



Quarterly Statement
For the Quarter Ended June 30, 2015
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:
1900 Polaris Parkway, Suite 200 A&B, Columbus, Ohio 43240

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
William Boyd Westrate	President
Daniel James Kelly	Chief Financial Officer, Treasurer
David Clifford Holman	Chief Strategy Officer, Secretary
Mark Valdez Afable	Chief Legal Officer
Troy Peter Van Beek	Assistant Treasurer
Martin Thomas Chiaro	Assistant Treasurer
Ann Frances Wenzel	Assistant Secretary

DIRECTORS OR TRUSTEES

David Clifford Holman	Daniel James Kelly
William Boyd Westrate	Gerry William Benusa
Mary Lynn Schmoeger	

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
William B. Westrate	David C. Holman	Daniel J. Kelly
President	Chief Strategy Officer, Secretary	Chief Financial Officer, Treasurer

Subscribed and sworn to before me this day of July, 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

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds	23,118,137		23,118,137	23,004,230
2.	Stocks:				
2.1	Preferred stocks				
2.2	Common stocks				
3.	Mortgage loans on real estate:				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....1,487,585), cash equivalents (\$.....0) and short-term investments (\$.....3,863,958)	5,351,543		5,351,543	804,494
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities	1,807		1,807	1,807
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	28,471,487		28,471,487	23,810,531
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	271,588		271,588	271,405
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	(27,287)		(27,287)	21,201
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....79,832 earned but unbilled premiums)	115,884	7,983	107,901	107,392
15.3	Accrued retrospective premiums				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers	(233,051)		(233,051)	(99,027)
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset				
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$.....0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates	318,189		318,189	1,811,462
24.	Health care (\$.....0) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	28,916,810	7,983	28,908,827	25,922,964
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	28,916,810	7,983	28,908,827	25,922,964
DETAILS OF WRITE-INS					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	.....				
2502.	.....				
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current	December 31,
		Statement Date	Prior Year
1.	Losses (current accident year \$.....0)		
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses		
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)	1,006	
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))	(424,597)	585
7.2	Net deferred tax liability	943	
8.	Borrowed money \$.....0 and interest thereon \$.....0		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....122,717,609 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act)		
10.	Advance premium	1,862,606	1,234,247
11.	Dividends declared and unpaid:		
11.1	Stockholders		
11.2	Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	1,818,666	(8,609,684)
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others	9,895	2,670
15.	Remittances and items not allocated	(20,070)	(18,221)
16.	Provision for reinsurance (including \$.....0 certified)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding	4,482,680	3,712,206
19.	Payable to parent, subsidiaries and affiliates	(1,893,028)	11,799,795
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$.....0 and interest thereon \$.....0		
25.	Aggregate write-ins for liabilities	422,481	595,957
26.	TOTAL liabilities excluding protected cell liabilities (Lines 1 through 25)	6,260,582	8,717,555
27.	Protected cell liabilities		
28.	TOTAL liabilities (Lines 26 and 27)	6,260,582	8,717,555
29.	Aggregate write-ins for special surplus funds		
30.	Common capital stock	3,000,000	1,000,000
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus	7,241,335	4,241,335
35.	Unassigned funds (surplus)	12,406,910	11,964,074
36.	Less treasury stock, at cost:		
36.1	0 shares common (value included in Line 30 \$.....0)		
36.2	0 shares preferred (value included in Line 31 \$.....0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	22,648,245	17,205,409
38.	TOTALS (Page 2, Line 28, Col. 3)	28,908,827	25,922,964
DETAILS OF WRITE-INS			
2501.	All Other Liabilities	422,481	595,957
2502.	.....		
2503.	.....		
2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	422,481	595,957
2901.	.....		
2902.	.....		
2903.	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page		
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.	.....		
3202.	.....		
3203.	.....		
3298.	Summary of remaining write-ins for Line 32 from overflow page		
3299.	TOTALS (Lines 3201 through 3203 plus 3298) (Line 32 above)		

STATEMENT OF INCOME

		1	2	3
		Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME				
1.	Premiums earned			
1.1	Direct (written \$.....162,543,072)	141,492,646	115,858,328	240,482,109
1.2	Assumed (written \$.....0)			
1.3	Ceded (written \$.....162,543,072)	141,492,646	115,858,328	240,482,109
1.4	Net (written \$.....0)			
DEDUCTIONS:				
2.	Losses incurred (current accident year \$.....0)			
2.1	Direct	92,064,211	73,132,507	143,952,597
2.2	Assumed			
2.3	Ceded	92,064,211	73,132,507	143,952,597
2.4	Net			
3.	Loss adjustment expenses incurred			
4.	Other underwriting expenses incurred			
5.	Aggregate write-ins for underwriting deductions			
6.	TOTAL underwriting deductions (Lines 2 through 5)			
7.	Net income of protected cells			
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)			
INVESTMENT INCOME				
9.	Net investment income earned	392,738	435,531	874,623
10.	Net realized capital gains (losses) less capital gains tax of \$.....0	(556)		
11.	Net investment gain (loss) (Lines 9 + 10)	392,182	435,531	874,623
OTHER INCOME				
12.	Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)			
13.	Finance and service charges not included in premiums			
14.	Aggregate write-ins for miscellaneous income			
15.	TOTAL other income (Lines 12 through 14)			
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	392,182	435,531	874,623
17.	Dividends to policyholders			
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	392,182	435,531	874,623
19.	Federal and foreign income taxes incurred	(51,597)	21,713	44,587
20.	Net income (Line 18 minus Line 19) (to Line 22)	443,779	413,818	830,036
CAPITAL AND SURPLUS ACCOUNT				
21.	Surplus as regards policyholders, December 31 prior year	17,205,409	16,383,356	16,383,356
22.	Net income (from Line 20)	443,779	413,818	830,036
23.	Net transfers (to) from Protected Cell accounts			
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0			
25.	Change in net unrealized foreign exchange capital gain (loss)			
26.	Change in net deferred income tax	(58,988)	(745)	1,142
27.	Change in nonadmitted assets	58,045	745	(9,125)
28.	Change in provision for reinsurance			
29.	Change in surplus notes			
30.	Surplus (contributed to) withdrawn from Protected cells			
31.	Cumulative effect of changes in accounting principles			
32.	Capital changes:			
32.1	Paid in	2,000,000		
32.2	Transferred from surplus (Stock Dividend)			
32.3	Transferred to surplus			
33.	Surplus adjustments:			
33.1	Paid in	3,000,000		
33.2	Transferred to capital (Stock Dividend)			
33.3	Transferred from capital			
34.	Net remittances from or (to) Home Office			
35.	Dividends to stockholders			
36.	Change in treasury stock			
37.	Aggregate write-ins for gains and losses in surplus			
38.	Change in surplus as regards policyholders (Lines 22 through 37)	5,442,836	413,818	822,053
39.	Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	22,648,245	16,797,174	17,205,409
DETAILS OF WRITE-INS				
0501.	.....			
0502.	.....			
0503.	.....			
0598.	Summary of remaining write-ins for Line 5 from overflow page			
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)			
1401.	Other Income			
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
3701.	.....			
3702.	.....			
3703.	.....			
3798.	Summary of remaining write-ins for Line 37 from overflow page			
3799.	TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)			

CASH FLOW

		1	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	11,104,688	(1,508,484)	(10,970,144)
2.	Net investment income	398,325	440,837	885,111
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	11,503,013	(1,067,647)	(10,085,033)
5.	Benefit and loss related payments	(134,024)	(1,846,570)	(930,467)
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	(1,006)		
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	373,584	22,052	45,052
10.	TOTAL (Lines 5 through 9)	238,554	(1,824,518)	(885,415)
11.	Net cash from operations (Line 4 minus Line 10)	11,264,459	756,871	(9,199,618)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds			
12.2	Stocks			
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7	Miscellaneous proceeds			
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)			
13.	Cost of investments acquired (long-term only):			
13.1	Bonds	119,677	250,078	3,310,960
13.2	Stocks			
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications	556	1	
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	120,233	250,079	3,310,960
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(120,233)	(250,079)	(3,310,960)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock	5,000,000		
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	(11,597,177)	1,355,556	11,216,438
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(6,597,177)	1,355,556	11,216,438
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	4,547,049	1,862,348	(1,294,140)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	804,494	2,098,634	2,098,634
19.2	End of period (Line 18 plus Line 19.1)	5,351,543	3,960,982	804,494

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

20.0001				
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Notes to Financial Statement

1. SIGNIFICANT ACCOUNTING POLICIES

- A. American Family Insurance Company (the Company) prepares its statutory financial statements in accordance with accounting practices prescribed or permitted by the Office of the Commissioner of Insurance of the State of Ohio (OCI). Prescribed statutory accounting practices include the National Association of Insurance Commissioners' (NAIC) "Accounting Practices and Procedures Manual", as well as state laws, regulations, and general administrative rules applicable to all insurance enterprises domiciled in a particular state. In addition, the OCI has a right to permit other specific practices that may deviate from prescribed practices. No permitted differences in statutory accounting practices between the OCI and the NAIC are used in the preparation of these statutory financial statements.

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

<u>NET INCOME</u>	<u>State of Domicile</u>	2015	2014
(1) State Basis (Page 4, Line 20, Columns 1 & 3)	OH	\$ 443,779	\$ 830,036
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	OH	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	OH	0	0
(4) NAIC SAP (1-2-3=4)	OH	\$ 443,779	\$ 830,036
<u>SURPLUS</u>			
(5) State Basis (Page 3, Line 37, Columns 1 & 2)	OH	\$ 22,648,245	\$ 17,205,409
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	OH	0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	OH	0	0
(8) NAIC SAP (5-6-7=8)	OH	\$ 22,648,245	\$ 17,205,409

- B. The preparation of financial statements in conformity with the Annual Statement Instructions and Accounting Practices and Procedures manual requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses. It also requires estimates in the disclosure of contingent assets and liabilities. Actual results could differ from these estimates.
- C. Premiums, reserves and expenses are accounted for in accordance with the NAIC Accounting Practices and Procedures manual, subject to deviations prescribed or permitted by the State of Ohio as described above.

In addition, the Company uses the following accounting policies:

- (1) Investments in short-term bonds rated "1" (highest quality) or "2" (high quality) by the Securities Valuation Office ("SVO") of the NAIC are reported in the financial statements at amortized cost. Bonds rated "3" (medium quality), "4" (low quality), "5" (lower quality), or "6" (lowest quality) by the SVO are reported at the lower of amortized cost or fair value. The interest method is used to amortize any purchase premium or discount, including estimates of future prepayments obtained from independent sources. Money market mutual funds are recorded at amortized cost, which approximates fair market value.
- (2) Investments in bonds rated "1" (highest quality) or "2" (high quality) by the Securities Valuation Office ("SVO") of the NAIC are reported in the financial statements at amortized cost. Bonds rated "3" (medium quality), "4" (low quality), "5" (lower quality), or "6" (lowest quality) by the SVO are reported at the lower of amortized cost or fair value.
- (3) The Company holds no common stocks.
- (4) The Company holds no preferred stocks.
- (5) The Company holds no mortgage loans.
- (6) The Company holds no loan-backed securities.
- (7) Investments in subsidiary, controlled and affiliated companies are stated as follows: The Company is wholly owned by AMFAM Inc., a holding company, which is wholly owned by American Family Mutual Insurance Company (AFMIC).
- (8) The Company has no investments in joint ventures, partnerships and limited liability companies.
- (9) The Company holds no derivatives.
- (10) The Company does anticipate investment income as a factor in premium deficiency calculations.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amounts are adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy during the reporting period.

Notes to Financial Statement

(13) The Company does not have pharmaceutical rebate receivables.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No significant changes

3. BUSINESS COMBINATIONS AND GOODWILL

No significant changes

4. DISCONTINUED OPERATIONS

No significant changes

5. INVESTMENTS

- A. Mortgage Loans, Including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities – None
- E. Repurchase Agreements - None
- F. Real Estate – None
- G. Investments in Low-Income Housing Tax Credits (LIHTC) - None
- H. Restricted Assets (Including Pledged)

(1) The following summarizes the carrying value of the Company’s restricted assets, including pledged assets, as of June 30, 2015.

Restricted Asset Category	Gross Restricted							8	Percentage	
	Current Year					6	7		9	10
	1	2	3	4	5					
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0.0%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-	-	0.0%	0.0%
c. Subject to repurchase agreements	-	-	-	-	-	-	-	-	0.0%	0.0%
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-	-	0.0%	0.0%
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-	-	0.0%	0.0%
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-	-	0.0%	0.0%
g. Placed under option contracts	-	-	-	-	-	-	-	-	0.0%	0.0%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	-	-	-	0.0%	0.0%
i. FHLB capital stock	-	-	-	-	-	-	-	-	0.0%	0.0%
j. On deposit with states	2,985,021	-	-	-	2,985,021	2,863,158	121,863	2,985,021	10.3%	10.3%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-	-	0.0%	0.0%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-	-	0.0%	0.0%
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-	-	0.0%	0.0%
n. Other restricted assets	-	-	-	-	-	-	-	-	0.0%	0.0%
o. Total Restricted Assets	\$ 2,985,021	\$ -	\$ -	\$ -	\$ 2,985,021	\$ 2,863,158	\$ 121,863	\$ 2,985,021	10.3%	10.3%

(a) Subset of column 1
(b) Subset of column 3

(2) Not applicable
(3) Not applicable

- I. Working Capital Finance Investments – None
- J. Offsetting and Netting of Assets and Liabilities – None
- K. Structured Notes - None

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

No significant changes

7. INVESTMENT INCOME

Notes to Financial Statement

No significant changes

8. DERIVATIVE INSTRUMENTS

No significant changes

9. INCOME TAXES

No significant changes

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

A-C. No significant changes

D. As of June 30, 2015, The Company reported \$159,500 due from affiliates, and \$0 due to affiliates. Terms of the settlement require that these amounts be settled within 90 days.

E-L. No significant changes

11. DEBT

A. The Company has no debt.

B. Federal Home Loan Bank (FHLB) Agreements – Not applicable

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

A(4). The parent sponsors defined pension plans and postretirement benefit plan covering substantially all employee of the Company.

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

No significant changes

14. CONTINGENCIES

A-C. No significant changes

D. Claims Related Extra Contractual Obligations and Bad Faith Losses - Not Applicable

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

	Direct
Claims related ECO and bad faith losses paid during the reporting period	2,007,500

Number of claims where amounts were paid to settle claims:

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

Claim count information is disclosed:

(f) Per Claim	X	(g) Per Claimant	
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E-G. No significant changes

15. LEASES

No significant changes

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

No significant changes

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

A. Transfer of Receivables reported as sales – The proceeds from the transfer for the six months ending June 30, 2015 and June 30, 2014 are \$164,074,403 and \$125,068,675 respectively. There is no gain or loss from this transaction.

B. Transfer and Servicing of Financial Assets – Not applicable

C. Wash Sales – Not applicable

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

No significant changes

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

Notes to Financial Statement

No significant changes

20. FAIR VALUE MEASUREMENTS

A. Valuation, Techniques, and Inputs

1. The following summarizes the Company’s financial assets carried at fair value as of June 30, 2015.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Short-term investments	\$ 256,796	\$ -	\$ -	\$ 256,796
Total assets at fair value	\$ 256,796	\$ -	\$ -	\$ 256,796

There were no material transfers between Levels 1 and 2 during the first six months of 2015.

2. The Company held no Level 3 assets as of June 30, 2015.
3. There were no material transfers into or out of Level 3 during the first half of 2015.
4. The Financial assets and financial liabilities recorded on the Balance Sheet at fair value are categorized based on the reliability of inputs to the valuation techniques as follows:

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

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

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

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

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

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

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

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

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

Level 1 Measurements

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

The Company held no Level 2 or Level 3 securities carried at fair value as of June 30, 2015.

B. Not applicable

C. Valuation, Methods, and Assumptions

1. The following summarizes the fair value of the Company’s financial assets as of June 30, 2015:

Notes to Financial Statement

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 24,901,862	\$ 23,118,137	\$ 5,551,089	\$ 19,350,773	\$ -	\$ -
Short-term investments	\$ 3,863,958	\$ 3,863,958	\$ 3,863,958	\$ -	\$ -	\$ -

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

Bonds: The fair value of Level 1 bonds, consisting of U.S. Treasury Notes, is determined using unadjusted quoted prices in an active market. The majority of the Company’s Level 2 bonds are valued using the market and income approaches by leading, nationally recognized providers of market data and analytics. When available, recent trades of identical or similar assets are used to price these securities. However, because many fixed income securities do not actively trade on a daily basis, pricing models are often used to determine security prices. The pricing models discount future cash flows at estimated market interest rates. These rates are derived by calculating the appropriate spreads over comparable U.S. Treasury securities based on credit quality, industry, and structure of the asset. Observable inputs used by the models include benchmark yields, bid/ask spreads, dealer quotes, liquidity, term to maturity, credit risk and default projections, collateral performance, deal and tranche attributes, and general market data. Inputs may vary depending on type of security.

Short-term Investments: Valuation methods and assumptions are discussed in Note 20.A.4.

- D. Not applicable
- E. Not applicable

21. OTHER ITEMS

- A-F. No significant changes

22. EVENTS SUBSEQUENT

No significant changes

23. REINSURANCE

- A. Unsecured Reinsurance Recoverable

The Company had unsecured reinsurance recoverables that exceeded 3% of the Company’s policyholders surplus of \$245,231,029 and \$194,079,638 at June 30, 2015 and 2014, respectively, with American Family Mutual Insurance Company (NAIC Group Code 0473, FEIN 39-0273710).

- B. Reinsurance Recoverable In Dispute

Not applicable

- C. Reinsurance Assumed And Ceded

1. The following table summarizes ceded and assumed unearned premiums and the related commission equity at June 30, 2015:

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a) Affiliates	\$ -	\$ -	\$ 122,621,974	\$ 21,534,109	\$ (122,621,974)	\$ (21,534,109)
b) All Other	-	-	95,635	7,013	(95,635)	(7,013)
c) TOTAL	\$ -	\$ -	\$ 122,717,609	\$ 21,541,122	\$ (122,717,609)	\$ (21,541,122)
d) Direct Unearned Premium Reserve			\$ 122,717,609			

2. Certain agency agreements and ceded reinsurance contracts provide for additional or return commissions based on the actual loss experience of the produced or reinsured business. There were no amounts accrued at June 30, 2015.
3. The Company has no protected cells.

- D-I. Not applicable

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

- A. Not applicable
- B. Not applicable
- C. Not applicable
- D. Not applicable

Notes to Financial Statement

	E.	Not applicable
	F.	Not applicable
25.	CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES	
		Not applicable
26.	INTERCOMPANY POOLING ARRANGEMENTS	
		Not applicable
27.	STRUCTURED SETTLEMENTS	
		Not applicable
28.	HEALTH CARE RECEIVABLES	
		Not applicable
29.	PARTICIPATING POLICIES	
		Not applicable
30.	PREMIUM DEFICIENCY RESERVES	
		No significant changes
31.	HIGH DEDUCTIBLES	
		Not applicable
32.	DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES AND UNPAID LOSS ADJUSTMENT EXPENSES	
		Not applicable
33.	ASBESTOS/ENVIRONMENTAL RESERVES	
		Not applicable
34.	SUBSCRIBERS SAVINGS ACCOUNT	
		Not applicable
35.	MULTIPLE PERIL CROP INSURANCE	
		Not applicable
36.	FINANCIAL GUARANTY INSURANCE	
		Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

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

Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

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

Yes[] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

If yes, attach an explanation.

Yes[] No[] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2011
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2011
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

04/05/2013
- 6.4 By what department or departments?

Ohio Dept of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

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

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

Yes[] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

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

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

Yes[X] No[]
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[X] No[]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

The code of ethics was amended for all employees, including senior management, to reflect the changes in the Mission, Vision, and Values.
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

Yes[X] No[]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 85,138

INVESTMENT

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

Yes[] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

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

\$ 0

GENERAL INTERROGATORIES (Continued)

INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes[] No[X]

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

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

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
16.3 Total payable for securities lending reported on the liability page

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

\$ 0
\$ 0
\$ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

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

Yes[X] No[]

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

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

Yes[] No[X]

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

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

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

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

18.2 If no, list exceptions:

Yes[X] No[]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation.

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

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?
If yes, attach an explanation.

Yes[] No[X]

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled?
3.2 If yes, give full and complete information thereto

Yes[] No[X]

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero?
4.2 If yes, complete the following schedule:

Yes[] No[X]

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

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

.....0.000%
.....0.000%
.....0.000%

6.1 Do you act as a custodian for health savings accounts?
6.2 If yes, please provide the amount of custodial funds held as of the reporting date.
6.3 Do you act as an administrator for health savings accounts?
6.4 If yes, please provide the balance of the funds administered as of the reporting date.

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

SCHEDULE F - CEDED REINSURANCE
Showing all new reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
			NONE			

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

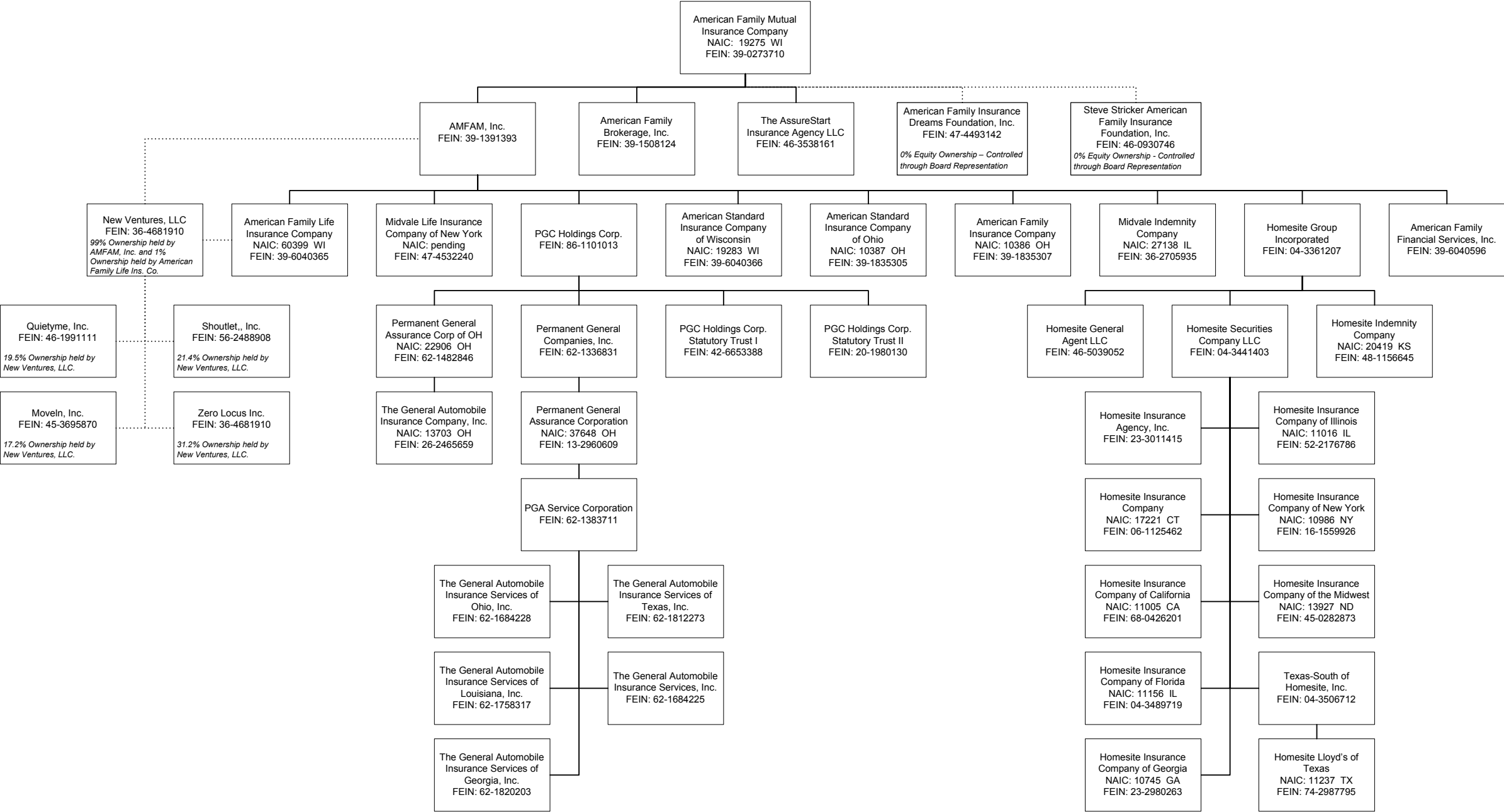
		1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2	3	4	5	6	7
States, Etc.		Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1.	Alabama (AL)	N						
2.	Alaska (AK)	N						
3.	Arizona (AZ)	L	498,780				48,988	
4.	Arkansas (AR)	N						
5.	California (CA)	N						
6.	Colorado (CO)	L	21,193,885		5,151,369		6,529,392	
7.	Connecticut (CT)	N						
8.	Delaware (DE)	N						
9.	District of Columbia (DC)	N						
10.	Florida (FL)	N						
11.	Georgia (GA)	L	46,627,872	36,753,373	28,970,698	24,465,252	38,129,307	29,050,706
12.	Hawaii (HI)	N						
13.	Idaho (ID)	L						
14.	Illinois (IL)	L	293,026		782		79,524	
15.	Indiana (IN)	L	1,467				71	
16.	Iowa (IA)	L	4,621					
17.	Kansas (KS)	L	12,496		79		2,099	
18.	Kentucky (KY)	N						
19.	Louisiana (LA)	N						
20.	Maine (ME)	N						
21.	Maryland (MD)	N						
22.	Massachusetts (MA)	N						
23.	Michigan (MI)	N						
24.	Minnesota (MN)	L	6,958					
25.	Mississippi (MS)	N						
26.	Missouri (MO)	L	190,868		1,384		35,110	
27.	Montana (MT)	N						
28.	Nebraska (NE)	L	21,860				4,203	
29.	Nevada (NV)	L	2,798				85	
30.	New Hampshire (NH)	N						
31.	New Jersey (NJ)	N						
32.	New Mexico (NM)	N						
33.	New York (NY)	N						
34.	North Carolina (NC)	N						
35.	North Dakota (ND)	N						
36.	Ohio (OH)	L	75,441,401	77,213,064	37,689,290	39,382,720	49,793,560	54,497,391
37.	Oklahoma (OK)	N						
38.	Oregon (OR)	L						
39.	Pennsylvania (PA)	N						
40.	Rhode Island (RI)	N						
41.	South Carolina (SC)	N						
42.	South Dakota (SD)	L	746,256		42,067		55,347	
43.	Tennessee (TN)	N						
44.	Texas (TX)	N						
45.	Utah (UT)	L	17,500,784	9,145,464	8,544,348	2,936,040	8,928,763	3,134,515
46.	Vermont (VT)	N						
47.	Virginia (VA)	N						
48.	Washington (WA)	L						
49.	West Virginia (WV)	N						
50.	Wisconsin (WI)	N						
51.	Wyoming (WY)	N						
52.	American Samoa (AS)	N						
53.	Guam (GU)	N						
54.	Puerto Rico (PR)	N						
55.	U.S. Virgin Islands (VI)	N						
56.	Northern Mariana Islands (MP)	N						
57.	Canada (CAN)	N						
58.	Aggregate other alien (OT)	X X X						
59.	Totals	(a). 17	162,543,072	123,111,901	80,400,017	66,784,012	103,606,449	86,682,612
DETAILS OF WRITE-INS								
58001	write-in description 1 for line 58	X X X						
58002	write-in description 2 for line 58	X X X						
58003	write-in description 3 for line 58	X X X						
58998	Summary of remaining write-ins for Line 58 from overflow page	X X X						
58999	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X						

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

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

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

Q11.1



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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
Q12	473 American Family Insurance Group	19275	39-0273710 .	.....	.....	.....	American Family Mutual Insurance Company	WI .	RE ..	American Family 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 .	DS ..	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company .....	.....
	.....	00000	39-1391393 .	.....	.....	.....	AMFAM, Inc.	WI .	DS ..	American Family Mutual Insurance Company	Ownership	100.0	American Family Mutual Insurance Company .....	.....
	.....	00000	46-3538161 .	.....	.....	.....	The AssureStart Insurance Agency, LLC	WI .	DS ..	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 .	IA ...	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	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
Q12.1	American Family Insurance Group	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	
		13927	45-0282873				Homesite Insurance Company of the Midwest	ND	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
		17221	06-1125462				Homesite Insurance Company	CT	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
		20419	48-1156645				Homesite Indemnity Company	KS	IA	Homesite Group Incorporated	Ownership	100.0	American Family Mutual Insurance Company	
		11005	68-0426201				Homesite Insurance Company of California	CA	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
		10986	16-1559926				Homesite Insurance Company of New York	NY	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
		10745	23-2980263				Homesite Insurance Company of Georgia	GA	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
		11016	52-2176786				Homesite Insurance Company of Illinois	IL	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
		11156	04-3489719				Homesite Insurance Company of Florida	IL	IA	Homesite Securities Company LLC	Ownership	100.0	American Family Mutual Insurance Company	
		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	46-5039052				Homesite General Agent, LLC	DE	NIA	Homesite Group Incorporated	Ownership	100.0	American Family Mutual Insurance Company	
		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	17.2	MoveIn, Inc.	0000001
		00000	46-1991111				Quietyme, Inc.	WI	OTH	New Ventures, LLC	Ownership	19.5	Quietyme, Inc.	0000001
		00000	56-2488908				Shoutlet, Inc.	DE	OTH	New Ventures, LLC	Ownership	21.4	Shoutlet, 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	47-4532240				Midvale Life Insurance Company of New York	NY	IA	AMFAM, Inc.	Ownership	100.0	American Family Mutual Insurance Company	
		00000	47-4493142				American Family Insurance Dreams Foundation, Inc.	WI	OTH	American Family Mutual Insurance Company	Board of Directors		American Family Insurance Dreams Foundation, Inc.	0000002

Asterisk	Explanation
0000001	Investments held by New Ventures, LLC where a controlling interest 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

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire	40,460	65,750	162.506	115.275
2.	Allied lines	71,959	3,316	4.608	7.760
3.	Farmowners multiple peril	76,894	8,479	11.027	3.241
4.	Homeowners multiple peril	37,808,667	18,365,364	48.575	60.473
5.	Commercial multiple peril	5,006,067	2,489,951	49.739	95.142
6.	Mortgage guaranty				
8.	Ocean marine				
9.	Inland marine	25,182	1,235	4.904	87.374
10.	Financial guaranty				
11.1	Medical professional liability - occurrence				
11.2	Medical professional liability - claims made				
12.	Earthquake	73,145			
13.	Group accident and health				
14.	Credit accident and health				
15.	Other accident and health	127,789	287,749	225.175	189.832
16.	Workers' compensation	725,554	290,006	39.970	55.472
17.1	Other liability - occurrence	1,350,446	378,402	28.021	92.848
17.2	Other liability - claims made				
17.3	Excess Workers' Compensation				
18.1	Products liability - occurrence	4,942			
18.2	Products liability - claims made				
19.1	19.2 Private passenger auto liability	58,239,064	43,162,377	74.112	63.798
19.3	19.4 Commercial auto liability	566,007	2,909,091	513.967	141.266
21.	Auto physical damage	37,372,295	24,102,491	64.493	58.867
22.	Aircraft (all perils)				
23.	Fidelity	2,285			
24.	Surety				
26.	Burglary and theft	1,890			
27.	Boiler and machinery				
28.	Credit				
29.	International				
30.	Warranty				
31.	Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X	X X X
32.	Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X	X X X
33.	Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X	X X X
34.	Aggregate write-ins for other lines of business				
35.	TOTALS	141,492,646	92,064,211	65.066	63.122
DETAILS OF WRITE-INS					
3401.	0				
3402.	0				
3403.	0				
3498.	Summary of remaining write-ins for Line 34 from overflow page				
3499.	TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	20,850	43,012	43,417
2.	Allied lines	43,124	83,927	84,631
3.	Farmowners multiple peril	32,696	57,071	42,856
4.	Homeowners multiple peril	26,086,437	43,525,565	34,701,856
5.	Commercial multiple peril	3,282,545	6,513,445	4,593,056
6.	Mortgage guaranty			
8.	Ocean marine			
9.	Inland marine	15,315	32,831	31,874
10.	Financial guaranty			
11.1	Medical professional liability - occurrence			
11.2	Medical professional liability - claims made			
12.	Earthquake	55,295	98,622	50,541
13.	Group accident and health			
14.	Credit accident and health			
15.	Other accident and health	130,703	266,156	251,128
16.	Workers' compensation	942,089	1,468,269	439,360
17.1	Other liability - occurrence	727,628	1,455,981	1,291,104
17.2	Other liability - claims made			
17.3	Excess Workers' Compensation			
18.1	Products liability - occurrence	938	2,916	3,179
18.2	Products liability - claims made			
19.1	19.2 Private passenger auto liability	33,572,621	65,493,587	49,619,773
19.3	19.4 Commercial auto liability	408,825	752,219	460,644
21.	Auto physical damage	22,144,759	42,742,394	31,494,376
22.	Aircraft (all perils)			
23.	Fidelity	2,188	3,749	2,157
24.	Surety			
26.	Burglary and theft	1,918	3,328	1,949
27.	Boiler and machinery			
28.	Credit			
29.	International			
30.	Warranty			
31.	Reinsurance-Nonproportional Assumed Property	X X X	X X X	X X X
32.	Reinsurance-Nonproportional Assumed Liability	X X X	X X X	X X X
33.	Reinsurance-Nonproportional Assumed Financial Lines	X X X	X X X	X X X
34.	Aggregate write-ins for other lines of business			
35.	TOTALS	87,467,931	162,543,072	123,111,901
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)			

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

		1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred		Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2015 Loss and LAE Payments on Claims Reported as of Prior Year-End	2015 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2015 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 11 + 12)
1.	2012 + Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.	2013 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.	Subtotals 2013 + Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.	2014 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5.	Subtotals 2014 + Prior .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6.	2015	X X X	X X X	X X X	X X X .....	.....	.....	X X X .....	.....	.....	.....	X X X	X X X	X X X
7.	Totals .....	.....	.....	.....	.....	.....	N O N E		.....	.....	.....	Col. 11, Line 7 As % of Col. 1 Line 7 1.....	Col. 12, Line 7 As % of Col. 2 Line 7 2.....	Col. 13, Line 7 As % of Col. 3 Line 7 3.....
8.	Prior Year-End Surplus As Regards Policyholders .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	Col. 13, Line 7 Line 8 4.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

Bar Codes:

Trusteed Surplus Statement



Supplement A to Schedule T



Medicare Part D Coverage Supplement



OVERFLOW PAGE FOR WRITE-INS

N O N E

STATEMENT AS OF **June 30, 2015** OF THE **American Family Insurance Company**

SCHEDULE A - VERIFICATION

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	23,004,230	19,704,180
2.	Cost of bonds and stocks acquired	119,677	3,310,960
3.	Accrual of discount	3,078	5,948
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of		
7.	Deduct amortization of premium	8,848	16,858
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	23,118,137	23,004,230
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	23,118,137	23,004,230

QSI02

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

NAIC Designation		1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS									
1.	NAIC 1 (a)	26,781,625	201,970		(1,500)	26,781,625	26,982,095		23,208,815
2.	NAIC 2 (a)								
3.	NAIC 3 (a)								
4.	NAIC 4 (a)								
5.	NAIC 5 (a)								
6.	NAIC 6 (a)								
7.	Total Bonds	26,781,625	201,970		(1,500)	26,781,625	26,982,095		23,208,815
PREFERRED STOCK									
8.	NAIC 1								
9.	NAIC 2								
10.	NAIC 3								
11.	NAIC 4								
12.	NAIC 5								
13.	NAIC 6								
14.	Total Preferred Stock								
15.	Total Bonds & Preferred Stock	26,781,625	201,970		(1,500)	26,781,625	26,982,095		23,208,815

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....256,796; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	3,863,958	X X X	3,861,516	3	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	204,585	296,669
2.	Cost of short-term investments acquired	10,509,250	3,219,187
3.	Accrual of discount	2,832	
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(556)	
6.	Deduct consideration received on disposals	6,852,153	3,311,271
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	3,863,958	204,585
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	3,863,958	204,585

SI04 Schedule DB - Part A Verification NONE

SI04 Schedule DB - Part B Verification NONE

SI05 Schedule DB Part C Section 1 NONE

SI06 Schedule DB Part C Section 2 NONE

SI07 Schedule DB - Verification NONE

SI08 Schedule E - Verification (Cash Equivalents) NONE

E01	Schedule A Part 2	NONE
E01	Schedule A Part 3	NONE
E02	Schedule B Part 2	NONE
E02	Schedule B Part 3	NONE
E03	Schedule BA Part 2	NONE
E03	Schedule BA Part 3	NONE
E04	Schedule D Part 3	NONE
E05	Schedule D Part 4	NONE
E06	Schedule DB Part A Section 1	NONE
E07	Schedule DB Part B Section 1	NONE
E08	Schedule DB Part D Section 1	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10	Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E11	Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	
Depository			Code	Rate of Interest			First Month	Second Month	Third Month	*
open depositories										
US Bank	Madison, Wisconsin						 2,192,211	 2,534,230	 1,290,980	X X X
Wells Fargo	San Francisco, CA						 182,399	 186,017	 196,605	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories ..			X X X	... X X X ..	.....	.....	.....	.....	.....	X X X
0199999 Totals - Open Depositories			X X X	... X X X ..	.....	.....	.... 2,374,610	 2,720,247	 1,487,585	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories										
			X X X	... X X X ..	.....	.....	.....	.....	.....	X X X
0299999 Totals - Suspended Depositories			X X X	... X X X ..	.....	.....	.....	.....	.....	X X X
0399999 Total Cash On Deposit			X X X	... X X X ..	.....	.....	.... 2,374,610	 2,720,247	 1,487,585	X X X
0499999 Cash in Company's Office			X X X	... X X X ..	... X X X ..	... X X X ..	.....	.....	.....	X X X
0599999 Total Cash			X X X	... X X X ..	.....	.....	.... 2,374,610	 2,720,247	 1,487,585	X X X

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
NONE							
8699999 Total - Cash Equivalents							



DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year to Date For the Period Ended June 30
NAIC Group Code: 0473 NAIC Company Code: 10386

Company Name: American Family Insurance Company

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

Description	1	2	3
	Direct Written Premium	Direct Earned Premium	Direct Losses Incurred
1. Monoline Policies	21,614	14,803	7,822

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:

2.32 Amount estimated using reasonable assumptions:

2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies.
- Yes[] No[X]

Yes[] No[X]

\$ 0

\$ 0

\$ 0

**INDEX TO PROPERTY & CASUALTY
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