



Quarterly Statement
For the Quarter Ended March 31, 2011
OF THE CONDITION AND AFFAIRS OF THE
American Family Insurance Company

NAIC Group Code: 0473, (current period) 0473, (prior period) NAIC Company Code: 10386 Employer's ID Number: 39-1835307

Organized under the Laws of Ohio, State of Domicile or Port of Entry: Ohio, Country of Domicile: U. S.

Incorporated/Organized: November 21, 1995 Commenced Business: January 1, 1996

STATUTORY HOME OFFICE:
550 Polaris Parkway, Suite 100, Westerville, Ohio 43082

MAIN ADMINISTRATIVE OFFICE, MAILING ADDRESS, AND PRIMARY LOCATION OF BOOKS AND RECORDS:
6000 American Parkway, Madison, Wisconsin 53783-0001
Telephone: 608-249-2111
Internet Website Address: www.amfam.com

STATUTORY STATEMENT CONTACT: Aaron W. Kenseth
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OFFICERS

Name	Title
David Ralph Anderson	Chairman and C.E.O.
Jack Charles Salzwedel	President and C.O.O.
Christopher Shippee Spencer	Senior Vice President; Secretary
Daniel Robert Schultz	Chief Financial Officer; Treasurer
David Clifford Holman	Chief Legal Officer
Kari Elizabeth Grasee	Vice President, Controller
Richard Martin Steffen	Vice President, Agency Sales - East Region
Dean Mario Fiorelli	Assistant Treasurer
Ann Frances Wenzel	Assistant Secretary

DIRECTORS OR TRUSTEES

David Ralph Anderson	Christopher Shippee Spencer
David Clifford Holman	Richard Martin Steffen
Jack Charles Salzwedel	
Daniel Robert Schultz	

State of Wisconsin
County of Dane

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.

.....
Signature
Jack C. Salzwedel
President and C.O.O.

.....
Signature
David C. Holman
Senior Vice President, Secretary, Chief Legal Officer

.....
Signature
Daniel R. Schultz
Chief Financial Officer, Treasurer

Subscribed and sworn to before me this day of May, 2011

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 _____

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	19,119,559		19,119,559	19,122,817
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....26,477), cash equivalents (\$.....0) and short-term investments (\$.....6,721,600)	6,748,077		6,748,077	6,302,038
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities	133		133	1,870
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	25,867,769		25,867,769	25,426,725
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	261,410		261,410	270,853
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	4,848		4,848	1,408
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)	66,893		66,893	84,932
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	2,152,868		2,152,868	(35,629)
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	214		214	
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	2,612,931		2,612,931	(747,623)
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	30,966,933		30,966,933	25,000,666
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	30,966,933		30,966,933	25,000,666
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....0)			
2. Reinsurance payable on paid losses and loss adjustment expenses			
3. Loss adjustment expenses			
4. Commissions payable, contingent commissions and other similar charges			
5. Other expenses (excluding taxes, licenses and fees)			
6. Taxes, licenses and fees (excluding federal and foreign income taxes)			
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))			
7.2 Net deferred tax liability			
8. Borrowed money \$.....0 and interest thereon \$.....0			
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....62,554,805 and including warranty reserves of \$.....0)			
10. Advance premium	1,589,679		1,157,698
11. Dividends declared and unpaid:			
11.1 Stockholders			
11.2 Policyholders			
12. Ceded reinsurance premiums payable (net of ceding commissions)	2,691,558		(6,119,027)
13. Funds held by company under reinsurance treaties			
14. Amounts withheld or retained by company for account of others	772		226
15. Remittances and items not allocated	10,842		10,344
16. Provision for reinsurance			
17. Net adjustments in assets and liabilities due to foreign exchange rates			
18. Drafts outstanding	4,542,466		4,308,547
19. Payable to parent, subsidiaries and affiliates	7,521,259		11,291,488
20. Derivatives			
21. Payable for securities			
22. Payable for securities lending			
23. Liability for amounts held under uninsured plans			
24. Capital notes \$.....0 and interest thereon \$.....0			
25. Aggregate write-ins for liabilities	622,483		629,919
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	16,979,059		11,279,195
27. Protected cell liabilities			
28. Total liabilities (Lines 26 and 27)	16,979,059		11,279,195
29. Aggregate write-ins for special surplus funds			
30. Common capital stock	1,000,000		1,000,000
31. Preferred capital stock			
32. Aggregate write-ins for other than special surplus funds			
33. Surplus notes			
34. Gross paid in and contributed surplus	4,241,335		4,241,335
35. Unassigned funds (surplus)	8,746,539		8,480,136
36. Less treasury stock, at cost:			
36.1 .....0 shares common (value included in Line 30 \$.....0)			
36.2 .....0 shares preferred (value included in Line 31 \$.....0)			
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	13,987,874		13,721,471
38. Totals (Page 2, Line 28, Col. 3)	30,966,933		25,000,666
DETAILS OF WRITE-INS			
2501. All Other Liabilities		622,483	629,919
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	622,483		629,919
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)			
3201.			
3202.			
3203.			
3298. Summary of remaining write-ins for Line 32 from overflow page			
3299. TOTALS (Lines 3201 through 3203 plus 3298) (Line 32 above)			

STATEMENT OF INCOME

		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME				
1.	Premiums earned			
1.1	Direct (written \$.....42,780,762)	43,330,522	43,335,171	174,257,527
1.2	Assumed (written \$.....0)			
1.3	Ceded (written \$.....42,780,762)	43,330,522	43,335,171	174,257,527
1.4	Net (written \$.....0)			
DEDUCTIONS:				
2.	Losses incurred (current accident year \$.....0)			
2.1	Direct	26,376,646	32,674,682	108,721,607
2.2	Assumed			
2.3	Ceded	26,376,646	32,674,682	108,721,607
2.4	Net			
3.	Loss adjustment expenses incurred			
4.	Other underwriting expenses incurred			
5.	Aggregate write-ins for underwriting deductions			
6.	Total underwriting deductions (Lines 2 through 5)			
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)			
INVESTMENT INCOME				
9.	Net investment income earned	216,365	222,231	879,732
10.	Net realized capital gains (losses) less capital gains tax of \$.....0			
11.	Net investment gain (loss) (Lines 9 + 10)	216,365	222,231	879,732
OTHER INCOME				
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)			
13.	Finance and service charges not included in premiums			
14.	Aggregate write-ins for miscellaneous income			
15.	Total other income (Lines 12 through 14)			
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	216,365	222,231	879,732
17.	Dividends to policyholders			
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	216,365	222,231	879,732
19.	Federal and foreign income taxes incurred	(49,824)	(29,363)	81,372
20.	Net income (Line 18 minus Line 19) (to Line 22)	266,189	251,594	798,360
CAPITAL AND SURPLUS ACCOUNT				
21.	Surplus as regards policyholders, December 31 prior year	13,721,471	12,923,120	12,923,120
22.	Net income (from Line 20)	266,189	251,594	798,360
23.	Net transfers (to) or from Protected Cell accounts			
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0			
25.	Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax	(55,009)	(36,543)	55,214
27.	Change in nonadmitted assets	55,223		(55,223)
28.	Change in provision for reinsurance			
29.	Change in surplus notes			
30.	Surplus (contributed to) withdrawn from Protected cells			
31.	Cumulative effect of changes in accounting principles			
32.	Capital changes:			
32.1	Paid in			
32.2	Transferred from surplus (Stock Dividend)			
32.3	Transferred to surplus			
33.	Surplus adjustments:			
33.1	Paid in			
33.2	Transferred to capital (Stock Dividend)			
33.3	Transferred from capital			
34.	Net remittances from or (to) Home Office			
35.	Dividends to stockholders			
36.	Change in treasury stock			
37.	Aggregate write-ins for gains and losses in surplus			
38.	Change in surplus as regards policyholders (Lines 22 through 37)	266,403	215,051	798,351
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	13,987,874	13,138,171	13,721,471
DETAILS OF WRITE-INS				
0501.				
0502.				
0503.				
0598.	Summary of remaining write-ins for Line 5 from overflow page			
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)			
1401.				
1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
3701.				
3702.				
3703.				
3798.	Summary of remaining write-ins for Line 37 from overflow page			
3799.	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	9,257,167	(12,321,609)	(6,072,656)
2.	Net investment income	229,063	119,338	803,480
3.	Miscellaneous income			
4.	Total (Lines 1 to 3)	9,486,230	(12,202,271)	(5,269,176)
5.	Benefit and loss related payments	2,188,497	5,493,303	(121,127)
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions			
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	(49,824)	(29,363)	81,372
10.	Total (Lines 5 through 9)	2,138,673	5,463,940	(39,755)
11.	Net cash from operations (Line 4 minus Line 10)	7,347,557	(17,666,211)	(5,229,421)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds			
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds	1,738	2,565	889
12.8	Total investment proceeds (Lines 12.1 to 12.7)	1,738	2,565	889
13.	Cost of investments acquired (long-term only):			
13.1	Bonds			
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications			
13.7	Total investments acquired (Lines 13.1 to 13.6)			
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Lines 13.7 and 14)	1,738	2,565	889
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock		(2)	
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	(6,903,256)	17,853,272	9,375,772
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(6,903,256)	17,853,270	9,375,772
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	446,039	189,624	4,147,240
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	6,302,038	2,154,798	2,154,798
19.2	End of period (Line 18 plus Line 19.1)	6,748,077	2,344,422	6,302,038

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001			
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Notes to Financial Statement

1. SIGNIFICANT ACCOUNTING POLICIES

- A. American Family Insurance Company (the Company) prepares its statutory financial statements in accordance with accounting practices prescribed or permitted by the Office of the Commissioner of Insurance of the State of Ohio (OCI). Prescribed statutory accounting practices include the National Association of Insurance Commissioners' (NAIC) "Accounting Practices and Procedures Manual", version effective March 1, 2011, as well as state laws, regulations, and general administrative rules applicable to all insurance enterprises domiciled in a particular state. In addition, the OCI has a right to permit other specific practices that may deviate from prescribed practices. No permitted differences in statutory accounting practices between the OCI and the NAIC are used in the preparation of these statutory financial statements
- B. The preparation of financial statements in conformity with the Annual Statement Instructions and Accounting Practices and Procedures manual requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses. It also requires estimates in the disclosure of contingent assets and liabilities. Actual results could differ from these estimates.
- C. Premiums, reserves and expenses are accounted for in accordance with the NAIC Accounting Practices and Procedures manual, subject to deviations prescribed or permitted by the State of Ohio as described above.

In addition, the Company uses the following accounting policies:

- (1) Investments in short-term bonds rated "1" (highest quality), or "2" (high quality) by the Securities Valuation Office ("SVO") of the NAIC are reported in the financial statements at amortized cost. Bonds rated "3" (medium quality), "4" (low quality), "5" (lower quality), or "6" (lowest quality) by the SVO are reported at the lower of amortized cost or fair value. The interest method is used to amortize any purchase premium or discount, including estimates of future prepayments obtained from independent sources. Money Market Mutual Funds are recorded at amortized cost, which approximates fair market value.
- (2) Investments in bonds rated "1" (highest quality), or "2" (high quality) by the Securities Valuation Office ("SVO") of the NAIC are reported in the financial statements at amortized cost. Bonds rated "3" (medium quality), "4" (low quality), "5" (lower quality), or "6" (lowest quality) by the SVO are reported at the lower of amortized cost or fair value. Investments in commercial mortgage backed securities (CMBS) and non-agency residential mortgage backed securities (RMBS) utilize a two step process to obtain a valuation and rating in accordance with SSAP 43R, *Loan Backed and Structured Securities*. The first step derives a rating for valuation by comparing the current amortized cost to the modeled range of values assigned to the six NAIC designations for each security. This determines whether the securities are stated at the lower of amortized cost or fair value per the above rules. The second step utilizes the same modeled range of values to derive a rating for reporting using the current carrying value as determined in the first step.

Ratings and valuations for investments in asset backed securities that are otherwise rated by an accredited ratings organization (ARO) or the SVO are calculated using a two step process. The first step derives a rating for valuation based on the ARO or SVO rating and the NAIC model valuation table. The second step utilizes the model valuation table to derive a rating for reporting using the current carrying value as determined in the first step. Securities whose initial rating is NAIC 1 or NAIC 6 in step one are not further modified by step two. The interest method is used to amortize any purchase premium or discount, including estimates of future prepayments obtained from independent sources.

- (3) The Company holds no common stocks.
- (4) The Company holds no preferred stocks.
- (5) The Company holds no mortgage loans.
- (6) The Company holds no loan-backed securities.
- (7) Investments in subsidiary, controlled and affiliated companies are stated as follows: The Company is wholly owned by AMFAM Inc., a holding company, which is wholly owned by American Family Mutual Insurance Company.
- (8) The Company has no investments in joint ventures, partnerships and limited liability.
- (9) The Company holds no derivatives.
- (10) The Company does anticipate investment income as a factor in premium deficiency calculations.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amounts are adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy during the current reporting period.
- (13) The Company does not have pharmaceutical rebate receivables.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No Change

3. BUSINESS COMBINATIONS AND GOODWILL

No change

4. DISCONTINUED OPERATIONS

No Change

5. INVESTMENTS

Notes to Financial Statement

A. B. & C. No Change

D - Loan-Backed Securities

- (1) Not applicable
- (2) Not applicable
- (3) Not applicable
- (4) Not applicable
- (5) Not applicable
- (6) Not applicable
- (7) Not applicable
- (8) Not applicable

E. F. & G. No Change

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

- A. No Change
- B. No Change

7. INVESTMENT INCOME

- A. Not Applicable
- B. Not Applicable

8. DERIVATIVE INSTRUMENTS

No Change

Notes to Financial Statement**9. INCOME TAXES****A. The components of the net deferred tax asset/(liability) at March 31 are as follows:**

	3/31/2011			1/1/2011			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	0	214	214	55,237	0	55,237	(55,237)	214	(55,023)
(b) Statutory Valuation Allowance Adjustment	0	0	0	0	0	0	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	0	214	214	55,237	0	55,237	(55,237)	214	(55,023)
(d) Deferred Tax Liabilities	0	0	0	0	14	14	0	(14)	(14)
(e) Subtotal (Net Deferred Tax Assets) (1c – 1d)	0	214	214	55,237	(14)	55,223	(55,237)	228	(55,009)
(f) Deferred Tax assets nonadmitted	0	0	0	55,223	0	55,223	(55,223)	0	(55,223)
(g) Net admitted deferred tax asset (1e – 1f)	0	214	<u>214</u>	14	(14)	<u>0</u>	(14)	228	<u>214</u>

2. The Company has elected to admit additional DTAs pursuant to SSAP 10R, paragraph 10e. This does not differ from the previous reporting period.

3. The increased amount, by tax character, of admitted adjusted gross DTAs resulting from paragraph 10(e):

	3/31/2011	1/1/2011	Change
Ordinary	0	0	0
Capital	0	0	0
Total increase in admitted adjusted gross DTAs	0	0	0

4. The amount of each result or component of the calculation, by tax character, of paragraphs 10.a, 10.b.i, 10.b.ii, 10.c, 10. e. i., 10.e.ii.a, 10.e.ii.b, and 10.e.iii. of SSAP No. 10R:

	3/31/2011			1/1/2011			Change											
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total									
Admission Calculation Components																		
Paragraphs 10.a., 10.b., and 10.c.:																		
(a) Recovered through loss carrybacks (10.a.)	0	214	214	0	9	9	0	214	214									
(b) Paragraph 10.b. (the lesser of 10.b.i. and 10.b.ii. below)	0	0	0	0	0	0	0	0	0									
(c) Expected to be Recognized Within One Year (10.b.i.)	0	0	0	0	0	0	0	0	0									
(d) Ten Percent of Adjusted Capital and Surplus (10.b.ii.)			0			0			0									
(e) Adjusted Gross DTAs Offset against existing DTLs (10.c.)	0	0	0	14	0	14	(14)	0	(14)									
(f) Total (4a + 4b + 4e)	0	214	214	14	0	14	(14)	214	200									

Notes to Financial Statement

	3/31/2011			1/1/2011			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
Admission Calculation Components – Paragraph 10.e.									
(g) Recovered through loss carrybacks (10.e.i)	0	0	0	0	0	0	0	0	0
(h) Paragraph 10.e.ii. (Lesser of 10.e.ii.a and 10.e.ii.b. below)	0	0	0	0	0	0	0	0	0
(i) Expected to be Recognized Within Three Years (10.e.ii.(a))	0	0	0	0	0	0	0	0	0
(j) Fifteen Percent of Adjusted Capital and Surplus (10.e.ii.(b))			0			0			0
(k) Adjusted gross DTAs offset against existing DTLs (10.e.iii.)	0	0	0	0	0	0	0	0	0
(l) Total (4g + 4h + 4k)	0	0	0	0	0	0	0	0	0
Risk-based capital level used in paragraph 10d:									
(m) Total Adjust Capital			13,987,872			13,721,474			266,398
(n) Authorized Control Level			97,030			97,030			0
5. The following amounts resulting from the calculation in paragraphs 10a., 10b., 10c., and 10 e.:									
	3/31/2011			1/1/2011			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
Paragraphs 10.a, 10.b., and 10.c.:									
(a) Admitted Deferred Tax Assets	0	214	214	0	0	9	0	214	214
(b) Admitted Assets	XXX	XXX	30,966,934	XXX	XXX	25,000,668	XXX	XXX	5,966,266
(c) Adjusted Statutory Surplus*	XXX	XXX	13,987,872	XXX	XXX	13,721,474	XXX	XXX	266,398
(d) Total Adjusted Capital from DTAs	XXX	XXX	13,987,872	XXX	XXX	13,721,474	XXX	XXX	266,398
Increases due to Paragraph 10.e.:									
(e) Admitted Deferred Tax Assets	0	0	0	0	0	0	0	0	0
(f) Admitted Assets	0	0	0	0	0	0	0	0	0
(g) Statutory Surplus	0	0	0	0	0	0	0	0	0

*As reported on the statutory balance sheet for the most recently filed statement with the domiciliary state commissioner adjusted in accordance with SSAP No. 10R, Paragraph 10bii.

Notes to Financial Statement

6. Impact of Tax Planning Strategies

	3/31/2011		
	(1) Ordinary %	(2) Capital %	(3) (Col 1+2) Total %
	0	0	0
(a) Adjust Gross DTAs (% of Total Adjusted Gross DTAs)	0	0	0
(b) Net Admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted DTAs)	0	0	0

B. Regarding deferred tax liabilities that are not recognized:

Not Applicable

C. Current income taxes incurred consist of the following major components:

	(1)	(2)	(3)
	3/31/2011	1/1/2011	(Col 1-2) Change
1. Current Income Tax			
(a) Federal	5,412	81,518	(76,106)
(b) Foreign	0	0	0
(c) Subtotal	5,412	81,518	(76,106)
(d) Federal Income Tax on Net Capital Gains	0	0	0
(e) Utilization of Capital Loss Carry-forwards	0	0	0
(f) Other – Taxes Incurred for Audit	0	0	0
(g) Other – Prior Year Under Accrual (Over Accrual)	(55,236)	(146)	(55,090)
(h) Federal and Foreign Income Taxes Incurred	(49,824)	81,372	(131,196)
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Other – AMT Credit	0	55,237	(55,237)
(2) Other – Nonadmitted Assets	0	0	0
Subtotal	0	55,237	(55,237)
(b) Statutory Valuation Allowance Adjustment	0	0	0
(c) Nonadmitted DTAs	0	55,223	(55,223)
(d) Admitted Ordinary Deferred Tax Assets	0	14	(14)
(e) Capital:			
(1) Unrealized Gain on Securities	0	0	0
(2) Asset Basis Differences	214	0	214
(3) Other	0	0	0
Subtotal	214	0	214
(f) Statutory Valuation Allowance Adjustment	0	0	0
(g) Nonadmitted DTAs	0	0	0
(h) Admitted Capital Deferred Tax Assets	214	0	214
(i) Admitted Deferred Tax Assets 2(d) + 2(h)	214	14	200
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Other	0	0	0
Subtotal	0	0	0
(b) Capital			
(1) Asset Basis Differences	0	14	(14)
Subtotal	0	14	(14)
(c) Deferred Tax Liabilities	0	14	(14)
4. Net Deferred Tax Assets/(Liabilities)	214	0	214

Notes to Financial Statement

The change in net deferred income taxes is comprised of the following:

Components of Change in net Deferred Income Tax:

	3/31/2011	1/1/2011	Change
Total Deferred Tax Assets	214	55,237	(55,023)
Total Deferred Tax Liabilities	0	14	(14)
Net Deferred Tax Asset (Liability)	<u>214</u>	<u>55,223</u>	(55,009)
Tax Effect of Unrealized Gains (Losses)			0
Change in Net Deferred Income Tax			<u>(55,009)</u>

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

Description	Amount	Tax Effect at 35%	Effective Tax Rate
Income Before Taxes	216,362	75,727	35.00%
Tax Exempt Interest	(237,116)	(82,991)	-38.36%
T.E. Interest Proration	35,567	12,448	5.75%
Other	3	1	0.00%
Total	14,816	5,185	2.40%
 Federal income tax incurred		(49,824)	-23.03%
Tax on Capital Gains/(Losses)		0	0.00%
Change in net Deferred income tax		55,009	25.42%
Total Statutory income taxes		5,185	2.40%
 (excluding taxes on unrealized gains/losses)			

E. Operating Loss and Tax Credit Carryforwards

(1) The Company reported the following carryforwards: 3/31/2011 1/1/2011

AMT credit carryforwards, which do not expire, in the amount of: 0 0

(2) The following is income tax expense for 2010, 2009, and 2008 that is available for recoupment in the event of future net losses. Ordinary losses can be carried back two years and capital losses can be carried back three years.

Year	Amount
2011	5,412
2010	26,282
2009	62,159

(3) Deposits admitted under Section 6603 of the Internal Revenue Service Code – Not Applicable

F. Consolidated Federal Income Tax Return

(1) The Companies file a consolidated federal income tax return with the following entities:

American Family Mutual Insurance Company (Parent Company)
American Standard Insurance Company of Wisconsin
American Family Life Insurance Company
American Family Financial Services, Inc.
AmFam, Inc.
American Family Brokerage, Inc.
American Family Insurance Company
American Standard Insurance Company of Ohio

(2) The consolidated federal income tax is allocated to each member company in the following manner.

- a. Companies having tax profits on a separate return basis will incur federal tax expense based on their separate return taxable incomes.
- b. Companies with tax losses on a separate return basis will be compensated (at the current federal tax rate) for the reduction in the consolidated tax liability resulting from their losses. Such compensation shall come directly from profitable companies that utilize those tax losses to reduce their taxable incomes. A loss company may have to repay this current year compensation back to the profitable company if the profitable company later incurs losses that, on a separate return basis, may be carried back to offset its current year income.
- c. The reduction of the consolidated tax liability due to tax credits shall be allocated to the individual companies producing such credits. Special additional taxes are similarly allocated to each member company.
- d. The after tax benefit obtained by the Company on additional municipal bonds the Company holds as a result of filing a consolidated return with American Family Life Insurance Company is shared equally between the Company and American Family Life Insurance Company.

Notes to Financial Statement

e. Operating Loss and Tax Credit Carryforwards

1) On a consolidated basis the Company reported the following carryforwards available for recoupment:

	<u>3/31/2011</u>	<u>1/1/2011</u>
Net operating loss carryforwards:		
Expiring through the year 2029	0	0
Expiring through the year 2028	0	0
Capital loss carryforwards:		
Expiring through the year 2014	0	0
Expiring through the year 2013	0	0
AMT credit carryforwards, which do not expire, in the amount of:	\$138,431,778	\$162,485,699

2) The following is income tax expense for 2011, 2010, and 2009 that is available for recoupment in the event of future net losses:

<u>Year</u>	<u>Amount</u>
2011	43,236,899
2010	97,812,936
2009	13,573,903

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

A. B. & C. No Change

D. As of March 31, 2011, The Company reported \$4,765,799 due from affiliates, and \$10,212,817 due to affiliates. Terms of the settlement require that these amounts be settled within 30 days.

E. – J. No Change

11. DEBT

No Change

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT PLANS

No Change

13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

A. - H. No change

I. The portion of unassigned funds (surplus) represented or (reduced) by cumulative gross unrealized gains (losses) was \$0.

J. – L. The Company has no surplus debentures or similar obligations.

14. CONTINGENCIES

No Change

15. LEASES

No Change

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

No Change

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENT OF LIABILITIES

A. Transfer of Receivables reported as sales – The proceeds from the transfer for the year ending 3/31/2011 and 3/31/2010 are \$41,611,981.83 and \$43,655,760 respectively. There is no gain or loss from this transaction.

B. Transfer and servicing of Financial Assets-Not Applicable

C. Wash Sales-None

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS

No Change

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

No Change

20. FAIR VALUE MEASUREMENTS

A. Valuation, Techniques, and Inputs

Notes to Financial Statement

1. The following summarizes the Company's financial assets measured at fair value as of March 31.

	Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance as of Mar. 31, 2011
Short-term Investments,	\$ 6,721,600	\$ 0	\$ 0	\$ 6,721,600
Total Fair Value Financial Assets	\$ 6,721,600	\$ 0	\$ 0	\$ 6,721,600

There were no material transfers between Levels 1 and 2 during 2011.

2. The Company held no Level 3 assets as of March 31, 2011.

3. There were no material transfers into or out of Level 3 during 2011.

4. The Financial assets and financial liabilities recorded on the Balance Sheet at fair value are categorized based on the reliability of inputs to the valuation techniques as follows:

Level 1 Financial assets and financial liabilities whose values are based on unadjusted quoted prices for identical assets or liabilities in an active market that the Company can access.

Level 2 Financial assets and financial liabilities whose values are based on the following:

Quoted prices for similar assets or liabilities in active markets;

Quoted prices for identical or similar assets or liabilities in non-active markets; or

Valuation models whose inputs are observable, directly or indirectly, for substantially the full term of the asset or liability.

Level 3 Financial assets and financial liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs may reflect the Company's estimates of the assumptions that market participants would use in valuing the financial assets and financial liabilities.

The availability of observable inputs varies by instrument. In situations where fair value is based on internally developed pricing models or inputs that are unobservable in the market, the determination of fair value requires more judgment. In many instances, inputs used to measure fair value fall into different levels of the fair value hierarchy. In those instances, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement is categorized is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

The fair value guidance establishes a hierarchy for inputs used in determining fair value that maximize the use of observable inputs and minimizes the use of unobservable inputs by requiring that observable inputs be used when available.

Fair value is a market-based measure considered from the perspective of a market participant who owns an asset or owes a liability. Accordingly, when market observable data is not readily available, the Company's own assumptions are set to reflect those that market participants would be presumed to use in pricing the asset or liability at the measurement date. The Company uses prices and inputs that are current as of the measurement date, including during periods of market disruption. In periods of market disruption, the ability to observe prices and inputs may be reduced for many instruments. This condition could cause an instrument to be reclassified from Level 1 to Level 2 or from Level 2 to Level 3.

When available, the Company uses the market approach to estimate the fair value of its financial instruments, which is based on quoted prices in active markets that are readily and regularly available. Generally, these are the most liquid of the Company's holdings and valuation of these securities does not involve management judgment. Matrix pricing and other similar techniques are other examples of the market approach.

When quoted prices in active markets are not available, the Company uses the income approach, or a combination of the market and income approaches, to estimate the fair value of its financial instruments. The income approach involves using discounted cash flow and other standard valuation methodologies. The inputs in applying these market standard valuation methodologies include, but are not limited to interest rates, benchmark yields, bid/ask spreads, dealer quotes, liquidity, term to maturity, estimated future cash flows, credit risk and default projections, collateral performance, deal and tranche attributes, and general market data.

The following valuation techniques and inputs were used to estimate the fair value of each class of significant financial instruments:

Level 1 Measurements

Short-term Investments: Comprise actively traded money market funds that have daily quoted net asset values for identical assets that the Company can access.

The Company held no Level 2 or Level 3 fair value securities as of March 31, 2011.

Notes to Financial Statement

21. OTHER ITEMS

No Change

22. EVENTS SUBSEQUENT

No Change

23. REINSURANCE

A. Unsecured Reinsurance Recoverable

No Change

B. Reinsurance Recoverable In Dispute

No Change

C. Reinsurance Assumed And Ceded

1. The following table summarizes ceded and assumed unearned premiums and the related commission equity at March 31, 2011:

	ASSUMED Unearned Premiums	Commission Equity	CEDED Unearned Premiums	Commission Equity	ASSUMED Unearned Premiums	LESS CEDED Commission Equity
a. Affiliated	0	0	62,455,894	15,142,489	(62,455,894)	(15,142,489)
b. All Other	0	0	98,912	18,394	(98,912)	(18,394)
c. Total	0	0	62,554,805	15,160,883	(62,554,805)	(15,160,883)
d. Direct Unearned Premium Reserve					\$62,554,805	

2. Certain agency agreements and ceded reinsurance contracts provide for additional or return commissions based on the actual loss experience of the produced or reinsured business. Amounts accrued at March 31, 2011 are as follows:

DESCRIPTION	DIRECT	ASSUMED	CEDED	NET
a. Contingent Commissions	0	0	0	0
b. Sliding Scale Adjustments	0	0	0	0
c. Other Profit Commissions	0	0	0	0
d. Totals	0	0	0	0

3. The Company has no protected cells.

D. Uncollectible Reinsurance

No Change

E. Commutation of Ceded Reinsurance

No Change

F. Retroactive Reinsurance

No Change

G. Reinsurance Accounted for as a Deposit

No Change

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

No Change

25. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

No Change

26. INTERCOMPANY POOLING ARRANGEMENTS

No Change

27. STRUCTURED SETTLEMENTS

No Change

28. HEALTH CARE RECEIVABLES

No Change

29. PARTICIPATING POLICIES

No Change

30. PREMIUM DEFICIENCY RESERVES

Notes to Financial Statement

No Change

31. HIGH DEDUCTIBLES

No Change

32. DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES AND UNPAID LOSS ADJUSTMENT EXPENSES

No Change

33. ASBESTOS/ENVIRONMENTAL RESERVES

No Change

34. SUBSCRIBERS SAVINGS ACCOUNT

No Change

35. MULTIPLE PERIL CROP INSURANCE

No Change

36. FINANCIAL GUARANTY INSURANCE

No Change

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**
GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[] No[X]
Yes[] No[] N/A[X]

1.2 If yes, has the report been filed with the domiciliary state?

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]

2.2 If yes, date of change:

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[] No[X]
If yes, complete the Schedule Y - Part 1 - organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[] No[] N/A[X]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2006

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2006

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 01/09/2008

6.4 By what department or departments?

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[] No[] N/A[X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]

7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....	Yes[] No[X]				

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes[X] No[]
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes[] No[X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes[] No[X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[]
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 4,765,799

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[] No[X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[] No[X]

14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

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

1 Name of Custodian(s)	2 Custodian Address
US Bank	777 E Wisconsin Ave, Milwaukee WI 53202

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

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

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes[] No[X]

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

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

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[]

17.2 If no, list exceptions:

GENERAL INTERROGATORIES**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

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

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

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes No X
3.2 If yes, give full and complete information thereto

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves"), discounted at a rate of interest greater than zero? Yes No X
4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL
04.2999 Total

5. Operating Percentages:

5.1 A&H loss percent	.....	0.000%
5.2 A&H cost containment percent	.....	0.000%
5.3 A&H expense percent excluding cost containment expenses	.....	0.000%

6.1 Do you act as a custodian for health savings accounts? Yes No X
6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$..... 0
6.3 Do you act as an administrator for health savings accounts? Yes No X
6.4 If yes, please provide the balance of the funds administered as of the reporting date. \$..... 0

SCHEDULE F - CEDED REINSURANCE

Showing all new reinsurers - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Is Insurer Authorized? (Yes or No)
			N O N E	

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**Current Year to Date - Allocated by States and Territories**

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama (AL)	N .....	.....	.....	.....	.....	.....	.....
2. Alaska (AK)	N .....	.....	.....	.....	.....	.....	.....
3. Arizona (AZ)	N .....	.....	.....	.....	.....	.....	.....
4. Arkansas (AR)	N .....	.....	.....	.....	.....	.....	.....
5. California (CA)	N .....	.....	.....	.....	.....	.....	.....
6. Colorado (CO)	N .....	.....	.....	.....	.....	.....	.....
7. Connecticut (CT)	N .....	.....	.....	.....	.....	.....	.....
8. Delaware (DE)	N .....	.....	.....	.....	.....	.....	.....
9. District of Columbia (DC)	N .....	.....	.....	.....	.....	.....	.....
10. Florida (FL)	N .....	.....	.....	.....	.....	.....	.....
11. Georgia (GA)	L	4,302,284	2,200,276	1,922,738	804,410	4,662,117	2,475,443
12. Hawaii (HI)	N .....	.....	.....	.....	.....	.....	.....
13. Idaho (ID)	N .....	.....	.....	.....	.....	.....	.....
14. Illinois (IL)	N .....	.....	.....	.....	.....	.....	.....
15. Indiana (IN)	N .....	.....	.....	.....	.....	.....	.....
16. Iowa (IA)	N .....	.....	.....	.....	.....	.....	.....
17. Kansas (KS)	N .....	.....	.....	.....	.....	.....	.....
18. Kentucky (KY)	N .....	.....	.....	.....	.....	.....	.....
19. Louisiana (LA)	N .....	.....	.....	.....	.....	.....	.....
20. Maine (ME)	N .....	.....	.....	.....	.....	.....	.....
21. Maryland (MD)	N .....	.....	.....	.....	.....	.....	.....
22. Massachusetts (MA)	N .....	.....	.....	.....	.....	.....	.....
23. Michigan (MI)	N .....	.....	.....	.....	.....	.....	.....
24. Minnesota (MN)	N .....	.....	.....	.....	.....	.....	.....
25. Mississippi (MS)	N .....	.....	.....	.....	.....	.....	.....
26. Missouri (MO)	N .....	.....	.....	.....	.....	.....	.....
27. Montana (MT)	N .....	.....	.....	.....	.....	.....	.....
28. Nebraska (NE)	N .....	.....	.....	.....	.....	.....	.....
29. Nevada (NV)	N .....	.....	.....	.....	.....	.....	.....
30. New Hampshire (NH)	N .....	.....	.....	.....	.....	.....	.....
31. New Jersey (NJ)	N .....	.....	.....	.....	.....	.....	.....
32. New Mexico (NM)	N .....	.....	.....	.....	.....	.....	.....
33. New York (NY)	N .....	.....	.....	.....	.....	.....	.....
34. North Carolina (NC)	N .....	.....	.....	.....	.....	.....	.....
35. North Dakota (ND)	N .....	.....	.....	.....	.....	.....	.....
36. Ohio (OH)	L	38,478,478	40,851,624	24,442,819	24,358,074	76,210,816	84,509,524
37. Oklahoma (OK)	N .....	.....	.....	.....	.....	.....	.....
38. Oregon (OR)	N .....	.....	.....	.....	.....	.....	.....
39. Pennsylvania (PA)	N .....	.....	.....	.....	.....	.....	.....
40. Rhode Island (RI)	N .....	.....	.....	.....	.....	.....	.....
41. South Carolina (SC)	N .....	.....	.....	.....	.....	.....	.....
42. South Dakota (SD)	N .....	.....	.....	.....	.....	.....	.....
43. Tennessee (TN)	N .....	.....	.....	.....	.....	.....	.....
44. Texas (TX)	N .....	.....	.....	.....	.....	.....	.....
45. Utah (UT)	N .....	.....	.....	.....	.....	.....	.....
46. Vermont (VT)	N .....	.....	.....	.....	.....	.....	.....
47. Virginia (VA)	N .....	.....	.....	.....	.....	.....	.....
48. Washington (WA)	N .....	.....	.....	.....	.....	.....	.....
49. West Virginia (WV)	N .....	.....	.....	.....	.....	.....	.....
50. Wisconsin (WI)	N .....	.....	.....	.....	.....	.....	.....
51. Wyoming (WY)	N .....	.....	.....	.....	.....	.....	.....
52. American Samoa (AS)	N .....	.....	.....	.....	.....	.....	.....
53. Guam (GU)	N .....	.....	.....	.....	.....	.....	.....
54. Puerto Rico (PR)	N .....	.....	.....	.....	.....	.....	.....
55. U.S. Virgin Islands (VI)	N .....	.....	.....	.....	.....	.....	.....
56. Northern Mariana Islands (MP)	N .....	.....	.....	.....	.....	.....	.....
57. Canada (CN)	N .....	.....	.....	.....	.....	.....	.....
58. Aggregate other alien (OT)	X X X .....	.....	.....	.....	.....	.....	.....
59. Totals	(a) 2	42,780,762	43,051,900	26,365,557	25,162,484	80,872,933	86,984,967

DETAILS OF WRITE-INS

5801. write-in description 1 for line 58	X X X .....	.....	.....	.....	.....	.....	.....
5802. write-in description 2 for line 58	X X X .....	.....	.....	.....	.....	.....	.....
5803. write-in description 3 for line 58	X X X .....	.....	.....	.....	.....	.....	.....
5898. Summary of remaining write-ins for Line 58 from overflow page	X X X .....	.....	.....	.....	.....	.....	.....
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X .....	.....	.....	.....	.....	.....	.....

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

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

Q11

N O N E

STATEMENT AS OF **March 31, 2011** OF THE **American Family Insurance Company**
PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	22,793	(516)	(2.264)	(7.512)
2. Allied lines	18,793	13,554	72.123	12.940
3. Farmowners multiple peril	12,967	585	4.512	.....
4. Homeowners multiple peril	13,660,819	8,281,536	60.623	40.990
5. Commercial multiple peril	273,640	194,827	71.198	(74.600)
6. Mortgage guaranty .....				.....
8. Ocean marine .....				.....
9. Inland marine	936	15	1.603	(11.290)
10. Financial guaranty .....				.....
11.1 Medical professional liability - occurrence .....				.....
11.2 Medical professional liability - claims made .....				.....
12. Earthquake	23,176			.....
13. Group accident and health .....				.....
14. Credit accident and health .....				.....
15. Other accident and health	189,277	115,557	61.052	75.964
16. Workers' compensation	10,720	6,285	58.629	70.971
17.1 Other liability - occurrence	478,754	90,790	18.964	408.827
17.2 Other liability - claims made .....				.....
17.3 Excess Workers' Compensation .....				.....
18.1 Products liability - occurrence	127			.....
18.2 Products liability - claims made .....				.....
19.1 19.2 Private passenger auto liability	16,517,233	10,194,565	61.721	108.042
19.3 19.4 Commercial auto liability	35,601	(11,420)	(32.078)	(70.816)
21. Auto physical damage	12,085,686	7,490,868	61.981	56.207
22. Aircraft (all perils) .....				.....
23. Fidelity .....				.....
24. Surety .....				.....
26. Burglary and theft .....				.....
27. Boiler and machinery .....				.....
28. Credit .....				.....
29. International .....				.....
30. Warranty .....				.....
31. Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....				.....
35. TOTALS	43,330,522	26,376,646	60.873	75.400

DETAILS OF WRITE-INS

3401. write-in description 1 for line 33				
3402. write-in description 2 for line 33				
3403. write-in description 3 for line 33				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	
1. Fire	23,643	23,643	23,282	
2. Allied lines	22,210	22,210	19,662	
3. Farmowners multiple peril	2,031	2,031	2,021	
4. Homeowners multiple peril	12,028,485	12,028,485	11,634,755	
5. Commercial multiple peril	319,278	319,278	175,455	
6. Mortgage guaranty .....				.....
8. Ocean marine .....				.....
9. Inland marine	1,425	1,425	151	
10. Financial guaranty .....				.....
11.1 Medical professional liability - occurrence .....				.....
11.2 Medical professional liability - claims made .....				.....
12. Earthquake	20,301	20,301	19,382	
13. Group accident and health .....				.....
14. Credit accident and health .....				.....
15. Other accident and health	232,121	232,121	283,474	
16. Workers' compensation	11,054	11,054	8,343	
17.1 Other liability - occurrence	425,565	425,565	430,918	
17.2 Other liability - claims made .....				.....
17.3 Excess Workers' Compensation .....				.....
18.1 Products liability - occurrence	303	303	268	
18.2 Products liability - claims made .....				.....
19.1 19.2 Private passenger auto liability	17,339,558	17,339,558	17,528,044	
19.3 19.4 Commercial auto liability	35,999	35,999	25,727	
21. Auto physical damage	12,318,789	12,318,789	12,900,418	
22. Aircraft (all perils) .....				.....
23. Fidelity .....				.....
24. Surety .....				.....
26. Burglary and theft .....				.....
27. Boiler and machinery .....				.....
28. Credit .....				.....
29. International .....				.....
30. Warranty .....				.....
31. Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....				.....
35. TOTALS	42,780,762	42,780,762	43,051,900	

DETAILS OF WRITE-INS			
3401. write-in description 1 for line 33			
3402. write-in description 2 for line 33			
3403. write-in description 3 for line 33			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)			

PART 3 (000 omitted)
LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	4 2011 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2011 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	9	10 Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2008 + Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2009 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. Subtotals 2009 + Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2010 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. Subtotals 2010 + Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2011	XXX	XXX	XXX	XXX	.....	..... XXX	.....	.....	.....	.....	XXX	XXX	XXX
7. Totals .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
8. Prior Year-End's Surplus As Regards Policyholders .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1.....	2.....	3.....	Col. 13, Line 7 Line 8
										4.....			

Q13

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	RESPONSES
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	No
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	No
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
4. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement?	Yes

Explanations:

Bar Codes:

Trusted Surplus Statement



2011

Document Code: 490

Medicare Part D Coverage Supplement



10386201136500001

2011

Document Code: 365

Supplement A to Schedule T



2011

Document Code: 455

STATEMENT AS OF **March 31, 2011** OF THE **American Family Insurance Company**
SCHEDULE A - VERIFICATION
Real Estate

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

SCHEDULE B - VERIFICATION
Mortgage Loans

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

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	19,122,817	19,135,089
2. Cost of bonds and stocks acquired .....	.....	.....
3. Accrual of discount	304	1,484
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	.....	.....
6. Deduct consideration for bonds and stocks disposed of .....	.....	.....
7. Deduct amortization of premium	3,562	13,756
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other than temporary impairment recognized .....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	19,119,559	19,122,817
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11)	19,119,559	19,122,817

SCHEDULE D - PART 1B
Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	25,569,344	7,671,726	7,396,653	(3,258)	25,841,159			25,569,344
2. Class 2 (a)								
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	25,569,344	7,671,726	7,396,653	(3,258)	25,841,159			25,569,344
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	25,569,344	7,671,726	7,396,653	(3,258)	25,841,159			25,569,344

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....6,721,600; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1**Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	6,721,600	XXX	6,721,600	143	

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	6,446,527	2,337,859
2. Cost of short-term investments acquired	7,671,726	37,877,876
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	7,396,653	33,769,208
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	6,721,600	6,446,527
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	6,721,600	6,446,527

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SI08 Schedule E - Verification (Cash Equivalents) **NONE**

E01	Schedule A Part 2	NONE
E01	Schedule A Part 3	NONE
E02	Schedule B Part 2	NONE
E02	Schedule B Part 3	NONE
E03	Schedule BA Part 2	NONE
E03	Schedule BA Part 3	NONE
E04	Schedule D Part 3	NONE
E05	Schedule D Part 4	NONE
E06	Schedule DB Part A Section 1	NONE
E07	Schedule DB Part B Section 1	NONE
E08	Schedule DB Part D	NONE
E09	Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E10	Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositories									
US Bank	Madison, Wisconsin					(261,521)	242,561	(193,389)	XXX
Wells Fargo	San Francisco, CA					168,530	207,942	219,866	XXX
0199998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository - open depositories	XXX	XXX ..						XXX
0199999 Totals - Open Depositories		XXX	XXX ..			(92,991)	450,503	26,477	XXX
0299998 Deposits in	0 depositories that do not exceed the allowable limit in any one depository - suspended depositories	XXX	XXX ..						XXX
0299999 Totals - Suspended Depositories		XXX	XXX ..						XXX
0399999 Total Cash On Deposit		XXX	XXX ..			(92,991)	450,503	26,477	XXX
0499999 Cash in Company's Office		XXX	XXX ..	XXX	XXX ..				XXX
0599999 Total Cash		XXX	XXX ..			(92,991)	450,503	26,477	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
8699999 Total - Cash Equivalents							

N O N E



Designate the type of health care providers reported on this page:

Physicians, including surgeons and osteopaths

SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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 (CN)
58. Aggregate other alien (OT)
59. Totals
DETAILS OF WRITE-INS								
5801.
5802.
5803.
5898. Summary of remaining write-ins for Line 58 from overflow page
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)



Designate the type of health care providers reported on this page:

Hospitals

SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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 (CN)
58. Aggregate other alien (OT)
59. Totals
DETAILS OF WRITE-INS								
5801.
5802.
5803.
5898. Summary of remaining write-ins for Line 58 from overflow page
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)



Designate the type of health care providers reported on this page:

Other health care professionals, including dentists

SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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 (CN)
58. Aggregate other alien (OT)
59. Totals
DETAILS OF WRITE-INS								
5801.
5802.
5803.
5898. Summary of remaining write-ins for Line 58 from overflow page
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)



Designate the type of health care providers reported on this page:
Other health care facilities

SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred but not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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 (CN)
58. Aggregate other alien (OT)
59. Totals
DETAILS OF WRITE-INS								
5801.
5802.
5803.
5898. Summary of remaining write-ins for Line 58 from overflow page
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)



MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance

NAIC Group Code: 0473

NAIC Company Code: 10386

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected		XXX		XXX	
2. Earned Premiums		XXX		XXX	XXX
3. Claims Paid		XXX		XXX	
4. Claims Incurred		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	XXX		XXX		
6. Aggregate Policy Reserves - change		XXX		XXX	XXX
7. Expenses Paid		XXX		XXX	
8. Expenses Incurred		XXX		XXX	XXX
9. Underwriting Gain or Loss		XXX		XXX	XXX
10. Cash Flow Results	XXX	XXX	XXX	XXX	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.....0 due from CMS or \$.....0 due to CMS

**DIRECTOR AND OFFICER SUPPLEMENT**Year to Date For the Period Ended **March 31**

NAIC Group Code: 0473 NAIC Company Code: 10386

Company Name: American Family Insurance Company

If the reporting entity writes any director and officer (D&O) business, please provide the following:

Description	1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
1. Monoline Policies	2,915	2,291	.....

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?
 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?
 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies
 2.31 Amount quantified:
 2.32 Amount estimated using reasonable assumptions:
 2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies.

Yes[] No[X]
Yes[] No[X]\$..... 0
\$..... 0
\$..... 0

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