10386201420100100 2014 Document Code: 201

Annual Statement

For the Year Ended December 31, 2014

OF THE CONDITION AND AFFAIRS OF THE

American Family Insurance Company

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

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

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

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

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

STATUTORY STATEMENT CONTACT: Michael J. Nitka
Telephone: 608-249-2111, Ext. 31017; Fax: 877-571-4803; E-Mail: cnitka@amfam.com

OFFICERS

Name	Title
Jack Charles Salzwedel	Chairman, C.E.O.
Daniel Robert Schultz	President, C.O.O.
Daniel James Kelly	Chief Financial Officer, Treasurer
David Clifford Holman	Chief Legal Officer, Secretary
David Alan Graham	Chief Investment Officer
Kari Elizabeth Grasee	Vice President - Controller
Martin Thomas Chiaro	Assistant Treasurer
Ann Frances Wenzel	Assistant Secretary

DIRECTORS OR TRUSTEES

David Clifford Holman
Jack Charles Salzwedel
Daniel James Kelly
William Boyd Westrate

State of Wisconsin
County of Dane

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Signature	Signature	Signature
Jack C. Salzwedel	David C. Holman	Daniel J. Kelly
Chairman, C.E.O, President	Chief Legal Officer, Secretary	Chief Financial Officer, Treasurer

Subscribed and sworn to before me this day of February, 2015

My Commission Expires: .....

a. Is this an original filing? Yes[X] No [ ]
b. If no: 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443003000 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **ARIZONA** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443006100 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **COLORADO** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril	4,921	410		4,511		45	45		3	3	747	
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	2,554,968	442,570		2,112,398	28,301	307,118	278,817		19,577	19,577	2,204,371	
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	1,537,261	255,680		1,281,582	115,764	251,512	135,748		475	475		
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	4,097,150	698,660		3,398,491	144,065	558,675	414,610		20,055	20,055	2,205,118	
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443011100 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **GEORGIA** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	32,774	27,157		17,278	67,434	67,838	1,511		106	155	3,778	1,038
2.1 Allied lines	24,101	19,536		12,200	4,240	3,765	263		146	164	2,977	764
2.2 Multiple peril crop												
2.3 Federal flood	92,290	79,550		43,780	96,915	96,915						
2.4 Private crop												
3. Farmowners multiple peril	143,439	133,208		85,902	2,290	1,564	401		20	28	16,959	4,548
4. Homeowners multiple peril	20,051,358	16,992,253		10,719,484	11,698,820	11,913,142	2,249,876	98,468	137,695	140,193	2,651,440	832,130
5.1 Commercial multiple peril (non - liability portion)	6,095,440	5,006,264		3,060,909	4,070,191	4,291,851	1,101,218	18,125	90,337	109,414	717,954	193,143
5.2 Commercial multiple peril (liability portion)	3,017,971	2,560,294		1,493,750	128,519	518,530	1,019,050	26,436	159,036	377,190	354,863	95,629
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	51,936	44,187		23,161	27,032	29,763	4,678		309	391	5,177	1,646
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake	11,719	11,425		4,658							1,829	
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation	832,007	700,491		373,189	99,130	251,712	209,209	33,587	51,414	23,179	53,063	28,588
17.1 Other liability - occurrence	1,068,531	934,993		535,068	248,134	506,374	732,965	13,515	82,952	162,258	121,844	33,857
17.2 Other Liability - claims-made												285
17.3 Excess Workers' Compensation												
18. Products liability	8,875	7,074		5,833							730	281
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	28,154,157	26,080,528		9,248,937	22,009,492	26,947,713	25,201,149	854,266	1,121,422	2,855,423	2,375,305	892,004
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	1,029,156	850,726		535,026	556,634	1,058,839	1,447,763	15,267	71,781	196,830	84,276	32,610
21.1 Private passenger auto physical damage	16,233,320	15,452,306		5,326,605	9,086,940	9,148,649	267,934	21,276	20,416	8,729	1,368,702	514,318
21.2 Commercial auto physical damage	322,370	279,033		168,903	182,877	224,795	41,579		71	235	25,835	10,215
22. Aircraft (all perils)												
23. Fidelity	4,106	2,909		1,858							496	130
24. Surety												
26. Burglary and theft	3,545	2,560		1,505							512	112
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	77,177,095	69,184,494		31,658,046	48,278,648	55,061,450	32,277,596	1,080,940	1,735,705	3,874,189	7,785,740	2,641,298
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443013000 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **IDAHO** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

19 Idaho

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443014100 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **ILLINOIS** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation	39,580	7,661		31,919		2,034	2,034		230	230	4,964	
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	39,580	7,661		31,919		2,034	2,034		230	230	4,964	
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443015000 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **INDIANA** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
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23. Fidelity												
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28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
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3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443017000 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **KANSAS** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
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10. Financial guaranty												
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15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
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27. Boiler and machinery												
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3402.												
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3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443024000 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **MINNESOTA** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

19 Minnesota

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443026100 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **MISSOURI** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation	40,517	4,942		35,575		1	1					
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	40,517	4,942		35,575		1	1					
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443028000 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **NEBRASKA** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443029000 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **NEVADA** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443036100 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **OHIO** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	50,388	51,676		23,129		(2,216)	2,926		(44)	31	7,515	874
2.1 Allied lines	36,676	37,594		16,573	926	(316)	1,201		(72)	8	451	636
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril											13,601	
4. Homeowners multiple peril	51,396,202	50,843,572		26,733,762	21,792,631	21,537,240	8,871,802	181,075	203,829	880,250	6,085,508	891,852
5.1 Commercial multiple peril (non - liability portion)	577	612		(2)	2,242	2,499	(35)			5	(15,469)	9
5.2 Commercial multiple peril (liability portion)	141	150				(8,888)	73,541	19,171	(8,671)	44,215	(8,231)	2
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine											(193)	
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake	85,369	86,102		44,056							10,097	
13. Group accident and health (b)												(1,355)
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)	475,322	306,365		2,392,088	490,179	688,209	1,170,594				22,782	7,346
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence	1,539,822	1,563,747		784,635	1,020,000	2,427,052	4,003,901	2,649	12,029	55,602	158,486	23,822
17.2 Other Liability - claims-made												(35)
17.3 Excess Workers' Compensation												
18. Products liability	51	50		6							(11)	1
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	59,410,774	60,172,466		15,867,952	30,319,810	28,446,079	38,625,040	2,210,580	1,247,755	5,489,542	4,962,007	919,809
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability						1			9	12	(3,168)	
21.1 Private passenger auto physical damage	40,620,709	40,720,509		11,044,979	21,546,780	21,240,329	366,944	50,699	39,563	24,051	3,369,241	628,898
21.2 Commercial auto physical damage	88,145	87,243		42,405	29,730	29,730					6,541	1,365
22. Aircraft (all perils)												
23. Fidelity											(15)	
24. Surety												
26. Burglary and theft											(15)	
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	153,704,176	153,870,086		56,949,583	75,202,298	74,359,719	53,115,914	2,464,174	1,494,398	6,493,716	14,609,127	2,473,224
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443042000 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **SOUTH DAKOTA** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

NONE

19 South Dakota

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443045100 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **UTAH** DURING THE YEAR NAIC Company Code: 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril	1,086,940	275,825		827,046	140,648	148,398	8,453		1,352	1,384	157,581	26,165
5.1 Commercial multiple peril (non - liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake	27,927	6,439		21,488								
13. Group accident and health (b)											6,414	(21)
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation												
17.1 Other liability - occurrence												
17.2 Other Liability - claims-made												117
17.3 Excess Workers' Compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	1,140,611	892,695		462,687	803,440	757,329	(6,677)	19,744	179,315	187,763	173,595	27,333
19.2 Other private passenger auto liability	12,854,345	9,939,878		5,215,363	3,769,645	8,965,444	5,890,681	23,922	480,174	515,601	2,828,526	308,028
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	7,366,740	5,601,431		3,066,984	4,005,710	4,099,548	239,645		1,765	2,770	1,046,051	176,529
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	22,476,563	16,716,268		9,593,568	8,719,443	13,970,719	6,132,102	43,666	662,606	707,518	4,212,167	538,151
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

EXHIBIT OF PREMIUMS AND LOSSES

(Statutory Page 14)

10386201443059100 2014 Document Code: 430

NAIC Group Code: 0473 DIRECT BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code: 10386

19 Grand Total

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	83,162	78,833		40,407	67,434	65,622	4,437		62	186	11,293	1,912
2.1 Allied lines	60,777	57,130		28,773	5,166	3,449	1,464		74	172	3,428	1,400
2.2 Multiple peril crop												
2.3 Federal flood	92,290	79,550		43,780	96,915	96,915						
2.4 Private crop												
3. Farmowners multiple peril	143,439	133,208		85,902	2,290	1,564	401		20	28	30,560	4,548
4. Homeowners multiple peril	72,539,421	68,112,060		38,284,803	33,632,099	33,598,825	11,130,176	279,543	342,879	1,021,830	8,895,276	1,750,147
5.1 Commercial multiple peril (non - liability portion)	6,096,017	5,006,876		3,060,907	4,072,433	4,294,350	1,101,183	18,125	90,337	109,419	702,485	193,152
5.2 Commercial multiple peril (liability portion)	3,018,112	2,560,444		1,493,750	128,519	509,642	1,092,591	45,607	150,365	421,405	346,632	95,631
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	51,936	44,187		23,161	27,032	29,763	4,678		309	391	4,984	1,646
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake	125,015	103,966		70,202							11,926	
13. Group accident and health (b)											6,414	(1,376)
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)	475,322	306,365		2,392,088	490,179	688,209	1,170,594				22,782	7,346
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium												
16. Workers' compensation	912,104	713,094		440,683	99,130	253,747	211,244	33,587	51,644	23,409	58,027	28,588
17.1 Other liability - occurrence	2,608,353	2,498,740		1,319,703	1,268,134	2,933,426	4,736,866	16,164	94,981	217,860	280,330	57,679
17.2 Other Liability - claims-made												367
17.3 Excess Workers' Compensation												
18. Products liability	8,926	7,124		5,839							719	282
19.1 Private passenger auto no-fault (personal injury protection)	1,140,611	892,695		462,687	803,440	757,329	(6,677)	19,744	179,315	187,763	173,595	27,333
19.2 Other private passenger auto liability	102,974,244	96,635,442		32,444,650	56,127,248	64,666,354	69,995,687	3,088,768	2,868,928	8,880,143	12,370,209	2,119,841
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	1,029,156	850,726		535,026	556,634	1,058,840	1,447,763	15,267	71,790	196,842	81,108	32,610
21.1 Private passenger auto physical damage	65,758,030	62,029,926		20,720,150	34,755,194	34,740,038	1,010,271	71,975	62,219	36,025	5,783,994	1,319,745
21.2 Commercial auto physical damage	410,515	366,276		211,308	212,607	254,525	41,579		71	235	32,376	11,580
22. Aircraft (all perils)												
23. Fidelity	4,106	2,909		1,858							481	130
24. Surety												
26. Burglary and theft	3,545	2,560		1,505							497	112
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	257,535,081	240,482,111		101,667,182	132,344,454	143,952,598	91,942,257	3,588,780	3,912,994	11,095,708	28,817,116	5,652,673
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 $.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

20 Schedule F Part 1 Assumed Reinsurance . . . . . NONE

21 Schedule F Part 2 Reinsurance Effected . . . . . NONE

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
Authorized - Affiliates - U.S. Non-Pool - Other																		
39-0273710	19275	AMERICAN FAMILY MUT INS CO	WI		257,265	(236)	104	44,357		47,571	17,210	101,585		210,591	(8,646)		219,237	
0399999 Total - Authorized - Affiliates - U.S. Non-Pool - Other					257,265	(236)	104	44,357		47,571	17,210	101,585		210,591	(8,646)		219,237	
0499999 Total - Authorized - Affiliates - U.S. Non-Pool - Total					257,265	(236)	104	44,357		47,571	17,210	101,585		210,591	(8,646)		219,237	
0799999 Total - Authorized - Affiliates - Other (Non-U.S.) - Total																		
0899999 Total - Authorized - Affiliates					257,265	(236)	104	44,357		47,571	17,210	101,585		210,591	(8,646)		219,237	
Authorized - Other U.S. Unaffiliated Insurers																		
42-0113630	60836	AMERICAN REPUBLIC INS CO	IA		178	33				13		38		84			84	
0999998 Total - Authorized - Other U.S. Unaffiliated Insurers (Under $100,000)																		
0999999 Total - Authorized - Other U.S. Unaffiliated Insurers					178	33				13		38		84			84	
Authorized -Pools - Voluntary Pools																		
AA-9992201	00000	NATIONAL FLOOD INS PROGRAM	DC		92							44		44			44	
1199999 Total - Authorized -Pools - Voluntary Pools					92							44		44			44	
1399999 Total - Authorized					257,535	(203)	104	44,357		47,584	17,210	101,667		210,719	(8,646)		219,365	
4099999 Total - Authorized, Unauthorized and Certified					257,535	(203)	104	44,357		47,584	17,210	101,667		210,719	(8,646)		219,365	
4199999 Total - Protected Cells																		
9999999 Totals					257,535	(203)	104	44,357		47,584	17,210	101,667		210,719	(8,646)		219,365	

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of $50,000:

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1)			
2)			
3)			
4)			
5)			

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1)	American Family Mut Ins Co	210,591	257,265	Yes[X] No[ ]
2)	American Republic Ins Co	84	178	Yes[ ] No[X]
3)	National Flood Ins Program	44	92	Yes[ ] No[X]
4)				Yes[ ] No[X]
5)				Yes[ ] No[X]

SCHEDULE F - PART 4

Aging of Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12	13
				5	Overdue					11		
					6	7	8	9	10			Percentage
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Current	1 - 29 Days	30-90 Days	91-120 Days	Over 120 Days	Total Overdue Columns 6 + 7 + 8 + 9	Total Due Cols. 5 + 10	Percentage Overdue Col. 10/Col. 11	More Than 120 Days Overdue Col. 9/Col. 11
Authorized - Affiliates - U.S. Non-Pool - Other												
39-0273710	19275	AMERICAN FAMILY MUT INS CO	WI	(132)						(132)		
0399999 Total - Authorized - Affiliates - U.S. Non-Pool - Other				(132)						(132)		
0499999 Total - Authorized - Affiliates - U.S. Non-Pool - Total				(132)						(132)		
0799999 Total - Authorized - Affiliates - Other (Non-U.S.) - Total												
0899999 Total - Authorized - Affiliates				(132)						(132)		
Authorized - Other U.S. Unaffiliated Insurers												
42-0113630	60836	AMERICAN REPUBLIC INS CO	IA	33						33		
0999999 Total - Authorized - Other U.S. Unaffiliated Insurers				33						33		
1399999 Total - Authorized				(99)						(99)		
4099999 Total - Authorized, Unauthorized and Certified				(99)						(99)		
4199999 Total - Protected Cells												
9999999 Totals				(99)						(99)		

24 Schedule F Part 5 Unauthorized Reinsurance . . . . . NONE

25 Schedule F Part 6 - Section 1 Reinsurance Ceded to Certified Reinsurers . . . . NONE

26 Schedule F Part 6 - Section 2 Overdue Reins. Ceded to Certified Reinsurers . . NONE

27 Schedule F Part 7 Overdue Authorized Reinsurance . . . . . NONE

28 Schedule F Part 8 Overdue Reinsurance . . . . . NONE

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Column 3)				
1.	Cash and invested assets (Line 12)	23,810,531		23,810,531
2.	Premiums and considerations (Line 15)	128,593		128,593
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	(99,027)	99,027	
4.	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets	2,082,867		2,082,867
6.	Net amount recoverable from reinsurers		219,329,796	219,329,796
7.	Protected cell assets (Line 27)			
8.	TOTALS (Line 28)	25,922,964	219,428,823	245,351,787
LIABILITIES (Page 3)				
9.	Losses and loss adjustment expenses (Lines 1 through 3)		109,151,956	109,151,956
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	585		585
11.	Unearned premiums (Line 9)		101,667,183	101,667,183
12.	Advance premiums (Line 10)	1,234,247		1,234,247
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	(8,609,684)	8,609,684	
15.	Funds held by company under reinsurance treaties (Line 13)			
16.	Amounts withheld or retained by company for account of others (Line 14)	2,670		2,670
17.	Provision for reinsurance (Line 16)			
18.	Other liabilities	16,089,737		16,089,737
19.	TOTAL Liabilities excluding protected cell business (Line 26)	8,717,555	219,428,823	228,146,378
20.	Protected cell liabilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)	17,205,409	X X X	17,205,409
22.	TOTALS (Line 38)	25,922,964	219,428,823	245,351,787

Note: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes[X] No[ ]

If yes, give full explanation: American Family Insurance Company has a 100% reinsurance agreement with parent company, American Family Mutual Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit Accident & Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Premiums earned		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
3.	Incurred claims																		
4.	Cost containment expenses																		
5.	Incurred claims and cost containment expenses (Lines 3 and 4)																		
6.	Increase in contract reserves																		
7.	Commissions (a)																		
8.	Other general insurance expenses																		
9.	Taxes, licenses and fees																		
10.	Total other expenses incurred																		
11.	Aggregate write-ins for deductions																		
12.	Gain from underwriting before dividends or refunds																		
13.	Dividends or refunds																		
14.	Gain from underwriting after dividends or refunds																		
DETAILS OF WRITE-INS																			
1101.																			
1102.																			
1103.																			
1198.	Summary of remaining write-ins for Line 11 from overflow page																		
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)																		

NONE

(a) Includes $.....0 reported as "Contract, membership and other fees retained by agents."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums									
2. Advance premiums									
3. Reserve for rate credits									
4. TOTAL Premium reserves, current year									
5. TOTAL Premium reserves, prior year									
6. Increase in total premium reserves									
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits									
3. TOTAL Contract reserves, current year									
4. TOTAL Contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. TOTAL Current year									
2. TOTAL Prior year									
3. Increase									
PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claim Paid During the Year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year									
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year									
3. Test:									
3.1 Lines 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year									
3.3 Line 3.1 minus Line 3.2									
PART 4 - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	475,322					475,322			
2. Premiums earned	306,365					306,365			
3. Incurred claims	688,209					688,209			
4. Commissions	22,782					22,782			

(a) Includes $.....0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
	1. Incurred Claims				
	2. Beginning Claim Reserves and Liabilities				
	3. Ending Claim Reserves and Liabilities				
	4. Claims Paid				
B.	Assumed Reinsurance:				
	5. Incurred Claims				
	6. Beginning Claim Reserves and Liabilities				
	7. Ending Claim Reserves and Liabilities				
	8. Claims Paid				
C.	Ceded Reinsurance:				
	9. Incurred Claims				
	10. Beginning Claim Reserves and Liabilities				
	11. Ending Claim Reserves and Liabilities				
	12. Claims Paid				
D.	Net:				
	13. Incurred Claims				
	14. Beginning Claim Reserves and Liabilities				
	15. Ending Claim Reserves and Liabilities				
	16. Claims Paid				
E.	Net Incurred Claims and Cost Containment Expenses:				
	17. Incurred Claims and Cost Containment Expenses				
	18. Beginning Reserves and Liabilities				
	19. Ending Reserves and Liabilities				
	20. Paid Claims and Cost Containment Expenses				

N O N E

SCHEDULE P - PART 1A

HOMEOWNERS/FARMOWNERS

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX	14	14	2	2	1	1			XXX
2. 2005	47,932	47,932		23,092	23,092	305	305	2,825	2,825			6,706
3. 2006	49,378	49,378		42,077	42,077	340	340	4,025	4,025			8,421
4. 2007	50,293	50,293		39,773	39,773	274	274	4,563	4,563			8,071
5. 2008	49,274	49,274		52,465	52,465	376	376	6,883	6,883			15,846
6. 2009	50,691	50,691		38,775	38,775	435	435	4,386	4,386			9,046
7. 2010	53,223	53,223		34,995	34,995	278	278	3,710	3,710			7,336
8. 2011	54,830	54,830		39,614	39,614	242	242	4,824	4,824			9,030
9. 2012	57,098	57,098		36,648	36,648	121	121	5,174	5,174			8,889
10. 2013	61,368	61,368		30,801	30,801	124	124	4,893	4,893			6,629
11. 2014	68,245	68,245		25,838	25,838	39	39	4,181	4,181			5,923
12. Totals	XXX	XXX	XXX	364,092	364,092	2,536	2,536	45,465	45,465			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior	40	40	3	3			5	5	1	1			1
2. 2005	30	30	4	4			5	5	1	1			1
3. 2006			13	13			2	2	1	1			
4. 2007	10	10	11	11			8	8	1	1			2
5. 2008	45	45	27	27			19	19	3	3			1
6. 2009	9	9	32	32			13	13	2	2			2
7. 2010	44	44	77	77			50	50	5	5			7
8. 2011	53	53	167	167			87	87	10	10			4
9. 2012	361	361	461	461			205	205	39	39			19
10. 2013	770	770	989	989			289	289	89	89			34
11. 2014	4,115	4,115	3,871	3,871			339	339	391	391			333
12. Totals	5,477	5,477	5,655	5,655			1,022	1,022	543	543			404

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005	26,262	26,262		54.8	54.8						
3. 2006	46,458	46,458		94.1	94.1						
4. 2007	44,640	44,640		88.8	88.8						
5. 2008	59,818	59,818		121.4	121.4						
6. 2009	43,652	43,652		86.1	86.1						
7. 2010	39,159	39,159		73.6	73.6						
8. 2011	44,997	44,997		82.1	82.1						
9. 2012	43,009	43,009		75.3	75.3						
10. 2013	37,955	37,955		61.8	61.8						
11. 2014	38,774	38,774		56.8	56.8						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1B

PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			
	1	2	3	4	5	6	7	8	9	10	11	Number of Claims Reported - Direct and Assumed
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	(11)	(11)							XXX
2. 2005	59,809	59,809		38,824	38,824	1,769	1,769	6,038	6,038			12,532
3. 2006	58,523	58,523		38,602	38,602	1,722	1,722	7,671	7,671			12,319
4. 2007	62,842	62,842		50,232	50,232	2,354	2,354	7,752	7,752			12,754
5. 2008	65,682	65,682		42,974	42,974	2,679	2,679	6,854	6,854			12,726
6. 2009	66,053	66,053		41,430	41,430	2,912	2,912	8,302	8,302			12,508
7. 2010	67,308	67,308		40,554	40,554	2,720	2,720	6,472	6,472			12,224
8. 2011	66,699	66,699		41,733	41,733	2,264	2,264	7,871	7,871			11,893
9. 2012	71,508	71,508		42,231	42,231	1,965	1,965	8,272	8,272			13,074
10. 2013	82,548	82,548		43,184	43,184	862	862	8,389	8,389			13,509
11. 2014	97,528	97,528		30,671	30,671	201	201	6,684	6,684			14,254
12. Totals	XXX	XXX	XXX	410,424	410,424	19,448	19,448	74,305	74,305			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			Number of Claims Outstanding Direct and Assumed
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	
1. Prior			(12)	(12)									
2. 2005	5	5	(5)	(5)			1	1					1
3. 2006			6	6			3	3	1	1			
4. 2007	20	20	(1)	(1)			9	9	3	3			2
5. 2008	108	108	18	18			34	34	10	10			8
6. 2009	280	280	166	166			124	124	29	29			19
7. 2010	395	395	436	436			282	282	54	54			29
8. 2011	1,278	1,278	1,917	1,917			861	861	207	207			82
9. 2012	4,496	4,496	3,836	3,836			1,527	1,527	513	513			279
10. 2013	7,197	7,197	8,555	8,555			2,304	2,304	1,004	1,004			558
11. 2014	19,247	19,247	22,046	22,046			3,924	3,924	2,863	2,863			2,948
12. Totals	33,026	33,026	36,962	36,962			9,069	9,069	4,684	4,684			3,926

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005	46,632	46,632		78.0	78.0						
3. 2006	48,005	48,005		82.0	82.0						
4. 2007	60,369	60,369		96.1	96.1						
5. 2008	52,677	52,677		80.2	80.2						
6. 2009	53,243	53,243		80.6	80.6						
7. 2010	50,913	50,913		75.6	75.6						
8. 2011	56,131	56,131		84.2	84.2						
9. 2012	62,840	62,840		87.9	87.9						
10. 2013	71,495	71,495		86.6	86.6						
11. 2014	85,636	85,636		87.8	87.8						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1C

COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2005	412	412		150	150	9	9	19	19			38
3. 2006	313	313		31	31			11	11			15
4. 2007	230	230		32	32			8	8			16
5. 2008	78	78		21	21			1	1			8
6. 2009	23	23		109	109	14	14	7	7			4
7. 2010	102	102		24	24			6	6			9
8. 2011	175	175		120	120	5	5	13	13			22
9. 2012	321	321		241	241	19	19	15	15			54
10. 2013	561	561		323	323			25	25			92
11. 2014	851	851		385	385	3	3	22	22			135
12. Totals	XXX	XXX	XXX	1,436	1,436	50	50	127	127			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2005													
3. 2006													
4. 2007													
5. 2008													
6. 2009			3	3			1	1					
7. 2010			5	5			1	1					
8. 2011			40	40			10	10	3	3			
9. 2012	413	413	203	203			102	102	36	36			2
10. 2013	9	9	203	203			31	31	16	16			2
11. 2014	158	158	414	414			52	52	40	40			23
12. Totals	580	580	868	868			197	197	95	95			27

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005	178	178		43.2	43.2						
3. 2006	42	42		13.4	13.4						
4. 2007	40	40		17.4	17.4						
5. 2008	22	22		28.2	28.2						
6. 2009	134	134		582.6	582.6						
7. 2010	36	36		35.3	35.3						
8. 2011	191	191		109.1	109.1						
9. 2012	1,029	1,029		320.6	320.6						
10. 2013	607	607		108.2	108.2						
11. 2014	1,074	1,074		126.2	126.2						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1D

WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1	2	3	4	5	6	7	8	9	10	11	Number of Claims Reported - Direct and Assumed
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX									XXX
2. 2005												
3. 2006												
4. 2007												
5. 2008												
6. 2009	14	14										
7. 2010	43	43						2	2			1
8. 2011	49	49						1	1			2
9. 2012	118	118						1	1			1
10. 2013	309	309		33	33			2	2			15
11. 2014	681	681		56	56	16	16	2	2			11
12. Totals	XXX	XXX	XXX	89	89	16	16	8	8			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2005													
3. 2006													
4. 2007													
5. 2008													
6. 2009													
7. 2010			1	1									
8. 2011			3	3									
9. 2012			4	4									
10. 2013	6	6	38	38			4	4	2	2			1
11. 2014	63	63	96	96			18	18	6	6			9
12. Totals	69	69	142	142			22	22	8	8			10

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005											
3. 2006											
4. 2007											
5. 2008											
6. 2009											
7. 2010	3	3		7.0	7.0						
8. 2011	4	4		8.2	8.2						
9. 2012	5	5		4.2	4.2						
10. 2013	85	85		27.5	27.5						
11. 2014	257	257		37.7	37.7						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1E

COMMERCIAL MULTIPLE PERIL

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX	2	2	19	19					XXX
2. 2005	986	986		1,070	1,070	64	64	45	45			69
3. 2006	672	672		278	278	143	143	40	40			37
4. 2007	467	467		115	115	5	5	16	16			36
5. 2008	328	328		62	62			7	7			16
6. 2009	246	246		238	238	51	51	22	22			23
7. 2010	747	747		521	521	2	2	53	53			83
8. 2011	1,384	1,384		789	789	13	13	124	124			145
9. 2012	2,730	2,730		1,762	1,762	24	24	304	304			221
10. 2013	5,196	5,196		3,582	3,582	14	14	610	610			709
11. 2014	7,530	7,530		3,589	3,589	14	14	572	572			736
12. Totals	XXX	XXX	XXX	12,008	12,008	349	349	1,793	1,793			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior			38	38			21	21	3	3			
2. 2005			10	10			3	3	1	1			
3. 2006			7	7			4	4	1	1			
4. 2007			6	6			4	4	1	1			
5. 2008			10	10			10	10	1	1			
6. 2009			3	3			3	3					
7. 2010			10	10			5	5	1	1			
8. 2011			30	30			18	18	2	2			
9. 2012	58	58	92	92			65	65	11	11			2
10. 2013	407	407	297	297			190	190	46	46			23
11. 2014	512	512	711	711			207	207	88	88			83
12. Totals	977	977	1,214	1,214			530	530	155	155			108

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005	1,193	1,193		121.0	121.0						
3. 2006	473	473		70.4	70.4						
4. 2007	147	147		31.5	31.5						
5. 2008	90	90		27.4	27.4						
6. 2009	317	317		128.9	128.9						
7. 2010	592	592		79.3	79.3						
8. 2011	976	976		70.5	70.5						
9. 2012	2,316	2,316		84.8	84.8						
10. 2013	5,146	5,146		99.0	99.0						
11. 2014	5,693	5,693		75.6	75.6						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

40 Schedule P - Part 1F Sn 1 - Medical Professional Liability - Occurrence . . . . . NONE

41 Schedule P - Part 1F Sn 2 - Medical Professional Liability - Claims-Made . . . . . NONE

42 Schedule P - Part 1G - Special Liab. (Ocn Mar., Aircraft, Boiler & Mchnry) . . . . NONE

SCHEDULE P - PART 1H - SECTION 1

OTHER LIABILITY - OCCURRENCE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1	2	3	4	5	6	7	8	9	10	11	Number of Claims Reported - Direct and Assumed
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX									XXX
2. 2005	921	921		2	2			4	4			3
3. 2006	1,098	1,098		1,452	1,452	11	11	8	8			7
4. 2007	1,379	1,379		2,000	2,000	89	89	13	13			2
5. 2008	1,753	1,753		650	650	3	3	15	15			1
6. 2009	1,875	1,875		1,010	1,010	12	12	10	10			8
7. 2010	1,965	1,965		1,226	1,226	12	12					6
8. 2011	1,916	1,916		558	558	9	9	4	4			10
9. 2012	2,029	2,029		3	3	2	2					10
10. 2013	2,291	2,291		1,213	1,213	8	8	5	5			14
11. 2014	2,499	2,499		32	32			1	1			21
12. Totals	XXX	XXX	XXX	8,146	8,146	146	146	60	60			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			Number of Claims Outstanding Direct and Assumed
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	
1. Prior			17	17			2	2	1	1			
2. 2005			2	2			1	1					
3. 2006			6	6			1	1					
4. 2007			15	15			1	1					
5. 2008			27	27			1	1					
6. 2009			39	39			2	2					
7. 2010			71	71			7	7	1	1			
8. 2011			251	251			13	13	3	3			
9. 2012	750	750	426	426			37	37	6	6			1
10. 2013	1,052	1,052	794	794			63	63	12	12			6
11. 2014	12	12	1,276	1,276			90	90	15	15			4
12. Totals	1,814	1,814	2,924	2,924			218	218	38	38			11

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005	9	9		1.0	1.0						
3. 2006	1,478	1,478		134.6	134.6						
4. 2007	2,118	2,118		153.6	153.6						
5. 2008	696	696		39.7	39.7						
6. 2009	1,073	1,073		57.2	57.2						
7. 2010	1,317	1,317		67.0	67.0						
8. 2011	838	838		43.7	43.7						
9. 2012	1,224	1,224		60.3	60.3						
10. 2013	3,147	3,147		137.4	137.4						
11. 2014	1,426	1,426		57.1	57.1						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1H - SECTION 2

OTHER LIABILITY - CLAIMS - MADE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2005												
3. 2006												
4. 2007												
5. 2008												
6. 2009												
7. 2010												
8. 2011												
9. 2012												
10. 2013												
11. 2014												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2005													
3. 2006													
4. 2007													
5. 2008													
6. 2009													
7. 2010													
8. 2011													
9. 2012													
10. 2013													
11. 2014													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005											
3. 2006											
4. 2007											
5. 2008											
6. 2009											
7. 2010											
8. 2011											
9. 2012											
10. 2013											
11. 2014											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1I

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2013	303	303		49	49			13	13			XXX
3. 2014	366	366		95	95			12	12			XXX
4. Totals	XXX	XXX	XXX	144	144			25	25			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2013			2	2					1	1			
3. 2014	2	2	7	7					1	1			1
4. Totals	2	2	9	9					2	2			1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2013	65	65		21.5	21.5						
3. 2014	117	117		32.0	32.0						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1J
AUTO PHYSICAL DAMAGE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1	2	3	4	5	6	7	8	9	10	11	Number of Claims Reported - Direct and Assumed
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	(306)	(306)	42	42	2	2			XXX
2. 2013	56,290	56,290		33,019	33,019	34	34	6,321	6,321			39,024
3. 2014	62,396	62,396		33,530	33,530	8	8	5,646	5,646			38,026
4. Totals	XXX	XXX	XXX	66,243	66,243	84	84	11,969	11,969			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior	2	2	(722)	(722)			10	10	5	5			1
2. 2013	19	19	(275)	(275)			9	9	15	15			22
3. 2014	2,392	2,392	(365)	(365)			17	17	567	567			1,807
4. Totals	2,413	2,413	(1,362)	(1,362)			36	36	587	587			1,830

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2013	39,142	39,142		69.5	69.5						
3. 2014	41,795	41,795		67.0	67.0						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1K

FIDELITY/SURETY

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2013												XXX
3. 2014												XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case								
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed				21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2013													
3. 2014													
4. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2013											
3. 2014											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1	2	3	4	5	6	7	8	9	10	11	Number of Claims Reported - Direct and Assumed
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX					(1)	(1)			XXX
2. 2013	570	570		627	627			27	27			XXX
3. 2014	306	306		432	432			25	25			XXX
4. Totals	XXX	XXX	XXX	1,059	1,059			51	51			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2013			974	974									
3. 2014			197	197									
4. Totals			1,171	1,171									

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2013	1,628	1,628		285.6	285.6						
3. 2014	654	654		213.7	213.7						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

49 Schedule P - Part 1M - International . . . . . NONE

50 Schedule P - Part 1N - Reins. Nonproportional Assumed Property . . . . . NONE

51 Schedule P - Part 1O - Reins. Nonproportional Assumed Liability . . . . . NONE

52 Schedule P - Part 1P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE

SCHEDULE P - PART 1R - SECTION 1

PRODUCTS LIABILITY - OCCURRENCE

($000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
				Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 2005												
3. 2006												
4. 2007												
5. 2008												
6. 2009												
7. 2010												
8. 2011	1	1										
9. 2012	4	4										
10. 2013	6	6										
11. 2014	7	7										
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior													
2. 2005													
3. 2006													
4. 2007													
5. 2008													
6. 2009													
7. 2010													
8. 2011													
9. 2012													
10. 2013													
11. 2014													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005											
3. 2006											
4. 2007											
5. 2008											
6. 2009											
7. 2010											
8. 2011											
9. 2012											
10. 2013											
11. 2014											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

54 Schedule P - Part 1R Sn 2 - Products Liability - Claims-Made . . . . . NONE
55 Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty . . . . . NONE
56 Schedule P - Part 1T - Warranty . . . . . NONE
57 Schedule P - Part 2A - Homeowners/Farmowners . . . . . NONE
57 Schedule P - Part 2B - Private Passenger Auto Liability/Medical . . . . . NONE
57 Schedule P - Part 2C - Comm. Auto/Truck Liability/Medical . . . . . NONE
57 Schedule P - Part 2D - Workers' Compensation (Excl. Excess Workers' Comp.) NONE
57 Schedule P - Part 2E - Commercial Multiple Peril . . . . . NONE
58 Schedule P - Part 2F Sn 1 - Medical Professional Liability - Occurrence . . . . . NONE
58 Schedule P - Part 2F Sn 2 - Medical Professional Liability - Claims-Made . . . . . NONE
58 Schedule P - Part 2G - Special Liab. (Ocn Mar., Aircraft, Boiler & Mchnry) . . . . NONE
58 Schedule P - Part 2H Sn 1 - Other Liability - Occurrence . . . . . NONE
58 Schedule P - Part 2H Sn 2 - Other Liability - Claims-Made . . . . . NONE
59 Schedule P - Part 2I - Special Property (Fire, Ald. Lines, Inld Mar.) . . . . . NONE
59 Schedule P - Part 2J - Auto Physical Damage . . . . . NONE
59 Schedule P - Part 2K - Fidelity/Surety . . . . . NONE
59 Schedule P - Part 2L - Other (Incl. Credit, Accident and Health) . . . . . NONE
59 Schedule P - Part 2M - International . . . . . NONE
60 Schedule P - Part 2N - Reins. Nonproportional Assumed Property . . . . . NONE
60 Schedule P - Part 2O - Reins. Nonproportional Assumed Liability . . . . . NONE
60 Schedule P - Part 2P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE
61 Schedule P - Part 2R Sn 1 - Products Liability - Occurrence . . . . . NONE
61 Schedule P - Part 2R Sn 2 - Products Liability - Claims-Made . . . . . NONE
61 Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty . . . . . NONE
61 Schedule P - Part 2T - Warranty . . . . . NONE
62 Schedule P - Part 3A - Homeowners/Farmowners . . . . . NONE
62 Schedule P - Part 3B - Private Passenger Auto Liability/Medical . . . . . NONE
62 Schedule P - Part 3C - Comm. Auto/Truck Liability/Medical . . . . . NONE
62 Schedule P - Part 3D - Workers' Compensation (Excl. Excess Workers' Comp.) NONE
62 Schedule P - Part 3E - Commercial Multiple Peril . . . . . NONE
63 Schedule P - Part 3F Sn 1 - Medical Professional Liability - Occurrence . . . . . NONE
63 Schedule P - Part 3F Sn 2 - Medical Professional Liability - Claims-Made . . . . . NONE
63 Schedule P - Part 3G - Special Liab. (Ocn Mar., Aircraft, Boiler & Mchnry) . . . . NONE
63 Schedule P - Part 3H Sn 1 - Other Liability - Occurrence . . . . . NONE
63 Schedule P - Part 3H Sn 2 - Other Liability - Claims-Made . . . . . NONE
64 Schedule P - Part 3I - Special Property (Fire, Ald. Lines, Inld Mar.) . . . . . NONE
64 Schedule P - Part 3J - Auto Physical Damage . . . . . NONE
64 Schedule P - Part 3K - Fidelity/Surety . . . . . NONE
64 Schedule P - Part 3L - Other (Incl. Credit, Accident and Health) . . . . . NONE
64 Schedule P - Part 3M - International . . . . . NONE
65 Schedule P - Part 3N - Reins. Nonproportional Assumed Property . . . . . NONE
65 Schedule P - Part 3O - Reins. Nonproportional Assumed Liability . . . . . NONE
65 Schedule P - Part 3P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE
66 Schedule P - Part 3R Sn 1 - Products Liability - Occurrence . . . . . NONE
66 Schedule P - Part 3R Sn 2 - Products Liability - Claims-Made . . . . . NONE
66 Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty . . . . . NONE
66 Schedule P - Part 3T - Warranty . . . . . NONE
67 Schedule P - Part 4A - Homeowners/Farmowners . . . . . NONE
67 Schedule P - Part 4B - Private Passenger Auto Liability/Medical . . . . . NONE
67 Schedule P - Part 4C - Comm. Auto/Truck Liability/Medical . . . . . NONE
67 Schedule P - Part 4D - Workers' Compensation (Excl. Excess Workers' Comp. NONE
67 Schedule P - Part 4E - Commercial Multiple Peril . . . . . NONE
68 Schedule P - Part 4F Sn 1 - Medical Professional Liability - Occurrence . . . . . NONE
68 Schedule P - Part 4F Sn 2 - Medical Professional Liability - Claims-Made . . . . . NONE
68 Schedule P - Part 4G - Special Liab. (Ocn Mar., Aircraft, Boiler & Mchnry) . . . . NONE
68 Schedule P - Part 4H Sn 1 - Other Liability - Occurrence . . . . . NONE
68 Schedule P - Part 4H Sn 2 - Other Liability - Claims-Made . . . . . NONE
69 Schedule P - Part 4I - Special Property (Fire, Ald. Lines, Inld Mar.) . . . . . NONE
69 Schedule P - Part 4J - Auto Physical Damage . . . . . NONE
69 Schedule P - Part 4K - Fidelity/Surety . . . . . NONE
69 Schedule P - Part 4L - Other (Incl. Credit, Accident and Health) . . . . . NONE
69 Schedule P - Part 4M - International . . . . . NONE
70 Schedule P - Part 4N - Reins. Nonproportional Assumed Property . . . . . NONE
70 Schedule P - Part 4O - Reins. Nonproportional Assumed Liability . . . . . NONE

70 Schedule P - Part 4P - Reins. Nonproportional Assumed Financial Lines . . . . . NONE

71 Schedule P - Part 4R Sn 1 - Products Liability - Occurrence . . . . . NONE

71 Schedule P - Part 4R Sn 2 - Products Liability - Claims-Made . . . . . NONE

71 Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty . . . . . NONE

71 Schedule P - Part 4T - Warranty . . . . . NONE

SCHEDULE P - PART 5A

HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	1,423	59	17	5	4	2	3	1	1	1
2. 2005	3,840	4,375	4,405	4,418	4,430	4,431	4,433	4,433	4,433	4,435
3. 2006	XXX	4,863	5,942	5,974	6,003	6,012	6,016	6,019	6,019	6,019
4. 2007	XXX	XXX	5,193	5,723	5,765	5,775	5,778	5,784	5,785	5,786
5. 2008	XXX	XXX	XXX	11,033	12,177	12,242	12,262	12,266	12,269	12,269
6. 2009	XXX	XXX	XXX	XXX	6,223	6,885	6,917	6,922	6,927	6,927
7. 2010	XXX	XXX	XXX	XXX	XXX	4,742	5,290	5,331	5,343	5,346
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	5,691	6,353	6,389	6,399
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,020	6,627	6,664
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,816	4,392
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,471

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	82	37	22	15	11	8	5	3	2	1
2. 2005	479	56	33	20	9	7	2	2	1	1
3. 2006	XXX	586	49	31	14	6	3	1	1	
4. 2007	XXX	XXX	381	46	25	13	9	4	3	2
5. 2008	XXX	XXX	XXX	700	62	27	8	4	1	1
6. 2009	XXX	XXX	XXX	XXX	314	46	16	9	2	2
7. 2010	XXX	XXX	XXX	XXX	XXX	317	44	18	6	7
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	318	36	8	4
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	328	34	19
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	390	34
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	333

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	887	42	14	1	1	1	2	1		
2. 2005	6,360	6,674	6,693	6,700	6,705	6,705	6,705	6,705	6,705	6,706
3. 2006	XXX	7,530	8,383	8,406	8,417	8,418	8,419	8,421	8,421	8,421
4. 2007	XXX	XXX	7,661	8,025	8,061	8,068	8,070	8,071	8,071	8,071
5. 2008	XXX	XXX	XXX	14,414	15,774	15,832	15,841	15,843	15,843	15,846
6. 2009	XXX	XXX	XXX	XXX	8,422	9,017	9,039	9,044	9,044	9,046
7. 2010	XXX	XXX	XXX	XXX	XXX	6,819	7,300	7,328	7,335	7,336
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	8,388	9,012	9,026	9,030
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,294	8,856	8,889
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,125	6,629
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,923

SCHEDULE P - PART 5B
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	3,105	682	264	102	37	17	5		1	1
2. 2005	6,740	8,922	9,320	9,488	9,548	9,575	9,591	9,592	9,592	9,593
3. 2006	XXX	6,498	8,665	9,102	9,280	9,354	9,378	9,388	9,393	9,393
4. 2007	XXX	XXX	7,003	9,262	9,694	9,890	9,958	9,970	9,975	9,983
5. 2008	XXX	XXX	XXX	7,151	9,358	9,795	9,976	10,046	10,063	10,073
6. 2009	XXX	XXX	XXX	XXX	7,276	9,326	9,715	9,901	9,954	9,968
7. 2010	XXX	XXX	XXX	XXX	XXX	6,983	9,154	9,614	9,778	9,816
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	7,041	9,269	9,738	9,875
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,371	10,084	10,507
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,051	10,702
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,087

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	996	412	147	49	23	7	3	1		
2. 2005	2,546	633	284	109	43	16	4	2	2	1
3. 2006	XXX	2,587	661	279	108	31	13	4		
4. 2007	XXX	XXX	2,613	651	309	84	24	12	7	2
5. 2008	XXX	XXX	XXX	2,656	651	303	107	30	16	8
6. 2009	XXX	XXX	XXX	XXX	2,413	597	281	89	31	19
7. 2010	XXX	XXX	XXX	XXX	XXX	2,517	629	245	64	29
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	2,491	639	231	82
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,904	618	279
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,840	558
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,948

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	877	184	43	6	3	6	1			
2. 2005	11,650	12,407	12,506	12,523	12,528	12,529	12,532	12,532	12,532	12,532
3. 2006	XXX	11,538	12,186	12,285	12,311	12,315	12,319	12,319	12,319	12,319
4. 2007	XXX	XXX	11,792	12,589	12,726	12,746	12,752	12,753	12,754	12,754
5. 2008	XXX	XXX	XXX	11,851	12,588	12,699	12,722	12,725	12,725	12,726
6. 2009	XXX	XXX	XXX	XXX	11,624	12,388	12,483	12,499	12,506	12,508
7. 2010	XXX	XXX	XXX	XXX	XXX	11,335	12,093	12,197	12,222	12,224
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	10,906	11,749	11,876	11,893
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,866	12,966	13,074
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,555	13,509
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,254

SCHEDULE P - PART 5C

COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	20	4	1							
2. 2005	18	29	31	32	31	32	32	32	32	32
3. 2006	XXX	14	15	15	15	15	15	15	15	15
4. 2007	XXX	XXX	14	15	16	16	16	16	16	16
5. 2008	XXX	XXX	XXX	7	8	8	8	8	8	8
6. 2009	XXX	XXX	XXX	XXX	2	2	2	3	3	3
7. 2010	XXX	XXX	XXX	XXX	XXX	7	7	7	7	7
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	13	20	21	21
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	45	47
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61	78
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	8	2								
2. 2005	12	3	1		1					
3. 2006	XXX									
4. 2007	XXX	XXX	2							
5. 2008	XXX	XXX	XXX	1						
6. 2009	XXX	XXX	XXX	XXX	1	1	1			
7. 2010	XXX	XXX	XXX	XXX	XXX					
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	7	1		
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	5	2
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	2
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	6	1								
2. 2005	35	38	38	38	38	38	38	38	38	38
3. 2006	XXX	14	15	15	15	15	15	15	15	15
4. 2007	XXX	XXX	16	16	16	16	16	16	16	16
5. 2008	XXX	XXX	XXX	8	8	8	8	8	8	8
6. 2009	XXX	XXX	XXX	XXX	4	4	4	4	4	4
7. 2010	XXX	XXX	XXX	XXX	XXX	9	9	9	9	9
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	20	22	22	22
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	54	54
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	86	92
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	135

SCHEDULE P - PART 5D

WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior										
2. 2005										
3. 2006	XXX									
4. 2007	XXX	XXX								
5. 2008	XXX	XXX	XXX							
6. 2009	XXX	XXX	XXX	XXX						
7. 2010	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX			2	2
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	14
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior										
2. 2005										
3. 2006	XXX									
4. 2007	XXX	XXX								
5. 2008	XXX	XXX	XXX							
6. 2009	XXX	XXX	XXX	XXX						
7. 2010	XXX	XXX	XXX	XXX	XXX					
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	2	2		
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	1
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior										
2. 2005										
3. 2006	XXX									
4. 2007	XXX	XXX								
5. 2008	XXX	XXX	XXX							
6. 2009	XXX	XXX	XXX	XXX						
7. 2010	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	15
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11

SCHEDULE P - PART 5E

COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	49	14	6	6	3		3	3		1
2. 2005	38	48	47	49	50	51	51	52	52	52
3. 2006	XXX	25	26	27	28	28	28	29	31	31
4. 2007	XXX	XXX	21	23	24	24	24	24	24	24
5. 2008	XXX	XXX	XXX	6	9	9	9	9	9	9
6. 2009	XXX	XXX	XXX	XXX	7	11	13	13	13	13
7. 2010	XXX	XXX	XXX	XXX	XXX	37	47	47	47	47
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	78	91	92	94
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	102	131	133
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	274	323
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	324

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	25	24	10	2	1	3	1	1	1	
2. 2005	8	1	3	2	1		1			
3. 2006	XXX	1	1	1	1	1	2	1		
4. 2007	XXX	XXX	1	1	1					
5. 2008	XXX	XXX	XXX							
6. 2009	XXX	XXX	XXX	XXX	5	2				
7. 2010	XXX	XXX	XXX	XXX	XXX	8				
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	15	1	1	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34	4	2
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	74	23
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	36	20	8	1	2	2	1	4		
2. 2005	61	65	67	68	68	68	69	69	69	69
3. 2006	XXX	31	33	34	35	36	37	37	37	37
4. 2007	XXX	XXX	29	32	35	35	36	36	36	36
5. 2008	XXX	XXX	XXX	11	16	16	16	16	16	16
6. 2009	XXX	XXX	XXX	XXX	20	23	23	23	23	23
7. 2010	XXX	XXX	XXX	XXX	XXX	74	81	83	83	83
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	134	144	145	145
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	202	220	221
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	658	709
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	736

77 Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 1A . . . NONE

77 Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 2A . . . NONE

77 Schedule P - Part 5F - Medical Professional Liability - Occurrence - Sn 3A . . . NONE

78 Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 1B . . NONE

78 Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 2B . . NONE

78 Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Sn 3B . . NONE

SCHEDULE P - PART 5H

OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	1	5		1						
2. 2005	1	1	1	1	1	1	1	1	1	1
3. 2006	XXX			1	1	4	4	4	4	4
4. 2007	XXX	XXX		1	1	2	2	2	2	2
5. 2008	XXX	XXX	XXX				1	1	1	1
6. 2009	XXX	XXX	XXX	XXX			1	1	1	2
7. 2010	XXX	XXX	XXX	XXX	XXX	2	3	5	5	5
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	2	4	4	5
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	6
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	8	1	1							
2. 2005		1								
3. 2006	XXX	2	2	1	1					
4. 2007	XXX	XXX	1	1	1					
5. 2008	XXX	XXX	XXX			1				
6. 2009	XXX	XXX	XXX	XXX		3	2	3	1	
7. 2010	XXX	XXX	XXX	XXX	XXX	2	3			
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	3			
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1	1
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	6
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	6	1	2							
2. 2005	2	3	3	3	3	3	3	3	3	3
3. 2006	XXX	3	4	4	4	7	7	7	7	7
4. 2007	XXX	XXX	1	2	2	2	2	2	2	2
5. 2008	XXX	XXX	XXX			1	1	1	1	1
6. 2009	XXX	XXX	XXX	XXX	1	4	5	7	7	8
7. 2010	XXX	XXX	XXX	XXX	XXX	4	6	6	6	6
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	8	9	9	10
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	9	10
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	14
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21

80 Schedule P - Part 5H - Other Liability - Claims-Made - Sn 1B . . . . . NONE

80 Schedule P - Part 5H - Other Liability - Claims-Made - Sn 2B . . . . . NONE

80 Schedule P - Part 5H - Other Liability - Claims-Made - Sn 3B . . . . . NONE

81 Schedule P - Part 5R - Products Liability - Occurrence - Sn 1A . . . . . NONE

81 Schedule P - Part 5R - Products Liability - Occurrence - Sn 2A . . . . . NONE

81 Schedule P - Part 5R - Products Liability - Occurrence - Sn 3A . . . . . NONE

82 Schedule P - Part 5R - Products Liability - Claims-Made - Sn 1B . . . . . NONE

82 Schedule P - Part 5R - Products Liability - Claims-Made - Sn 2B . . . . . NONE

82 Schedule P - Part 5R - Products Liability - Claims-Made - Sn 3B . . . . . NONE

83 Schedule P - Part 5T - Warranty - Sn 1 . . . . . NONE

83 Schedule P - Part 5T - Warranty - Sn 2 . . . . . NONE

83 Schedule P - Part 5T - Warranty - Sn 3 . . . . . NONE

SCHEDULE P - PART 6C

COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior	(4)										
2. 2005	416	416	416	416	416	416	416	416	416	416	
3. 2006	XXX	313	311	311	311	311	311	311	311	311	
4. 2007	XXX	XXX	232	231	231	231	231	231	231	231	
5. 2008	XXX	XXX	XXX	79	79	79	79	79	79	79	
6. 2009	XXX	XXX	XXX	XXX	23	23	23	23	23	23	
7. 2010	XXX	XXX	XXX	XXX	XXX	102	102	102	102	102	
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	175	175	175	175	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	320	320	320	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	561	561	
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	851	851
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	851
13. Earned Premiums (Sch. P-Part 1)	412	313	230	78	23	102	175	321	561	851	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior	(4)										
2. 2005	416	416	416	416	416	416	416	416	416	416	
3. 2006	XXX	313	311	311	311	311	311	311	311	311	
4. 2007	XXX	XXX	232	231	231	231	231	231	231	231	
5. 2008	XXX	XXX	XXX	79	79	79	79	79	79	79	
6. 2009	XXX	XXX	XXX	XXX	23	23	23	23	23	23	
7. 2010	XXX	XXX	XXX	XXX	XXX	102	102	102	102	102	
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	175	175	175	175	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	320	320	320	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	561	561	
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	851	851
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	851
13. Earned Premiums (Sch. P-Part 1)	412	313	230	78	23	102	175	321	561	851	XXX

SCHEDULE P - PART 6D

WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior											
2. 2005											
3. 2006	XXX										
4. 2007	XXX	XXX									
5. 2008	XXX	XXX	XXX								
6. 2009	XXX	XXX	XXX	XXX	14	12	12	12	12	12	
7. 2010	XXX	XXX	XXX	XXX	XXX	88	86	85	85	85	
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	50	50	50	50	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	118	119	119	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	309	309	
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	681	681
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	681
13. Earned Premiums (Sch. P-Part 1)					14	43	49	118	309	681	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior											
2. 2005											
3. 2006	XXX										
4. 2007	XXX	XXX									
5. 2008	XXX	XXX	XXX								
6. 2009	XXX	XXX	XXX	XXX	14	12	12	12	12	12	
7. 2010	XXX	XXX	XXX	XXX	XXX	88	86	85	85	85	
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	98	99	99	99	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	118	236	236	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	309	618	
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	681	681
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	681
13. Earned Premiums (Sch. P-Part 1)					14	43	49	118	309	681	XXX

SCHEDULE P - PART 6E

COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior	(12)										
2. 2005	998	990	990	990	990	990	990	990	990	990	
3. 2006	XXX	680	666	666	666	666	666	666	666	666	
4. 2007	XXX	XXX	481	467	467	467	467	467	467	467	
5. 2008	XXX	XXX	XXX	342	323	323	323	323	323	323	
6. 2009	XXX	XXX	XXX	XXX	265	265	265	265	265	265	
7. 2010	XXX	XXX	XXX	XXX	XXX	747	742	742	742	742	
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1,389	1,391	1,391	1,391	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,728	2,734	2,734	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,190	5,190	1
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,529	7,529
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,530
13. Earned Premiums (Sch. P-Part 1)	986	672	467	328	246	747	1,384	2,730	5,196	7,530	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior	(12)										
2. 2005	998	990	990	990	990	990	990	990	990	990	
3. 2006	XXX	680	666	666	666	666	666	666	666	666	
4. 2007	XXX	XXX	481	467	467	467	467	467	467	467	
5. 2008	XXX	XXX	XXX	342	323	323	323	323	323	323	
6. 2009	XXX	XXX	XXX	XXX	265	265	265	265	265	265	
7. 2010	XXX	XXX	XXX	XXX	XXX	747	742	742	742	742	
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1,389	1,391	1,391	1,391	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,728	2,734	2,734	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,190	5,190	1
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,529	7,529
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,530
13. Earned Premiums (Sch. P-Part 1)	986	672	467	328	246	747	1,384	2,730	5,196	7,530	XXX

SCHEDULE P - PART 6H

OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior											
2. 2005	921	919	919	919	919	919	919	919	919	919	
3. 2006	XXX	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	
4. 2007	XXX	XXX	1,379	1,379	1,379	1,379	1,379	1,379	1,379	1,379	
5. 2008	XXX	XXX	XXX	1,753	1,749	1,749	1,749	1,749	1,749	1,749	
6. 2009	XXX	XXX	XXX	XXX	1,879	1,879	1,879	1,879	1,879	1,879	
7. 2010	XXX	XXX	XXX	XXX	XXX	1,965	1,965	1,965	1,965	1,965	
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1,916	1,922	1,922	1,922	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,023	2,027	2,027	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,287	2,290	3
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,496	2,496
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,499
13. Earned Premiums (Sch. P-Part 1)	921	1,098	1,379	1,753	1,875	1,965	1,916	2,029	2,291	2,499	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior											
2. 2005	921	919	919	919	919	919	919	919	919	919	
3. 2006	XXX	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	
4. 2007	XXX	XXX	1,379	1,379	1,379	1,379	1,379	1,379	1,379	1,379	
5. 2008	XXX	XXX	XXX	1,753	1,749	1,749	1,749	1,749	1,749	1,749	
6. 2009	XXX	XXX	XXX	XXX	1,879	1,879	1,879	1,879	1,879	1,879	
7. 2010	XXX	XXX	XXX	XXX	XXX	1,965	1,965	1,965	1,965	1,965	
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1,916	1,922	1,922	1,922	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,023	2,027	2,027	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,287	2,290	3
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,496	2,496
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,499
13. Earned Premiums (Sch. P-Part 1)	921	1,098	1,379	1,753	1,875	1,965	1,916	2,029	2,291	2,499	XXX

86 Schedule P - Part 6H - Other Liability - Claims-Made - Sn 1B . . . . . NONE

86 Schedule P - Part 6H - Other Liability - Claims-Made - Sn 2B . . . . . NONE

86 Schedule P - Part 6M - International - Sn 1 . . . . . NONE

86 Schedule P - Part 6M - International - Sn 2 . . . . . NONE

87 Schedule P - Part 6N - Reins. Nonproportional Assumed Property - Sn 1 . . . . . NONE

87 Schedule P - Part 6N - Reins. Nonproportional Assumed Property - Sn 2 . . . . . NONE

87 Schedule P - Part 6O - Reins. Nonproportional Assumed Liability - Sn 1 . . . . . NONE

87 Schedule P - Part 6O - Reins. Nonproportional Assumed Liability - Sn 2 . . . . . NONE

SCHEDULE P - PART 6R

PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior											
2. 2005											
3. 2006	XXX										
4. 2007	XXX	XXX									
5. 2008	XXX	XXX	XXX								
6. 2009	XXX	XXX	XXX	XXX							
7. 2010	XXX	XXX	XXX	XXX	XXX						
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	5	5	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	6	1
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7
13. Earned Premiums (Sch. P-Part 1)							1	4	6	7	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior											
2. 2005											
3. 2006	XXX										
4. 2007	XXX	XXX									
5. 2008	XXX	XXX	XXX								
6. 2009	XXX	XXX	XXX	XXX							
7. 2010	XXX	XXX	XXX	XXX	XXX						
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	5	5	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	6	1
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7
13. Earned Premiums (Sch. P-Part 1)							1	4	6	7	XXX

SCHEDULE P - PART 6R

PRODUCTS LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior											
2. 2005											
3. 2006	XXX										
4. 2007	XXX	XXX									
5. 2008	XXX	XXX	XXX								
6. 2009	XXX	XXX	XXX	XXX							
7. 2010	XXX	XXX	XXX	XXX							
8. 2011	XXX	XXX	XXX	XXX							
9. 2012	XXX	XXX	XXX	XXX			XXX				
10. 2013	XXX	XXX	XXX	XXX			XXX	XXX			
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch. P-Part 1)											XXX

NONE

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END ($000 OMITTED)										11
	1	2	3	4	5	6	7	8	9	10	Current Year Premiums Earned
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior											
2. 2005											
3. 2006	XXX										
4. 2007	XXX	XXX									
5. 2008	XXX	XXX	XXX								
6. 2009	XXX	XXX	XXX	XXX							
7. 2010	XXX	XXX	XXX	XXX							
8. 2011	XXX	XXX	XXX	XXX							
9. 2012	XXX	XXX	XXX	XXX			XXX				
10. 2013	XXX	XXX	XXX	XXX			XXX	XXX			
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. TOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch. P-Part 1)											XXX

NONE

89 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 1 . . . . . NONE

89 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 2 . . . . . NONE

89 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 3 . . . . . NONE

90 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 4 . . . . . NONE

90 Schedule P - Part 7A - Primary Loss Sensitive Contracts - Sn 5 . . . . . NONE

91 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 1 . . . . . NONE

91 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 2 . . . . . NONE

91 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 3 . . . . . NONE

92 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 4 . . . . . NONE

92 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 5 . . . . . NONE

92 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 6 . . . . . NONE

92 Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Sn 7 . . . . . NONE

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies, EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions: Yes[ ] No[X]

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? $ 0

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes[ ] No[ ] N/A[X]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes[ ] No[ ] N/A[X]

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes[ ] No[ ] N/A[X]

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in which premiums were earned and losses were incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2005		
1.603 2006		
1.604 2007		
1.605 2008		
1.606 2009		
1.607 2010		
1.608 2011		
1.609 2012		
1.610 2013		
1.611 2014		
1.612 TOTALS		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes[X] No[ ]

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes[X] No[ ]

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on page 10? Yes[ ] No[X]
   If Yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.
   Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
   Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for: (in thousands of dollars)

   5.1 Fidelity $ 0
   5.2 Surety $ 0

6. Claim count information is reported per claim or per claimant (Indicate which).

   6.1 per claim ✓
   6.2 per claimant

   If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes[ ] No[X]

7.2 An extended statement may be attached.

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

		Direct Business only					
	States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	Iowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CAN)						
58.	Aggregate other alien (OT)						
59.	TOTALS						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name 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 *
473	American Family Insurance Group	19275	39-0273710				American Family Mutual Insurance Company	WI	UIP	American Famiily Mutual Insurance Company - Board of Directors	Board of Directors		American Family Mutual Insurance Company - Board of Directors	
		00000	39-1508124				American Family Brokerage, Inc.	WI	NIA	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company	
		00000	39-1391393				AMFAM, Inc.	WI	UDP	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company	
		00000	46-3538161				The AssureStart Insurance Agency	WI	NIA	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	19283	39-6040366				American Standard Insurance Co. of WI	WI	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	10386	39-1835307				American Family Insurance Company	OH	RE	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	10387	39-1835305				American Standard Insurance Co. of OH	OH	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	60399	39-6040365				American Family Life Insurance Co.	WI	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	27138	36-2705935				Midvale Indemnity Company	IL	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		00000	39-6040596				American Family Financial Services, Inc.	WI	NIA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		00000	36-4681910				New Ventures, LLC	WI	NIA	AMFAM, Inc.	Ownership	99.0	American Family Mutual Insurance Company	
		00000	36-4681910				New Ventures, LLC	WI	NIA	American Family Life Insurance Co.	Ownership	1.0	American Family Mutual Insurance Company	
		00000	86-1101013				PGC Holdings Corporation	DE	NIA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		00000	42-6653388				PGC Holdings Statutory Trust 1	DE	NIA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	20-1980130				PGC Holdings Statutory Trust 2	DE	NIA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	
473	Permanent General Holdings	22906	62-1482846				PGAC of Ohio	OH	IA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	
473	Permanent General Holdings	37648	13-2960609				Permanent General Assurance Corporation	OH	IA	Permanent General Companies, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		00000	62-1336831				Permanent General Companies, Inc.	TN	NIA	PGC Holdings Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	62-1383711				PGA Service Corporation	TN	NIA	Permanent General Assurance Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	62-1684228				The General Auto Insurance Services of Ohio, Inc.	OH	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	62-1684225				The General Auto Insurance Services of California, Inc.	CA	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	62-1758317				The General Auto Insurance Services of Louisiana, Inc.	LA	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	
473	Permanent General Holdings	13703	26-2465659				The General Automobile Insurance Company, Inc.	OH	IA	PGAC of Ohio	Ownership	100.0	American Family Mutual Insurance Company	
		00000	62-1820203				The General Auto Insurance Services of Georgia, Inc.	GA	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name 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 *
		00000	62-1812273				The General Auto Insurance Services of Texas, Inc.	TX	NIA	PGA Service Corporation	Ownership	100.0	American Family Mutual Insurance Company	
		00000	04-3361207				Homesite Group Incorporated	DE	NIA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		00000	04-3441403				Homesite Securities Company LLC	DE	NIA	Homesite Group Incorporated	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	13927	45-0282873				Homesite Insurance Company of the Midwest	ND	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	17221	06-1125462				Homesite Insurance Company	CT	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	20419	48-1156645				Homesite Indemnity Company	KS	IA	Homesite Group Incorporated	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	11005	68-0426201				Homesite Insurance Company of California	CA	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	10986	16-1559926				Homesite Insurance Company of New York	NY	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	10745	23-2980263				Homesite Insurance Company of Georgia	GA	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	11016	52-2176786				Homesite Insurance Company of Illinois	IL	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	11156	04-3489719				Homesite Insurance Company of Florida	IL	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
473	American Family Insurance Group	11237	74-2987795				Homesite Lloyds's of Texas	TX	IA	Texas-South of Homesite, Inc.	Attorney-In-Fact		American Family Mutual Insurance Company	
		00000	23-3011415				Homesite Insurance Agency, Inc.	MA	NIA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
		00000	04-3506712				Texas-South of Homesite, Inc.	TX	NIA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
		00000	56-2488908				Shoutlet, Inc.	DE	OTH	New Ventures, LLC	Ownership	21.4	Shoutlet, Inc.	0000001
		00000	26-1338441				Workface Inc.	DE	OTH	New Ventures, LLC	Ownership	26.9	Workface Inc.	0000001
		00000	36-4681910				Zero Locus Inc.	WI	OTH	New Ventures, LLC	Ownership	31.2	Zero Locus Inc.	0000001
		00000	45-3695870				MoveIn, Inc.	WI	OTH	New Ventures, LLC	Ownership	16.4	MoveIn, Inc.	0000001
		00000	46-1991111				Quietyme, Inc.	WI	OTH	New Ventures, LLC	Ownership	19.5	Quietyme, Inc.	0000001
		00000	46-0930746				Steve Stricker American Family Insurance Foundation, Inc.	WI	OTH	American Family Mutual Insurance Company	Board of Directors		Steve Stricker American Family Insurance Foundation, Inc.	0000002
		00000	46-5039052				Homesite General Agent, LLC	DE	NIA	Homesite Group Incorporated		100.0	American Family Mutual Insurance Company	

Asterisk	Explanation
0000001	Companies Listed as OTH are Investments Held by New Ventures, LLC where a controlling inerest is presumed to exist due to a greater than 10% ownership interest.
0000002	501(c)(3) organization with greater than 50% board of director control.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
19275	39-0273710	AMERICAN FAMILY MUTUAL INSURANCE CO.		(29,200,000)			330,469,700	(9,935,957)			291,333,743	(1,139,034,388)
19283	39-6040366	AMERICAN STANDARD INSURANCE CO. OF WISCONSIN					(80,599,270)	54,459,226			(26,140,044)	344,104,616
60399	39-6040365	AMERICAN FAMILY LIFE INSURANCE CO.		81,970			(124,817,536)	(6,200,887)			(130,936,453)	
	39-6040596	AMERICAN FAMILY FINANCIAL SERVICES INC.					(101,501)				(101,501)	
	39-1508124	AMERICAN FAMILY BROKERAGE INC.					(7,903,083)				(7,903,083)	
10386	39-1835307	AMERICAN FAMILY INSURANCE COMPANY					(103,012,622)	43,500,969			(59,511,653)	210,592,284
10387	39-1835305	AMERICAN STANDARD INSURANCE CO. OF OHIO					(9,112,570)	4,769,175			(4,343,395)	30,496,488
	39-1391393	AMFAM, INC.		(81,970)			118				(81,852)	
27138	36-2705935	Midvale Indemnity Company		29,200,000			(786,778)				28,413,222	
	46-3538161	The AssureStart Insurance Agency										
	36-4681910	New Ventures LLC.										
	86-1101013	PGC Holdings Corporation	1,000,000				(446,340)				553,660	
	42-6653388	PGC Holdings Statutory Trust 1										
	20-1980130	PGC Holdings Statutory Trust 2										
22906	62-1482846	Permanent General Assurance Corporation of Ohio	(1,000,000)	(6,000,000)			16,407,203		*		9,407,203	(681,462)
37648	13-2960609	Permanent General Assurance Corporation					24,466,833		*		24,466,833	(308,219)
	62-1336831	Permanent General Companies, Inc.					(55,862,002)				(55,862,002)	
	62-1383711	PGA Service Corporation					691,488				691,488	
	62-1684228	The General Auto Insurance Services of Ohio, Inc.					(371,959)				(371,959)	
	62-1684225	The General Auto Insurance Services, Inc.		6,000,000			(170,201)				5,829,799	
	62-1758317	The General Auto Insurance Services of Louisiana,					(18,865)				(18,865)	
13703	26-2465659	The General Automobile Insurance Company, Inc.					10,656,985		*		10,656,985	989,681
	62-1820203	The General Auto Insurance Services of Georgia, In					966,399				966,399	
	62-1812273	The General Auto Insurance Services of Texas, Inc.										
	04-3361207	Homesite Group Incorporated					114,737,841				114,737,841	
	04-3441403	Homesite Securities Company LLC										
13927	45-0282873	Homesite Insurance Company of the Midwest					(28,344,720)	7,936,615			(20,408,105)	175,667,000
17221	06-1125462	Homesite Insurance Company					(45,435,949)	(36,746,334)			(82,182,283)	201,203,000
20419	48-1156645	Homesite Indemnity Company					(14,208,418)	(25,452,159)			(39,660,577)	55,912,000
11005	68-0426201	Homesite Insurance Company of California					(7,415,869)	(7,199,216)			(14,615,085)	37,522,000
10986	16-1559926	Homesite Insurance Company of New York					(7,955,729)	(8,260,235)			(16,215,964)	36,592,000
10745	23-2980263	Homesite Insurance Company of Georgia					(2,683,041)	(2,762,373)			(5,445,414)	11,012,000
11016	52-2176786	Homesite Insurance Company of Illinois					(2,975,984)	(136,751)			(3,112,735)	15,705,000
11156	04-3489719	Homesite Insurance Company of Florida					604,532	(1,010,225)			(405,693)	78,000
11237	74-2987795	Homesite Lloyds's of Texas					(5,060,258)	(12,961,848)			(18,022,106)	20,150,000
	23-3011415	Homesite Insurance Agency, Inc.					(1,718,404)				(1,718,404)	
	04-3506712	Texas-South of Homesite, Inc.										
9999999 Control Totals									X X X			

Schedule Y Part 2 Explanation: Permanent General Assurance Corporation - PGC Group intercompany pooling arrangement: 59%, Permanent General Assurance Corporation of Ohio - PGC Group intercompany pooling arrangement: 33%, The General Automobile Insurance Company, Inc. - PGC Group intercompany pooling arrangement: 8%

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	Response
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.	
MARCH FILING	
1. Will an actuarial opinion be filed by March 1?	Yes
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	Yes
APRIL FILING	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	Yes
6. Will Management's Discussion and Analysis be filed by April 1?	Yes
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	Yes
MAY FILING	
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	Yes
JUNE FILING	
9. Will an audited financial report be filed by June 1?	Yes
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes
AUGUST FILING	
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	Yes
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 it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	No
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	No
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	No
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	No
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	No
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
20. Will the Confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	Yes
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	Yes
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	No
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	No
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	Yes
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
APRIL FILING	
28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	No
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	Yes
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	No
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile AND the NAIC by April 1?	No
AUGUST FILING	
33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes

Explanations:

Bar Codes:

Schedule SIS

10386201442000000 2014 Document Code: 420

Financial Guaranty Insurance Exhibit

10386201424000000 2014 Document Code: 240

Supplement A to Schedule T

10386201445500000 2014 Document Code: 455

Trusteed Surplus Statement

10386201449000000 2014 Document Code: 490

Premiums Attributed to Protected Cells Exhibit

10386201438500000 2014 Document Code: 385

Reinsurance Summary Supplemental Filing

10386201440100000 2014 Document Code: 401

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement

10386201436500000 2014 Document Code: 365

Exceptions to the Reinsurance Attestation Supplement

10386201440000000 2014 Document Code: 400

Bail Bond Supplement

10386201450000000 2014 Document Code: 500

Approval for Relief related to five-year rotation for lead Audit Partner

10386201422400000 2014 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA

10386201422500000 2014 Document Code: 225

Approval for Relief related to Require. for Audit Committees

10386201422600000 2014 Document Code: 226

Credit Insurance Exhibit

10386201423000000 2014 Document Code: 230

Supplemental Health Care Exhibit

10386201421600000 2014 Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report

10386201421700000 2014 Document Code: 217

OVERFLOW PAGE FOR WRITE-INS

10386201436006100 2014 Document Code: 360

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2014
(To be filed by March 1)
FOR THE STATE OF **COLORADO**

NAIC Group Code: 0473 NAIC Company Code: 10386

Address (City, State and Zip Code): Westerville, OH 43082

Person Completing This Exhibit:

Title: Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 Total Experience on Individual Policies																	
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address:
   2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
   3.1 Address:
   3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":

10386201436011100 2014 Document Code: 360

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2014
(To be filed by March 1)
FOR THE STATE OF **GEORGIA**

NAIC Group Code: 0473 NAIC Company Code: 10386
Address (City, State and Zip Code): Westerville, OH 43082
Person Completing This Exhibit: Chris Aasland
Title: Vice President Telephone Number: (515)245-2225

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 Total Experience on Individual Policies																	
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: P.O. Box 10, Des Moines IA 50306-0010
   2.2 Contact Person and Phone Number: Shelley Dodd (515)245-2249
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
   3.1 Address: P.O. Box 10, Des Moines IA 50306-0010
   3.2 Contact Person and Phone Number: Shelley Dodd (515)245-2249
4. Explain any policies identified above as policy type "O":

10386201436014100 2014 Document Code: 360

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2014
(To be filed by March 1)
FOR THE STATE OF **ILLINOIS**

NAIC Group Code: 0473 NAIC Company Code: 10386
Address (City, State and Zip Code): Westerville, OH 43082
Person Completing This Exhibit:
Title: Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 Total Experience on Individual Policies																	
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address:
   2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
   3.1 Address:
   3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":

10386201436036100 2014 Document Code: 360

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2014
(To be filed by March 1)
FOR THE STATE OF **OHIO**

NAIC Group Code: 0473 NAIC Company Code: 10386
Address (City, State and Zip Code): Westerville, OH 43082
Person Completing This Exhibit: Chris Aasland
Title: Vice President Telephone Number: (515)245-2225

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Total Experience on Individual Policies																	
Yes	H65	A	No	3,4	01/24/1996		08/29/2000	03/16/2009									
Yes	H65	C	No	3,4	01/24/1996		08/29/2000	03/16/2009									
Yes	H65	D	No	3,4	08/29/2000			03/16/2009		308,904	209,970	68.0	89				
Yes	H65	F	No	3,4	01/24/1996		08/29/2000	03/16/2009									
Yes	H65	G	No	3,4	08/29/2000			03/16/2009		61,038	80,755	132.3	18				
0199999 Total Experience on Individual Policies										369,942	290,725	78.6	107				
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address: P.O. Box 10, Des Moines IA 50306-0010
   2.2 Contact Person and Phone Number: Shelley G. Dodd (515)245-2249
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
   3.1 Address: P.O. Box 10, Des Moines IA 50306-0010
   3.2 Contact Person and Phone Number: Shelley G. Dodd (515)245-2249
4. Explain any policies identified above as policy type "O":

10386201436045100 2014 Document Code: 360

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2014
(To be filed by March 1)
FOR THE STATE OF **UTAH**

NAIC Group Code: 0473 NAIC Company Code: 10386
Address (City, State and Zip Code): Westerville, OH 43082
Person Completing This Exhibit:
Title: Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 Total Experience on Individual Policies																	
0299999 Total Experience on Group Policies																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address:
   2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
   3.1 Address:
   3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":

10386201450500100 2014 Document Code: 505

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For the Year Ended December 31, 2014

(To Be Filed By March 1)

NAIC Group Code: 0473 NAIC Company Code: 10386

Company Name: American Family Insurance Company

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

Description	Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
	1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
1. Monoline Policies	26,178	23,755		7,602		4,751		

2. Commercial Multiple Peril (CMP) Packaged Policies
   - 2.1 Does the reporting entity provide D & O liability coverage as part of a CMP packaged policy? Yes[ ] No[X]
   - 2.2 Can the direct premium earned for D & O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes[ ] No[X]
   - 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D & O liability coverage in CMP packaged policies
     - 2.31 Amount quantified: $ 0
     - 2.32 Amount estimated using reasonable assumptions $ 0
   - 2.4 If the answer to question 2.1 is yes, please provide the following:

Description	Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
	1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
2.4 D&O liability coverage						

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