



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2013  
OF THE CONDITION AND AFFAIRS OF THE

General Automobile Insurance Company, Inc.

NAIC Group Code	00473	00473	NAIC Company Code	13703	Employer's ID Number	26-2465659
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio	
Country of Domicile	United States					
Incorporated/Organized	01/22/2009			Commenced Business	01/28/2010	
Statutory Home Office	9700 Rockside Road, Suite 250			Valley View, OH, US 44125		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	2636 Elm Hill Pike, Suite 510		Nashville, TN, US 37214		615-242-1961	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	P. O. Box 305054		Nashville, TN, US 37230-5054			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	2636 Elm Hill Pike, Suite 510		Nashville, TN, US 37214		615-744-1221	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.pgac.com					
Statutory Statement Contact	R Burton Barnes Jr.			615-744-1221		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	bbarnes@pgac.com			615-744-1608		
	(E-mail Address)			(Fax Number)		

OFFICERS

Name	Title	Name	Title
David Lee Hettinger	Sr. V.P., Chief Administrative Officer	Brian Michael Donovan	CFO, Treasurer & Assistant Secretary
Randy Philip Parker	Chairman, President & CEO		

OTHER OFFICERS

Sherrill Cleek Kaiser	Secretary	Eileen Manners	Assistant V.P., Claims
Allison Walker Garretson	V.P., Underwriting & Customer Service	Barry Scot Dice	V.P., Direct Sales & Marketing
Kenton Lee Fourman	V.P., Chief Information Officer	Charles Wesley Kirkland	V.P., Claims
William Joseph Yeager	Sr. V.P., Claims	Eric William Bur	V.P., IA Sales & Distribution
John Allen Hollar	Sr. V.P., Product Management	Andrew Peter Martin	Sr. V.P., Corporate-wide Sales & Distribution
Robert Eugene Nelson	Assistant Secretary	Elizabeth Ann Roberts	V.P., Human Resources
Todd Raymond Hakala	V.P., Actuary Services		

DIRECTORS OR TRUSTEES

Randy Philip Parker	David Lee Hettinger	Brian Michael Donovan	Elizabeth Ann Roberts
Andrew Peter Martin			

State of .....Tennessee.....

County of .....Davidson.....ss

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.

David Lee Hettinger Sr. V.P., Chief Administrative Officer	Brian Michael Donovan CFO, Treasurer & Assistant Secretary	Sherrill Cleek Kaiser Secretary
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		
Subscribed and sworn to before me this 11th day of November, 2013		
Susan Hawk, Notary Public May 5, 2015		

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 .....	25,221,699		25,221,699	16,026,862
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....0 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....1,086,357 ) .....	1,086,357		1,086,357	1,906,931
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	20
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	26,308,056	0	26,308,056	17,933,813
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	262,102		262,102	126,592
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	2,015,883	2,583	2,013,300	1,036,030
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	16,289,429		16,289,429	11,214,595
15.3 Accrued retrospective premiums .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	2,084,329		2,084,329	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	48,086		48,086	0
18.2 Net deferred tax asset .....	1,197,364	155,130	1,042,234	898,690
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	48,205,249	157,713	48,047,536	31,209,720
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	48,205,249	157,713	48,047,536	31,209,720
<b>DETAILS OF WRITE-INS</b>				
1101. Miscellaneous Income Due .....			0	20
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	20
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ 4,949,133 )	6,758,653	6,178,798
2. Reinsurance payable on paid losses and loss adjustment expenses		118,670
3. Loss adjustment expenses	1,517,323	1,331,134
4. Commissions payable, contingent commissions and other similar charges	8,834	6,735
5. Other expenses (excluding taxes, licenses and fees)		0
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	479,322	470,886
7.1 Current federal and foreign income taxes (including \$ 0 on realized capital gains (losses))		99,964
7.2 Net deferred tax liability		0
8. Borrowed money \$ and interest thereon \$		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 17,694,149 and including warranty reserves of \$ 0 and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)	9,912,720	8,795,953
10. Advance premium	59,264	27,812
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)	3,781,305	2,805,065
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others		0
15. Remittances and items not allocated		0
16. Provision for reinsurance (including \$ certified)		0
17. Net adjustments in assets and liabilities due to foreign exchange rates		0
18. Drafts outstanding		0
19. Payable to parent, subsidiaries and affiliates	7,230,956	936,935
20. Derivatives		0
21. Payable for securities		0
22. Payable for securities lending		0
23. Liability for amounts held under uninsured plans		0
24. Capital notes \$ and interest thereon \$		0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	29,748,377	20,771,952
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	29,748,377	20,771,952
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	2,500,000	2,500,000
31. Preferred capital stock		0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes		0
34. Gross paid in and contributed surplus	15,500,000	7,500,000
35. Unassigned funds (surplus)	299,159	437,768
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$ )		0
36.2 shares preferred (value included in Line 31 \$ )		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	18,299,159	10,437,768
38. Totals (Page 2, Line 28, Col. 3)	48,047,536	31,209,720
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	to Date	to Date	December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 32,838,715 )	29,039,953	16,908,789	23,794,334
1.2 Assumed (written \$ 19,447,228 )	18,330,462	16,480,018	21,855,259
1.3 Ceded (written \$ 32,838,715 )	29,039,953	16,908,789	23,794,334
1.4 Net (written \$ 19,447,228 )	18,330,462	16,480,018	21,855,259
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 11,278,225 ):			
2.1 Direct	19,497,850	9,082,405	13,371,524
2.2 Assumed	11,568,433	10,298,151	13,273,917
2.3 Ceded	19,497,850	9,276,472	13,371,524
2.4 Net	11,568,433	10,104,084	13,273,917
3. Loss adjustment expenses incurred	1,619,277	1,422,594	2,063,071
4. Other underwriting expenses incurred	8,523,677	7,721,540	10,183,592
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	21,711,387	19,248,218	25,520,580
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(3,380,925)	(2,768,200)	(3,665,321)
INVESTMENT INCOME			
9. Net investment income earned	421,409	402,323	523,981
10. Net realized capital gains (losses) less capital gains tax of \$	88,763	182,055	257,057
11. Net investment gain (loss) (Lines 9 + 10)	510,172	584,378	781,038
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )	0	0	0
13. Finance and service charges not included in premiums	3,092,975	2,661,465	3,559,683
14. Aggregate write-ins for miscellaneous income	4,126	(1,033)	(358)
15. Total other income (Lines 12 through 14)	3,097,101	2,660,432	3,559,325
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	226,348	476,610	675,042
17. Dividends to policyholders	0	0	0
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)	226,348	476,610	675,042
19. Federal and foreign income taxes incurred	503,092	(36,559)	172,709
20. Net income (Line 18 minus Line 19)(to Line 22)	(276,744)	513,169	502,333
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	10,437,768	9,901,806	9,901,806
22. Net income (from Line 20)	(276,744)	513,169	502,333
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ (1,537)	(2,855)	0	0
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	294,779	(141,073)	(61,938)
27. Change in nonadmitted assets	(152,535)	98,691	97,370
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in	8,000,000	0	0
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	0
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus	(1,254)	(1,802)	(1,803)
38. Change in surplus as regards policyholders (Lines 22 through 37)	7,861,391	468,985	535,962
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	18,299,159	10,370,791	10,437,768
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401. Other Interest Income / (Expense)	0	(1,033)	(4,882)
1402. Other Miscellaneous Income	0	0	4,524
1403. Subrogation Fees	4,126		
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	4,126	(1,033)	(358)
3701. Other Increase / (Decreases)	(1,254)	(1,802)	(1,803)
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	(1,254)	(1,802)	(1,803)

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	14,403,055	15,655,322	21,423,805
2. Net investment income .....	422,070	452,331	596,126
3. Miscellaneous income .....	3,097,101	2,660,432	3,559,325
4. Total (Lines 1 to 3) .....	17,922,226	18,768,085	25,579,256
5. Benefit and loss related payments .....	13,191,577	10,303,597	13,338,842
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	9,946,230	9,141,645	12,205,392
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	651,142	(687,341)	(508,265)
10. Total (Lines 5 through 9) .....	23,788,949	18,757,901	25,035,969
11. Net cash from operations (Line 4 minus Line 10) .....	(5,866,723)	10,184	543,287
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	6,129,243	3,157,823	3,671,222
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	6,129,243	3,157,823	3,671,222
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	15,375,880	2,234,862	3,203,591
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	8
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	15,375,880	2,234,862	3,203,599
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(9,246,637)	922,961	467,623
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	8,000,000	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	6,292,786	422,432	21,154
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	14,292,786	422,432	21,154
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(820,574)	1,355,577	1,032,064
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,906,931	874,867	874,867
19.2 End of period (Line 18 plus Line 19.1) .....	1,086,357	2,230,444	1,906,931

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. The accompanying financial statements of The General Automobile Insurance Company, Inc. (GAIC) have been prepared in accordance with the NAIC Accounting Practices and Procedures Manual except to the extent that Ohio law differs. However, as of this Statement date, there have been no requests from the State of Ohio to depart from the prescribed NAIC guidelines.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Ohio is shown below:

	2013	2012
Net Income		
(1) Ohio company state basis (Page 4, Line 20, Column 1 & 3)	(\$276,744)	\$502,333
(2) State prescribed practices that increase / (decrease) NAIC SAP:		
(3) State permitted practices that increase / (decrease) NAIC SAP:		
(4) NAIC SAP	(\$276,744)	\$502,333
Surplus		
(5) Ohio company state basis (Page 3, Line 37, Column 1 & 2)	\$18,299,159	\$10,437,768
(6) State prescribed practices that increase / (decrease) NAIC SAP:		
(7) State permitted practices that increase / (decrease) NAIC SAP:		
(8) NAIC SAP	\$18,299,159	\$10,437,768

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

- (1) Short-term investments are stated at cost.
- (2) Investment in bonds rated "1" (highest quality), "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.
- (3) Common stocks, if owned are stated at lower of cost or market.
- (4) The Company holds no preferred stock.
- (5) The Company holds no mortgage loans.
- (6) The Company holds no loan backed securities.
- (7) The Company has no investments in subsidiaries or affiliated companies.
- (8) The Company has no investments in joint ventures, partnerships & limited liability company.
- (9) The Company has no investments in derivatives.
- (10) The Company does not anticipate investment income as a factor in the premium deficiency calculation.
- (11) Reserve for losses represents the estimated liability for claims reported to the Company and an amount, based on actuarially determined reserves for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company has no pharmaceutical rebate receivables.

2. Accounting Changes and Corrections of Errors:

None.

3. Business Combinations and Goodwill

None.

4. Discontinued Operations

None.

5. Investments

- A) The Company has no mortgage loans.
- B) The Company did not restructure any debt.
- C) The Company holds no reverse mortgages.
- D) Loan-Backed Securities
  - (1) The source used to determine prepayment assumptions is Intex.
  - (2) Not applicable.
  - (3) There are no securities currently held with recognized impairments.
  - (4) All impaired securities (fair value is less than amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

Continuous Unrealized Loss	Less than 12 Months	\$4,392
	12 Months or Longer	\$ -

NOTES TO FINANCIAL STATEMENTS

Fair Value of Security with Continuous Unrealized Loss

Less than 12 Months	\$166,242
12 Months or Longer	\$ -

- (5) Not applicable.
- E) The Company has no repurchase agreements.
- F) The Company has no real estate investments.
- G) The Company has no low-income housing tax credits (LIHTC).

6. Joint Ventures, Partnerships and Limited Liability Companies  
Not Applicable.

7. Investment Income  
All Investment Income due and accrued is admitted.

8. Derivative Instruments  
None.

9. Income Taxes  
No change.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A,B,C. On August 20, 2013 PGAC paid a dividend of \$8,000,000 to its parent Permanent General Companies, who in turn paid a dividend of \$8,000,000 to its parent PGC Holdings Corporation, who in turn made a capital contribution of \$8,000,000 to its wholly owned subsidiary PGAC of Ohio, who in turn made a capital contribution of \$8,000,000 to its wholly owned subsidiary GAIC.
- D. At September 30, 2013, the Company reported \$7,230,956 net payable to its parent and affiliates. The terms of the settlement requires these amounts are settled within 90 days.
- E. The Company has made no guarantees or undertakings for the benefit of the parent or affiliates.
- F. GAIC has a service agreement in place with its affiliate Permanent General Companies, Inc (PGC), which is a wholly owned subsidiary of PGC Holdings Corp. Under this agreement PGC performs administrative services on behalf of GAIC. These services include; claims administration, underwriting, policy issuance and record keeping, legal services, data processing and accounting.
- G. All outstanding shares of the company are owned by the parent company PGAC of Ohio.
- H. No amounts have been deducted from the value of an upstream entity or ultimate parent owned either directly or indirectly.
- I,J. The Company has no investment in an SCA entity.
- K. None.
- L. None.

11. Debt  
None.

12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Post retirement Benefit Plans.  
None.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- (1) The company has 20,000 shares of \$500 par value common stock authorized of which 5,000 shares are issued and outstanding.
- (2) The company has no preferred stock issued.
- (3) The maximum amount of dividends which can be paid by an Ohio domiciled insurance company without prior approval of the insurance commissioner is subject to restrictions based upon statutory surplus.
- (4) The company has not paid any dividends in 2013.
- (5) The portion of the Company's profits that may be paid as ordinary dividends to stockholders is limited by # (3) above. However, the maximum dividend payout which can be made in 2013 without prior approval is \$1,043,777.
- (6) There are no restrictions placed on the Unassigned Surplus.
- (7) The company has not made advances of surplus.
- (8) There is no stock held for special purposes.
- (9) There are no special surplus funds established.
- (10) Refer to Page 4 lines 21 through 37 and Exhibit of Capital Gain (Losses).
- (11) The company has no surplus notes.
- (12) The company has not been reorganized.
- (13) Not Applicable.

14. Contingencies

- (A) The company has no contingent commitments to a SCA entity, joint ventures, partnerships, or limited liability companies.
- (B) There company has not been notified of any assessments that could have a material financial effect..
- (C) The company has no gain contingencies.
- (D) The company has no extra contractual obligations and bad faith losses stemming from lawsuits.
- (E) The company does not make any product warranties.
- (F) All Other Contingencies.

Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

15. Leases  
None.

NOTES TO FINANCIAL STATEMENTS

16. Information about Financial Instruments with Off-balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk.  
None.
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities  
None.
18. Gain or Loss to the Report Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans.  
None.
19. Direct Premium Written/Produced by MGA/3rd Party Administration  
None.
20. Fair Value Measurements.

A. (1) Fair Value Measurements at Reporting Date

Description	Level 1	Level 2	Level 3	Total
Assets at fair value				
Bonds				
U.S. Governments				
Industrial & Misc.				
RMBS				
CMBS		166,242		166,242
Special Revenue				
Other				
Total	0	166,242	0	166,242

(2) Fair Value Measurements in level 3 of the Fair Value Hierarchy  
None.

(3) Transfers between levels are recognized at the end of the reporting period.  
None.

(4) The Financial assets 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 whose values are based on unadjusted quoted prices for identical assets in an active market that the Company can access.

Level 2 Financial assets whose values are based on the following:  
Quoted prices for similar assets in active markets;  
Quoted Prices for identical or similar assets in non-active markets; or  
Valuation models whose inputs are observable, directly or indirectly, for substantially the full term of the asset.

Level 3 Financial assets 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.

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. 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 instrumnts. This condition could cause an instrument to be reclassified from Level 1 to Level 2 or from Level 2 to Level 3.

As of September 30, 2013, the reported fair value of the reporting entity's investment in level 2 commercial mortgage-backed securities was \$166,242. This security has a rate of 5.40% and a maturity of 15.1 years. The security is currently rated below investment grade.

(5) Not Applicable.

B. No change.

C. Valuation, Methods, and Assumptions.

(1) The following table summarizes the fair value of the Company's financial assets as of September 30, 2013.

Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carry Value)
Bonds	24,492,209	25,221,699	1,022,891	24,055,960	413,358	-



NOTES TO FINANCIAL STATEMENTS

Common Stock	-	-	-	-	-	-
Cash Equivalents	-	-	-	-	-	-
Short-Term Investments	1 086,357	1,086,357	1,086,357	-	-	-

(2) The following valuation methods and assumptions were used to measure the fair values of each type of financial asset:

Bonds: The fair value of Level 1 bonds, consisting of U.S. Treasury Notes, is determined using unadjusted quoted prices in an active market. Valuation methods and assumptions for the majority of Level 2 bonds are discussed in Note 20.A.4. A small segment of Level 2 and all Level 3 bonds are valued internally using matrix pricing, broker quotes, discounted cash flow models, and benchmark and spread analysis, or externally using a pricing vendor that specializes in esoteric securities.

Short-Term Investments: Comprised primarily of actively traded Level 1 money market funds that have a daily quoted net asset values for identical assets the Company can access.

D. Not applicable.

21. Other Items.

- A. Extraordinary Items  
None.
- B. Troubled Debt Restructuring. Debtors  
None.
- C. Other Disclosures  
Assets in the amount of \$1,522,462 and \$1,524,834 at September 30, 2013 and December 31, 2012, respectively, were on deposit with government authorities or trustees as required by law.
- D. The Company routinely assesses the collectibility of premiums and agent balances. The uncollectible amounts are not material to the Company's financial condition.
- E. Business Interruption Insurance Recoveries.  
None.
- F. State Transferable Tax Credits  
None.
- G. Subprime Mortgage Related Risk Exposure  
None.

22. Events Subsequent.  
None.

23. Reinsurance
- A. Unsecured Reinsurance Recoverable  
None.
- B. Reinsurance Recoverable in Dispute.  
None.
- C. Reinsurance Assumed and Ceded

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	9,912,720	3,766,833	17,655,542	6,885,661	(7,742,822)	(3,118,828)
b. All Other			38,607	4,633	(38,607)	(4,633)
c. Total	9,912,720	3,766,833	17,694,149	6,890,294	(7,781,429)	(3,123,461)
d. Dir. UE Prem Res.	17,694,148					

- D. Uncollectible Reinsurance.  
None.
- E. Commutation of Ceded Reinsurance  
None.
- F. Retroactive Reinsurance  
None.
- G. Reinsurance Accounted for as a Deposit.  
None.
- H. Transfer of Property and Casualty Run-Off Agreements.  
None.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination.  
None.

25. Change in Incurred Losses and Loss Adjustment Expenses  
Loss & lae reserves as of December 31, 2012 were \$7,510,000. As of September 30, 2013, \$5,063,000 has been paid for incurred loss & lae expenses attributable to insured events or prior years. Reserves remaining for prior years are now \$2,737,000 as a result of re-estimation of unpaid claims and lae expenses. Therefore, there has been a \$290,000 unfavorable prior year development from 12/31/2012 to 09/30/2013 principally on liability lines of business.

We saw development of year-end 2012 reserves of \$290,000. Over 58% of this is from the 2012 accident year, about 17.5% from the 2011 accident year, and the balance from prior years. The variance is a result of an earlier recognition of Bodily Injury Liability exposures due to a reworking of the claims handling process. BI exposures are being set up earlier than in past accident periods, and manual reserve

NOTES TO FINANCIAL STATEMENTS

adjustments are also up, as the investigation of potential liability is being more closely evaluated and at an earlier point in time than prior. This process affected both newly reported claims, and many open exposures. Georgia, Virginia and Texas combined for more than 80% of the adverse development due to claim frequency and severity coming in higher than projected at year-end 2012.

The development is generally the result of an ongoing analysis of recent loss development trends and are increased or decreased as additional information becomes known regarding individual claims. The Company has no retrospectively rated policies that are subject to premium adjustments. The development is generally the result of an ongoing analysis of recent loss development trends and are increased or decreased as additional information becomes known regarding individual claims. The Company has no retrospectively rated policies that are subject to premium adjustments.

26.

Intercompany Pooling Arrangements

Effective January 1, 2010, the Company entered into a reinsurance pooling agreement with PGAC (NAIC company code - 37648) (lead entity) an affiliated property and casualty insurance company domiciled in Ohio and PGAC of Ohio (NAIC company code - 22906) which is the parent of the Company. The business includes private passenger auto liability & auto physical damage with PGAC receiving 59%, PGAC-Ohio receiving 33%, & GAIC receiving 8%. This Agreement applies only to that portion of any insurance or reinsurance which the parties hereto retain net for their own account and in calculating the amount of any loss hereunder, only loss or losses in respect of that portion of any insurance or reinsurance which the parties hereto retain net for their own account shall be included. The Company has a net payable balance of \$1,549,314 at 09/30/2013.
27.

Structured Settlements

None.
28.

Health Care Receivables

None.
29.

Participating Policies

None.
30.

Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves.

\$0

2. Date of the most recent evaluation of this liability.

09/30/2013

3. Was anticipated investment income utilized in the calculation?

Yes ☐ No ☒
31.

High Deductibles

None.
32.

Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

None.
33.

Asbestos/Environmental Reserves

None.
34.

Subscriber Savings Accounts

None
35.

Multi Peril Crop Insurance

None
36.

Financial Guaranty Insurance

None.

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 ☒
- 1.2

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

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes ☐ No ☒
- 2.2

If yes, date of change: .....
- 3.1

Have there been any substantial changes in the organizational chart since the prior quarter end? .....

Yes ☐ No ☒
- 3.2

If the response to 3.1 is yes, provide a brief description of those changes.  
.....
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....

Yes ☐ No ☒
- 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	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? .....  
If yes, attach an explanation.

Yes ☐ No ☒ NA ☐
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2009
- 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. ....

12/31/2009
- 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). ....

02/28/2011
- 6.4

By what department or departments?  
Ohio Department of Insurance.....
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with? .....

Yes ☒ No ☐ NA ☐
- 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 ☒
- 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 ☒
- 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 ☒
- 8.4

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

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(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.

Yes [X] No [ ]

9.11

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

9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [X]

9.21

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

9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [X]

9.31

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

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [ ] No [X]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [X]

11.2

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

12.

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

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

15.1

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

Yes [ ] No [X]

15.2

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

Yes [ ] No [ ]

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page
- \$ .....0

\$ .....0

\$ .....0

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

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

1	2
Name of Custodian(s)	Custodian Address
Bank of America.....	225 Franklin Street, Boston, Ma. 02110.....

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

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

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

- 17.4 If yes, give full and complete information relating thereto:

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

- 17.5 Identify all investment advisors, broker/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	2	3
Central Registration Depository	Name(s)	Address
110497.....	Brookfield Investment Management Inc.....	Three World Financial Center, New York, N.Y 10281.....

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

- 18.2 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 [X] NA [ ]  
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:

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

5. Operating Percentages:  
5.1 A&H loss percent ..... 0.0 %  
5.2 A&H cost containment percent ..... 0.0 %  
5.3 A&H expense percent excluding cost containment expenses ..... 0.0 %

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



SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

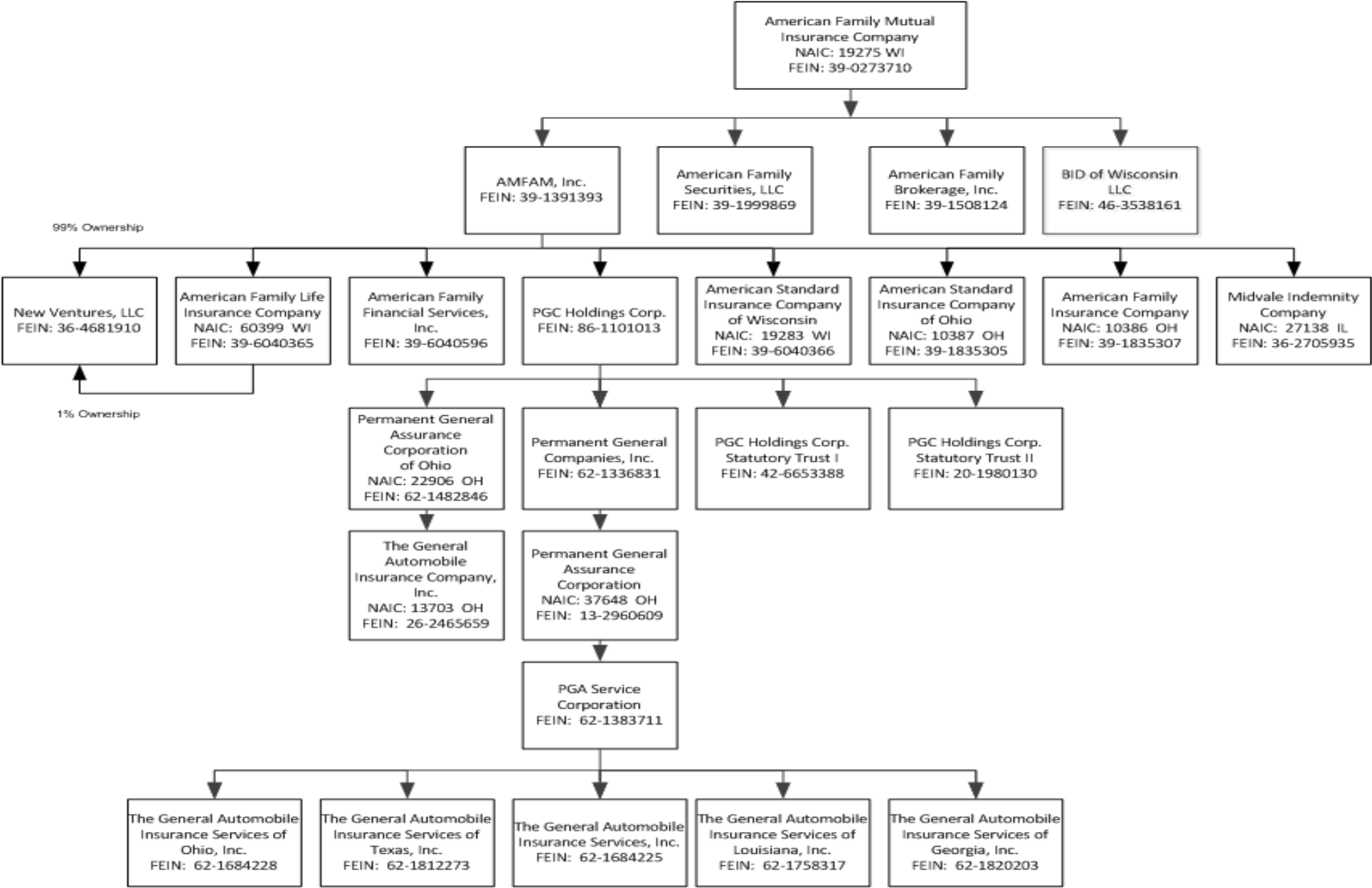
Current Year to Date - Allocated by States and Territories							
States, etc.	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama	AL..N		.0		.0		.0
2. Alaska	AK..N		.0		.0		.0
3. Arizona	AZ..L		.0		.0		.0
4. Arkansas	AR..N		.0		.0		.0
5. California	CA..N		.0		.0		.0
6. Colorado	CO..N		.0		.0		.0
7. Connecticut	CT..N		.0		.0		.0
8. Delaware	DE..N		.0		.0		.0
9. Dist. Columbia	DC..N		.0		.0		.0
10. Florida	FL..N		.0		.0		.0
11. Georgia	GA..N		.0		.0		.0
12. Hawaii	HI..N		.0		.0		.0
13. Idaho	ID..N		.0		.0		.0
14. Illinois	IL..N		.0		.0		.0
15. Indiana	IN..N		.0		.0		.0
16. Iowa	IA..N		.0		.0		.0
17. Kansas	KS..N		.0		.0		.0
18. Kentucky	KY..L		.0		.0		.0
19. Louisiana	LA..N		.0		.0		.0
20. Maine	ME..N		.0		.0		.0
21. Maryland	MD..N		.0		.0		.0
22. Massachusetts	MA..N		.0		.0		.0
23. Michigan	MI..N		.0		.0		.0
24. Minnesota	MN..N		.0		.0		.0
25. Mississippi	MS..N		.0		.0		.0
26. Missouri	MO..N		.0		.0		.0
27. Montana	MT..N		.0		.0		.0
28. Nebraska	NE..N		.0		.0		.0
29. Nevada	NV..N		.0		.0		.0
30. New Hampshire	NH..N		.0		.0		.0
31. New Jersey	NJ..N		.0		.0		.0
32. New Mexico	NM..N		.0		.0		.0
33. New York	NY..N		.0		.0		.0
34. No. Carolina	NC..N		.0		.0		.0
35. No. Dakota	ND..N		.0		.0		.0
36. Ohio	OH..L	19,697,702	16,258,586	8,898,813	8,263,867	6,718,691	4,012,478
37. Oklahoma	OK..N		.0		.0		.0
38. Oregon	OR..L	1,865,359	1,052,271	599,020	298,443	639,181	586,035
39. Pennsylvania	PA..N		.0		.0		.0
40. Rhode Island	RI..N		.0		.0		.0
41. So. Carolina	SC..L		.0		.0		.0
42. So. Dakota	SD..N		.0		.0		.0
43. Tennessee	TN..L	5,532,088	1,289,780	2,149,414	37,405	1,206,336	28,974
44. Texas	TX..L	5,743,566	731,950	4,228,372	10,915	801,386	18,102
45. Utah	UT..N		.0		.0		.0
46. Vermont	VT..N		.0		.0		.0
47. Virginia	VA..N		.0		.0		.0
48. Washington	WA..N		.0		.0		.0
49. West Virginia	WV..N		.0		.0		.0
50. Wisconsin	WI..N		.0		.0		.0
51. Wyoming	WY..N		.0		.0		.0
52. American Samoa	AS..N		.0		.0		.0
53. Guam	GU..N		.0		.0		.0
54. Puerto Rico	PR..N		.0		.0		.0
55. U.S. Virgin Islands	VI..N		.0		.0		.0
56. Northern Mariana Islands	MP..N		.0		.0		.0
57. Canada	CAN..N		.0		.0		.0
58. Aggregate Other Alien	OT..XXX	.0	.0	.0	.0	.0	.0
59. Totals	(a) 7	32,838,715	19,332,587	15,875,619	8,610,630	9,365,594	4,645,589
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	.0	.0	.0	.0	.0	.0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0

(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



SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00473	American Family Insurance Group	19275	39-0273710				American Family Mutual Insurance Company	WI		American Family Mutual Insurance Company - Board of Directors	Board of Directors	0.0	American Family Mutual Insurance Company - Board of Directors	0
		00000	39-1999869				American Family Securities, LLC	WI	DS	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company	0
		00000	39-1508124				American Family Brokerage, Inc.	WI	DS	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company	0
		00000	39-1391393				AMFAM, Inc.	WI	DS	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company	0
00473	American Family Insurance Group	19283	39-6040366				American Standard Insurance Co. of WI	WI	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	0
00473	American Family Insurance Group	10386	39-1835307				American Family Insurance Company	OH	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	0
00473	American Family Insurance Group	10387	39-1835305				American Standard Insurance Co. of OH	OH	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	0
00473	American Family Insurance Group	60399	39-6040365				American Family Life Insurance Co.	WI	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	0
		00000	39-6040596				American Family Financial Services, Inc.	WI	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	0
		00000	36-4681910				New Ventures, LLC	WI	NIA	AMFAM, Inc.	Ownership	99.0	American Family Mutual Insurance Company	0
		00000	36-4681910				New Ventures, LLC	WI	NIA	American Family Life Insurance Co.	Ownership	1.0	American Family Mutual Insurance Company	0
		27138	36-2705935				Midvale Indemnity Company	IL	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	0
		00000	86-1101013				PGC Holdings Corporation	DE	NIA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	0
		00000	42-6653388				PGC Holdings Statutory Trust 1	DE	NIA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	0
		00000	20-1980130				PGC Holdings Statutory Trust 2	DE	NIA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	0

## 12.1

## 12.1

## 12.1

## 12.1

## 12.1

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 .....			0.0	0.0
2.	Allied lines .....			0.0	0.0
3.	Farmowners multiple peril .....			0.0	0.0
4.	Homeowners multiple peril .....			0.0	0.0
5.	Commercial multiple peril .....			0.0	0.0
6.	Mortgage guaranty .....			0.0	0.0
8.	Ocean marine .....			0.0	0.0
9.	Inland marine .....			0.0	0.0
10.	Financial guaranty .....			0.0	0.0
11.1	Medical professional liability -occurrence .....			0.0	0.0
11.2	Medical professional liability -claims made .....			0.0	0.0
12.	Earthquake .....			0.0	0.0
13.	Group accident and health .....			0.0	0.0
14.	Credit accident and health .....			0.0	0.0
15.	Other accident and health .....			0.0	0.0
16.	Workers' compensation .....			0.0	0.0
17.1	Other liability occurrence .....			0.0	0.0
17.2	Other liability-claims made .....			0.0	0.0
17.3	Excess Workers' Compensation .....			0.0	0.0
18.1	Products liability-occurrence .....			0.0	0.0
18.2	Products liability-claims made .....			0.0	0.0
19.1,19.2	Private passenger auto liability .....	20,800,690	13,217,577	63.5	56.3
19.3,19.4	Commercial auto liability .....			0.0	0.0
21.	Auto physical damage .....	8,239,263	6,280,273	76.2	44.5
22.	Aircraft (all perils) .....			0.0	0.0
23.	Fidelity .....			0.0	0.0
24.	Surety .....			0.0	0.0
26.	Burglary and theft .....			0.0	0.0
27.	Boiler and machinery .....			0.0	0.0
28.	Credit .....			0.0	0.0
29.	International .....			0.0	0.0
30.	Warranty .....			0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business .....	0	0	0.0	0.0
35.	TOTALS .....	29,039,953	19,497,850	67.1	53.7
DETAILS OF WRITE-INS					
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Sum. of remaining write-ins for Line 34 from overflow page .....	0	0	0.0	0.0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34) .....	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire .....	0		0
2.	Allied lines .....	0		0
3.	Farmowners multiple peril .....	0		0
4.	Homeowners multiple peril .....	0		0
5.	Commercial multiple peril .....	0		0
6.	Mortgage guaranty .....	0		0
8.	Ocean marine .....	0		0
9.	Inland marine .....	0		0
10.	Financial guaranty .....	0		0
11.1	Medical professional liability-occurrence .....	0		0
11.2	Medical professional liability-claims made .....	0		0
12.	Earthquake .....	0		0
13.	Group accident and health .....	0		0
14.	Credit accident and health .....	0		0
15.	Other accident and health .....	0		0
16.	Workers' compensation .....	0		0
17.1	Other liability occurrence .....	0		0
17.2	Other liability-claims made .....	0		0
17.3	Excess Workers' Compensation .....	0		0
18.1	Products liability-occurrence .....	0		0
18.2	Products liability-claims made .....	0		0
19.1,19.2	Private passenger auto liability .....	7,456,057	23,412,475	14,815,486
19.3,19.4	Commercial auto liability .....	0		0
21.	Auto physical damage .....	2,932,425	9,426,240	4,517,101
22.	Aircraft (all perils) .....	0		0
23.	Fidelity .....	0		0
24.	Surety .....	0		0
26.	Burglary and theft .....	0		0
27.	Boiler and machinery .....	0		0
28.	Credit .....	0		0
29.	International .....	0		0
30.	Warranty .....	0		0
31.	Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business .....	0	0	0
35.	TOTALS .....	10,388,482	32,838,715	19,332,587
DETAILS OF WRITE-INS				
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Sum. of remaining write-ins for Line 34 from overflow page .....	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34) .....	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2013 Loss and LAE Payments on Claims Reported as of Prior Year-End	2013 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2013 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2010 + Prior .....	.....419	.....124	.....543	.....401	.....4	.....405	.....203	.....2	.....12	.....217	.....185	.....(106)	.....79
2. 2011 .....	.....1,002	.....476	.....1,478	.....876	.....9	.....885	.....444	.....4	.....183	.....631	.....318	.....(280)	.....38
3. Subtotals 2011 + prior .....	.....1,421	.....600	.....2,021	.....1,277	.....13	.....1,290	.....647	.....6	.....195	.....848	.....503	.....(386)	.....117
4. 2012 .....	.....3,546	.....1,943	.....5,489	.....3,735	.....38	.....3,773	.....1,381	.....14	.....494	.....1,889	.....1,570	.....(1,397)	.....173
5. Subtotals 2012 + prior .....	.....4,967	.....2,543	.....7,510	.....5,012	.....51	.....5,063	.....2,028	.....20	.....689	.....2,737	.....2,073	.....(1,783)	.....290
6. 2013 .....	.....XXX	.....XXX	.....XXX	.....XXX	.....7,358	.....7,358	.....XXX	.....3,903	.....1,636	.....5,539	.....XXX	.....XXX	.....XXX
7. Totals .....	4,967	2,543	7,510	5,012	7,409	12,421	2,028	3,923	2,325	8,276	2,073	(1,783)	290
8. Prior Year-End Surplus As Regards Policy-holders	10,438										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. 41.7	2. (70.1)	3. 3.9
											Col. 13, Line 7 Line 8		
											4. 2.8		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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


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

Explanation:

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


Bar Code:

1.




137032013490000003

2.




137032013455000003

3.



137032013365000003

4.



137032013505000003

**OVERFLOW PAGE FOR WRITE-INS**

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SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other than temporary impairment recognized .....		0
8. Deduct current year's depreciation .....		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	0	0
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other than temporary impairment recognized .....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....		0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other than temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	16,026,862	16,304,406
2. Cost of bonds and stocks acquired .....	15,375,880	3,203,591
3. Accrual of discount .....	10,364	14,969
4. Unrealized valuation increase (decrease) .....	(4,392)	0
5. Total gain (loss) on disposals .....	88,763	257,057
6. Deduct consideration for bonds and stocks disposed of .....	6,129,244	3,671,222
7. Deduct amortization of premium .....	146,534	81,939
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	25,221,699	16,026,862
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	25,221,699	16,026,862



STATEMENT AS OF SEPTEMBER 30, 2013 OF THE General Automobile Insurance Company, Inc.

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
<b>BONDS</b>								
1. Class 1 (a).....	21,808,764	742,867	236,922	358,549	13,775,270	21,808,764	22,673,258	14,803,492
2. Class 2 (a).....	3,903,263		199,147	(450,346)	3,638,800	3,903,263	3,253,770	2,740,208
3. Class 3 (a).....	215,680			(894)	462,473	215,680	214,786	217,411
4. Class 4 (a).....	167,011			(768)	171,996	167,011	166,242	172,681
5. Class 5 (a).....	0				0	0	0	0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds	26,094,718	742,867	436,069	(93,459)	18,048,540	26,094,718	26,308,057	17,933,793
<b>PREFERRED STOCK</b>								
8. Class 1 .....	0				0	0	0	0
9. Class 2 .....	0				0	0	0	0
10. Class 3 .....	0				0	0	0	0
11. Class 4 .....	0				0	0	0	0
12. Class 5 .....	0				0	0	0	0
13. Class 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	26,094,718	742,867	436,069	(93,459)	18,048,540	26,094,718	26,308,057	17,933,793

(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 \$ .....0 ; NAIC 2 \$ .....0 ;

NAIC 3 \$ .....0 ; NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	1,086,357	XXX	1,086,357	13	0

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	1,906,931	874,867
2. Cost of short-term investments acquired .....	8,136,228	3,519,555
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....	8,956,802	2,487,491
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other than temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	1,086,357	1,906,931
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	1,086,357	1,906,931

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

Schedule E - Verification

**NONE**

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

## E05

## E05

E05

E05

E05

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**

Schedule E - Part 1

**NONE**

Schedule E - Part 2

**NONE**