

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>WESTERN WORLD INSURANCE COMPANY RETIREMENT AND SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1988</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1988</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WESTERN WORLD INSURANCE GROUP</u> <u>300 KIMBALL DRIVE</u> <u>PARSIPPANY, NJ 07054</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>02-0266622</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>201-847-8600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>524290</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>02-0266622</u>	2c Plan Sponsor's telephone number <u>201-847-8600</u>	2d Business code (see instructions) <u>524290</u>	
2b Employer Identification Number (EIN) <u>02-0266622</u>					
2c Plan Sponsor's telephone number <u>201-847-8600</u>					
2d Business code (see instructions) <u>524290</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2022	STEFFANI WALSH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2022	STEFFANI WALSH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 761
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 629 6a(2) 613 6b 11 6c 222 6d 846 6e 5 6f 851 6g 843 6h 12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan WESTERN WORLD INSURANCE COMPANY RETIREMENT AND SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN WORLD INSURANCE GROUP	D Employer Identification Number (EIN) 02-0266622	

Part I	Service Provider Information (see instructions)
---------------	--

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 25 26 37 52 99	NONE	13332	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan WESTERN WORLD INSURANCE COMPANY RETIREMENT AND SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN WORLD INSURANCE GROUP	D Employer Identification Number (EIN) 02-0266622	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		181538
(2) Participant contributions.....	1b(2)		120937
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)	552702	461061
(9) Value of interest in common/collective trusts	1c(9)	5841545	5888202
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	101249193	113424959
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	107643440	120076697

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	107643440	120076697
---	-----------	-----------	-----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4714004	
(B) Participants	2a(1)(B)	3941170	
(C) Others (including rollovers).....	2a(1)(C)	687937	
(2) Noncash contributions	2a(2)		9343111
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	21801	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21801
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		3018306
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3018306	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3018306
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		0
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		120544
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		14502860
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		27006622

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	14560433	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14560433
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)	12932	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		12932
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14573365

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12433257
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: WITHUM SMITH & BROWN PC

(2) EIN: 22-2027092

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
4a	X		286976

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
---	--	---

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan WESTERN WORLD INSURANCE COMPANY RETIREMENT AND SAVINGS PLAN</div>	<div>B Three-digit plan number (PN) ▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN WORLD INSURANCE GROUP</div>	<div>D Employer Identification Number (EIN) 02-0266622</div>

Part I	Distributions
--------	---------------

All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 23-2186884		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
----------	------------

9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
---	---	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors,
Western World Insurance Company Retirement and Savings Plan:

We were engaged to audit the accompanying financial statements of Western World Insurance Company Retirement and Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of February 8, 2021 (liquidated), December 31, 2020 (in liquidation) and 2019 (ongoing), the related statements of changes in net assets available for the period from January 1, 2021 to February 8, 2021 (in liquidation), for the year ended December 31, 2020 (in liquidation), and the related notes to financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Vanguard Fiduciary Trust Company ("VFTC"), the Trustee of the Plan, except for comparing such information with the related information included in these financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of February 8, 2021, December 31, 2020 and 2019, and for the period from January 1, 2021 to February 8, 2021 and for the year ended December 31, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter

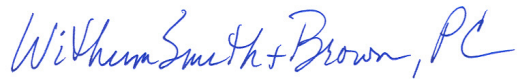
As further discussed in Note 1 to the financial statements, during 2020, the Plan administrator approved the merger of the Plan. On February 8, 2021, the assets of the Plan were fully liquidated and merged into the successor plan, the American International Group, Inc. Incentive Savings Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan's basis of accounting is the liquidation basis used in presenting the period from January 1, 2021 to February 8, 2021 and 2020 financial statements. Our opinion is not modified with respect to this matter.

Other Matter

The supplementary schedule H, part IV, line 4a - schedule of delinquent participant contributions for the year ended December 31, 2020 and schedule H, part IV, line 4i - schedule of assets (held at end of year) as of December 31, 2020 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplementary schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in blue ink that reads 'Withum Smith & Brown, PC'.

September 28, 2022

**WESTERN WORLD INSURANCE COMPANY
RETIREMENT AND SAVINGS PLAN
Financial Statements
February 8, 2021 (Liquidated), December 31, 2020 (In Liquidation)
and 2019 (Ongoing)
With Independent Auditor's Report**

Western World Insurance Company Retirement and Savings Plan
Table of Contents
February 8, 2021 (Liquidated), December 31, 2020 (In Liquidation) and
December 31, 2019 (Ongoing)

Independent Auditor's Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-11
Supplementary Information (In Liquidation)	
Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions	12
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)	13

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors,
Western World Insurance Company Retirement and Savings Plan:

We were engaged to audit the accompanying financial statements of Western World Insurance Company Retirement and Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of February 8, 2021 (liquidated), December 31, 2020 (in liquidation) and 2019 (ongoing), the related statements of changes in net assets available for the period from January 1, 2021 to February 8, 2021 (in liquidation), for the year ended December 31, 2020 (in liquidation), and the related notes to financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Vanguard Fiduciary Trust Company ("VFTC"), the Trustee of the Plan, except for comparing such information with the related information included in these financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of February 8, 2021, December 31, 2020 and 2019, and for the period from January 1, 2021 to February 8, 2021 and for the year ended December 31, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter

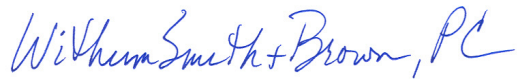
As further discussed in Note 1 to the financial statements, during 2020, the Plan administrator approved the merger of the Plan. On February 8, 2021, the assets of the Plan were fully liquidated and merged into the successor plan, the American International Group, Inc. Incentive Savings Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan's basis of accounting is the liquidation basis used in presenting the period from January 1, 2021 to February 8, 2021 and 2020 financial statements. Our opinion is not modified with respect to this matter.

Other Matter

The supplementary schedule H, part IV, line 4a - schedule of delinquent participant contributions for the year ended December 31, 2020 and schedule H, part IV, line 4i - schedule of assets (held at end of year) as of December 31, 2020 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplementary schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in blue ink that reads 'Withum Smith & Brown, PC'.

September 28, 2022

Western World Insurance Company Retirement and Savings Plan
Statements of Net Assets Available for Benefits
February 8, 2021 (Liquidated), December 31, 2020 (In Liquidation) and
December 31, 2019 (Ongoing)

	2021 (Liquidated)	2020 (In Liquidation)	2019 (Ongoing)
Assets			
Investments, at fair value			
Registered investment companies	\$ -	\$ 113,424,959	\$ 101,249,193
Common/collective trust	-	5,888,202	5,841,545
Total investments, at fair value	-	119,313,161	107,090,738
Participant contributions receivable	-	120,937	-
Employer contributions receivable	-	181,538	-
Notes receivable from participants	-	461,061	552,702
Total receivables	-	763,536	552,702
Net assets available for benefits	\$ -	\$ 120,076,697	\$ 107,643,440

The Notes to Financial Statements are an integral part of these statements.

Western World Insurance Company Retirement and Savings Plan
Statements of Changes in Net Assets Available for Benefits
Period from January 1, 2021 to February 8, 2021 (In Liquidation) and
Year Ended December 31, 2020 (In Liquidation)

	2021 (In Liquidation)	2020 (In Liquidation)
Additions to net assets available for benefits		
Net appreciation in fair value of investments	\$ 4,942,316	\$ 14,502,860
Investment income	<u>18,016</u>	<u>3,138,850</u>
Total investment income	<u>4,960,332</u>	<u>17,641,710</u>
Interest on notes receivable from participants	<u>814</u>	<u>21,801</u>
Contributions		
Employee	-	3,941,170
Employer	-	4,714,004
Rollover	<u>-</u>	<u>687,937</u>
Total contributions	<u>-</u>	<u>9,343,111</u>
Total additions	<u>4,961,146</u>	<u>27,006,622</u>
Deductions from net assets available for benefits		
Administrative expense	2,472	12,932
Distributions	<u>4,873,488</u>	<u>14,560,433</u>
Total deductions	<u>4,875,960</u>	<u>14,573,365</u>
Net increase in net assets available for benefits	85,186	12,433,257
Net assets transferred out	120,161,883	-
Net assets available for benefits		
Beginning of year	<u>120,076,697</u>	<u>107,643,440</u>
End of year	<u>\$ -</u>	<u>\$ 120,076,697</u>

The Notes to Financial Statements are an integral part of these statements.

Western World Insurance Company Retirement and Savings Plan
Notes to Financial Statements
February 8, 2021 (Liquidated), December 31, 2020 (In Liquidation) and
December 31, 2019 (Ongoing)

1. DESCRIPTION OF PLAN

General

Western World Insurance Company Retirement and Savings Plan (the “Plan”) was a defined contribution savings plan established and administered by Western World Insurance Company (the “Company”). As of July 18, 2018, the Company has been an indirect, wholly owned subsidiary of American International Group, Inc., covering any regular employee of the Company for immediate participation upon hire. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The following information is included as a general description of the Plan. For more detailed information, the Plan documents are available at the Company’s corporate office.

Company Merger and Plan Termination

On July 18, 2018, the Company completed a merger with America International Group, Inc. During 2020, a formal course of action was enacted that resulted in the merger of the Plan with the American International Group, Inc. Incentive Savings Plan. On February 8, 2021, the Plan’s assets were fully liquidated as a result of the Plan merger process and net assets of approximately \$120 million were transferred into the American International Group, Inc. Incentive Savings Plan. In accordance with generally accepted accounting principles, the Plan changed its basis of accounting to the liquidation basis for the 2021 and 2020 Plan reporting periods. Due to the nature of the Plan’s investments, there were no material differences between liquidation value and fair value.

Contributions

The Plan’s provisions allowed Plan participants to voluntarily contribute up to 50% of their compensation, subject to limitations under the Internal Revenue Code (the “Code”) (\$19,500 in 2021 and 2020), and to have that amount (the “voluntary contribution”) contributed to the Plan in accordance with Section 401(k) of the Code. Eligible employees could begin contributing to the Plan on the first payroll following their date of hire. The Plan’s provisions allowed Plan participants to make Roth elective deferrals under Section 402A of the Code.

Plan participants, age 50 and over at the date of contribution, were allowed to make additional “catch-up” contributions of up to \$6,000 in 2021 and 2020.

The Company provided a profit-sharing contribution equal to 8% of Plan participants’ compensation and a matching contribution equal to 50% of the Plan participants’ contribution up to the first 4% of Plan participants’ compensation. Participants could also roll over amounts representing distributions from other qualified plans described in Code section 401(a) or 403(a) into the Plan.

Effective January 1, 2021, the Plan became frozen and Plan participants became eligible to contribute to the American International Group, Inc. Incentive Savings Plan. As a result, there were no employee or employer contributions received by the Plan for the period from January 1, 2021 to February 8, 2021.

Distributions and Withdrawals

Eligibility

Certain events must have occurred before Plan participants could withdraw money from the Plan. Benefits could be withdrawn upon:

- Termination of employment
- Becoming disabled

Western World Insurance Company Retirement and Savings Plan
Notes to Financial Statements
February 8, 2021 (Liquidated), December 31, 2020 (In Liquidation) and
December 31, 2019 (Ongoing)

- Attaining age 59½
- Attaining Normal Retirement Age
- Incurring a financial hardship
- Termination of the Plan

Hardship Withdrawals

Generally, the only financial needs considered to meet the financial hardship requirements were the following conditions for Plan participants or Plan participants' immediate families:

- Deductible medical expenses
- Purchase of a principal residence
- Payment of tuition and related educational expenses for the next 12 months of post-secondary education
- To prevent eviction from a home or foreclosure upon a principal residence
- Funeral or burial expenses of a member of the family
- Payments to repair damage to the principal residence that qualifies for a casualty loss deduction

Certain hardship distributions were subject to a 10% penalty tax if received before Plan participants reach age 59½.

Distribution of Benefits

The normal form of payment with respect to the vested account balance was a single lump-sum distribution. If the vested account balance were in excess of \$1,000, a terminated participant could choose to leave their balance in the Plan; otherwise, a lump sum distribution would occur.

Participant Accounts

A separate account was maintained by the Plan for each Plan participant. Participants directed the investment of their contribution and Company contribution into any of the various investment options offered by the Plan. Statements of account balances were issued quarterly for contributions, withdrawals, and Plan earnings.

All funds were maintained by the Plan's trustee, Vanguard Fiduciary Trust Company ("VFTC").

Vesting

Plan participants were at all times 100% vested in their voluntary contributions and earnings thereon and became 100% vested in the contributions made by the Company on their behalf after the completion of three years of service. Upon termination of service, a Plan participant forfeited unvested company contributions and would either receive a lump-sum amount equal to the value of the Plan participant's account or would request a rollover distribution at the time between the termination of service and the attainment of age 65. Any forfeited Company contributions were used to reduce employer contributions. At February 8, 2021, December 31, 2020 and 2019, forfeited balances available to be used to reduce future employer contributions amounted to \$0, \$24,252 and \$81,145, respectively. The forfeitures used for the period from January 1, 2021 to February 8, 2021 and for the year ended December 31, 2020 were \$0 and \$82,442, respectively. Forfeited amounts totaling \$39,547 are included in Transfer of assets to another plan in the Statement of Changes in Net Assets Available for Benefits for the period from January 1, 2021 to February 8, 2021.

Western World Insurance Company Retirement and Savings Plan
Notes to Financial Statements
February 8, 2021 (Liquidated), December 31, 2020 (In Liquidation) and
December 31, 2019 (Ongoing)

Notes Receivable from Participants

Eligible participants with vested account balances could borrow from their vested account balance, with a minimum loan amount of \$1,000, up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance for any financial needs considered to meet financial hardship requirements and conditions as noted on page 5 under "Hardship Withdrawals". Participants could have one loan outstanding at any point in time, and the maximum term was 5 years, or 15 years for principal residence loans. All active employees within the Plan were considered eligible to take a loan against their balance. All loans were to be evidenced by a promissory note, and interest accrued at the defined prime rate at the beginning of the month that the loan was issued. Principal plus interest on participant loans was repaid in equal installments through payroll deductions each pay period. At December 31, 2020 and 2019, interest rates on outstanding loans ranged from 3.25% to 5.25%, with varying maturity dates through 2034. There were no loans outstanding at February 8, 2021.

If a participant failed to make any loan repayment by its due date, except as permitted under certain conditions as outlined in the loan provisions available to participants, the loan would be considered in default, and the outstanding balance of the loan, including interest, would be treated as a deemed distribution. This deemed distribution would be reported as taxable income and may have been subject to an additional 10% early distribution penalty.

If a participant terminated employment and had an outstanding loan balance, the participant must have repaid the loan in full within 60 days of termination. If the participant failed to pay in full by the specified time period, the outstanding loan balance would become taxable.

Administrative Expenses

The Company paid certain administrative expenses of the Plan and provided certain services at no cost to the Plan. Investment related fees were reflected as an offset of net investment income and were not readily determinable.

Amendment and Termination

As described above, in 2020 the Company formally approved a resolution to terminate the Plan and merge Plan participants' account balances into the American International Group, Inc. Incentive Savings Plan. The American International Group, Inc. Incentive Savings Plan shall be the surviving plan and the Plan shall cease to exist as a separate stand-alone retirement plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America. The Plan used the accrual basis of accounting for the presentation of the December 31, 2019 financial statements.

As a result of the aforementioned Company merger and Plan termination, the Plan's basis of accounting was the liquidation basis for the period from January 1, 2021 to February 8, 2021 and for the year ended December 31, 2020. Under the liquidation basis of accounting, assets were stated at net realizable value (which approximates fair value) and liabilities, if any, were stated at net settlement amounts. Plan management has concluded that there were no significant differences in these financial statements between the liquidation basis of accounting and accounting principles generally accepted in the United States of America.

Western World Insurance Company Retirement and Savings Plan
Notes to Financial Statements
February 8, 2021 (Liquidated), December 31, 2020 (In Liquidation) and
December 31, 2019 (Ongoing)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments in registered investment companies at December 31, 2020 are recorded at liquidation value. Investments in registered investment companies at December 31, 2019 are valued at the closing price on the active market on which that individual security is traded. There were no investments in registered investment companies at February 8, 2021.

Common/collective trust fund values are determined by the respective fund manager using Net Asset Value ("NAV") as a practical expedient. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. There were no significant unfunded commitments or restrictions on redemptions related to the common/collective trust as of December 31, 2020 and 2019. Common/collective trust funds can be redeemed daily. There were no investments in Common/collective trust funds at February 8, 2021. As of December 31, 2020, there was no noted difference between NAV and liquidation value.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants were valued at the unpaid principal balance plus accrued, but unpaid, interest.

Payment of Benefits

Distributions were recorded when paid.

3. INCOME TAX STATUS

The underlying non-standardized prototype plan had received an opinion letter from the Internal Revenue Service ("IRS") dated May 28, 2014, stating that the form of the Plan is qualified under Section 401 of the Code, and therefore, the related trust was tax exempt. In accordance with Revenue Procedure 2002-6 and Announcement 2001-77, the Company had determined that it was eligible to and chose to rely on the IRS prototype plan opinion letter. Once qualified, the Plan was required to operate in conformity with the Code to maintain its qualification. Although the Plan had been amended since receiving the opinion letter, Plan management believes that the Plan was designed, and was being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan was qualified, and the related trust was tax-exempt.

Western World Insurance Company Retirement and Savings Plan
Notes to Financial Statements
February 8, 2021 (Liquidated), December 31, 2020 (In Liquidation) and
December 31, 2019 (Ongoing)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or DOL. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of February 8, 2021, December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. There are no tax related interest or penalties reflected in these financial statements.

4. INFORMATION CERTIFIED BY VFTC

No auditing procedures were performed by the independent auditor as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA with respect to information certified as complete and accurate by VFTC, the trustee, except for comparing such information with information reported in the financial statements. Based on information provided and certified by the trustee, there are no fixed income obligations, leases or debt instruments in default or deemed uncollectible, as defined by ERISA, at February 8, 2021, December 31, 2020 and 2019.

The trustee has certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of February 8, 2021, December 31, 2020 and 2019.
- Net appreciation (depreciation) in fair value of investments, investment income and interest on notes receivable from participants on the accompanying statements of changes in net assets available for benefits for the period from January 1, 2021 to February 8, 2021 and for the year ended December 31, 2020.

5. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect Plan participants' account balances and the amounts reported in the statements of net assets available for benefits.

6. PARTY-IN-INTEREST TRANSACTIONS

The Plan invested in shares of mutual funds and a common/collective trust managed by an affiliate of VFTC. VFTC acts as trustee only for those investments defined by the Plan. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. Notes receivable from participants were granted and administered by VFTC, and therefore, these loan transactions qualify as exempt party-in-interest transactions.

Western World Insurance Company Retirement and Savings Plan
Notes to Financial Statements
February 8, 2021 (Liquidated), December 31, 2020 (In Liquidation) and
December 31, 2019 (Ongoing)

7. FAIR VALUE MEASUREMENTS

Authoritative guidance relating to fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value:

Registered Investment Companies: Valued at the closing price reported on the active market on which the individual securities were traded.

Common/Collective Trust: Valued using NAV as a practical expedient for fair value. The use of NAV is deemed appropriate as the common/collective trust did not have a finite life, unfunded commitments relating to the types of investment, or significant restrictions on redemptions. The practical expedient was used for valuation, unless it is probable that the Plan will sell a portion of the investment at an amount different from the net asset valuation.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Western World Insurance Company Retirement and Savings Plan
Notes to Financial Statements
February 8, 2021 (Liquidated), December 31, 2020 (In Liquidation) and
December 31, 2019 (Ongoing)

The following tables represent the Plan's fair value hierarchy for its financial assets (investments) measured at fair value, which approximates the values ascribed by the liquidation basis, as of December 31, 2020 (in liquidation) and 2019:

Assets at Fair Value as of December 31, 2020 (In Liquidation)			
	Level 1	Level 2	Level 3
Registered investment companies	<u>\$ 113,424,959</u>	<u>\$ -</u>	<u>\$ -</u>
Common/collective trust, at NAV*			<u>5,888,202</u>
Total investments, at fair value			<u>\$ 119,313,161</u>

Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3
Registered investment companies	<u>\$ 101,249,193</u>	<u>\$ -</u>	<u>\$ -</u>
Common/collective trust, at NAV*			<u>5,841,545</u>
Total investments, at fair value			<u>\$ 107,090,738</u>

* In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the tables above are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

8. PLAN OPERATIONS

For the year ended December 31, 2017, the Plan inadvertently delayed making certain deposits of participants' withholdings as soon as they could be reasonably segregated, totaling \$286,976. During the year ended December 31, 2020, Plan management restored lost earnings to affected participants. The effects of the lost earnings are not considered material to the financial statements as a whole.

9. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events occurring after the date of the financial statements through the date of September 28, 2022, the date the financial statements were available to be issued. Based upon this evaluation, the Plan has determined that no significant subsequent events have occurred which require adjustment to or disclosure in the financial statements.

SUPPLEMENTARY INFORMATION

Western World Insurance Company Retirement and Savings Plan
Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
EIN: 02-0266622, Plan # 001
Year Ended December 31, 2020

Plan Year	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	Check Here if Late Participant Loan Repayments are Included				
2017	\$ 286,976	\$ -	\$ 286,976	\$ -	\$ -

See Independent Auditor's Report.

Western World Insurance Company Retirement and Savings Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 02-0266622, Plan # 001
December 31, 2020

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
<u>Registered Investment Companies</u>				
*	Vanguard	500 Index Fund Investor Shares	**	\$ 19,700,854
*	Vanguard	Cash Reserve Federal MM Fund	**	5,125,138
*	Vanguard	Extended Market Index Fund Investor Shares	**	4,981,338
*	Vanguard	Growth Index Fund Investor Shares	**	4,522,550
*	Vanguard	International Growth Fund Investor Shares	**	5,660,555
*	Vanguard	STAR Fund	**	10,533,610
*	Vanguard	Short-Term Investment-Grade Fund Investor Shares	**	428,751
*	Vanguard	Small-Cap Index Fund Investor Shares	**	5,442,832
*	Vanguard	Target Retirement 2015 Fund	**	1,911,926
*	Vanguard	Target Retirement 2020 Fund	**	8,111,887
*	Vanguard	Target Retirement 2025 Fund	**	5,392,389
*	Vanguard	Target Retirement 2030 Fund	**	2,912,008
*	Vanguard	Target Retirement 2035 Fund	**	6,735,870
*	Vanguard	Target Retirement 2040 Fund	**	5,468,209
*	Vanguard	Target Retirement 2045 Fund	**	5,987,588
*	Vanguard	Target Retirement 2050 Fund	**	3,361,351
*	Vanguard	Target Retirement 2055 Fund	**	3,577,272
*	Vanguard	Target Retirement 2060 Fund	**	1,058,238
*	Vanguard	Target Retirement 2065 Fund	**	20,167
*	Vanguard	Target Retirement Income	**	3,879,720
*	Vanguard	Total Bond Market Index Fund Investor Shares	**	4,233,339
*	Vanguard	Total International Bond Index Fund Investor Shares	**	425,491
*	Vanguard	Total International Stock Index Fund	**	2,000,068
*	Vanguard	Value Index Fund Investor Shares	**	1,953,808
				113,424,959
<u>Common/Collective Trust</u>				
*	Vanguard	Retirement Savings Trust Fund Common Collective Trust	**	5,888,202
				119,313,161
*	<u>Notes Receivable From Participants</u>	Interest rates of 3.25% to 5.50%; maturities through 2034	-	461,061
				<u>\$ 119,774,222</u>

* Represents a party-in-interest.

** Cost omitted for participant-directed investments.

See Independent Auditor's Report.

Western World Insurance Company Retirement and Savings Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 02-0266622, Plan # 001
December 31, 2020

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
<u>Registered Investment Companies</u>				
*	Vanguard	500 Index Fund Investor Shares	**	\$ 19,700,854
*	Vanguard	Cash Reserve Federal MM Fund	**	5,125,138
*	Vanguard	Extended Market Index Fund Investor Shares	**	4,981,338
*	Vanguard	Growth Index Fund Investor Shares	**	4,522,550
*	Vanguard	International Growth Fund Investor Shares	**	5,660,555
*	Vanguard	STAR Fund	**	10,533,610
*	Vanguard	Short-Term Investment-Grade Fund Investor Shares	**	428,751
*	Vanguard	Small-Cap Index Fund Investor Shares	**	5,442,832
*	Vanguard	Target Retirement 2015 Fund	**	1,911,926
*	Vanguard	Target Retirement 2020 Fund	**	8,111,887
*	Vanguard	Target Retirement 2025 Fund	**	5,392,389
*	Vanguard	Target Retirement 2030 Fund	**	2,912,008
*	Vanguard	Target Retirement 2035 Fund	**	6,735,870
*	Vanguard	Target Retirement 2040 Fund	**	5,468,209
*	Vanguard	Target Retirement 2045 Fund	**	5,987,588
*	Vanguard	Target Retirement 2050 Fund	**	3,361,351
*	Vanguard	Target Retirement 2055 Fund	**	3,577,272
*	Vanguard	Target Retirement 2060 Fund	**	1,058,238
*	Vanguard	Target Retirement 2065 Fund	**	20,167
*	Vanguard	Target Retirement Income	**	3,879,720
*	Vanguard	Total Bond Market Index Fund Investor Shares	**	4,233,339
*	Vanguard	Total International Bond Index Fund Investor Shares	**	425,491
*	Vanguard	Total International Stock Index Fund	**	2,000,068
*	Vanguard	Value Index Fund Investor Shares	**	1,953,808
				113,424,959
<u>Common/Collective Trust</u>				
*	Vanguard	Retirement Savings Trust Fund Common Collective Trust	**	5,888,202
				119,313,161
*	<u>Notes Receivable From Participants</u>	Interest rates of 3.25% to 5.50%; maturities through 2034	-	461,061
				<u>\$ 119,774,222</u>

* Represents a party-in-interest.

** Cost omitted for participant-directed investments.

See Independent Auditor's Report.

Western World Insurance Company Retirement and Savings Plan
Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
EIN: 02-0266622, Plan # 001
Year Ended December 31, 2020

Plan Year	Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	Check Here if Late Participant Loan Repayments are Included				
2017	\$ 286,976	\$ -	\$ 286,976	\$ -	\$ -

See Independent Auditor's Report.