3599999. Total Certified - Affiliates - Other (Non-U.S.) | | | | | | | | | | | | | | | | | | | | |
| 3699999. Total Certified - Affiliates | | | | | | | | | | | | | | | | | | | | |
| 4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999) | | | | | | | | | | | | | | | | | | | | |
| 4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool | | | | | | | | | | | | | | | | | | | | |
| 4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.) | | | | | | | | | | | | | | | | | | | | |
| 5099999. Total Reciprocal Jurisdiction - Affiliates | | | | | | | | | | | | | | | | | | | | |
| 5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999) | | | | | | | | | | | | | | | | | | | | |
| 5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999) | | | | | 63,010 | 3,166 | 502 | 30,438 | 4,294 | 6,692 | 3,518 | 17,763 | | 66,373 | | 18,487 | | 47,886 | | |
| 5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999) | | | | | | | | | | | | | | | | | | | | |
| 9999999 Totals | | | | | 63,010 | 3,166 | 502 | 30,438 | 4,294 | 6,692 | 3,518 | 17,763 | | 66,373 | | 18,487 | | 47,886 | | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

| ID Number From Col. 1 | Name of Reinsurer From Col. 3 | Collateral | | | | 25 Total Funds Held, Payables & Collateral | 26 Net Recoverable Net of Funds Held & Collateral | 27 Applicable Sch. F Penalty (Col. 78) | Ceded Reinsurance Credit Risk | | | | | | | | |
|-----------------------|--|-----------------------------------|-------------------------|---|--|---|--|---|---|---|---|--|---|--|--|---|--|
| | | 21 Multiple Beneficiary Trusts | 22 Letters of Credit | 23 Issuing or Confirming Bank Reference Number | 24 Single Beneficiary Trusts & Other Allowable Collateral | | | | 28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27) | 29 Stressed Recoverable (Col. 28 * 120%) | 30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29) | 31 Stressed Net Recoverable (Cols. 29-30) | 32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31) | 33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32) | 34 Reinsurer Designation Equivalent | 35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34) | 36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34) |
| 05-0348344 | AMICA MUT INS CO | | | | | 18,487 | 47,886 | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 0399999 | Total Authorized - Affiliates - U.S. Non-Pool - Other | | | XXX | | 18,487 | 47,886 | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 0499999 | Total Authorized - Affiliates - U.S. Non-Pool | | | XXX | | 18,487 | 47,886 | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 0799999 | Total Authorized - Affiliates - Other (Non-U.S.) | | | XXX | | | | | | | | | | | XXX | | |
| 0899999 | Total Authorized - Affiliates | | | XXX | | 18,487 | 47,886 | | | | | | | | XXX | | |
| AA-9991160 | NEW JERSEY UNSATISFIED CLAIM AND JUDGMENT FUND | | | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 1099999 | Total Authorized - Pools - Mandatory Pools | | | XXX | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 1499999 | Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999) | | | XXX | | 18,487 | 47,886 | | | | | | | | XXX | | |
| 1899999 | Total Unauthorized - Affiliates - U.S. Non-Pool | | | XXX | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 2199999 | Total Unauthorized - Affiliates - Other (Non-U.S.) | | | XXX | | | | | | | | | | | XXX | | |
| 2299999 | Total Unauthorized - Affiliates | | | XXX | | | | | | | | | | | XXX | | |
| 2899999 | Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999) | | | XXX | | | | | | | | | | | XXX | | |
| 3299999 | Total Certified - Affiliates - U.S. Non-Pool | | | XXX | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 3599999 | Total Certified - Affiliates - Other (Non-U.S.) | | | XXX | | | | | | | | | | | XXX | | |
| 3699999 | Total Certified - Affiliates | | | XXX | | | | | | | | | | | XXX | | |
| 4299999 | Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999) | | | XXX | | | | | | | | | | | XXX | | |
| 4699999 | Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool | | | XXX | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 4999999 | Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.) | | | XXX | | | | | | | | | | | XXX | | |
| 5099999 | Total Reciprocal Jurisdiction - Affiliates | | | XXX | | | | | | | | | | | XXX | | |
| 5699999 | Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999) | | | XXX | | | | | | | | | | | XXX | | |
| 5799999 | Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999) | | | XXX | | 18,487 | 47,886 | | | | | | | | XXX | | |
| 5899999 | Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999) | | | XXX | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9999999 | Totals | | | XXX | | 18,487 | 47,886 | | | | | | | | XXX | | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Aging of Ceded Reinsurance)

| ID Number From Col. 1 | Name of Reinsurer From Col. 3 | Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses | | | | | | | 44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43 | 45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41 | 46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44) | 47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45) | 48 Amounts Received Prior 90 Days | 49 Percentage Overdue Col. 42/Col. 43 | 50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48]) | 51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43) | 52 Is the Amount in Col. 50 Less Than 20%? (Yes or No) | 53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50 |
|-----------------------|--|--|-------------------|--------------------|---------------------|---------------------|---|--|---|---|--|--|--------------------------------------|--|--|--|---|--|
| | | 37 | Overdue | | | | 43 Total Due Cols. 37+42 (In total should equal Cols. 7+8) | | | | | | | | | | | |
| | | Current | 38 1 - 29 Days | 39 30 - 90 Days | 40 91 - 120 Days | 41 Over 120 Days | | 42 Total Overdue Cols. 38+39 +40+41 | | | | | | | | | | |
| 05-0348344 | AMICA MUT INS CO | 3,668 | | | | | | 3,668 | | 3,668 | | | | | | | YES | |
| 0399999 | Total Authorized - Affiliates - U.S. Non-Pool - Other | 3,668 | | | | | | 3,668 | | 3,668 | | | | | | | | XXX |
| 0499999 | Total Authorized - Affiliates - U.S. Non-Pool | 3,668 | | | | | | 3,668 | | 3,668 | | | | | | | | XXX |
| 0799999 | Total Authorized - Affiliates - Other (Non-U.S.) | | | | | | | | | | | | | | | | | XXX |
| 0899999 | Total Authorized - Affiliates | 3,668 | | | | | | 3,668 | | 3,668 | | | | | | | | XXX |
| AA-9991160 | NEW JERSEY UNSATISFIED CLAIM AND JUDGMENT FUND | | | | | | | | | | | | | | | | | YES |
| 1099999 | Total Authorized - Pools - Mandatory Pools | | | | | | | | | | | | | | | | | XXX |
| 1499999 | Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999) | 3,668 | | | | | | 3,668 | | 3,668 | | | | | | | | XXX |
| 1899999 | Total Unauthorized - Affiliates - U.S. Non-Pool | | | | | | | | | | | | | | | | | XXX |
| 2199999 | Total Unauthorized - Affiliates - Other (Non-U.S.) | | | | | | | | | | | | | | | | | XXX |
| 2299999 | Total Unauthorized - Affiliates | | | | | | | | | | | | | | | | | XXX |
| 2899999 | Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999) | | | | | | | | | | | | | | | | | XXX |
| 3299999 | Total Certified - Affiliates - U.S. Non-Pool | | | | | | | | | | | | | | | | | XXX |
| 3599999 | Total Certified - Affiliates - Other (Non-U.S.) | | | | | | | | | | | | | | | | | XXX |
| 3699999 | Total Certified - Affiliates | | | | | | | | | | | | | | | | | XXX |
| 4299999 | Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999) | | | | | | | | | | | | | | | | | XXX |
| 4699999 | Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool | | | | | | | | | | | | | | | | | XXX |
| 4999999 | Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.) | | | | | | | | | | | | | | | | | XXX |
| 5099999 | Total Reciprocal Jurisdiction - Affiliates | | | | | | | | | | | | | | | | | XXX |
| 5699999 | Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999) | | | | | | | | | | | | | | | | | XXX |
| 5799999 | Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999) | 3,668 | | | | | | 3,668 | | 3,668 | | | | | | | | XXX |
| 5899999 | Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999) | | | | | | | | | | | | | | | | | XXX |
| 9999999 | Totals | 3,668 | | | | | | 3,668 | | 3,668 | | | | | | | | XXX |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

| ID Number From Col. 1 | Name of Reinsurer From Col. 3 | Provision for Certified Reinsurance | | | | | | | | | | | | | Complete if Col. 52 = "No"; Otherwise Enter 0 | | | 69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63) |
|-----------------------|--|--|--|---|---|---|--|--|---|--|---|--|--|--|---|--------------------------|-----|---|
| | | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | | |
| | | Certified Reinsurer Rating (1 through 6) | Effective Date of Certified Reinsurer Rating | Percent Collateral Required for Full Credit (0% through 100%) | Catastrophe Recoverables Qualifying for Collateral Deferral | Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57) | Dollar Amount of Collateral Required (Col. 56 * Col. 58) | Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58) | Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%) | 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%) | Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61]) | Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63) | 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%) | Total Collateral Provided (Col. 20 + Col. 21 + Col. 24, not to Exceed Col. 63) | Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66) | 20% of Amount in Col. 67 | | |
| 05-0348344 | AMICA MUT INS CO | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0399999 | Total Authorized - Affiliates - U.S. Non-Pool - Other | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0499999 | Total Authorized - Affiliates - U.S. Non-Pool | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0799999 | Total Authorized - Affiliates - Other (Non-U.S.) | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 0899999 | Total Authorized - Affiliates | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| AA-9991160 | NEW JERSEY UNSATISFIED CLAIM AND JUDGMENT FUND | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 1099999 | Total Authorized - Pools - Mandatory Pools | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 1499999 | Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999) | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 1899999 | Total Unauthorized - Affiliates - U.S. Non-Pool | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 2199999 | Total Unauthorized - Affiliates - Other (Non-U.S.) | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 2299999 | Total Unauthorized - Affiliates | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 2899999 | Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999) | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 3299999 | Total Certified - Affiliates - U.S. Non-Pool | | | XXX | | | | XXX | XXX | | | | | | | | | |
| 3599999 | Total Certified - Affiliates - Other (Non-U.S.) | | | XXX | | | | XXX | XXX | | | | | | | | | |
| 3699999 | Total Certified - Affiliates | | | XXX | | | | XXX | XXX | | | | | | | | | |
| 4299999 | Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999) | | | XXX | | | | XXX | XXX | | | | | | | | | |
| 4699999 | Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 4999999 | Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.) | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 5099999 | Total Reciprocal Jurisdiction - Affiliates | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 5699999 | Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999) | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 5799999 | Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999) | | | XXX | | | | XXX | XXX | | | | | | | | | |
| 5899999 | Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999) | | | XXX | | | | XXX | XXX | | | | | | | | | |
| 9999999 | Totals | | | XXX | | | | XXX | XXX | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Total Provision for Reinsurance)

| ID Number From Col. 1 | Name of Reinsurer From Col. 3 | 70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%) | Provision for Unauthorized Reinsurance | | Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance | | Total Provision for Reinsurance | | | |
|-----------------------|--|--|---|--|--|---|--|---|---|--|
| | | | 71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26) | 72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16) | 73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%]) | 74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%) | 75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74) | 76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15) | 77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69) | 78 Total Provision for Reinsurance (Cols. 75 + 76 + 77) |
| 05-0348344 | AMICA MUT INS CO | | XXX | XXX | | | | XXX | XXX | |
| 0399999 | Total Authorized - Affiliates - U.S. Non-Pool - Other | | XXX | XXX | | | | XXX | XXX | |
| 0499999 | Total Authorized - Affiliates - U.S. Non-Pool | | XXX | XXX | | | | XXX | XXX | |
| 0799999 | Total Authorized - Affiliates - Other (Non-U.S.) | | XXX | XXX | | | | XXX | XXX | |
| 0899999 | Total Authorized - Affiliates | | XXX | XXX | | | | XXX | XXX | |
| AA-9991160 | NEW JERSEY UNSATISFIED CLAIM AND JUDGMENT FUND | | XXX | XXX | | | | XXX | XXX | |
| 1099999 | Total Authorized - Pools - Mandatory Pools | | XXX | XXX | | | | XXX | XXX | |
| 1499999 | Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999) | | XXX | XXX | | | | XXX | XXX | |
| 1899999 | Total Unauthorized - Affiliates - U.S. Non-Pool | | | | XXX | XXX | XXX | | XXX | |
| 2199999 | Total Unauthorized - Affiliates - Other (Non-U.S.) | | | | XXX | XXX | XXX | | XXX | |
| 2299999 | Total Unauthorized - Affiliates | | | | XXX | XXX | XXX | | XXX | |
| 2899999 | Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999) | | | | XXX | XXX | XXX | | XXX | |
| 3299999 | Total Certified - Affiliates - U.S. Non-Pool | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 3599999 | Total Certified - Affiliates - Other (Non-U.S.) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 3699999 | Total Certified - Affiliates | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 4299999 | Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999) | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 4699999 | Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool | | XXX | XXX | | | | XXX | XXX | |
| 4999999 | Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.) | | XXX | XXX | | | | XXX | XXX | |
| 5099999 | Total Reciprocal Jurisdiction - Affiliates | | XXX | XXX | | | | XXX | XXX | |
| 5699999 | Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999) | | XXX | XXX | | | | XXX | XXX | |
| 5799999 | Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999) | | | | | | | | | |
| 5899999 | Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999) | | | | | | | | | |
| 9999999 | Totals | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

| 1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3 | 2 Letters of Credit Code | 3 American Bankers Association (ABA) Routing Number | 4 Issuing or Confirming Bank Name | 5 Letters of Credit Amount |
|--|--------------------------------|---|--------------------------------------|-------------------------------|
| NONE | | | | |
| Total | | | | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

| | 1 <u>Name of Reinsurer</u> | 2 <u>Commission Rate</u> | 3 <u>Ceded Premium</u> |
|----|-------------------------------|-----------------------------|---------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

| | 1 <u>Name of Reinsurer</u> | 2 <u>Total Recoverables</u> | 3 <u>Ceded Premiums</u> | 4 <u>Affiliated</u> |
|-----|-------------------------------|--------------------------------|----------------------------|------------------------|
| 6. | AMICA MUT INS CO | 66,373 | 62,927 | Yes [X] No [] |
| 7. | | | | Yes [] No [] |
| 8. | | | | Yes [] No [] |
| 9. | | | | Yes [] No [] |
| 10. | | | | Yes [] No [] |

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

| | 1 As Reported (Net of Ceded) | 2 Restatement Adjustments | 3 Restated (Gross of Ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 81,958,041 | | 81,958,041 |
| 2. Premiums and considerations (Line 15) | 11,295,815 | | 11,295,815 |
| 3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) | 3,668,154 | (3,668,154) | |
| 4. Funds held by or deposited with reinsured companies (Line 16.2) | | | |
| 5. Other assets | 1,644,292 | | 1,644,292 |
| 6. Net amount recoverable from reinsurers | | 47,886,623 | 47,886,623 |
| 7. Protected cell assets (Line 27) | | | |
| 8. Totals (Line 28) | 98,566,302 | 44,218,469 | 142,784,771 |
| LIABILITIES (Page 3) | | | |
| 9. Losses and loss adjustment expenses (Lines 1 through 3) | | 44,941,787 | 44,941,787 |
| 10. Taxes, expenses, and other obligations (Lines 4 through 8) | 1,206,930 | | 1,206,930 |
| 11. Unearned premiums (Line 9) | | 17,763,336 | 17,763,336 |
| 12. Advance premiums (Line 10) | 70,110 | | 70,110 |
| 13. Dividends declared and unpaid (Line 11.1 and 11.2) | | | |
| 14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) | 18,486,654 | (18,486,654) | |
| 15. Funds held by company under reinsurance treaties (Line 13) | | | |
| 16. Amounts withheld or retained by company for account of others (Line 14) | 37,699 | | 37,699 |
| 17. Provision for reinsurance (Line 16) | | | |
| 18. Other liabilities | | | |
| 19. Total liabilities excluding protected cell business (Line 26) | 19,801,393 | 44,218,469 | 64,019,862 |
| 20. Protected cell liabilities (Line 27) | | | |
| 21. Surplus as regards policyholders (Line 37) | 78,764,909 | XXX | 78,764,909 |
| 22. Totals (Line 38) | 98,566,302 | 44,218,469 | 142,784,771 |

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [X] No []

If yes, give full explanation: 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 Amica Property and Casualty Insurance Company maintained quota share reinsurance ceding 80% of all premiums, losses and loss adjustment expenses under all policies covered with Amica Mutual Insurance Company. Beginning January 1, 2013, the ceding share changed from 80% to 100%.

Schedule H - Part 1 - Analysis of Underwriting Operations

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
SCHEDULE P - PART 1A - HOMEOWNERS/FAROWNERS
(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | 12 Number of Claims Reported Direct and Assumed |
|--|-------------------------|------------|------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | | | | | | 43 | 43 | | XXX |
| 2. 2015..... | (15) | (12) | (3) | | | | | | | | | |
| 3. 2016..... | | | | | | | | | | | | |
| 4. 2017..... | | | | | | | | | | | | |
| 5. 2018..... | | | | | | | | | | | | |
| 6. 2019..... | | | | | | | | | | | | |
| 7. 2020..... | | | | | | | | | | | | |
| 8. 2021..... | | | | | | | | | | | | |
| 9. 2022..... | | | | | | | | | | | | |
| 10. 2023..... | | | | | | | | | | | | |
| 11. 2024..... | | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | | | | | | 43 | 43 | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|---------------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | Adjusting and Other Unpaid | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | | | |
| 1. Prior..... | | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | | |
| 3. 2016..... | | | | | | | | | | | | | |
| 4. 2017..... | | | | | | | | | | | | | |
| 5. 2018..... | | | | | | | | | | | | | |
| 6. 2019..... | | | | | | | | | | | | | |
| 7. 2020..... | | | | | | | | | | | | | |
| 8. 2021..... | | | | | | | | | | | | | |
| 9. 2022..... | | | | | | | | | | | | | |
| 10. 2023..... | | | | | | | | | | | | | |
| 11. 2024..... | | | | | | | | | | | | | |
| 12. Totals | | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred / Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|---------------|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 2. 2015..... | | | | | | | | | | | |
| 3. 2016..... | | | | | | | | | | | |
| 4. 2017..... | | | | | | | | | | | |
| 5. 2018..... | | | | | | | | | | | |
| 6. 2019..... | | | | | | | | | | | |
| 7. 2020..... | | | | | | | | | | | |
| 8. 2021..... | | | | | | | | | | | |
| 9. 2022..... | | | | | | | | | | | |
| 10. 2023..... | | | | | | | | | | | |
| 11. 2024..... | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | 12 Number of Claims Reported Direct and Assumed |
|--|-------------------------|-------------|------------------|--------------------------------|-------------|---------------------------------------|------------|------------------------------|------------|--|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| | | | | | | | | | | | | |
| 1. Prior..... | XXX..... | XXX..... | XXX..... | (1)..... | (1)..... | | | 2..... | 2..... | 1..... | XXX..... | |
| 2. 2015..... | 13,383..... | 13,383..... | | 11,886..... | 11,886..... | 1,867..... | 1,867..... | 1,000..... | 1,000..... | 268..... | 1,951..... | |
| 3. 2016..... | 13,844..... | 13,844..... | | 13,114..... | 13,114..... | 1,509..... | 1,509..... | 1,154..... | 1,154..... | 84..... | 2,099..... | |
| 4. 2017..... | 15,640..... | 15,640..... | | 12,944..... | 12,944..... | 1,446..... | 1,446..... | 1,269..... | 1,269..... | 218..... | 2,283..... | |
| 5. 2018..... | 22,273..... | 22,273..... | | 18,909..... | 18,909..... | 1,727..... | 1,727..... | 1,546..... | 1,546..... | 404..... | 3,200..... | |
| 6. 2019..... | 34,498..... | 34,498..... | | 26,820..... | 26,820..... | 1,773..... | 1,773..... | 2,455..... | 2,455..... | 814..... | 4,410..... | |
| 7. 2020..... | 36,140..... | 36,140..... | | 21,028..... | 21,028..... | 1,647..... | 1,647..... | 2,211..... | 2,211..... | 682..... | 3,358..... | |
| 8. 2021..... | 30,871..... | 30,871..... | | 23,437..... | 23,437..... | 1,674..... | 1,674..... | 2,239..... | 2,239..... | 701..... | 3,781..... | |
| 9. 2022..... | 28,339..... | 28,339..... | | 20,576..... | 20,576..... | 1,368..... | 1,368..... | 1,806..... | 1,806..... | 598..... | 3,509..... | |
| 10. 2023..... | 31,571..... | 31,571..... | | 17,916..... | 17,916..... | 839..... | 839..... | 1,740..... | 1,740..... | 561..... | 3,767..... | |
| 11. 2024..... | 38,357..... | 38,357..... | | 10,750..... | 10,750..... | 268..... | 268..... | 1,143..... | 1,143..... | 366..... | 3,435..... | |
| 12. Totals | XXX | XXX | XXX | 177,379 | 177,379 | 14,118 | 14,118 | 16,565 | 16,565 | 4,698 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|---------------|--------------------|-------------|--------------------|-------------|-------------------------------------|------------|--------------------|------------|----------------------------|------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior..... | 15..... | 15..... | | | 3..... | 3..... | | | 3..... | 3..... | | | 3..... |
| 2. 2015..... | 8..... | 8..... | | | 2..... | 2..... | | | 3..... | 3..... | | | 3..... |
| 3. 2016..... | 235..... | 235..... | | | 22..... | 22..... | | | 1..... | 1..... | | | 1..... |
| 4. 2017..... | 9..... | 9..... | 88..... | 88..... | 2..... | 2..... | 15..... | 15..... | 2..... | 2..... | | | 2..... |
| 5. 2018..... | 454..... | 454..... | 84..... | 84..... | 42..... | 42..... | 15..... | 15..... | 15..... | 15..... | | | 14..... |
| 6. 2019..... | 360..... | 360..... | 88..... | 88..... | 51..... | 51..... | 15..... | 15..... | 10..... | 10..... | | | 9..... |
| 7. 2020..... | 1,242..... | 1,242..... | (353)..... | (353)..... | 167..... | 167..... | (62)..... | (62)..... | 13..... | 13..... | | | 12..... |
| 8. 2021..... | 2,310..... | 2,310..... | (617)..... | (617)..... | 353..... | 353..... | (108)..... | (108)..... | 46..... | 46..... | | | 43..... |
| 9. 2022..... | 4,603..... | 4,603..... | (718)..... | (718)..... | 751..... | 751..... | (122)..... | (122)..... | 99..... | 99..... | | | 93..... |
| 10. 2023..... | 8,127..... | 8,127..... | 618..... | 618..... | 1,305..... | 1,305..... | 110..... | 110..... | 310..... | 310..... | | | 291..... |
| 11. 2024..... | 10,303..... | 10,303..... | 10,057..... | 10,057..... | 1,476..... | 1,476..... | 1,700..... | 1,700..... | 1,252..... | 1,252..... | | | 1,176..... |
| 12. Totals | 27,666 | 27,666 | 9,247 | 9,247 | 4,174 | 4,174 | 1,563 | 1,563 | 1,753 | 1,753 | | | 1,647 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred / Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|---------------|---|-------------|----------|---|------------|----------|---------------------|--------------|--|---|----------------------|
| | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | XXX..... | | |
| 2. 2015..... | 14,767..... | 14,767..... | | 110.3..... | 110.3..... | | | | | | |
| 3. 2016..... | 16,036..... | 16,036..... | | 115.8..... | 115.8..... | | | | | | |
| 4. 2017..... | 15,775..... | 15,775..... | | 100.9..... | 100.9..... | | | | | | |
| 5. 2018..... | 22,792..... | 22,792..... | | 102.3..... | 102.3..... | | | | | | |
| 6. 2019..... | 31,572..... | 31,572..... | | 91.5..... | 91.5..... | | | | | | |
| 7. 2020..... | 25,893..... | 25,893..... | | 71.6..... | 71.6..... | | | | | | |
| 8. 2021..... | 29,334..... | 29,334..... | | 95.0..... | 95.0..... | | | | | | |
| 9. 2022..... | 28,363..... | 28,363..... | | 100.1..... | 100.1..... | | | | | | |
| 10. 2023..... | 30,964..... | 30,964..... | | 98.1..... | 98.1..... | | | | | | |
| 11. 2024..... | 36,949..... | 36,949..... | | 96.3..... | 96.3..... | | | | | | |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

NONE

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 1E - Commercial Multiple Peril

NONE

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

NONE

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

NONE

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

NONE

Schedule P - Part 1H - Section 1 - Other Liability - Occurrence

NONE

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)
(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | 12 Number of Claims Reported Direct and Assumed |
|--|--------------------|-------|-------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|---|--|
| | 1 | 2 | 3 | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | |
| | Direct and Assumed | Ceded | Net (1 - 2) | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2015..... | (1) | (1) | | | | | | | | | | XXX |
| 3. 2016..... | | | | | | | | | | | | XXX |
| 4. 2017..... | | | | | | | | | | | | XXX |
| 5. 2018..... | | | | | | | | | | | | XXX |
| 6. 2019..... | | | | | | | | | | | | XXX |
| 7. 2020..... | | | | | | | | | | | | XXX |
| 8. 2021..... | | | | | | | | | | | | XXX |
| 9. 2022..... | | | | | | | | | | | | XXX |
| 10. 2023..... | | | | | | | | | | | | XXX |
| 11. 2024..... | | | | | | | | | | | | XXX |
| 12. Totals | XXX | XXX | XXX | | | | | | | | | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|---------------|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | 21 Direct and Assumed | 22 Ceded | | | |
| 1. Prior..... | | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | | |
| 3. 2016..... | | | | | | | | | | | | | |
| 4. 2017..... | | | | | | | | | | | | | |
| 5. 2018..... | | | | | | | | | | | | | |
| 6. 2019..... | | | | | | | | | | | | | |
| 7. 2020..... | | | | | | | | | | | | | |
| 8. 2021..... | | | | | | | | | | | | | |
| 9. 2022..... | | | | | | | | | | | | | |
| 10. 2023..... | | | | | | | | | | | | | |
| 11. 2024..... | | | | | | | | | | | | | |
| 12. Totals | | | | | | | | | | | | | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred /Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|---------------|---|-------|-----|--|-------|-----|---------------------|--------------|--|---|----------------------|
| | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 2015..... | | | | | | | | | | | |
| 3. 2016..... | | | | | | | | | | | |
| 4. 2017..... | | | | | | | | | | | |
| 5. 2018..... | | | | | | | | | | | |
| 6. 2019..... | | | | | | | | | | | |
| 7. 2020..... | | | | | | | | | | | |
| 8. 2021..... | | | | | | | | | | | |
| 9. 2022..... | | | | | | | | | | | |
| 10. 2023..... | | | | | | | | | | | |
| 11. 2024..... | | | | | | | | | | | |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE
(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | 12 Number of Claims Reported Direct and Assumed |
|--|-------------------------|-------------|------------------|--------------------------------|-------------|---------------------------------------|------------|------------------------------|------------|--|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| | 1. Prior..... | XXX..... | XXX..... | XXX..... | (3)..... | (3)..... | | | | | | |
| 2. 2015..... | 5,225..... | 5,225..... | | 4,325..... | 4,325..... | 127..... | 127..... | 224..... | 224..... | 1,753..... | 2,814..... | |
| 3. 2016..... | 5,931..... | 5,931..... | | 4,455..... | 4,455..... | 161..... | 161..... | 293..... | 293..... | 2,318..... | 3,142..... | |
| 4. 2017..... | 7,230..... | 7,230..... | | 5,655..... | 5,655..... | 160..... | 160..... | 391..... | 391..... | 2,328..... | 3,685..... | |
| 5. 2018..... | 11,916..... | 11,916..... | | 8,390..... | 8,390..... | 208..... | 208..... | 753..... | 753..... | 3,726..... | 5,572..... | |
| 6. 2019..... | 21,153..... | 21,153..... | | 14,293..... | 14,293..... | 292..... | 292..... | 1,145..... | 1,145..... | 5,838..... | 8,665..... | |
| 7. 2020..... | 22,288..... | 22,288..... | | 10,839..... | 10,839..... | 255..... | 255..... | 1,250..... | 1,250..... | 4,348..... | 6,916..... | |
| 8. 2021..... | 18,875..... | 18,875..... | | 14,479..... | 14,479..... | 291..... | 291..... | 1,364..... | 1,364..... | 6,167..... | 7,688..... | |
| 9. 2022..... | 16,987..... | 16,987..... | | 14,452..... | 14,452..... | 328..... | 328..... | 1,158..... | 1,158..... | 6,327..... | 7,319..... | |
| 10. 2023..... | 19,230..... | 19,230..... | | 14,918..... | 14,918..... | 383..... | 383..... | 1,108..... | 1,108..... | 5,857..... | 7,318..... | |
| 11. 2024..... | 23,721..... | 23,721..... | | 14,860..... | 14,860..... | 302..... | 302..... | 970..... | 970..... | 2,936..... | 7,095..... | |
| 12. Totals | XXX | XXX | XXX | 106,663 | 106,663 | 2,507 | 2,507 | 8,656 | 8,656 | 41,602 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed |
|---------------|--------------------|------------|--------------------|--------------|-------------------------------------|----------|--------------------|----------|----------------------------|----------|---|--|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | Adjusting and Other Unpaid | | | | |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior..... | | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | | |
| 3. 2016..... | | | | | | | | | | | | | |
| 4. 2017..... | | | | | | | | | | | | | |
| 5. 2018..... | 5..... | 5..... | | | | | | | | | | | 1..... |
| 6. 2019..... | 9..... | 9..... | | | | | | | | | | | 1..... |
| 7. 2020..... | | | (26)..... | (26)..... | | | | | | | | | |
| 8. 2021..... | 6..... | 6..... | (26)..... | (26)..... | 1..... | 1..... | | | 1..... | 1..... | | | 2..... |
| 9. 2022..... | 6..... | 6..... | (26)..... | (26)..... | 1..... | 1..... | | | 1..... | 1..... | | | 2..... |
| 10. 2023..... | 88..... | 88..... | 179..... | 179..... | 3..... | 3..... | (3)..... | (3)..... | 5..... | 5..... | | | 16..... |
| 11. 2024..... | 2,658..... | 2,658..... | (2,656)..... | (2,656)..... | 115..... | 115..... | 48..... | 48..... | 151..... | 151..... | | | 517..... |
| 12. Totals | 2,772 | 2,772 | (2,555) | (2,555) | 120 | 120 | 45 | 45 | 157 | 157 | | | 539 |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred / Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|---------------|---|-------------|----------|---|-----------|----------|---------------------|--------------|--|---|----------------------|
| | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | XXX..... | | |
| 2. 2015..... | 4,676..... | 4,676..... | | 89.5..... | 89.5..... | | | | | | |
| 3. 2016..... | 4,909..... | 4,909..... | | 82.8..... | 82.8..... | | | | | | |
| 4. 2017..... | 6,206..... | 6,206..... | | 85.8..... | 85.8..... | | | | | | |
| 5. 2018..... | 9,357..... | 9,357..... | | 78.5..... | 78.5..... | | | | | | |
| 6. 2019..... | 15,739..... | 15,739..... | | 74.4..... | 74.4..... | | | | | | |
| 7. 2020..... | 12,318..... | 12,318..... | | 55.3..... | 55.3..... | | | | | | |
| 8. 2021..... | 16,116..... | 16,116..... | | 85.4..... | 85.4..... | | | | | | |
| 9. 2022..... | 15,919..... | 15,919..... | | 93.7..... | 93.7..... | | | | | | |
| 10. 2023..... | 16,681..... | 16,681..... | | 86.7..... | 86.7..... | | | | | | |
| 11. 2024..... | 16,447..... | 16,448..... | | 69.3..... | 69.3..... | | | | | | |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 1M - International

NONE

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 1U - Pet Insurance Plans

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

SCHEDULE P - PART 2A - HOMEOWNERS/FAROWNERS

| Years in Which Losses Were Incurred | INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | | DEVELOPMENT | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| | 1 2015 | 2 2016 | 3 2017 | 4 2018 | 5 2019 | 6 2020 | 7 2021 | 8 2022 | 9 2023 | 10 2024 | 11 One Year | 12 Two Year |
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

**SCHEDULE P - PART 2D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

| Years in Which Losses Were Incurred | INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | | DEVELOPMENT | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| | 1 2015 | 2 2016 | 3 2017 | 4 2018 | 5 2019 | 6 2020 | 7 2021 | 8 2022 | 9 2023 | 10 2024 | 11 One Year | 12 Two Year |
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

| Years in Which Losses Were Incurred | INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | | DEVELOPMENT | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| | 1 2015 | 2 2016 | 3 2017 | 4 2018 | 5 2019 | 6 2020 | 7 2021 | 8 2022 | 9 2023 | 10 2024 | 11 One Year | 12 Two Year |
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

SCHEDULE P - PART 2K - FIDELITY/SURETY

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

SCHEDULE P - PART 2M - INTERNATIONAL

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 2T - Warranty

N O N E

Schedule P - Part 2U - Pet Insurance Plans

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment | |
|-------------------------------------|---|----------|----------|----------|----------|----------|----------|----------|----------|------|---|--|-----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | | | |
| 1. Prior..... | 000..... | | | | | | | | | | | 192 | 141 |
| 2. 2015..... | | | | | | | | | | | | | |
| 3. 2016..... | XXX..... | | | | | | | | | | | | |
| 4. 2017..... | XXX..... | XXX..... | | | | | | | | | | | |
| 5. 2018..... | XXX..... | XXX..... | XXX..... | | | | | | | | | | |
| 6. 2019..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | | |
| 7. 2020..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | |
| 8. 2021..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | |
| 9. 2022..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | |
| 10. 2023..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | |
| 11. 2024..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | |

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

| | | | | | | | | | | | | | |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|-------|-------|
| 1. Prior..... | 000..... | | | | | | | | | | | 462 | 421 |
| 2. 2015..... | | | | | | | | | | | | 1,315 | 633 |
| 3. 2016..... | XXX..... | | | | | | | | | | | 1,421 | 677 |
| 4. 2017..... | XXX..... | XXX..... | | | | | | | | | | 1,559 | 722 |
| 5. 2018..... | XXX..... | XXX..... | XXX..... | | | | | | | | | 2,156 | 1,030 |
| 6. 2019..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | 3,117 | 1,284 |
| 7. 2020..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | 2,247 | 1,099 |
| 8. 2021..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | 2,452 | 1,286 |
| 9. 2022..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | 2,187 | 1,229 |
| 10. 2023..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | 2,216 | 1,260 |
| 11. 2024..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | 1,416 | 843 |

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

| | | | | | | | | | | | | | |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|--|
| 1. Prior..... | 000..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | | |
| 3. 2016..... | XXX..... | | | | | | | | | | | | |
| 4. 2017..... | XXX..... | XXX..... | | | | | | | | | | | |
| 5. 2018..... | XXX..... | XXX..... | XXX..... | | | | | | | | | | |
| 6. 2019..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | | |
| 7. 2020..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | |
| 8. 2021..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | |
| 9. 2022..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | |
| 10. 2023..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | |
| 11. 2024..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |

NONE

SCHEDULE P - PART 3D - WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

| | | | | | | | | | | | | | |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|--|
| 1. Prior..... | 000..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | | |
| 3. 2016..... | XXX..... | | | | | | | | | | | | |
| 4. 2017..... | XXX..... | XXX..... | | | | | | | | | | | |
| 5. 2018..... | XXX..... | XXX..... | XXX..... | | | | | | | | | | |
| 6. 2019..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | | |
| 7. 2020..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | |
| 8. 2021..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | |
| 9. 2022..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | |
| 10. 2023..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | |
| 11. 2024..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

| | | | | | | | | | | | | | |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|--|
| 1. Prior..... | 000..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | | |
| 3. 2016..... | XXX..... | | | | | | | | | | | | |
| 4. 2017..... | XXX..... | XXX..... | | | | | | | | | | | |
| 5. 2018..... | XXX..... | XXX..... | XXX..... | | | | | | | | | | |
| 6. 2019..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | | |
| 7. 2020..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | |
| 8. 2021..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | |
| 9. 2022..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | |
| 10. 2023..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | |
| 11. 2024..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment | |
|-------------------------------------|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|---|--|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | | | |
| 1. Prior..... | 000..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | | |
| 3. 2016..... | XXX..... | | | | | | | | | | | | |
| 4. 2017..... | XXX..... | XXX..... | | | | | | | | | | | |
| 5. 2018..... | XXX..... | XXX..... | XXX..... | | | | | | | | | | |
| 6. 2019..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | | |
| 7. 2020..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | |
| 8. 2021..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | |
| 9. 2022..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | |
| 10. 2023..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | |
| 11. 2024..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |

NONE

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

| | | | | | | | | | | | | | |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|--|
| 1. Prior..... | 000..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | | |
| 3. 2016..... | XXX..... | | | | | | | | | | | | |
| 4. 2017..... | XXX..... | XXX..... | | | | | | | | | | | |
| 5. 2018..... | XXX..... | XXX..... | XXX..... | | | | | | | | | | |
| 6. 2019..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | | |
| 7. 2020..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | |
| 8. 2021..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | |
| 9. 2022..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | |
| 10. 2023..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | |
| 11. 2024..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |

NONE

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

| | | | | | | | | | | | | | |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|----------|----------|
| 1. Prior..... | 000..... | | | | | | | | | | | XXX..... | XXX..... |
| 2. 2015..... | | | | | | | | | | | | XXX..... | XXX..... |
| 3. 2016..... | XXX..... | | | | | | | | | | | XXX..... | XXX..... |
| 4. 2017..... | XXX..... | XXX..... | | | | | | | | | | XXX..... | XXX..... |
| 5. 2018..... | XXX..... | XXX..... | XXX..... | | | | | | | | | XXX..... | XXX..... |
| 6. 2019..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | XXX..... | XXX..... |
| 7. 2020..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | XXX..... | XXX..... |
| 8. 2021..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | XXX..... | XXX..... |
| 9. 2022..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | XXX..... | XXX..... |
| 10. 2023..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | XXX..... | XXX..... |
| 11. 2024..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | XXX..... | XXX..... |

NONE

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

| | | | | | | | | | | | | | |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|--|
| 1. Prior..... | 000..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | | |
| 3. 2016..... | XXX..... | | | | | | | | | | | | |
| 4. 2017..... | XXX..... | XXX..... | | | | | | | | | | | |
| 5. 2018..... | XXX..... | XXX..... | XXX..... | | | | | | | | | | |
| 6. 2019..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | | |
| 7. 2020..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | |
| 8. 2021..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | |
| 9. 2022..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | |
| 10. 2023..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | |
| 11. 2024..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |

NONE

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

| | | | | | | | | | | | | | |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|--|--|
| 1. Prior..... | 000..... | | | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | | | | |
| 3. 2016..... | XXX..... | | | | | | | | | | | | |
| 4. 2017..... | XXX..... | XXX..... | | | | | | | | | | | |
| 5. 2018..... | XXX..... | XXX..... | XXX..... | | | | | | | | | | |
| 6. 2019..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | | |
| 7. 2020..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | | |
| 8. 2021..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | | |
| 9. 2022..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | | | |
| 10. 2023..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | | |
| 11. 2024..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | XXX..... | | | |

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment | |
|-------------------------------------|---|------|------|------|------|------|------|------|------|------|---|--|-----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | | | |
| 1. Prior..... | 000 | | | | | | | | | | | XXX | XXX |
| 2. 2015..... | | | | | | | | | | | | XXX | XXX |
| 3. 2016..... | XXX | | | | | | | | | | | XXX | XXX |
| 4. 2017..... | XXX | XXX | | | | | | | | | | XXX | XXX |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | XXX | XXX |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | XXX | XXX |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | XXX | XXX |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | XXX | XXX |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | XXX | XXX |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

| | | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-------|-------|
| 1. Prior..... | 000 | | | | | | | | | | | 204 | 56 |
| 2. 2015..... | | | | | | | | | | | | 2,372 | 442 |
| 3. 2016..... | XXX | | | | | | | | | | | 2,706 | 436 |
| 4. 2017..... | XXX | XXX | | | | | | | | | | 3,159 | 526 |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | 4,621 | 950 |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | 7,289 | 1,375 |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | 5,821 | 1,095 |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | 6,263 | 1,423 |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | 5,932 | 1,385 |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | 6,011 | 1,291 |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | 5,381 | 1,197 |

SCHEDULE P - PART 3K - FIDELITY/SURETY

| | | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | 000 | | | | | | | | | | | XXX | XXX |
| 2. 2015..... | | | | | | | | | | | | XXX | XXX |
| 3. 2016..... | XXX | | | | | | | | | | | XXX | XXX |
| 4. 2017..... | XXX | XXX | | | | | | | | | | XXX | XXX |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | XXX | XXX |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | XXX | XXX |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | XXX | XXX |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | XXX | XXX |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | XXX | XXX |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |

NONE

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

| | | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | 000 | | | | | | | | | | | XXX | XXX |
| 2. 2015..... | | | | | | | | | | | | XXX | XXX |
| 3. 2016..... | XXX | | | | | | | | | | | XXX | XXX |
| 4. 2017..... | XXX | XXX | | | | | | | | | | XXX | XXX |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | XXX | XXX |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | XXX | XXX |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | XXX | XXX |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | XXX | XXX |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | XXX | XXX |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

| | | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | 000 | | | | | | | | | | | XXX | XXX |
| 2. 2015..... | | | | | | | | | | | | XXX | XXX |
| 3. 2016..... | XXX | | | | | | | | | | | XXX | XXX |
| 4. 2017..... | XXX | XXX | | | | | | | | | | XXX | XXX |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | | | XXX | XXX |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | | | XXX | XXX |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | | | XXX | XXX |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | | | XXX | XXX |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | | XXX | XXX |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |

NONE

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

N O N E

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

N O N E

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 3T - Warranty

N O N E

Schedule P - Part 3U - Pet Insurance Plans

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

SCHEDULE P - PART 4A - HOMEOWNERS/FAROWNERS

| Years in Which Losses Were Incurred | BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|---|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

NONE

**SCHEDULE P - PART 4D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

| Years in Which Losses Were Incurred | BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|---|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XX | | | | | | | |
| 6. 2019..... | XXX | XXX | XX | XX | | | | | | |
| 7. 2020..... | XXX | XXX | XX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XX | XX | | | | | | |
| 7. 2020..... | XXX | XXX | XX | XX | XX | | | | | |
| 8. 2021..... | XXX | XXX | XX | XX | XX | XX | | | | |
| 9. 2022..... | XXX | XXX | XX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XX | XX | | | | | | |
| 7. 2020..... | XXX | XXX | XX | XX | XX | | | | | |
| 8. 2021..... | XXX | XXX | XX | XX | XX | XX | | | | |
| 9. 2022..... | XXX | XXX | XX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XX | XX | | | | | | |
| 7. 2020..... | XXX | XXX | XX | XX | XX | | | | | |
| 8. 2021..... | XXX | XXX | XX | XX | XX | XX | | | | |
| 9. 2022..... | XXX | XXX | XX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XX | XX | | | | | | |
| 7. 2020..... | XXX | XXX | XX | XX | XX | | | | | |
| 8. 2021..... | XXX | XXX | XX | XX | XX | XX | | | | |
| 9. 2022..... | XXX | XXX | XX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
**SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
 EARTHQUAKE, BURGLARY, AND THEFT)**

| Years in Which Losses Were Incurred | BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | |
|-------------------------------------|---|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SCHEDULE P - PART 4K - FIDELITY/SURETY

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

NONE

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

| | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior..... | | | | | | | | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 4T - Warranty

N O N E

Schedule P - Part 4U - Pet Insurance Plans

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. Prior..... | 412 | 89 | 22 | 21 | 19 | 16 | 15 | 7 | 1 | 2 |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. Prior..... | 83 | 18 | 7 | 9 | 2 | 3 | 1 | | | |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|------|------|------|------|------|------|------|------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. Prior..... | 323 | 46 | 27 | 28 | 12 | 19 | 15 | 6 | 1 | 2 |
| 2. 2015..... | | | | | | | | | | |
| 3. 2016..... | XXX | | | | | | | | | |
| 4. 2017..... | XXX | XXX | | | | | | | | |
| 5. 2018..... | XXX | XXX | XXX | | | | | | | |
| 6. 2019..... | XXX | XXX | XXX | XXX | | | | | | |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | | | | | |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | | | | |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 11. 2024..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. Prior..... | 785 | 268 | 125 | 42 | 15 | 7 | 1 | | 2 | 2 |
| 2. 2015..... | 751 | 1,141 | 1,247 | 1,287 | 1,307 | 1,315 | 1,314 | 1,315 | 1,315 | 1,315 |
| 3. 2016..... | XXX | 804 | 1,237 | 1,345 | 1,399 | 1,408 | 1,413 | 1,418 | 1,418 | 1,421 |
| 4. 2017..... | XXX | XXX | 865 | 1,340 | 1,471 | 1,524 | 1,544 | 1,547 | 1,549 | 1,559 |
| 5. 2018..... | XXX | XXX | XXX | 1,319 | 1,944 | 2,080 | 2,117 | 2,137 | 2,147 | 2,156 |
| 6. 2019..... | XXX | XXX | XXX | XXX | 1,953 | 2,824 | 3,019 | 3,074 | 3,102 | 3,117 |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | 1,454 | 2,051 | 2,172 | 2,220 | 2,247 |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | 1,409 | 2,213 | 2,379 | 2,452 |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,209 | 2,004 | 2,187 |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,243 | 2,216 |
| 11. 2024 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,416 |

SECTION 2

| Years in Which Premiums Were Earned and Losses Were Incurred | NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|------|------|------|-------|------|-------|-------|-------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. Prior..... | 516 | 224 | 76 | 31 | 16 | 8 | 4 | 4 | 2 | 3 |
| 2. 2015..... | 595 | 195 | 91 | 32 | 9 | 1 | 1 | | | 3 |
| 3. 2016..... | XXX | 626 | 192 | 84 | 24 | 13 | 8 | 1 | 1 | 1 |
| 4. 2017..... | XXX | XXX | 728 | 220 | 85 | 34 | 13 | 5 | 4 | 2 |
| 5. 2018..... | XXX | XXX | XXX | 929 | 236 | 86 | 48 | 26 | 14 | 14 |
| 6. 2019..... | XXX | XXX | XXX | XXX | 1,191 | 289 | 106 | 45 | 13 | 9 |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | 906 | 204 | 92 | 27 | 12 |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | 1,218 | 302 | 105 | 43 |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,154 | 258 | 93 |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,333 | 291 |
| 11. 2024 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1,176 |

SECTION 3

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
| 1. Prior..... | 277 | 86 | 21 | 11 | 5 | 1 | | | | 4 |
| 2. 2015..... | 1,709 | 1,897 | 1,939 | 1,944 | 1,948 | 1,949 | 1,948 | 1,948 | 1,948 | 1,951 |
| 3. 2016..... | XXX | 1,845 | 2,048 | 2,084 | 2,096 | 2,096 | 2,096 | 2,096 | 2,096 | 2,099 |
| 4. 2017..... | XXX | XXX | 1,998 | 2,212 | 2,252 | 2,267 | 2,274 | 2,273 | 2,274 | 2,283 |
| 5. 2018..... | XXX | XXX | XXX | 2,868 | 3,131 | 3,167 | 3,184 | 3,187 | 3,191 | 3,200 |
| 6. 2019..... | XXX | XXX | XXX | XXX | 3,976 | 4,313 | 4,380 | 4,391 | 4,396 | 4,410 |
| 7. 2020..... | XXX | XXX | XXX | XXX | XXX | 3,042 | 3,279 | 3,326 | 3,338 | 3,358 |
| 8. 2021..... | XXX | XXX | XXX | XXX | XXX | XXX | 3,338 | 3,679 | 3,752 | 3,781 |
| 9. 2022..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 3,071 | 3,409 | 3,509 |
| 10. 2023..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 3,355 | 3,767 |
| 11. 2024 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 3,435 |

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

N O N E

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

N O N E

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

NONE

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

NONE

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

NONE

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

NONE

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

NONE

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

NONE

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

NONE

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

NONE

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

NONE

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

NONE

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

NONE

Schedule P - Part 5T - Warranty - Section 1

NONE

Schedule P - Part 5T - Warranty - Section 2

NONE

Schedule P - Part 5T - Warranty - Section 3

NONE

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

NONE

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

NONE

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

NONE

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

NONE

Schedule P - Part 6E - Commercial Multiple Peril - Section 1

NONE

Schedule P - Part 6E - Commercial Multiple Peril - Section 2

NONE

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A

NONE

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

NONE

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

NONE

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

NONE

Schedule P - Part 6M - International - Section 1

NONE

Schedule P - Part 6M - International - Section 2

NONE

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

NONE

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

NONE

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

NONE

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

NONE

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

NONE

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

NONE

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

NONE

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

NONE

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

NONE

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A [X]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

| Years in Which Premiums Were Earned and Losses Were Incurred | | DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid | |
|--|-------------|---|-----------------------------|
| | | 1 Section 1: Occurrence | 2 Section 2: Claims-Made |
| 1.601 | Prior | | |
| 1.602 | 2015 | | |
| 1.603 | 2016 | | |
| 1.604 | 2017 | | |
| 1.605 | 2018 | | |
| 1.606 | 2019 | | |
| 1.607 | 2020 | | |
| 1.608 | 2021 | | |
| 1.609 | 2022 | | |
| 1.610 | 2023 | | |
| 1.611 | 2024 | | |
| 1.612 | Totals | | |

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
 Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for:
 (in thousands of dollars) 5.1 Fidelity
 5.2 Surety

6. Claim count information is reported per claim or per claimant (Indicate which) per claimant.....
 If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [X] No []

7.2 (An extended statement may be attached.)

Effective January 1, 2013 the Company amended the quota share reinsurance contract with its ultimate parent, Amica Mutual Insurance Company, from 80% to 100%. The quota share contract covers all premiums, losses and loss adjustment expenses. Additionally, the Company merged with its insurance affiliate, Amica Texas Insurance Company, on December 31, 2015. The combined activity of both companies is reflected in all accident years of this schedule. Effective beginning in 2023, the Company has revised its loss reserve process by recording reserves net of anticipated salvage and subrogation as permitted by NAIC Statutory Accounting Principles and the State of Rhode Island. Due to the 100% quota share contract, Direct and Ceded Bulk + IBNR Losses Unpaid (Part 1, Columns 15 and 16) were equally impacted with a reduction to loss reserves totaling \$4,153,976.

**SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

| States, Etc. | Direct Business Only | | | | | Totals |
|---------------------------------------|-------------------------------------|--|---|--|--------------------------------|--------|
| | 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | |
| 1. Alabama AL | | | | | | |
| 2. Alaska AK | | | | | | |
| 3. Arizona AZ | | | | | | |
| 4. Arkansas AR | | | | | | |
| 5. California CA | | | | | | |
| 6. Colorado CO | | | | | | |
| 7. Connecticut CT | | | | | | |
| 8. Delaware DE | | | | | | |
| 9. District of Columbia DC | | | | | | |
| 10. Florida FL | | | | | | |
| 11. Georgia GA | | | | | | |
| 12. Hawaii HI | | | | | | |
| 13. Idaho ID | | | | | | |
| 14. Illinois IL | | | | | | |
| 15. Indiana IN | | | | | | |
| 16. Iowa IA | | | | | | |
| 17. Kansas KS | | | | | | |
| 18. Kentucky KY | | | | | | |
| 19. Louisiana LA | | | | | | |
| 20. Maine ME | | | | | | |
| 21. Maryland MD | | | | | | |
| 22. Massachusetts MA | | | | | | |
| 23. Michigan MI | | | | | | |
| 24. Minnesota MN | | | | | | |
| 25. Mississippi MS | | | | | | |
| 26. Missouri MO | | | | | | |
| 27. Montana MT | | | | | | |
| 28. Nebraska NE | | | | | | |
| 29. Nevada NV | | | | | | |
| 30. New Hampshire NH | | | | | | |
| 31. New Jersey NJ | | | | | | |
| 32. New Mexico NM | | | | | | |
| 33. New York NY | | | | | | |
| 34. North Carolina NC | | | | | | |
| 35. North Dakota ND | | | | | | |
| 36. Ohio OH | | | | | | |
| 37. Oklahoma OK | | | | | | |
| 38. Oregon OR | | | | | | |
| 39. Pennsylvania PA | | | | | | |
| 40. Rhode Island RI | | | | | | |
| 41. South Carolina SC | | | | | | |
| 42. South Dakota SD | | | | | | |
| 43. Tennessee TN | | | | | | |
| 44. Texas TX | | | | | | |
| 45. Utah UT | | | | | | |
| 46. Vermont VT | | | | | | |
| 47. Virginia VA | | | | | | |
| 48. Washington WA | | | | | | |
| 49. West Virginia WV | | | | | | |
| 50. Wisconsin WI | | | | | | |
| 51. Wyoming WY | | | | | | |
| 52. American Samoa AS | | | | | | |
| 53. Guam GU | | | | | | |
| 54. Puerto Rico PR | | | | | | |
| 55. U.S. Virgin Islands VI | | | | | | |
| 56. Northern Mariana Islands MP | | | | | | |
| 57. Canada CAN | | | | | | |
| 58. Aggregate Other Alien OT | | | | | | |
| 59. Total | | | | | | |

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|------------------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| .0028 | Amica Mutual Insurance Group | 19976 | 05-0348344 | | | | Amica Mutual Insurance Company | RI | UDP | | | | | NO | |
| .0028 | Amica Mutual Insurance Group | 72222 | 05-0340166 | | | | Amica Life Insurance Company | RI | IA | Amica Mutual Insurance Company | Ownership | 100.000 | Amica Mutual Insurance Company | NO | |
| .0028 | Amica Mutual Insurance Group | | 05-0430401 | | | | Amica General Agency, LLC | RI | NIA | Amica Mutual Insurance Company | Ownership | 100.000 | Amica Mutual Insurance Company | NO | |
| .0028 | Amica Mutual Insurance Group | 12287 | 26-0115568 | | | | Amica Property and Casualty Insurance Company | RI | RE | Amica Mutual Insurance Company | Ownership | 100.000 | Amica Mutual Insurance Company | NO | |
| | | | | | | | | | | | | | | | |

NONE

| | |
|----------|--|
| Asterisk | |
| | |

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|------------------------|------------|--|-----------------------|-----------------------|--|--|---|---|-----|--|-------------|--|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 19976 | 05-0348344 | Amica Mutual Insurance Company | 1,900,000 | | | | 11,847,654 | (4,521,800) | | | 9,225,854 | (66,373,277) |
| 72222 | 05-0340166 | Amica Life Insurance Company | | | | | 1,195,582 | | | | 1,195,582 | |
| 12287 | 26-0115568 | Amica Property and Casualty Insurance Company | | | | | (10,985,382) | 4,521,800 | | | (6,463,582) | 66,373,277 |
| | 05-0430401 | Amica General Agency, LLC | (1,900,000) | | | | (2,057,854) | | | | (3,957,854) | |
| 9999999 Control Totals | | | | | | | | | | | | |
| | | | | | | | | | XXX | | | |

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

| | <u>Responses</u> |
|--|------------------|
| MARCH FILING | |
| 1. Will an actuarial opinion be filed by March 1? | YES |
| 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | SEE EXPLANATION |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | YES |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | YES |
| APRIL FILING | |
| 5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? | YES |
| 6. Will Management's Discussion and Analysis be filed by April 1? | YES |
| 7. Will the Supplemental Investment Risk Interrogatories be filed by April 1? | YES |
| MAY FILING | |
| 8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1? | YES |
| JUNE FILING | |
| 9. Will an audited financial report be filed by June 1? | YES |
| 10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |

SUPPLEMENTAL FILINGS

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

| | |
|--|-----|
| MARCH FILING | |
| 11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? | NO |
| 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? | NO |
| 15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? | NO |
| 17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? | NO |
| 18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? | YES |
| 20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | NO |
| 22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 24. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | NO |
| 25. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | NO |
| 26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | NO |
| 27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1? | NO |
| 28. Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1? | NO |
| 29. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1? | YES |
| APRIL FILING | |
| 30. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| 31. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 32. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | NO |
| 33. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1? | NO |
| 34. Will the Cybersecurity Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? | NO |
| 35. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | NO |
| 36. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? | NO |
| 37. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| AUGUST FILING | |
| 38. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | YES |

Explanations:

2. The Company has no employees and operates under a management agreement with its parent, Amica Mutual Insurance Company.

- 11.
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Bar Codes:

11. SIS Stockholder Information Supplement [Document Identifier 420]



12. Financial Guaranty Insurance Exhibit [Document Identifier 240]



13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]



14. Supplement A to Schedule T [Document Identifier 455]



15. Trusteed Surplus Statement [Document Identifier 490]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]



17. Reinsurance Summary Supplemental Filing [Document Identifier 401]



18. Medicare Part D Coverage Supplement [Document Identifier 365]



20. Reinsurance Attestation Supplement [Document Identifier 399]



21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]



22. Bail Bond Supplement [Document Identifier 500]



23. Director and Officer Insurance Coverage Supplement [Document Identifier 505]



24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



26. Relief from the Requirements for Audit Committees [Document Identifier 226]



27. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]



28. Exhibit of Other Liabilities by Lines of Business [Document Identifier 570]



30. Credit Insurance Experience Exhibit [Document Identifier 230]



31. Long-Term Care Experience Reporting Forms [Document Identifier 306]



32. Accident and Health Policy Experience Exhibit [Document Identifier 210]



33. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]



34. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]



35. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]



36. Private Flood Insurance Supplement [Document Identifier 560]



37. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



NONE



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Arizona

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
 MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
 (To Be Filed by March 1)

FOR THE STATE OF: Colorado

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Connecticut

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Florida

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Georgia

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Illinois

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Indiana

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Maine

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Maryland

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Massachusetts

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
 MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
 (To Be Filed by March 1)

FOR THE STATE OF: Minnesota

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Nevada

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: New Hampshire

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: New Jersey

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Ohio

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Oregon

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Pennsylvania

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Rhode Island

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Tennessee

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Texas

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Virginia

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |



**SUPPLEMENT FOR THE YEAR 2024 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2024
(To Be Filed by March 1)

FOR THE STATE OF: Washington

NAIC Group Code 0028

NAIC Company Code 12287

| MCAS LINE OF BUSINESS | MCAS Reportable Premium/Considerations (Yes/No) |
|--|---|
| 1. Disability Income | NO |
| 2. Health | NO |
| 3. Homeowners | NO |
| 4. Individual Annuity | NO |
| 5. Individual Life | NO |
| 6. Lender-Placed Home and Auto | NO |
| 7. Long-Term Care | NO |
| 8. Other Health | NO |
| 9. Private Flood | NO |
| 10. Private Passenger Auto | YES |
| 11. Short-Term Limited Duration Health Plans | NO |
| 12. Travel | NO |