



QUARTERLY STATEMENT

As of September 30, 2013
of the Condition and Affairs of the

Infinity Assurance Insurance Company

NAIC Group Code.....3495, 3495
(Current Period) (Prior Period)

Organized under the Laws of Ohio
Incorporated/Organized..... June 3, 1980

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 39497

State of Domicile or Port of Entry Ohio

1400 Provident Tower, One East Fourth Street..... Cincinnati OH 45202
(Street and Number) (City or Town, State, Country and Zip Code)

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)

P.O. Box 830189..... Birmingham AL 35283-0189
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

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)

www.infinityauto.com

Rachelle Shealy Talley
(Name)
rachelle.talley@ipacc.com
(E-Mail Address)

Employer's ID Number..... 75-1227771

Country of Domicile US

Commenced Business..... July 11, 1980

205-803-8326
(Area Code) (Telephone Number) (Extension)

205-803-8080
(Fax Number)

POLICYHOLDER SERVICES AND CLAIMS REPORTING: 1-800-477-5056

OFFICERS

Name	Title	Name	Title
Glen Nelson Godwin	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 HenryRomaker	Assistant Secretary
Mitchell Silverman	Assistant Secretary	Roger Smith	Senior Vice President & CFO

DIRECTORS OR TRUSTEES

James Randall Gober	Glen Nelson Godwin	Amy Kay Jordan	Scott Christopher Pitrone
James Henry Romaker #	Samuel Simon	Roger Smith	

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.

Glen Nelson Godwin	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 []

My Commission Expires April 15, 2017

ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds.....	6,781,005		6,781,005	6,795,735
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 (\$.....215,231).....	215,231		215,231	47,275
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).....	6,996,236	.0	6,996,236	6,843,010
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	14,469		14,469	31,438
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	4,723,845		4,723,845	4,443,471
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.....	3,214,045		3,214,045	3,003,122
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.....			.0	3,191
18.2 Net deferred tax asset.....	47,895		47,895	45,977
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.....	.0	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	14,996,490	.0	14,996,490	14,370,209
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	14,996,490	.0	14,996,490	14,370,209

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.			.0	
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).....	.0	.0	.0	.0

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.....	164,055	148,394
4. Commissions payable, contingent commissions and other similar charges.....	3,584	3,982
5. Other expenses (excluding taxes, licenses and fees).....	23,273	21,424
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)).....	1,570	
7.2 Net deferred tax liability.....		
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$....22,215,773 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).....	4,610,857	4,352,928
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.....	3,227,767	3,018,615
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.....	2,754	179
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	9,147,431	8,571,119
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	9,147,431	8,571,119
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	3,800,000	3,800,000
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....	1,650,000	1,650,000
35. Unassigned funds (surplus).....	399,059	349,090
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).....	5,849,059	5,799,090
38. Totals (Page 2, Line 28, Col. 3).....	14,996,490	14,370,209

DETAILS OF WRITE-INS		
2501. Accounts payable and other liabilities.....	2,754	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).....	2,754	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 Assurance Insurance Company
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....42,590,909).....	41,509,738	30,397,208	43,249,248
1.2 Assumed..... (written \$.....1,019,172).....	976,882	872,730	1,184,090
1.3 Ceded..... (written \$.....42,590,909).....	41,509,738	30,397,208	43,249,248
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.....	29,733,833	22,926,745	33,198,732
2.2 Assumed.....	635,702	564,587	782,740
2.3 Ceded.....	29,733,833	22,926,745	33,198,732
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)
INVESTMENT INCOME			
9. Net investment income earned.....	61,489	70,285	90,945
10. Net realized capital gains (losses) less capital gains tax of \$.....657.....	(391)	(629)	2,672
11. Net investment gain (loss) (Lines 9 + 10).....	61,098	69,656	93,617
OTHER INCOME			
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).....	77,155	61,410	79,714
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).....	77,155	61,410	79,714
19. Federal and foreign income taxes incurred.....	29,104	27,954	30,230
20. Net income (Line 18 minus Line 19) (to Line 22).....	48,051	33,456	49,484
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	5,799,090	5,780,839	5,780,839
22. Net income (from Line 20).....	48,051	33,456	49,484
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....			
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	1,918	6,213	3,767
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.....		290,000	290,000
33.2 Transferred to capital (Stock Dividend).....			
33.3 Transferred from capital.....			
34. Net remittances from or (to) Home Office.....			
35. Dividends to stockholders.....			(325,000)
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).....	49,969	329,669	18,251
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	5,849,059	6,110,508	5,799,090
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

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	996,727	940,593	1,251,180
2. Net investment income.....	71,856	93,837	101,195
3. Miscellaneous income.....	53,822	53,530	70,762
4. Total (Lines 1 through 3).....	1,122,405	1,087,960	1,423,137
5. Benefit and loss related payments.....	800,304	521,024	3,714,049
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	361,202	355,385	471,912
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....657 tax on capital gains (losses).....	25,000	35,000	41,624
10. Total (Lines 5 through 9).....	1,186,506	911,409	4,227,585
11. Net cash from operations (Line 4 minus Line 10).....	(64,101)	176,551	(2,804,448)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	20,328	2,895,000	3,199,447
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	2		
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	20,330	2,895,000	3,199,447
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		2,992,312	3,361,866
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	2,992,312	3,361,866
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).....	20,330	(97,312)	(162,419)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....		290,000	290,000
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			325,000
16.6 Other cash provided (applied).....	211,727	7,139	3,000,538
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	211,727	297,139	2,965,538
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	167,956	376,378	(1,329)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	47,275	48,604	48,604
19.2 End of period (Line 18 plus Line 19.1).....	215,231	424,982	47,275

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 Assurance 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

- 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.
- The Company does not invest in loan-backed securities.
- None.
- None.
- 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

No significant change.

14.) CONTINGENCIES

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits

The Company paid the following amounts in 2013 to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits:

	Direct
Claims related extra contractual obligations and bad faith losses paid in 2013	\$ 351,525

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits:

(a) 0-25 claims	(b) 26-50 claims	(c) 51-100 claims	(d) 101-500 claims	(e) More than 500 claims
X				

Claim count information is disclosed: per claim (X) per claimant ()

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	\$ 7,078,298	\$ 6,996,236	\$ 7,078,298	\$ 0	\$ 0	\$ 0

21.) OTHER ITEMS

No significant change.

NOTES TO FINANCIAL STATEMENTS

22.) EVENTS SUBSEQUENT

None.

23.) REINSURANCE

No significant change.

24.) RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

No significant change.

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.

NOTES TO FINANCIAL STATEMENTS

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.

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.

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	2	3
Name of Entity	NAIC Company Code	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?
If yes, attach an explanation.
Not Applicable

Yes [☐] No [☒ X] N/A [☐]

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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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?
(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:
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	2
	Prior Year-End	Current Quarter
	Book/Adjusted Carrying Value	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).....	\$0	\$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	2
Name of Custodian(s)	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	2	3
Name(s)	Location(s)	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	2	3	4
Old Custodian	New Custodian	Date of Change	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	2	3
Central Registration Depository	Name(s)	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

Infinity Assurance 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?
If yes, attach an explanation.
Not Applicable

Yes [] No [X] N/A []

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?
If yes, attach an explanation.
Not Applicable

Yes [] No [X]

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	2	3	Total Discount				Discount Taken During Period			
	Maximum Interest	Disc. Rate	4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
Line of Business	.....	.....	.....	.....	.....	.....0	.....	.....	.....	.....0
Total.....	XXX...	XXX.....	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.

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

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

		1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2	3	4	5	6	7
States, Etc.		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.....						
2.	Alaska.....	AK.....N.....						
3.	Arizona.....	AZ.....N.....						
4.	Arkansas.....	AR.....N.....						
5.	California.....	CA.....N.....						
6.	Colorado.....	CO.....N.....						
7.	Connecticut.....	CT.....N.....						
8.	Delaware.....	DE.....N.....						
9.	District of Columbia.....	DC.....N.....						
10.	Florida.....	FL.....L.....	40,719,191	35,118,261	25,307,441	16,111,174	20,588,592	13,839,771
11.	Georgia.....	GA.....L.....						
12.	Hawaii.....	HI.....N.....						
13.	Idaho.....	ID.....N.....						
14.	Illinois.....	IL.....L.....	1,574,715	1,912,018	1,534,679	1,211,861	974,456	840,722
15.	Indiana.....	IN.....N.....						
16.	Iowa.....	IA.....N.....						
17.	Kansas.....	KS.....N.....						
18.	Kentucky.....	KY.....N.....						
19.	Louisiana.....	LA.....N.....						
20.	Maine.....	ME.....N.....						
21.	Maryland.....	MD.....N.....						
22.	Massachusetts.....	MA.....N.....						
23.	Michigan.....	MI.....N.....						
24.	Minnesota.....	MN.....N.....						
25.	Mississippi.....	MS.....N.....						
26.	Missouri.....	MO.....L.....		50	400,225	91,816	23,790	969,234
27.	Montana.....	MT.....N.....						
28.	Nebraska.....	NE.....N.....						
29.	Nevada.....	NV.....N.....						
30.	New Hampshire.....	NH.....N.....						
31.	New Jersey.....	NJ.....L.....			(752)	(492)		
32.	New Mexico.....	NM.....N.....						
33.	New York.....	NY.....L.....			106,594	124,593	2,440,612	2,909,604
34.	North Carolina.....	NC.....N.....						
35.	North Dakota.....	ND.....N.....						
36.	Ohio.....	OH.....L.....	2,662	9,470		5,397	861	2,122
37.	Oklahoma.....	OK.....N.....						
38.	Oregon.....	OR.....N.....						
39.	Pennsylvania.....	PA.....L.....	142,225	187,496	106,647	82,510	120,049	115,229
40.	Rhode Island.....	RI.....N.....						
41.	South Carolina.....	SC.....L.....	152,116	268,865	102,396	188,066	132,887	129,978
42.	South Dakota.....	SD.....N.....						
43.	Tennessee.....	TN.....N.....						
44.	Texas.....	TX.....E.....						
45.	Utah.....	UT.....N.....						
46.	Vermont.....	VT.....N.....						
47.	Virginia.....	VA.....N.....						
48.	Washington.....	WA.....N.....						
49.	West Virginia.....	WV.....N.....						
50.	Wisconsin.....	WI.....N.....						
51.	Wyoming.....	WY.....N.....						
52.	American Samoa.....	AS.....N.....						
53.	Guam.....	GU.....N.....						
54.	Puerto Rico.....	PR.....N.....						
55.	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	0
59.	Totals.....	(a).....9.....	42,590,909	37,496,160	27,557,230	17,814,925	24,281,247	18,806,660

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.

Statement for September 30, 2013 of the

Infinity Assurance Insurance Company

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

	FEIN Number	NAIC Co. Code	Domiciliary State
INFINITY PROPERTY AND CASUALTY CORPORATION	03-0483872		
Hillstar Insurance Company*	31-1358834	10068	IN
Infinity Financial Centers, LLC	20-4363792		
Infinity Insurance Company*	31-0943862	22268	IN
Atlanta Casualty Group, Inc.	58-1293110		
Infinity Agency of Texas	74-2641866		
Infinity Assurance Insurance Company*	75-1227771	39497	OH
Infinity Auto Insurance Company*	34-0927698	11738	OH
Leader Managing General Agency, Inc.	75-2280915		
Leader Group, Inc.	34-1852743		
Infinity Casualty Insurance Company*	58-1132392	21792	OH
Infinity County Mutual Insurance Company*@	43-6030348	13820	TX
Infinity Indemnity Insurance Company*	34-1767787	10061	IN
Infinity Preferred Insurance Company*	34-1785809	10195	OH
Infinity Reserve Insurance Company*	31-1627506	10968	OH
Infinity Safeguard Insurance Company*	73-0772113	16802	OH
Granite Finance Company	74-1537031		
Infinity Security Insurance Company*	58-1806192	38873	IN
Infinity Select Insurance Company*	31-1333017	20260	IN
Infinity Standard Insurance Company*	58-1806189	12599	IN
Infinity Property and Casualty Services, Inc.	58-1080659		
Casualty Underwriters, Inc.	58-0642684		
The Infinity Group, Inc.	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)	*
Members														
Q12	Infinity Property and Casualty Corporation	00000.....	03-0483872	.....	0001195933	NASDAQ.....	Infinity Property and Casualty Corporation.....	.....	UIP.....	.....	.....	.....	Infinity Property and Casualty Corporation.....	.....
	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.....	.....
	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.....	.....
	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.....	.....
	Infinity Property and Casualty Corporation	00000.....	74-2641866	.....	.....	.....	Infinity Agency of Texas.....	.....	NIA.....	Infinity Insurance Company.....	Ownership.....	...100.000	Infinity Property and Casualty Corporation.....	.....
	Infinity Property and Casualty Corporation	39497.....	75-1227771	.....	.....	.....	Infinity Assurance Insurance Company.....	OH.....	.....	Infinity Insurance Company.....	Ownership.....	...100.000	Infinity Property and Casualty Corporation.....	.....
	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.....	.....
	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.....	.....
	Infinity Property and Casualty Corporation	00000.....	34-1852743	.....	.....	.....	Leader Group, Inc.....	.....	NIA.....	Infinity Auto Insurance Company.....	Ownership.....	...100.000	Infinity Property and Casualty Corporation.....	.....
	Infinity Property and Casualty Corporation	21792.....	58-1132392	.....	.....	.....	Infinity Casualty Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	...100.000	Infinity Property and Casualty Corporation.....	.....
	Infinity Property and Casualty Corporation	00000.....	58-1293110	.....	.....	.....	Atlanta Casualty Group, Inc.....	.....	NIA.....	Infinity Insurance Company.....	Ownership.....	...100.000	Infinity Property and Casualty Corporation.....	.....
	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.....	.....
	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.....	.....
	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.....	.....
	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.....	.....
	Infinity Property and Casualty Corporation	00000.....	74-1537031	.....	.....	.....	Granite Finance Company.....	.....	NIA.....	Infinity Safeguard Insurance Company.....	Ownership.....	...100.000	Infinity Property and Casualty Corporation.....	.....
	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.....	.....
	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.....	.....
	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.....	.....
	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.....	.....
	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	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)	*
3495.....	Infinity Property and Casualty Corporation	13820.....	43-6030348	.....	.....	.....	Infinity County Mutual Insurance Company.....	TX.....	IA.....	Infinity Insurance Company.....	Management.....	.....	Infinity Property and Casualty Corporation.....	.....
.....	Infinity Property and Casualty Corporation	00000.....	31-1357130	.....	.....	.....	The Infinity Group, Inc.....	.....	NIA.....	Infinity Insurance Company.....	Ownership.....	...100.000	Infinity Property and Casualty Corporation.....	.....

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.....		(363,825)	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.....	31,053,423	23,409,778	75.4	78.3
19.3, 19.4 Commercial auto liability.....		(9)	0.0	
21. Auto physical damage.....	10,456,315	6,687,889	64.0	75.3
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.....	XXX	XXX	0.0	
30. Warranty.....	XXX	XXX	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.....	41,509,738	29,733,833	71.6	75.4
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.....	10,794,323	31,830,423	27,993,690
19.3 19.4 Commercial auto liability.....			
21. Auto physical damage.....	3,593,862	10,760,486	9,502,470
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.....	14,388,185	42,590,909	37,496,160
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

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 Assurance Insurance Company
Overflow Page for Write-Ins

NONE

Infinity Assurance Insurance Company

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	
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

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	
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	2
	Year to Date	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	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	6,795,735	6,622,913
2. Cost of bonds and stocks acquired.....		3,361,866
3. Accrual of discount.....	6,695	6,674
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....	264	6,211
6. Deduct consideration for bonds and stocks disposed of.....	20,328	3,199,447
7. Deduct amortization of premium.....	1,361	2,482
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).....	6,781,005	6,795,735
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	6,781,005	6,795,735

SCHEDULE D - PART 1B

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

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	6,948,650	120,501	74,745	1,830	6,917,414	6,948,650	6,996,236	6,843,010
2. Class 2 (a).....								
3. Class 3 (a).....								
4. Class 4 (a).....								
5. Class 5 (a).....								
6. Class 6 (a).....								
7. Total Bonds.....	6,948,650	120,501	74,745	1,830	6,917,414	6,948,650	6,996,236	6,843,010
PREFERRED STOCK								
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.....	6,948,650	120,501	74,745	1,830	6,917,414	6,948,650	6,996,236	6,843,010

(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 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.....	215,231	XXX.....	215,182	.....	.....

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.....	47,275	48,604
2. Cost of short-term investments acquired.....	383,685	3,819,807
3. Accrual of discount.....	49	.....
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	2	.....
6. Deduct consideration received on disposals.....	215,780	3,821,136
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).....	215,231	47,275
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	215,231	47,275

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

Sch. D-Pt 4
NONE

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

Infinity Assurance Insurance Company

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
The Bank of New York Mellon..... New York, New York.....		0.010			16,900	49,990		XXX..
0199999. Total Open Depositories.....	...XXX.....	...XXX.....	0	0	16,900	49,990	0	XXX..
0399999. Total Cash on Deposit.....	...XXX.....	...XXX.....	0	0	16,900	49,990	0	XXX..
0599999. Total Cash.....	...XXX.....	...XXX.....	0	0	16,900	49,990	0	XXX..

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

NONE