



## QUARTERLY STATEMENT

## **As of September 30, 2013**

# Infinity Casualty Insurance Company

NAIC Group Code.....3495 (Current Period)	NAIC Company Code..... 21792	Employer's ID Number..... 58-1132392
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... June 13, 1972		Commenced Business..... September 1, 1972
Statutory Home Office	1400 Provident Tower, One East Fourth Street..... Cincinnati ..... OH ..... 45202 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	3700 Colonnade Parkway, Suite 600..... Birmingham ..... AL ..... 35243-3216	205-870-4000 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Mail Address	P.O. Box 830189..... Birmingham ..... AL ..... 35283-0189 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	3700 Colonnade Parkway, Suite 600..... Birmingham ..... AL ..... 35243-3216	205-870-4000 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Web Site Address	www.infinityauto.com	
Statutory Statement Contact	Rachelle Shealy Talley (Name) rachelle.talley@ipacc.com (E-Mail Address)	205-803-8326 (Area Code) (Telephone Number) (Extension) 205-803-8080 (Fax Number)

**POLICYHOLDER SERVICES AND CLAIM REPORTING: 1-800-477-5056**

## OFFICERS

<b>Name</b>	<b>Title</b>	<b>Name</b>	<b>Title</b>
Scott Christopher Pitrone	President & CEO	Samuel James Simon	Senior Vice President & Secretary
Amy Kay Jordan	Vice President & Treasurer/Controller		

## OTHER

Troy Perry Ballard	Assistant Treasurer	Mary Linn Clark	Assistant Treasurer
Vicki Windham Daniell	Assistant Treasurer	Ralph Allen Gravelle	Senior Vice President & CIO
Timothy Michael Kelly #	Assistant Treasurer	James Henry Romaker	Assistant Secretary
Mitchell Silverman	Assistant Secretary	Roger Smith	Senior Vice President & CFO

## **DIRECTORS OR TRUSTEES**

State of..... Alabama  
County of.... Jefferson

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.

Scott Christopher Pitrone

Samuel James Simon

Amy Kay Jordan

## President & CEO

### Senior Vice President & Secretary

### Vice President & Treasurer/Controller

Subscribed and sworn to before me  
This 8th day of November, 2013

- a. Is this an original filing?
- b. If no:
  - 1. State the amendment number
  - 2. Date filed
  - 3. Number of pages attached

Yes [ X ] No [ ]

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My Commission Expires April 15, 2017

Statement for September 30, 2013 of the **Infinity Casualty Insurance Company**  
**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.....	6,916,116		6,916,116	7,422,020
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....0), cash equivalents (\$.....0) and short-term investments (\$....715,239).....	715,239		715,239	49,768
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	7,631,355	0	7,631,355	7,471,788
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	31,240		31,240	33,326
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,526,257		1,526,257	1,371,546
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	983,344		983,344	789,596
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	2,032		2,032	25,103
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			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	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	219	0	219	219
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	10,174,447	0	10,174,447	9,691,578
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	10,174,447	0	10,174,447	9,691,578

**DETAILS OF WRITE-INS**

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Other assets.....	219		219	219
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	219	0	219	219

**Infinity Casualty Insurance Company**  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$....281,969)	454,596	410,624
2. Reinsurance payable on paid losses and loss adjustment expenses	76,263	73,914
3. Loss adjustment expenses	164,054	148,394
4. Commissions payable, contingent commissions and other similar charges	3,584	3,982
5. Other expenses (excluding taxes, licenses and fees)	23,449	22,008
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	4,917	5,554
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))		
7.2 Net deferred tax liability	2,733	14,886
8. Borrowed money \$.....0 and interest thereon \$.....0		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$....5,917,603 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act)	577,795	535,505
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	1,413,269	1,281,003
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others		
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$.....0 certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	997,150	805,082
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	470	179
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	3,718,280	3,301,131
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	3,718,280	3,301,131
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	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes		
34. Gross paid in and contributed surplus	55,428,309	55,428,309
35. Unassigned funds (surplus)	(51,472,142)	(51,537,862)
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0)		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	6,456,167	6,390,447
38. Totals (Page 2, Line 28, Col. 3)	10,174,447	9,691,578

**DETAILS OF WRITE-INS**

2501. Accounts payable and other liabilities	470	179
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	470	179
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 thru 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 thru 3203 plus 3298) (Line 32 above)	0	0

**Infinity Casualty Insurance Company**  
**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct..... (written \$....13,135,360)	12,824,519	7,893,392	11,889,375
1.2 Assumed..... (written \$....1,019,172)	976,882	872,730	1,184,090
1.3 Ceded..... (written \$....13,135,360)	12,824,519	7,893,392	11,889,375
1.4 Net..... (written \$....1,019,172)	976,882	872,730	1,184,090
DEDUCTIONS:			
2. Losses incurred (current accident year \$....627,413):			
2.1 Direct.....	9,345,756	5,575,258	8,674,541
2.2 Assumed.....	661,998	564,628	782,801
2.3 Ceded.....	9,372,052	5,575,299	8,674,602
2.4 Net.....	635,702	564,587	782,740
3. Loss adjustment expenses incurred.....	128,395	120,252	160,917
4. Other underwriting expenses incurred.....	250,550	249,667	325,098
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	1,014,647	934,506	1,268,755
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(37,765)	(61,776)	(84,665)
<b>INVESTMENT INCOME</b>			
9. Net investment income earned.....	70,579	129,538	150,515
10. Net realized capital gains (losses) less capital gains tax of \$....9,746.....	(9,744)	(17,437)	(24,705)
11. Net investment gain (loss) (Lines 9 + 10).....	60,835	112,101	125,810
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$....2,872 amount charged off \$....18,389).....	(15,517)	(15,483)	(21,386)
13. Finance and service charges not included in premiums.....	50,658	49,707	66,393
14. Aggregate write-ins for miscellaneous income.....	18,681	19,306	25,755
15. Total other income (Lines 12 through 14).....	53,822	53,530	70,762
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	76,892	103,855	111,907
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).....	76,892	103,855	111,907
19. Federal and foreign income taxes incurred.....	23,325	37,298	36,293
20. Net income (Line 18 minus Line 19) (to Line 22).....	53,567	66,557	75,614
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year.....	6,390,447	6,684,650	6,684,650
22. Net income (from Line 20).....	53,567	66,557	75,614
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....0.....	586,482		
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	12,153	50,905	55,183
27. Change in nonadmitted assets.....			
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.....			(425,000)
33.2 Transferred to capital (Stock Dividend).....			
33.3 Transferred from capital.....			
34. Net remittances from or (to) Home Office.....			
35. Dividends to stockholders.....	(586,482)		
36. Change in treasury stock.....			
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	65,720	117,462	(294,203)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	6,456,167	6,802,112	6,390,447

**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 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. Other fee income.....	19,603	19,820	26,715
1402. Miscellaneous income or (expense).....	(922)	(514)	(960)
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	18,681	19,306	25,755
3701.....			
3702.....			
3703.....			
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

Statement for September 30, 2013 of the **Infinity Casualty Insurance Company**  
**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.....	996,727	940,594	1,251,181
2. Net investment income.....	81,893	195,896	217,500
3. Miscellaneous income.....	53,822	53,530	70,762
4. Total (Lines 1 through 3).....	1,132,442	1,190,020	1,539,443
5. Benefit and loss related payments.....	783,129	521,024	1,500,523
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	361,203	355,386	471,913
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$ 9,746 tax on capital gains (losses).....	10,000	59,000	110,454
10. Total (Lines 5 through 9).....	1,154,332	935,410	2,082,890
11. Net cash from operations (Line 4 minus Line 10).....	(21,890)	254,610	(543,447)
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	495,000	4,444,844	4,469,843
12.2 Stocks.....	586,482		
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.....	2		
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,081,484	4,444,844	4,469,843
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		2,647,033	4,317,217
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).....	0	2,647,033	4,317,217
14. Net increase (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	1,081,484	1,797,811	152,626
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			(425,000)
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....	586,482		
16.6 Other cash provided (applied).....	192,359	27,122	815,360
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(394,123)	27,122	390,360
<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 Line 15 plus Line 17).....	665,471	2,079,543	(461)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	49,768	50,229	50,229
19.2 End of period (Line 18 plus Line 19.1).....	715,239	2,129,772	49,768

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001 .....	.....	.....	.....
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**NOTES TO FINANCIAL STATEMENTS****1.) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****A. Accounting Practices**

The financial statements of Infinity Casualty Insurance Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for purposes of determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners ("NAIC") *Accounting Practices and Procedures Manual* has been adopted as a component of prescribed or permitted practices by the state of Ohio.

**2.) ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS**

No significant change.

**3.) BUSINESS COMBINATIONS AND GOODWILL**

No significant change.

**4.) DISCONTINUED OPERATIONS**

No significant change.

**5.) INVESTMENTS****D. Loan-Backed Securities**

1. Prepayment assumptions used are derived by the Securities Industry and Financial Markets Association ("SIFMA") and Interactive Data Corporation ("IDC"). Effective yields are determined at the date of purchase, while significant changes in estimated cash flow from the original prepayment assumptions are accounted for on a prospective basis.

2. The Company does not invest in loan-backed securities.

3. None.

4. None.

5. The determination of whether unrealized losses on investments are other-than-temporary requires judgement based on subjective as well as objective factors. Factors considered and resources used by management include:

- whether the unrealized loss is credit-driven or a result of changes in market interest rates;
- the length of time the security's market value has been below its amortized cost (bonds) or cost (unaffiliated common stocks);
- the extent to which fair value is less than amortized cost (bonds) or cost (unaffiliated common stocks) basis;
- the intent to sell the security;
- whether it is more likely than not that there will be a requirement to sell the security before its anticipated recovery;
- historical operating, balance sheet and cash flow data contained in issuer's SEC filings;
- issuer news releases;
- near-term prospects for improvement in the issuer and/or its industry;
- industry research and communications with industry specialists; and
- third-party research and credit rating reports.

E. Repurchase Agreements and/or Securities Lending Transactions - The Company does not participate in repurchase agreements or securities lending transactions.

**6.) JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES**

No significant change.

**7.) INVESTMENT INCOME**

No significant change.

**8.) DERIVATIVE INSTRUMENTS**

No significant change.

**9.) INCOME TAXES**

No significant change.

**10.) INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES**

No significant change.

**11.) DEBT**

No significant change.

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

A. Defined Benefit Plans - The Company does not have any defined benefit plans.

**NOTES TO FINANCIAL STATEMENTS****13.) CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS**

D. On July 1, 2013, ownership of Atlanta Casualty Group, Inc. was transferred, via dividend, from Infinity Casualty Insurance Company to Infinity Insurance Company.

**14.) CONTINGENCIES**

No significant change.

**15.) LEASES**

No significant change.

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

No significant change.

**17.) SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES**

A. Not applicable.  
 B. Not applicable.  
 C. Wash Sales - The Company was not involved in any wash sale transactions during 2013.

**18.) GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS**

No significant change.

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

No significant change.

**20.) FAIR VALUE MEASUREMENTS****A. Inputs Used for Assets and Liabilities Measured at Fair Value****1. Fair Value Measurement by Level 1, 2 and 3**

The Company has categorized its assets and liabilities that are measured at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity in the valuation method by which fair value was determined. The three levels are defined as follows:

Level 1 - Fair value measurements are based on quoted prices in active markets for identical assets. This category includes U.S Treasury securities.

Level 2 - Fair value measurements are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations in which all significant techniques are observable in active markets. This category includes municipal bonds.

Level 3 - Fair value measurements are based on valuations derived from valuation techniques in which one or more significant inputs are unobservable in the marketplace. This category includes bonds for which there is no active or inactive market for similar instruments, bonds whose fair value is determined based on unobservable inputs and bonds, other than those backed by the U.S. Government, that are not rated by a nationally recognized statistical rating organization.

**4. Inputs and Techniques Used for Level 2 and Level 3 Fair Value**

Fair values are based on prices quoted in the most active market for each security. If quoted prices are not available, fair values are estimated based on the fair value of comparable securities, discounted cash flow models or similar methods.

**C. Aggregate fair value measurements for all financial instruments at September 30, 2013, are as follows:**

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$ 7,730,900	\$ 7,631,355	\$ 6,344,222	\$ 1,386,678	\$ 0	\$ 0

**21.) OTHER ITEMS**

No significant change.

**22.) EVENTS SUBSEQUENT**

None.

**23.) REINSURANCE**

No significant change.

**24.) RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION**

No significant change.

**NOTES TO FINANCIAL STATEMENTS****25.) CHANGES IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES**

The following table provides an analysis of the change in loss and loss adjustment expense ("LAE") reserves net of reinsurance recoverables (in thousands):

	September 30, 2013	September 30, 2012
Balance at beginning of period	\$ 559	\$ 481
Loss and LAE incurred:		
Current accident year	761	677
Prior accident years	3	8
	764	685
Loss and LAE payments made for:		
Current accident year	(400)	(368)
Prior accident years	(304)	(268)
	(704)	(636)
Balance at end of period	\$ 619	\$ 530

Reserves as of December 31, 2012 were \$559,000. As of September 30, 2013, \$304,000 has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$258,000 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Private Passenger and Commercial automobile lines of insurance. As a result, there has been \$3,000 unfavorable development during the nine months ended September 30, 2013 as compared to \$8,000 unfavorable prior year development during the nine months ended September 30, 2012. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. See table below for the effect resulting from the inclusion of extra-contractual obligations.

Beginning in 2005, losses and expenses associated with extra-contractual obligations were reflected in the underwriting section of the income statement. The following table reflects the effect to Schedule P of the extra-contractual obligations (in thousands):

Year	Payments for Loss and LAE	Outstanding Loss and LAE	Loss and LAE Incurred
Prior	\$ 0	\$ 0	\$ 0
2004	3	0	3
2005	4	0	4
2006	2	0	2
2007	2	0	2
2008	0	0	0
2009	1	0	1
2010	1	0	1
2011	0	0	0
2012	0	0	0
2013	0	0	0
	\$ 13	\$ 0	\$ 13

**26.) INTERCOMPANY POOLING ARRANGEMENTS**

No significant change.

**27.) STRUCTURED SETTLEMENTS**

No significant change.

**28.) HEALTH CARE RECEIVABLES**

No significant change.

**29.) PARTICIPATING POLICIES**

No significant change.

**30.) PREMIUM DEFICIENCY RESERVES**

No significant change.

**31.) HIGH DEDUCTIBLES**

No significant change.

**32.) DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES**

No significant change.

**33.) ASBESTOS / ENVIRONMENTAL RESERVES**

No significant change.

## NOTES TO FINANCIAL STATEMENTS

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### 34.) SUBSCRIBER SAVINGS ACCOUNTS

No significant change.

### 35.) MULTIPLE PERIL CROP INSURANCE

No significant change.

### 36.) FINANCIAL GUARANTY INSURANCE

The Company does not write financial guaranty insurance.

# Infinity Casualty Insurance Company

## 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]

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 [X]

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 [X] No [ ]

3.2 If the response to 3.1 is yes, provide a brief description of those changes.  
Budget Insurance Premiums, Inc. and Windsor Group, Inc. were both dissolved. Ownership of Atlanta Casualty Group, Inc. was transferred, via dividend, from Infinity Casualty Insurance Company to Infinity Insurance Company.

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 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
Not Applicable		

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 [X] N/A [ ]  
If yes, attach an explanation.  
Not Applicable

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2011.....

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. 12/31/2011.....

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). 5/8/2013.....

6.4 By what department or departments?  
Ohio

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 [ ] No [ ] N/A [X]

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:  
Not Applicable

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.  
Not Applicable

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

8.4 If the 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Not Applicable					

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:  
Not Applicable

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).  
Not Applicable

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).  
Not Applicable

### PART 1 - 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: \_\_\_\_\_

**PART 1 - 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:  
Not Applicable

---

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

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.  
Not Applicable

---

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$.....0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$.....0
16.3 Total payable for securities lending reporting on the liability page: \$.....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 Name of Custodian(s)	2 Custodian Address
The Bank of New York Mellon	One Wall Street, New York, New York 10286

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 Name(s)	2 Location(s)	3 Complete Explanation(s)
Not Applicable		

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 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
Not Applicable			

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 Central Registration Depository	2 Name(s)	3 Address
Not Applicable	Wellington Management Company	280 Congress Street, Boston, MA 02210

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: .....  
Not Applicable

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**Infinity Casualty Insurance Company**  
**GENERAL INTERROGATORIES (continued)**

**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 ] N/A [ ]  
 If yes, attach an explanation.  
Not Applicable

---

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.  
Not Applicable

---

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:  
Not Applicable

---

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 Disc. 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
Total.....	....XXX..	....XXX..	.....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. 0  
 6.3 Do you act as an administrator for health savings accounts? Yes [ ] No [ X ]  
 6.4 If yes, please provide the amount of funds administered as of the reporting date. 0

**Infinity Casualty Insurance Company**  
**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)

**NONE**

**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.....			(417)	.....(987)	
2. Alaska.....	.AK	N.....					
3. Arizona.....	.AZ	L.....			(235)		
4. Arkansas.....	.AR	N.....			165		
5. California.....	.CA	N.....					
6. Colorado.....	.CO	N.....					
7. Connecticut.....	.CT	N.....			(1,941)	.....(3,480)	
8. Delaware.....	.DE	N.....					
9. District of Columbia.....	.DC	N.....					
10. Florida.....	.FL	L.....		(281,453)	19,420	(338,734)	3,629
11. Georgia.....	.GA	L.....	3,846,154	3,528,073	1,768,521	2,132,503	2,412,454
12. Hawaii.....	.HI	N.....					1,684,692
13. Idaho.....	.ID	N.....					
14. Illinois.....	.IL	L.....	1,167,072	1,469,645	1,061,319	1,922,451	1,232,219
15. Indiana.....	.IN	L.....	10		(892)		12,127
16. Iowa.....	.IA	N.....			(116)		11,595
17. Kansas.....	.KS	N.....					
18. Kentucky.....	.KY	N.....			(267)		
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.....		(71)		(40)	
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	L.....			2,800	3,103	4,839
34. North Carolina.....	.NC	N.....					3,735
35. North Dakota.....	.ND	N.....					
36. Ohio.....	.OH	L.....					
37. Oklahoma.....	.OK	N.....				20,000	
38. Oregon.....	.OR	N.....					
39. Pennsylvania.....	.PA	L.....	7,540,904	4,582,792	3,680,841	.689,757	4,144,153
40. Rhode Island.....	.RI	N.....					1,695,024
41. South Carolina.....	.SC	N.....					
42. South Dakota.....	.SD	N.....					
43. Tennessee.....	.TN	L.....	581,220	937,327	584,303	.820,692	.600,781
44. Texas.....	.TX	L.....					701,675
45. Utah.....	.UT	N.....					
46. Vermont.....	.VT	N.....					
47. Virginia.....	.VA	N.....					
48. Washington.....	.WA	L.....				3,000	24,398
49. West Virginia.....	.WV	N.....					23,362
50. Wisconsin.....	.WI	N.....					
51. Wyoming.....	.WY	N.....					
52. American Samoa.....	.AS	N.....					
53. Guam.....	.GU	N.....					
54. Puerto Rico.....	.PR	N.....					
55. US Virgin Islands.....	.VI	N.....					
56. Northern Mariana Islands.....	.MP	N.....					
57. Canada.....	.CAN	N.....					
58. Aggregate Other Alien.....	OT	XXX.....	0	0	0	0	0
59. Totals.....	(a)	11	13,135,360	10,236,313	7,113,501	.5,248,265	8,434,600
							5,210,508

## 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 thru 58003+ Line 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

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INFINITY PROPERTY AND CASUALTY CORPORATION	FEIN Number	NAIC Co. Code	Domiciliary State
Hillstar Insurance Company*	03-0483872		
Infinity Financial Centers, LLC	31-1358834	10068	IN
Infinity Insurance Company*	20-4363792		
Atlanta Casualty Group, Inc.	31-0943862	22268	IN
Infinity Agency of Texas	58-1293110		
Infinity Assurance Insurance Company*	74-2641866		
Infinity Auto Insurance Company*	75-1227771	39497	OH
Leader Managing General Agency, Inc.	34-0927698	11738	OH
Leader Group, Inc.	75-2280915		
Infinity Casualty Insurance Company*	34-1852743		
Infinity County Mutual Insurance Company*@	58-1132392	21792	OH
Infinity Indemnity Insurance Company*	43-6030348	13820	TX
Infinity Preferred Insurance Company*	34-1767787	10061	IN
Infinity Reserve Insurance Company*	34-1785809	10195	OH
Infinity Safeguard Insurance Company*	31-1627506	10968	OH
Granite Finance Company	73-0772113	16802	OH
Infinity Security Insurance Company*	74-1537031		
Infinity Select Insurance Company*	58-1806192	38873	IN
Infinity Standard Insurance Company*	31-1333017	20260	IN
Infinity Property and Casualty Services, Inc.	58-1806189	12599	IN
Casualty Underwriters, Inc.	58-1080659		
The Infinity Group, Inc.	58-0642684		
	31-1357130		

\*Denotes Insurer

@ Denotes company which is affiliated but not owned

**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)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
<b>Members</b>														
3495.....	Infinity Property and Casualty Corporation	00000.....	03-0483872	.....	0001195933	NASDAQ.....	Infinity Property and Casualty Corporation.....	.....	UIP.....	.....	.....	.....	.....	Infinity Property and Casualty Corporation.....
3495.....	Infinity Property and Casualty Corporation	10068.....	31-1358834	.....	.....	.....	Hillstar Insurance Company.....	IN.....	IA.....	Infinity Property and Casualty Corporation.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	00000.....	20-4363792	.....	.....	.....	Infinity Financial Centers, LLC.....	.....	NIA.....	Infinity Property and Casualty Corporation.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	22268.....	31-0943862	.....	.....	.....	Infinity Insurance Company.....	IN.....	UDP.....	Infinity Property and Casualty Corporation.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	00000.....	74-2641866	.....	.....	.....	Infinity Agency of Texas.....	.....	NIA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	39497.....	75-1227771	.....	.....	.....	Infinity Assurance Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	11738.....	34-0927698	.....	.....	.....	Infinity Auto Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	00000.....	75-2280915	.....	.....	.....	Leader Mananging General Agency, Inc.....	.....	NIA.....	Infinity Auto Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	00000.....	34-1852743	.....	.....	.....	Leader Group, Inc.....	.....	NIA.....	Infinity Auto Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	21792.....	58-1132392	.....	.....	.....	Infinity Casualty Insurance Company.....	OH.....	.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	00000.....	58-1293110	.....	.....	.....	Atlanta Casualty Group, Inc.....	.....	NIA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	10061.....	34-1767787	.....	.....	.....	Infinity Indemnity Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	10195.....	34-1785809	.....	.....	.....	Infinity Preferred Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	10968.....	31-1627506	.....	.....	.....	Infinity Reserve Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	16802.....	73-0772113	.....	.....	.....	Infinity Safeguard Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	00000.....	74-1537031	.....	.....	.....	Granite Finance Company.....	.....	NIA.....	Infinity Safeguard Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	38873.....	58-1806192	.....	.....	.....	Infinity Security Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	20260.....	31-1333017	.....	.....	.....	Infinity Select Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	12599.....	58-1806189	.....	.....	.....	Infinity Standard Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	00000.....	58-1080659	.....	.....	.....	Infinity Property and Casualty Services, Inc.....	.....	NIA.....	Infinity Standard Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	.....
3495.....	Infinity Property and Casualty Corporation	00000.....	58-0642684	.....	.....	.....	Casualty Underwriters, Inc.....	.....	NIA.....	Infinity Property and Casualty Services, Inc.....	Ownership.....	51.000	Infinity Property and Casualty Corporation.....	.....

**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
3495.....	Infinity Property and Casualty Corporation Infinity Property and Casualty Corporation	13820..... 00000.....	43-6030348 31-1357130	..... .....	..... .....	Infinity County Mutual Insurance Company..... The Infinity Group, Inc.....	TX..... .....	IA..... NIA.....	Infinity Insurance Company..... Infinity Insurance Company.....	Management..... Ownership.....	..... 100.000	Infinity Property and Casualty Corporation..... Infinity Property and Casualty Corporation.....	.....	

Q12.1

**Infinity Casualty Insurance Company**  
**PART 1 - LOSS EXPERIENCE**

Lines 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
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.....	6,288,178	5,179,613	82.4	88.1
19.3, 19.4 Commercial auto liability.....	3,026,359	2,061,772	68.1	54.8
21. Auto physical damage.....	3,509,982	2,104,371	60.0	62.5
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	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	
35. Totals.....	12,824,519	9,345,756	72.9	70.6

**DETAILS OF WRITE-INS**

3401. ....				0.0
3402. ....				0.0
3403. ....				0.0
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0.0	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0.0	

**PART 2 - DIRECT PREMIUMS WRITTEN**

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....			
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....			
10. Financial guaranty.....			
11.1 Medical professional liability - occurrence.....			
11.2 Medical professional liability - claims made.....			
12. Earthquake.....			
13. Group accident and health.....			
14. Credit accident and health.....			
15. Other accident and health.....			
16. Workers' compensation.....			
17.1 Other liability-occurrence.....			
17.2 Other liability-claims made.....			
17.3 Excess workers' compensation.....			
18.1 Products liability-occurrence.....			
18.2 Products liability-claims made.....			
19.1, 19.2 Private passenger auto liability.....	2,015,897	6,420,351	4,608,339
19.3, 19.4 Commercial auto liability.....	993,680	3,198,016	2,872,122
21. Auto physical damage.....	1,097,262	3,516,993	2,755,852
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Warranty.....			XXX
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.....	4,106,839	13,135,360	10,236,313

**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 thru 3403 plus 3498) (Line 34).....	0	0	0

### **PART 3 (000 omitted)**

## LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

**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:**

**Infinity Casualty Insurance Company**  
**Overflow Page for Write-Ins**

**NONE**

**Infinity Casualty 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.....	0	
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 end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

**NONE**
**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.....	0	
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 and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
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).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

**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.....	0	
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).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

**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.....	7,422,020	7,555,845
2. Cost of bonds and stocks acquired.....		4,317,217
3. Accrual of discount.....	2,243	2,965
4. Unrealized valuation increase (decrease).....	586,482	
5. Total gain (loss) on disposals.....		40,859
6. Deduct consideration for bonds and stocks disposed of.....	1,081,482	4,469,843
7. Deduct amortization of premium.....	13,147	25,023
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).....	6,916,116	7,422,020
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	6,916,116	7,422,020

**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).....	7,607,463	132,517	105,158	(3,467)	7,555,396	7,607,463	7,631,355	7,471,788
2. Class 2 (a).....								
3. Class 3 (a).....								
4. Class 4 (a).....								
5. Class 5 (a).....								
6. Class 6 (a).....								
7. Total Bonds.....	7,607,463	132,517	105,158	(3,467)	7,555,396	7,607,463	7,631,355	7,471,788
<b>PREFERRED STOCK</b>								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	7,607,463	132,517	105,158	(3,467)	7,555,396	7,607,463	7,631,355	7,471,788

(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.

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**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.....	715,239	XXX.....	714,988		

**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.....	49,768	50,229
2. Cost of short-term investments acquired.....	1,198,832	5,515,223
3. Accrual of discount.....	252	
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	2	
6. Deduct consideration received on disposals.....	533,615	5,515,684
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).....	715,239	49,768
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	715,239	49,768

**Sch. DB-Pt A-Verification**  
**NONE**

**Sch. DB-Pt B-Verification**  
**NONE**

**Sch. DB-Pt C-Sn 1**  
**NONE**

**Sch. DB-Pt C-Sn 2**  
**NONE**

**Sch. DB-Verification**  
**NONE**

**Sch. E-Verification**  
**NONE**

**Sch. A-Pt 2**  
**NONE**

**Sch. A-Pt 3**  
**NONE**

**Sch. B-Pt 2**  
**NONE**

**Sch. B-Pt 3**  
**NONE**

**Sch. BA-Pt 2**  
**NONE**

**Sch. BA-Pt 3**  
**NONE**

**Sch. D-Pt 3**  
**NONE**

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value At Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Design- ation or Market Indicator (a)		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Other Than Temporary Impairment	14 Total Change in B./A.C.V. (11+12-13)	15 Change in B./A.C.V.									
<b>Common Stocks - Parent, Subsidiaries and Affiliates</b>																							
04772Z 10 0	ATLANTA CASUALTY GROUP, INC.....		07/01/2013	Dividend to Infinity Insurance Company	5,000.000	586,482	XXX	586,482						0							0	XXX...	K.....
9199999.	Total - Common Stocks - Parent, Subsidiaries and Affiliates.....				586,482	XXX	586,482	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX...	XXX...
9799997	Total - Common Stocks - Part 4.....				586,482	XXX	586,482	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX...	XXX...
9799999.	Total - Common Stocks.....				586,482	XXX	586,482	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX...	XXX...
9899999.	Total - Preferred and Common Stocks.....				586,482	XXX	586,482	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX...	XXX...
9999999.	Total - Bonds, Preferred and Common Stocks.....				586,482	XXX	586,482	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX...	XXX...

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

**Sch. DB-Pt A-Sn 1**  
**NONE**

**Sch. DB-Pt B-Sn 1**  
**NONE**

**Sch. DB-Pt B-Sn 1B-Broker List**  
**NONE**

**Sch. DB-Pt D-Sn 1**  
**NONE**

**Sch. DB-Pt D-Sn 2**  
**NONE**

**Sch. DL-Pt. 1**  
**NONE**

**Sch. DL-Pt. 2**  
**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 * Third Month
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
The Bank of New York Mellon.....	New York, New York.....		.....0.010	.....	.....	.....	74,986	.....XXX..
0199999. Total Open Depositories.....	....XXX.....XXX.....		.....0	.....0	.....0	.....0	74,986	.....0 XXX..
0399999. Total Cash on Deposit.....	....XXX.....XXX.....		.....0	.....0	.....0	.....0	74,986	.....0 XXX..
0599999. Total Cash.....	....XXX.....XXX.....		.....0	.....0	.....0	.....0	74,986	.....0 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
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**NONE**