



## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	23,991,850		23,991,850	23,004,230
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ ..... encumbrances) .....				
5. Cash (\$ ..... 1,857,292 , Schedule E - Part 1), cash equivalents (\$ ..... , Schedule E - Part 2) and short-term investments (\$ ..... 3,426,451 , Schedule DA) .....	5,283,743		5,283,743	804,494
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....				
9. Receivable for securities .....	1,811		1,811	1,807
10. Securities lending reinvested collateral assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	29,277,404		29,277,404	23,810,531
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	291,633		291,633	271,405
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	(4,901)		(4,901)	21,201
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ ..... 204,181 earned but unbilled premiums) .....	250,140	20,418	229,722	107,392
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	5,224,242		5,224,242	(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 .....	47,015		47,015	
18.2 Net deferred tax asset .....	2,762		2,762	
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				1,811,462
24. Health care (\$ ..... ) 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) .....	35,088,295	20,418	35,067,877	25,922,964
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	35,088,295	20,418	35,067,877	25,922,964
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 thru 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 thru 2503 plus 2598)(Line 25 above) .....				

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY**  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....		
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....	8,537	
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....		
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....		
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....		585
7.2 Net deferred tax liability .....		
8. Borrowed money \$ ..... and interest thereon \$ .....		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ ..... 153,299,966 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act) .....		
10. Advance premium .....	1,585,722	1,234,247
11. Dividends declared and unpaid:		
11.1 Stockholders .....		
11.2 Policyholders .....		
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	(8,524,829)	(8,609,684)
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19) .....		
14. Amounts withheld or retained by company for account of others .....	18,996	2,670
15. Remittances and items not allocated .....	(18,772)	(18,221)
16. Provision for reinsurance (including \$ ..... certified) (Schedule F, Part 8) .....		
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....	4,954,577	3,712,206
19. Payable to parent, subsidiaries and affiliates .....	13,528,689	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 \$ ..... and interest thereon \$ .....		
25. Aggregate write-ins for liabilities .....	493,909	595,957
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	12,046,829	8,717,555
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	12,046,829	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) .....	12,779,713	11,964,074
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) .....	23,021,048	17,205,409
38. <b>TOTALS (Page 2, Line 28, Col. 3)</b>	<b>35,067,877</b>	<b>25,922,964</b>
<b>DETAILS OF WRITE-INS</b>		
2501. All Other Liabilities .....	493,909	595,957
2502. .....		
2503. .....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....		
2599. <b>Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)</b>	<b>493,909</b>	<b>595,957</b>
2901. .....		
2902. .....		
2903. .....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....		
2999. <b>Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)</b>		
3201. .....		
3202. .....		
3203. .....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....		
3299. <b>Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above)</b>		

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY**  
**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4).....		
<b>DEDUCTIONS:</b>		
2. Losses incurred (Part 2, Line 35, Column 7).....		
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....		
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....		
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 plus Line 7).....		
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	778,789	874,623
10. Net realized capital gains or (losses) less capital gains tax of \$ ..... (191) (Exhibit of Capital Gains (Losses) ) .....	(369)	
11. Net investment gain (loss) (Lines 9 + 10).....	778,420	874,623
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ ..... amount charged off \$ ..... (68) ) .....	68	
13. Finance and service charges not included in premiums.....		
14. Aggregate write-ins for miscellaneous income.....		
15. Total other income (Lines 12 through 14).....	68	
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	778,488	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).....	778,488	874,623
19. Federal and foreign income taxes incurred.....	(46,824)	44,587
20. Net income (Line 18 minus Line 19)(to Line 22).....	825,312	830,036
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	17,205,409	16,383,356
22. Net income (from Line 20).....	825,312	830,036
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ .....		
25. Change in net unrealized foreign exchange capital gain (loss) .....		
26. Change in net deferred income tax .....	(55,283)	1,142
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3).....	45,610	(9,125)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....		
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 (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....		
37. Aggregate write-ins for gains and losses in surplus .....		
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	5,815,639	822,053
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	23,021,048	17,205,409
<b>DETAILS OF WRITE-INS</b>		
0501. .....		
0502. .....		
0503. .....		
0598. Summary of remaining write-ins for Line 5 from overflow page .....		
0599. Totals (Lines 0501 thru 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 thru 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 thru 3703 plus 3798)(Line 37 above).....		

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY**  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	327,667	(10,970,144)
2. Net investment income .....	771,394	885,111
3. Miscellaneous income .....	68	
4. Total (Lines 1 through 3) .....	1,099,129	(10,085,033)
5. Benefit and loss related payments .....	5,314,732	(930,467)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....		
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... 2 tax on capital gains (losses) .....	585	45,052
10. Total (Lines 5 through 9) .....	5,315,317	(885,415)
11. Net cash from operations (Line 4 minus Line 10) .....	(4,216,188)	(9,199,618)
<b>Cash from Investments</b>		
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 .....	(560)	
12.7 Miscellaneous proceeds .....		
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	(560)	
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	1,000,453	3,310,960
13.2 Stocks .....		
13.3 Mortgage loans .....		
13.4 Real estate .....		
13.5 Other invested assets .....		
13.6 Miscellaneous applications .....	4	
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	1,000,457	3,310,960
14. Net increase (decrease) in contract loans and premium notes .....		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(1,001,017)	(3,310,960)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....		
16.2 Capital and paid in surplus, less treasury stock .....	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) .....	4,696,454	11,216,438
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	9,696,454	11,216,438
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	4,479,249	(1,294,140)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	804,494	2,098,634
19.2 End of period (Line 18 plus Line 19.1) .....	5,283,743	804,494

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

Underwriting and Investment Exhibit - Part 1 - Premiums Earned

**N O N E**

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1+2+3+4-5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire .....	79,358			.79,358		
2. Allied lines .....	153,328			.64,490	.88,838	
3. Farmowners multiple peril .....	173,628			173,628		
4. Homeowners multiple peril .....	94,859,953			94,859,953		
5. Commercial multiple peril .....	12,906,284			12,906,284		
6. Mortgage guaranty .....						
8. Ocean marine .....						
9. Inland marine .....	59,005			.59,005		
10. Financial guaranty .....						
11.1 Medical professional liability - occurrence .....						
11.2 Medical professional liability - claims-made .....						
12. Earthquake .....	219,315			.219,315		
13. Group accident and health .....						
14. Credit accident and health (group and individual) .....						
15. Other accident and health .....	474,617			.300,671	.173,946	
16. Workers' compensation .....	3,045,747		.74,137	.3,119,884		
17.1 Other liability - occurrence .....	2,911,997			2,911,997		
17.2 Other liability - claims-made .....						
17.3 Excess workers' compensation .....						
18.1 Products liability - occurrence .....	12,425			.12,425		
18.2 Products liability - claims-made .....						
19.1, 19.2 Private passenger auto liability .....	150,075,634			.150,075,634		
19.3, 19.4 Commercial auto liability .....	2,136,243			.2,136,243		
21. Auto physical damage .....	96,723,969			96,723,969		
22. Aircraft (all perils) .....						
23. Fidelity .....	6,879			.6,879		
24. Surety .....						
26. Burglary and theft .....	8,487			.8,487		
27. Boiler and machinery .....						
28. Credit .....						
29. International .....						
30. Warranty .....						
31. Reinsurance - nonproportional assumed property .....	XXX					
32. Reinsurance - nonproportional assumed liability .....	XXX					
33. Reinsurance - nonproportional assumed financial lines .....	XXX					
34. Aggregate write-ins for other lines of business .....						
35. TOTALS .....	363,846,869		74,137	363,658,222	262,784	
<b>DETAILS OF WRITE-INS</b>						
3401. ....						
3402. ....						
3403. ....						
3498. Summary of remaining write-ins for Line 34 from overflow page .....						
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....						

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ X ]

If yes: 1. The amount of such installment premiums \$ .....

2. Amount at which such installment premiums would have been reported had they been reported on an annualized basis \$ .....

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5	6	7	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire .....	64,436		64,436					
2. Allied lines .....	5,593		5,593					
3. Farmowners multiple peril .....	304		304					
4. Homeowners multiple peril .....	34,504,563		34,504,563					
5. Commercial multiple peril .....	4,869,849		4,869,849					
6. Mortgage guaranty .....								
8. Ocean marine .....								
9. Inland marine .....	13,862		13,862					
10. Financial guaranty .....								
11.1 Medical professional liability - occurrence .....								
11.2 Medical professional liability - claims-made .....								
12. Earthquake .....								
13. Group accident and health .....								
14. Credit accident and health (group and individual) .....								
15. Other accident and health .....	506,093		506,093					
16. Workers' compensation .....	198,063	20,648	218,711					
17.1 Other liability - occurrence .....	2,755,799		2,755,799					
17.2 Other liability - claims-made .....								
17.3 Excess workers' compensation .....								
18.1 Products liability - occurrence .....								
18.2 Products liability - claims-made .....								
19.1, 19.2 Private passenger auto liability .....	73,741,911		73,741,911					
19.3, 19.4 Commercial auto liability .....	3,624,557		3,624,557					
21. Auto physical damage .....	52,111,611		52,111,611					
22. Aircraft (all perils) .....								
23. Fidelity .....								
24. Surety .....								
26. Burglary and theft .....								
27. Boiler and machinery .....								
28. Credit .....								
29. International .....								
30. Warranty .....								
31. Reinsurance - nonproportional assumed property .....	XXX							
32. Reinsurance - nonproportional assumed liability .....	XXX							
33. Reinsurance - nonproportional assumed financial lines .....	XXX							
34. Aggregate write-ins for other lines of business .....								
35. TOTALS .....	172,396,641	20,648	172,417,289					
<b>DETAILS OF WRITE-INS</b>								
3401. ....								
3402. ....								
3403. ....								
3498. Summary of remaining write-ins for Line 34 from overflow page								
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)								

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire .....					3,089			3,089	
2. Allied lines .....					1,198			1,198	
3. Farmowners multiple peril .....					857			857	
4. Homeowners multiple peril .....	5,656,459		5,656,459		6,304,357			6,304,357	
5. Commercial multiple peril .....	1,265,554		1,265,554		2,421,839			2,421,839	
6. Mortgage guaranty .....									
8. Ocean marine .....									
9. Inland marine .....	2,000		2,000		3,625			3,625	
10. Financial guaranty .....									
11.1 Medical professional liability - occurrence .....									
11.2 Medical professional liability - claims-made .....									
12. Earthquake .....									
13. Group accident and health .....									(a)
14. Credit accident and health (group and individual) .....									(a)
15. Other accident and health .....									
16. Workers' compensation .....	355,987	31,258	387,245		391,543	43,001		434,544	
17.1 Other liability - occurrence .....	394,213		394,213		3,151,457			3,151,457	
17.2 Other liability - claims-made .....									
17.3 Excess workers' compensation .....									
18.1 Products liability - occurrence .....									
18.2 Products liability - claims-made .....									
19.1, 19.2 Private passenger auto liability .....	48,342,917		48,342,917		49,753,842			49,753,842	
19.3, 19.4 Commercial auto liability .....	644,424		644,424		1,227,001			1,227,001	
21. Auto physical damage .....	5,190,725		5,190,725		(1,436,541)			(1,436,541)	
22. Aircraft (all perils) .....									
23. Fidelity .....									
24. Surety .....									
26. Burglary and theft .....									
27. Boiler and machinery .....									
28. Credit .....									
29. International .....									
30. Warranty .....									
31. Reinsurance - nonproportional assumed property .....	XXX				XXX				
32. Reinsurance - nonproportional assumed liability .....	XXX				XXX				
33. Reinsurance - nonproportional assumed financial lines .....	XXX				XXX				
34. Aggregate write-ins for other lines of business .....									
35. TOTALS .....	61,852,279	31,258	61,883,537		63,021,491	43,001		63,064,492	
<b>DETAILS OF WRITE-INS</b>									
3401. ....									
3402. ....									
3403. ....									
3498. Summary of remaining write-ins for Line 34 from overflow page									
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)									

(a) Including \$ ..... for present value of life indemnity claims.

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct .....	3,612,151			3,612,151
1.2 Reinsurance assumed .....	10,491			10,491
1.3 Reinsurance ceded .....	31,891,711			31,891,711
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3) .....	(28,269,069)			(28,269,069)
2. Commission and brokerage:				
2.1 Direct excluding contingent .....		33,776,372		33,776,372
2.2 Reinsurance assumed, excluding contingent .....		15,736		15,736
2.3 Reinsurance ceded, excluding contingent .....		121,049,831		121,049,831
2.4 Contingent - direct .....		1,760,554		1,760,554
2.5 Contingent - reinsurance assumed .....				
2.6 Contingent - reinsurance ceded .....		1,760,554		1,760,554
2.7 Policy and membership fees .....				
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) .....		(87,257,723)		(87,257,723)
3. Allowances to managers and agents .....	38,668	13,839,483	701	13,878,852
4. Advertising .....	5,103	12,170,856	2	12,175,961
5. Boards, bureaus and associations .....	142,895	378,249	32	521,176
6. Surveys and underwriting reports .....	7,568	2,105,917		2,113,485
7. Audit of assureds' records .....				
8. Salary and related items:				
8.1 Salaries .....	15,714,864	20,027,302	38,844	35,781,010
8.2 Payroll taxes .....	1,025,450	1,259,429	19,071	2,303,950
9. Employee relations and welfare .....	3,539,942	4,552,509	61,791	8,154,242
10. Insurance .....	66,586	45,839	70	112,495
11. Directors' fees .....	.29	89,889		89,918
12. Travel and travel items .....	863,044	1,372,279	2,386	2,237,709
13. Rent and rent items .....	1,052,247	1,906,271	295	2,958,813
14. Equipment .....	223,961	592,125	1	816,087
15. Cost or depreciation of EDP equipment and software .....	2,945,738	7,175,447	5,877	10,127,062
16. Printing and stationery .....	111,146	406,788	615	518,549
17. Postage, telephone and telegraph, exchange and express .....	677,250	3,096,753	34	3,774,037
18. Legal and auditing .....	734,487	2,735,916	7,114	3,477,517
19. Totals (Lines 3 to 18) .....	27,148,978	71,755,052	136,833	99,040,863
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....	.0	7,546,472		7,546,472
20.2 Insurance department licenses and fees .....	10,008	233,101	93	243,202
20.3 Gross guaranty association assessments .....		63,312		63,312
20.4 All other (excluding federal and foreign income and real estate) .....	13,464	144,853	43	158,360
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	23,472	7,987,738	136	8,011,346
21. Real estate expenses .....	6,977	14,048	14	21,039
22. Real estate taxes .....				
23. Reimbursements by uninsured plans .....				
24. Aggregate write-ins for miscellaneous expenses .....	1,089,642	7,500,885	118	8,590,645
25. Total expenses incurred .....			137,101	(a) 137,101
26. Less unpaid expenses - current year .....				
27. Add unpaid expenses - prior year .....				
28. Amounts receivable relating to uninsured plans, prior year .....				
29. Amounts receivable relating to uninsured plans, current year .....				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)			137,101	137,101
<b>DETAILS OF WRITE-INS</b>				
2401. Outside Services & Miscellaneous .....	1,089,642	5,147,055	118	6,236,815
2402. Donations .....		2,353,830		2,353,830
2403. .....				
2498. Summary of remaining write-ins for Line 24 from overflow page .....				
2499. Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	1,089,642	7,500,885	118	8,590,645

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY**  
**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .....	37,059
1.1 Bonds exempt from U.S. tax .....	(a) .....	873,239
1.2 Other bonds (unaffiliated) .....	(a) .....	
1.3 Bonds of affiliates .....	(a) .....	
2.1 Preferred stocks (unaffiliated) .....	(b) .....	
2.11 Preferred stocks of affiliates .....	(b) .....	
2.2 Common stocks (unaffiliated) .....	(c) .....	
2.21 Common stocks of affiliates .....	(d) .....	
3. Mortgage loans .....	(e) .....	5,592
4. Real estate .....	(f) .....	
5. Contract loans .....		
6. Cash, cash equivalents and short-term investments .....		5,592
7. Derivative instruments .....		
8. Other invested assets .....		
9. Aggregate write-ins for investment income .....		
10. Total gross investment income .....	895,662	915,890
<b>11. Investment expenses .....</b>	<b>(g) .....</b>	<b>136,965</b>
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....	136
13. Interest expense .....	(h) .....	
14. Depreciation on real estate and other invested assets .....	(i) .....	
15. Aggregate write-ins for deductions from investment income .....		
16. Total deductions (Lines 11 through 15) .....		137,101
17. Net investment income (Line 10 minus Line 16) .....		778,789
<b>DETAILS OF WRITE-INS</b>		
0901. .....		
0902. .....		
0903. .....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....		
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....		
1501. .....		
1502. .....		
1503. .....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....		
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....		

(a) Includes \$ 6,203 accrual of discount less \$ 19,036 amortization of premium and less \$ 18,572 paid for accrued interest on purchases.

(b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.

(c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.

(d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.

(e) Includes \$ 5,565 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.

(f) Includes \$ accrual of discount less \$ amortization of premium.

(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$ interest on surplus notes and \$ interest on capital notes.

(i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....					
1.1 Bonds exempt from U.S. tax .....					
1.2 Other bonds (unaffiliated) .....					
1.3 Bonds of affiliates .....					
2.1 Preferred stocks (unaffiliated) .....					
2.11 Preferred stocks of affiliates .....					
2.2 Common stocks (unaffiliated) .....					
2.21 Common stocks of affiliates .....					
3. Mortgage loans .....					
4. Real estate .....					
5. Contract loans .....					
6. Cash, cash equivalents and short-term investments .....	(560)		(560)		
7. Derivative instruments .....					
8. Other invested assets .....					
9. Aggregate write-ins for capital gains (losses) .....					
10. Total capital gains (losses) .....	(560)		(560)		
<b>DETAILS OF WRITE-INS</b>					
0901. .....					
0902. .....					
0903. .....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....					
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....					

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY**  
**EXHIBIT OF NON-ADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens .....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income .....			
4.3 Properties held for sale .....			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11) .....			
13. Title plants (for Title insurers only) .....			
14. Investment income due and accrued .....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....			
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	20,418	7,983	(12,435)
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
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 .....		58,045	58,045
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....			
21. Furniture and equipment, including health care delivery assets .....			
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care 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) .....	20,418	66,028	45,610
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. Total (Lines 26 and 27) .....	20,418	66,028	45,610
<b>DETAILS OF WRITE-INS</b>			
1101. .....			
1102. .....			
1103. .....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. Totals (Lines 1101 thru 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 thru 2503 plus 2598)(Line 25 above) .....			

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

---

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN**

**A. Accounting Practices**

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>State of Domicile</u>	2015	2014
<b>NET INCOME</b>			
(1) State Basis (Page 4, Line 20, Columns 1 & 2)	OH	\$ 825,312	\$ 830,036
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	OH	-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	OH	-	-
(4) NAIC SAP (1-2-3=4)	OH	\$ 825,312	\$ 830,036
<hr/>			
<b>SURPLUS</b>			
(5) State Basis (Page 3, Line 37, Columns 1 & 2)	OH	\$ 23,021,048	\$ 17,205,409
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	OH	-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	OH	-	-
(8) NAIC SAP (5-6-7=8)	OH	\$ 23,021,048	\$ 17,205,409

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

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

**C. Accounting Policy**

Premiums, 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 anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts – Premiums.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

(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 amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

(12) The Company has not modified its capitalization policy from the prior period.

(13) The Company does not record a pharmaceutical rebate receivable.

D. Going Concern – Not applicable

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

Not applicable

**3. BUSINESS COMBINATIONS AND GOODWILL**

Not applicable

**4. DISCONTINUED OPERATIONS**

Not applicable

**5. INVESTMENTS**

A. Mortgage Loans, including Mezzanine Real Estate Loans – Not applicable

B. Debt Restructuring – Not applicable

C. Reverse Mortgages – Not applicable

D. Loan-Backed Securities – Not applicable

E. Repurchase Agreements and/or Securities Lending Transactions – Not applicable

F. Real Estate – Not applicable

G. Low-Income Housing Tax Credits (LIHTC) – Not applicable

H. Restricted Assets

(1) The following summarizes the carrying value of the Company's restricted assets, including pledged assets, as of December 31, 2015.

Restricted Asset Category	Gross Restricted							8	Percentage		
	Current Year					6	7		9	10	
	1	2	3	4	5						
Restricted Asset Category	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 (1)	Total From Prior Year	Increase/(Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted 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	2,987,232	-	-	-	2,987,232	2,863,158	124,074	2,987,232	8.5%	8.5%	
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%	
<b>o. Total Restricted Assets</b>	<b>\$ 2,987,232</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,987,232</b>	<b>\$ 2,863,158</b>	<b>\$ 124,074</b>	<b>\$ 2,987,232</b>	<b>8.5%</b>	<b>8.5%</b>	

(a) Subset of column 1

(b) Subset of column 3

(2) Detail of Assets Pledged as Collateral – Not applicable

(3) Detail of Other Restricted Assets – Not applicable

I. Working Capital Finance Investments – Not applicable

J. Offsetting and Netting of Assets and Liabilities – Not applicable

K. Structured Notes – Not applicable

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY**  
**NOTES TO FINANCIAL STATEMENTS**

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

Not applicable

**7. INVESTMENT INCOME**

A. The Company does not admit investment income due and accrued if amounts are over 90 days past due.  
 B. The total amount nonadmitted was \$0 in both 2015 and 2014.

**8. DERIVATIVE INSTRUMENTS**

Not applicable

**9. INCOME TAXES**

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

(1) Components of Net Deferred Tax Asset/(Liability)

	12/31/2015			12/31/2014			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross Deferred Tax Assets	\$ 7,146	\$ -	\$ 7,146	\$ 60,740	\$ -	\$ 60,740	\$ (53,594)	\$ -	\$ (53,594)
b. Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-	-	-
c. Adjusted Gross Deferred Tax Assets (1a-1b)	7,146	-	7,146	60,740	-	60,740	(53,594)	-	(53,594)
d. Deferred Tax Assets Nonadmitted	-	-	-	58,045	-	58,045	(58,045)	-	(58,045)
e. Subtotal Net Admitted Deferred Tax Asset (1c-1d)	7,146	-	7,146	2,695	-	2,695	4,451	-	4,451
f. Deferred Tax Liabilities	-	4,384	4,384	-	2,695	2,695	-	1,689	1,689
g. Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	\$ 7,146	\$ (4,384)	\$ 2,762	\$ 2,695	\$ (2,695)	\$ -	\$ 4,451	\$ (1,689)	\$ 2,762

(2) Admission Calculation Components SSAP No. 101

	12/31/2015			12/31/2014			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding the Amount of Deferred Tax Assets From (2)a above) After Application of the Threshold Limitation (the Lesser of (2)b1 and (2)b2 Below)	7,146	-	7,146	-	-	-	7,146	-	7,146
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	7,146	-	7,146	-	-	-	7,146	-	7,146
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	3,452,743	XXX	XXX	-	XXX	XXX	3,452,743
c. Adjusted Gross Deferred Tax Assets (Excluding the Amount of Deferred Tax Assets From (2)a and (2)b above) Offset by Gross Deferred Tax Liabilities	-	-	-	2,695	-	2,695	(2,695)	-	(2,695)
d. Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	Total ((2)a+(2)b+(2)c)	\$ 7,146	\$ -	\$ 7,146	\$ 2,695	\$ -	\$ 2,695	\$ 4,451	\$ -

(3) Other Admissibility Criteria

		2015	2014
a. Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount		26395%	N/A
b. Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in (2)b2 Above		\$ 23,018,286	N/A

(4) Impact of Tax Planning Strategies

	12/31/2015			12/31/2014			Change		
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col 1-3) Ordinary	6 (Col 2-4) Capital			
a. Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, by Tax Character as a Percentage									
1. Adjusted Gross DTAs Amount From note 9A(1)c	\$ 7,146	\$ -	\$ 60,740	\$ -	\$ (53,594)	\$ -			
2. Percentage of Adjusted Gross DTAs by Tax Character Attributable to the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%			0%
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A(1)e	\$ 7,146	\$ -	\$ 2,695	\$ -	\$ 4,451	\$ -			
4. Percentage of Adjusted Gross DTAs by Tax Character Admitted Because of the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%			0%
b. Does the Company's tax-planning strategies include the use of reinsurance? Yes [ ] No [X]									

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

B. Deferred Tax Liabilities Not Recognized – Not applicable

C. Current income taxes incurred consist of the following major components:

(1) Current Income Tax

	1 12/31/2015	2 12/31/2014	3 (Col 1-2) Change
a. Federal	\$ (46,824)	\$ 44,587	\$ (91,411)
b. Foreign	-	-	-
c. Subtotal	(46,824)	44,587	(91,411)
d. Federal income tax on net capital gains	(191)	-	(191)
e. Utilization of capital loss carry-forwards	-	-	-
f. Other	1	-	1
g. Federal and foreign income taxes incurred	\$ (47,014)	\$ 44,587	\$ (91,601)

(2) Deferred Tax Assets

	1 12/31/2015	2 12/31/2014	3 (Col 1-2) Change
a. Ordinary			
1. Discounting of unpaid losses	\$ -	\$ -	\$ -
2. Unearned premium reserve	-	-	-
3. Policyholder reserves	-	-	-
4. Investments	-	-	-
5. Deferred acquisition costs	-	-	-
6. Policyholder dividends accrual	-	-	-
7. Fixed assets	-	-	-
8. Compensation and benefits accrual	-	-	-
9. Pension accrual	-	-	-
10. Receivables - nonadmitted	7,146	2,794	4,352
11. Net operating loss carry-forward	-	-	-
12. Tax credit carry-forward	-	57,946	(57,946)
13. Other (including items <5% of total ordinary tax assets)	-	-	-
99. Subtotal	7,146	60,740	(53,594)
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	-	58,045	(58,045)
d. Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	7,146	2,695	4,451
e. Capital			
1. Investments	-	-	-
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other (including items <5% of total capital tax assets)	-	-	-
99. Subtotal	-	-	-
f. Statutory valuation allowance adjustment	-	-	-
g. Nonadmitted	-	-	-
h. Admitted capital deferred tax assets (2e99 - 2f - 2g)	-	-	-
i. Admitted deferred tax assets (2d + 2h)	\$ 7,146	\$ 2,695	\$ 4,451

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

(3) Deferred Tax Liabilities

	1 12/31/2015	2 12/31/2014	3 (Col 1-2) Change
a. Ordinary			
1. Investments	\$ -	\$ -	\$ -
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves	-	-	-
5. Other (including items <5% of total ordinary tax liabilities)	-	-	-
99. Subtotal	-	-	-
b. Capital			
1. Investments	4,384	2,695	1,689
2. Real estate	-	-	-
3. Other (including items <5% of total capital tax liabilities)	-	-	-
99. Subtotal	4,384	2,695	1,689
c. Deferred tax liabilities (3a99 + 3b99)	\$ 4,384	\$ 2,695	\$ 1,689
(4) Net deferred Tax Assets (2i - 3c)	<u>\$ 2,762</u>	<u>\$ -</u>	<u>\$ 2,762</u>

The change in net deferred incomes taxes is comprised of the following:

	1 12/31/2015	2 12/31/2014	3 (Col 1-2) Change
Adjusted Gross Deferred Tax Assets	\$ 7,146	\$ 60,740	\$ (53,594)
Total Deferred Tax Liabilities	4,384	2,695	1,689
Net Deferred Tax Asset (Liability)	<u>\$ 2,762</u>	<u>\$ 58,045</u>	<u>(55,283)</u>
Other Investment Tax Effects			-
Change in Net Deferred Income Tax			<u>\$ (55,283)</u>

D. Among the more significant book to tax adjustments were the following:

	Amount	Tax Effect at 35%	Effective Tax Rate
Income Before Taxes	\$ 778,296	\$ 272,404	35.00%
Tax Exempt Interest	(873,222)	(305,628)	-39.27%
Tax Exempt Interest Proration	130,983	45,846	5.89%
Nonadmitted Asset	(12,435)	(4,352)	-0.56%
Other	3	(1)	0.00%
Total	\$ 23,625	8,269	1.06%
Federal and Foreign Income Tax Incurred		(47,014)	-6.04%
Change in Net Deferred Income Tax		55,283	7.10%
Total Statutory Income Taxes	\$ 8,269		1.06%

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

- (1) The Company has AMT credit carryforwards, which do not expire, in the amount of \$0 and \$57,946 at December 31, 2015 and 2014, respectively.
- (2) The following is income tax expense for 2015, 2014, and 2013 that is available for recoupment in the event of future net losses. Ordinary losses can be carried back two years and capital losses can be carried back three years.

Year	Amount
2015	\$ -
2014	\$ 30,900
2013	\$ -

- (3) The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

- (1) The Company files a consolidated federal income tax return with the following entities:

American Family Mutual Insurance Company (Parent Company)  
American Standard Insurance Company of Wisconsin  
Midvale Life Insurance Company of New York  
American Family Life Insurance Company  
American Family Financial Services, Inc.  
AMFAM, Inc.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

---

American Family Brokerage, Inc.  
American Family Insurance Company  
American Standard Insurance Company of Ohio  
Midvale Indemnity Company  
PGC Holdings Corp.  
Permanent General Companies, Inc.  
Permanent General Assurance Corporation of Ohio  
The General Automobile Insurance Company, Inc.  
Permanent General Assurance Corporation  
PGA Service Corporation  
The General Automobile Insurance Services of Texas, Inc.  
The General Automobile Insurance Services of Ohio, Inc.  
The General Automobile Insurance Services of Georgia, Inc.  
The General Automobile Insurance Services, Inc.  
The General Automobile Insurance Services of Louisiana, Inc.  
Homesite Group Incorporated  
Homesite Insurance Company of the Midwest  
Homesite Insurance Company  
Homesite Indemnity Company  
Homesite Insurance Company of California  
Homesite Insurance Company of New York  
Homesite Insurance Company of Georgia  
Homesite Insurance Company of Illinois  
Homesite Insurance Company of Florida  
Homesite Lloyd's of Texas  
Homesite Securities Company, LLC  
Homesite Insurance Agency, Inc.  
Texas-South of Homesite, Inc.

(2) The consolidated federal income tax is allocated to each member company in the following manner:

- Companies having tax profits on a separate return basis will incur federal tax expense based on their separate return taxable incomes.
- Companies with tax losses on a separate return basis will be compensated (at the current federal tax rate) for the reduction in the consolidated tax liability resulting from their losses. Such compensation shall come directly from profitable companies that utilize those tax losses to reduce their taxable incomes. A loss company may have to repay this current year compensation back to the profitable company if the profitable company later incurs losses that, on a separate return basis, may be carried back to offset its current year income.
- The reduction of the consolidated tax liability due to tax credits shall be allocated to the individual companies producing such credits. Special additional taxes are similarly allocated to each member company.
- Operating Loss and Tax Credit carry forwards
  - On a consolidated basis the Company reported the following carry forwards available for recoupment:  
AMT credit carryforwards, which do not expire, in the amount of \$0 and \$37,429,662 at December 31, 2015 and 2014, respectively.
  - Income tax expense for 2015, 2014, and 2013 that is available for recoupment in the event of future net tax losses:

Year	Amount
2015	\$ 231,118,226
2014	\$ 166,784,659
2013	\$ 45,974,474

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

**10. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES**

A. Nature of Relationships

The Company is wholly owned by AMFAM Inc., a holding company, which is wholly owned by American Family Mutual Insurance Company (AFMIC).

B. Detail of Transactions Greater than 1/2% of Admitted Assets

The Company received a \$5,000,000 capital contribution from AMFAM Inc. on January 12 of the current year, to fund the Company's operations.

C. Change in Terms of Intercompany Arrangements – Not applicable

D. Amounts Due to or from Related Parties

As of December 31, 2015, the Company reported \$5,224,242 due from affiliates and \$5,003,860 due to affiliates. Terms of the settlement require that these amounts be settled within 90 days.

E. Guarantees or Undertakings for Related Parties – Not applicable

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY

## NOTES TO FINANCIAL STATEMENTS

---

F. Management, Service Contracts, Cost Sharing Arrangements

AFMIC has agreed to provide certain management and information systems services to the Company.

G. Nature of Relationships that Could Affect Operations (Refer to Schedule Y)

AFMIC, the parent company, owns:

100% of American Family Brokerage, Inc.

100% of The AssureStart Insurance Agency LLC

100% of AMFAM, Inc., a holding company, which owns:

100% of American Family Life Insurance Company

100% of American Standard Insurance Company of Wisconsin

100% of American Family Insurance Company

100% of American Standard Insurance Company of Ohio

100% of American Family Financial Services, Inc.

100% of PGC Holdings Corp.

100% of Midvale Indemnity Company

100% of Homesite Group Incorporated

100% of Midvale Life Insurance Company of New York

99% of New Ventures, LLC

H. Amount Deducted for Investment in Upstream/Downstream Company – Not applicable

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets – Not applicable

J. Writedowns for Impairment of Investments in Affiliates – Not applicable

K. Foreign Insurance Subsidiary Valued Using CARVM – Not applicable

L. Upstream/Downstream Holding Company Valued Using Look-Through Method – Not applicable

M. Detail of Investment in Non-Insurance Affiliate(s) – Not applicable

N. Investment in Insurance Affiliate(s) with NAIC SAP Departure – Not applicable

**11. DEBT**

Not applicable

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

A-D. Defined Benefit Plans, Investment Policies, Fair Value of Plan Assets and Rate of Return Assumptions

The Parent, AFMIC, sponsors a defined benefit pension plan and a postretirement health care benefit plan covering substantially all employees of the Company. See Note 12G.

E. Defined Contribution Plans

The Parent sponsors a defined contribution plan covering substantially all employees of the Company. See Note 12G.

F. Multiemployer Plans – Not applicable

G. Consolidated/Holding Company Plans

The Company participates with AFMIC and its subsidiaries (herein referred to as the "Companies") in non-contributory pension plans (herein referred to as the "Plans") covering substantially all employees. All employees providing services to the Company are employees of AFMIC. The Company is not directly liable for obligations under the Plans. For employees hired before January 1, 2009, and Agency Sales Managers hired before January 1, 2010, the benefits are based on years of credited service and highest average compensation (as defined in the Plans). For employees hired on or after January 1, 2009, and Agency Sales Managers hired on or after January 1, 2010, benefits are determined under a cash balance formula (as defined in the Plans). The asset valuation method used in 2015 for funding calculations is the Two-Year Smoothed Value method. The new benefit restrictions, required under the Pension Protection Act of 2006, do not apply in 2015 given the funded status of the plans. Pension expense of approximately \$2,777,931 and \$1,162,419 was allocated to the Company for the years ended December 31, 2015 and 2014, respectively, based on the Company's overall salary percentage.

The Companies also participate in a qualified contributory 401(k) plan (herein referred to as the "Plan"). Substantially all employees are eligible to enter into the Plan. Employee participation in the Plan is optional; participants contribute at least 1%, but no more than 30% of base compensation, subject to Internal Revenue Service limitations. The Companies are required to make contributions each payroll period, as defined, to a trust fund. Company contributions are based on a formula with a dollar-for-dollar match on the first 3% of eligible contributions plus 50 cents per dollar on the next 2% of eligible contributions. The maximum annual company contribution is 4% of eligible contributions. Beginning on Jan. 1, 2011, Agency Sales Managers began receiving an employer fixed match each pay period. The fixed match is the same as the employee match, as discussed above. The Plan expense allocated to the Company during 2015 and 2014 amounted to \$964,961 and \$865,897, respectively, based on the Company's overall salary percentage.

The Companies provide certain health care benefits to substantially all employees and contribute toward eligible employees' postretirement health care using a fixed amount for each year of eligible service. Certain employees may also receive health care benefits upon retirement via conversion of unused sick days earned prior to 2008. In addition, the Companies provide most employees with a life insurance benefit, for which the Companies absorb substantially all of the cost. The Companies' portions of the costs of these programs are unfunded. The Companies sponsor no other significant postretirement benefit plans and use a measurement date of December 31 for valuing pension and other postretirement benefit plans.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

---

H. Postemployment Benefits and Compensated Absences

The Parent provides postemployment benefits and compensated absences. See Note 12G.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) was signed into law in December of 2003. The Act includes the following two new features to Medicare Part D that could affect the measurement of the accumulated postretirement benefit obligation (APBO) and net periodic postretirement cost for the Plan:

A federal subsidy (based on 28% of an individual beneficiary's annual prescription drug costs between \$250 and \$5,000), which is not taxable, to sponsors of retiree healthcare benefit plans that provide a prescription drug benefit that is at least actuarially equivalent to Medicare Part D; and

The opportunity for a retiree to obtain a prescription drug benefit under Medicare.

The Company is unable to conclude whether the benefits provided by the Plan are actuarially equivalent to Medicare Part D under the Act. As a result, the effects of the Act on Accumulated postretirement benefit obligation are not reflected in the financial statement or the accompanying notes.

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

(1) Outstanding Shares

The Company has 850 shares authorized, 300 shares issued and 300 shares outstanding. All shares are Class A shares.

(2) Dividend Rate of Preferred Stock – Not applicable

(3) Dividend Restrictions – Not applicable

(4) Dates and Amounts of Dividends Paid

The Company's surplus may be available for transfer to its policyholders. Such distributions as dividends may be subject to prior regulatory approval. No dividends were paid in 2015.

(5) Amount of Ordinary Dividends That May Be Paid to Stockholders – Not applicable

(6) Restrictions on Unassigned Funds

There are no restrictions placed on the Company's surplus, including for whom the surplus is being held.

(7) Mutual Surplus Advances – Not applicable

(8) Company Stock Held for Special Purposes – Not applicable

(9) Changes in Special Surplus Funds – Not applicable

(10) Change in Unassigned Funds

The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses was \$0.

(11) Surplus Notes – Not applicable

(12) Impact of Quasi Reorganization – Not applicable

(13) Effective Date of Quasi Reorganization – Not applicable

**14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS**

A. Contingent Commitments – Not applicable

B. Assessments

No liabilities were established for mandatory assessments. Any liabilities related to these items are recorded in the Parent Company as all business is reinsured to the Parent Company.

C. Gain Contingencies – Not applicable

D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits

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 related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

---

Indicate whether claim count information is disclosed per claim or per claimant.

(f) Per Claim	X	(g) Per Claimant	
---------------	---	------------------	--

- E. Product Warranties – Not applicable
- F. Joint and Several Liabilities – Not applicable
- G. All Other Contingencies

Lawsuits arise against the Company in the normal course of business. Contingent liabilities arising from litigation, income taxes, and other matters are not considered material in relation to the financial position of the Company.

Since the Company sells its premium receivable balances to the Parent (see Note 17A), no uncollectible premium receivable balances are reflected in the Company's financial statements.

**15. LEASES**

Not applicable

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

Not applicable

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

- A. Transfers of Receivables Reported as Sales

The proceeds from the transfer for the year ending December 31, 2015 and December 31, 2014 are \$364,465,724 and \$260,904,240 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 PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS**

Not applicable

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

Not applicable

**20. FAIR VALUE MEASUREMENTS**

- A. Valuation, Techniques, and Inputs

- (1) The following summarizes the Company's financial assets carried at fair value as of December 31, 2015.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Short-term investments	\$ 66,536	\$ -	\$ -	\$ 66,536
Total assets at fair value	<u>\$ 66,536</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 66,536</u>

There were no material transfers between Levels 1 and 2 during 2015.

- (2) The Company held no Level 3 assets as of December 31, 2015.
- (3) There were no material transfers into or out of Level 3 during 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

## NOTES TO FINANCIAL STATEMENTS

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 December 31, 2015.

- (5) Derivative Fair Values – Not applicable
- B. Other Fair Value Disclosures – Not applicable
- C. Valuation, Methods, and Assumptions
  - (1) The following summarizes the fair value of the Company's financial assets as of December 31, 2015:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 25,767,988	\$ 23,991,850	\$ 5,534,940	\$ 20,233,048	\$ -	\$ -
Short-term investments	\$ 3,426,451	\$ 3,426,451	\$ 3,426,451	\$ -	\$ -	\$ -

- (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 for Level 1 money market funds are discussed in Note 20A4. Valuation methods and assumptions for Level 1 U.S. Treasuries are discussed in Note 20C2.

- D. Not Practical to Estimate Fair Value – Not applicable

### **21. OTHER ITEMS**

- A. Unusual and Infrequent Items – Not applicable
- B. Troubled Debt Restructuring: Debtors – Not applicable
- C. Other Disclosures – Not applicable
- D. Business Interruption Insurance Recoveries – Not applicable
- E. State Transferable and Non-transferable Tax Credits – Not applicable

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

---

F. Subprime-Mortgage-Related Risk Exposure

(1) Subprime Mortgage Exposures

The Company defines our exposure to subprime mortgage related risk as any mortgage-backed security that contains underlying mortgages designated as subprime. We reviewed all our residential mortgage-backed pools and collateralized mortgage obligations for any such risk. Since our direct exposure through investments in subprime mortgage related risk is zero and our direct exposure through "other" investments is immaterial, we have not had the need to mitigate that risk exposure.

(2) Direct Exposure Through Investments in Subprime Mortgage Loans – Not applicable  
(3) Direct Exposure Through Other Investments – Not applicable  
(4) Underwriting Exposure – Not applicable

G. Proceeds from Insurance-Linked Securities – Not applicable

**22. EVENTS SUBSEQUENT**

Subsequent events have been considered through February 25, 2016, the date of issuance of these statutory financial statements.

Type I – Recognized Subsequent Events

The Company does not have any Type I events that merit recognition or disclosure in these statements.

Type II – Nonrecognized Subsequent Events

The Company does not have any Type II events that merit recognition or disclosure in these statements.

**23. REINSURANCE**

A. Unsecured Reinsurance Recoverables

The Company had unsecured reinsurance recoverables of \$305,731,311 and \$210,624,930 with American Family Mutual Insurance Company (NAIC Group Code 0473, FEIN 39-0273710) that exceeded 3% of the Company's policyholders' surplus at December 31, 2015 and 2014, respectively.

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 December 31, 2015:

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission	Premium Reserve	Commission	Premium Reserve	Commission
		Equity		Equity		Equity
a) Affiliates	\$ -	\$ -	\$ 153,216,973	\$ 21,358,749	\$ (153,216,973)	\$ (21,358,749)
b) All Other	19,633	4,167	82,993	6,602	(63,360)	(2,435)
c) TOTAL	\$ 19,633	\$ 4,167	\$ 153,299,966	\$ 21,365,351	\$ (153,280,333)	\$ (21,361,184)
d) Direct Unearned Premium Reserve			\$ 153,233,748			

(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 December 31, 2015.  
(3) The Company does not use protected cells as an alternative to traditional reinsurance.

D. Uncollectible Reinsurance – Not applicable  
E. Commutation of Ceded Reinsurance – Not applicable  
F. Retroactive Reinsurance – Not applicable  
G. Reinsurance Accounted for as a Deposit – Not applicable  
H. Disclosures for the Transfer of Property and Casualty Run-off Agreements – Not applicable  
I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not applicable  
J. Reinsurance Agreements Qualifying for Reinsurance Aggregation – Not applicable

**24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION**

Not applicable

**25. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES**

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

---

**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**

The Company annually evaluates whether a premium deficiency exists relating to short-duration contracts for each of the major lines of business. Anticipated investment income is considered as part of the evaluation.

1. Liability carried for premium deficiency reserves	\$ -
2. Date of the most recent evaluation of this liability	<u>1/14/2016</u>
3. Was anticipated investment income utilized in the calculation? (Yes / No)	<u>Yes</u>

**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. SUBSCRIBER SAVINGS ACCOUNTS**

Not applicable

**35. MULTIPLE PERIL CROP INSURANCE**

Not applicable

**36. FINANCIAL GUARANTY INSURANCE**

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
 GENERAL**

1.1 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, 1A and 2

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....  Yes [ X ]  No [ ]  N/A [ ]

1.3 State Regulating? .....  Wisconsin

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

3.2 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

3.3 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

3.4 By what department or departments?  
 Ohio Department of Insurance .....

3.5 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 ]

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.11 sales of new business? .....  Yes [ ]  No [ X ]  
 4.12 renewals? .....  Yes [ ]  No [ X ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.21 sales of new business? .....  Yes [ ]  No [ X ]  
 4.22 renewals? .....  Yes [ ]  No [ X ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....  Yes [ ]  No [ X ]

5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the 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 ]

6.2 If yes, give full information:  
 \_\_\_\_\_

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....  Yes [ ]  No [ X ]

7.2 If yes,  
 7.21 State the percentage of foreign control; .....  %  
 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
------------------	---------------------

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY**  
**GENERAL INTERROGATORIES**

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 Pricewaterhouse Coopers LLP  
 One North Wacker, 11th Floor, Chicago, IL 60606

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Roger Yard, FCAS, MAAA, P&C Loss Reserves and Forecasting Director, American Family Mutual Insurance Company 6000 American Parkway

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]

12.11 Name of real estate holding company ....

12.12 Number of parcels involved .....

12.13 Total book/adjusted carrying value ..... \$ .....

12.2 If, yes provide explanation:

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ] N/A [ ]

(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.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? ..... Yes [ X ] No [ ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
 The code of ethics was amended for all employees, including senior management, to reflect the changes of the Mission, Vision, and Values.

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY**  
**GENERAL INTERROGATORIES**

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11	To directors or other officers.....	\$ .....
20.12	To stockholders not officers.....	\$ .....
20.13	Trustees, supreme or grand (Fraternal Only) .....	\$ .....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21	To directors or other officers.....	\$ .....
20.22	To stockholders not officers.....	\$ .....
20.23	Trustees, supreme or grand (Fraternal Only) .....	\$ .....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21	Rented from others.....	\$ .....
21.22	Borrowed from others.....	\$ .....
21.23	Leased from others .....	\$ .....
21.24	Other .....	\$ .....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]

22.2 If answer is yes:

22.21	Amount paid as losses or risk adjustment \$ .....	
22.22	Amount paid as expenses .....	\$ .....
22.23	Other amounts paid .....	\$ .....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]

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

**INVESTMENT**

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [ X ] No [ ]

24.02 If no, give full and complete information relating thereto

.....

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

.....

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? ..... Yes [ ] No [ ] N/A [ X ]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. .... \$ .....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. .... \$ .....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY**  
**GENERAL INTERROGATORIES**

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....
24.103 Total payable for securities lending reported on the liability page. ....	\$ .....

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). ....  Yes [ X ]  No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements .....	\$ .....
25.22 Subject to reverse repurchase agreements .....	\$ .....
25.23 Subject to dollar repurchase agreements .....	\$ .....
25.24 Subject to reverse dollar repurchase agreements .....	\$ .....
25.25 Placed under option agreements .....	\$ .....
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ .....
25.27 FHLB Capital Stock .....	\$ .....
25.28 On deposit with states .....	\$ .....
25.29 On deposit with other regulatory bodies .....	\$ .....
25.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ .....
25.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ .....
25.32 Other .....	\$ .....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ....  Yes [ ]  No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ....  Yes [ ]  No [ ]  N/A [ X ]  
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ....  Yes [ ]  No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....

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

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

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

28.02 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)
.....	.....	.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? ....  Yes [ ]  No [ X ]

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

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

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/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 Number(s)	2 Name	3 Address
.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**GENERAL INTERROGATORIES**

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [ ] No [ X ]  
 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	27,418,301	29,194,439	1,776,138
30.2 Preferred stocks .....			
30.3 Totals .....	27,418,301	29,194,439	1,776,138

30.4 Describe the sources or methods utilized in determining the fair values:

The sources utilized in determining the fair values of bonds are as follows: 1) JP Morgan Index, 2) IDC, 3) Barclays, 4) Bank of America, 5) Reuters. The price used on any specific bond is the first price found in this waterfall. Bonds with no prices available through the waterfall are valued based on market comparables or on internal analysis. Unpriced short-term investments are recorded at amortized cost, which approximates fair value. The company owns no preferred stocks.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]  
 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]  
 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
 .....  
 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]  
 32.2 If no, list exceptions:  
 .....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**GENERAL INTERROGATORIES**

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any? .....\$ .....

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]
1.2	If yes, indicate premium earned on U. S. business only. ....	\$ 353,163
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ....	\$ _____
1.31	Reason for excluding .....	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ....	\$ _____
1.5	Indicate total incurred claims on all Medicare Supplement Insurance. ....	\$ 276,576
1.6	Individual policies:	Most current three years: 1.61 Total premium earned .....\$ ..... 1.62 Total incurred claims .....\$ ..... 1.63 Number of covered lives .....  All years prior to most current three years 1.64 Total premium earned .....\$ 353,163 1.65 Total incurred claims .....\$ 276,576 1.66 Number of covered lives .....96
1.7	Group policies:	Most current three years: 1.71 Total premium earned .....\$ ..... 1.72 Total incurred claims .....\$ ..... 1.73 Number of covered lives .....  All years prior to most current three years 1.74 Total premium earned .....\$ ..... 1.75 Total incurred claims .....\$ ..... 1.76 Number of covered lives .....
2.	Health Test:	1 Current Year      2 Prior Year
2.1	Premium Numerator .....	
2.2	Premium Denominator .....	
2.3	Premium Ratio (2.1/2.2) .....	0.000      0.000
2.4	Reserve Numerator .....	
2.5	Reserve Denominator .....	8,537
2.6	Reserve Ratio (2.4/2.5) .....	0.000      0.000
3.1	Does the reporting entity issue both participating and non-participating policies? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
3.2	If yes, state the amount of calendar year premiums written on: .....	3.21 Participating policies .....\$ ..... 3.22 Non-participating policies .....\$ .....
4.	For mutual reporting Entities and Reciprocal Exchanges Only:	
4.1	Does the reporting entity issue assessable policies? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
4.2	Does the reporting entity issue non-assessable policies? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders? .....	% ..... \$ .....
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. ....	\$ .....
5.	For Reciprocal Exchanges Only:	
5.1	Does the Exchange appoint local agents? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
5.2	If yes, is the commission paid: .....	5.21 Out of Attorney's-in-fact compensation..... Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ] 5.22 As a direct expense of the exchange..... Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ]
5.3	What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact? .....	
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
5.5	If yes, give full information .....	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss? .....  
.....

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process. .....  
.....

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? .....  
.....

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? ..... Yes [ ] No [ X ]

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss. .....  
.....

7.1 Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss ratio cap, an aggregate limit or any similar provisions)? ..... Yes [ ] No [ X ]

7.2 If yes, indicate the number of reinsurance contracts containing such provisions: .....  
.....

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? ..... Yes [ ] No [ ]

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? ..... Yes [ ] No [ X ]

8.2 If yes, give full information .....  
.....

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
(a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;  
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
(c) Aggregate stop loss reinsurance coverage;  
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. ..... Yes [ ] No [ X ]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. ..... Yes [ ] No [ X ]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 32 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? ..... Yes [ ] No [ X ]

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
(a) The entity does not utilize reinsurance; or ..... Yes [ ] No [ X ]  
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or ..... Yes [ ] No [ X ]  
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. ..... Yes [ ] No [ X ]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? ..... Yes [ X ] No [ ] N/A [ ]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? ..... Yes [ ] No [ X ]

11.2 If yes, give full information  
.....

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:  
12.11 Unpaid losses ..... \$ .....  
12.12 Unpaid underwriting expenses (including loss adjustment expenses) ..... \$ .....

12.2 Of the amount on Line 15.3, Page 2, state the amount which is secured by letters of credit, collateral, and other funds ..... \$ .....

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? ..... Yes [ ] No [ X ] N/A [ ]

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:  
12.41 From ..... % .....  
12.42 To ..... % .....

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? ..... Yes [ ] No [ X ]

12.6 If yes, state the amount thereof at December 31 of the current year:  
12.61 Letters of credit ..... \$ .....  
12.62 Collateral and other funds ..... \$ .....

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): ..... \$ .....

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? ..... Yes [ ] No [ X ]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.

14.1 Is the company a cedant in a multiple cedant reinsurance contract? ..... Yes [ ] No [ X ]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
.....

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? ..... Yes [ ] No [ ]

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? ..... Yes [ ] No [ ]

14.5 If the answer to 14.4 is no, please explain:  
.....

15.1 Has the reporting entity guaranteed any financed premium accounts? ..... Yes [ ] No [ X ]

15.2 If yes, give full information  
.....

16.1 Does the reporting entity write any warranty business? ..... Yes [ ] No [ X ]  
If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home .....					
16.12 Products .....					
16.13 Automobile .....					
16.14 Other* .....					

\* Disclose type of coverage:  
.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that it excludes from Schedule F - Part 5? ..... Yes [ ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F - Part 5. Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5 .....	\$ .....
17.12 Unfunded portion of Interrogatory 17.11 .....	\$ .....
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 .....	\$ .....
17.14 Case reserves portion of Interrogatory 17.11 .....	\$ .....
17.15 Incurred but not reported portion of Interrogatory 17.11 .....	\$ .....
17.16 Unearned premium portion of Interrogatory 17.11 .....	\$ .....
17.17 Contingent commission portion of Interrogatory 17.11 .....	\$ .....

Provide the following information for all other amounts included in Schedule F - Part 3 and excluded from Schedule F - Part 5, not included above.

17.18 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5 .....	\$ .....
17.19 Unfunded portion of Interrogatory 17.18 .....	\$ .....
17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18 .....	\$ .....
17.21 Case reserves portion of Interrogatory 17.18 .....	\$ .....
17.22 Incurred but not reported portion of Interrogatory 17.18 .....	\$ .....
17.23 Unearned premium portion of Interrogatory 17.18 .....	\$ .....
17.24 Contingent commission portion of Interrogatory 17.18 .....	\$ .....

18.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. ..... \$ .....

18.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

18.4 If yes, please provide the balance of funds administered as of the reporting date. ..... \$ .....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY

**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 &amp; 3)</b>					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	158,256,183	108,673,394	91,374,165	76,757,243	69,591,789
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	97,243,462	66,585,270	58,982,770	52,577,794	49,063,833
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	107,939,865	81,796,989	70,621,996	62,783,882	56,989,460
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	481,496	479,428	682,089	765,451	942,921
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6. Total (Line 35)	363,921,006	257,535,081	221,661,020	192,884,370	176,588,003
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)					
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12. Total (Line 35)					
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8)					
14. Net investment gain or (loss) (Line 11)	778,420	874,623	868,907	1,063,987	904,867
15. Total other income (Line 15)	68				110
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)	(46,824)	44,587	132,090	27,692	16,204
18. Net income (Line 20)	825,312	830,036	736,817	1,036,295	888,773
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	35,067,877	25,922,964	23,043,000	22,148,507	28,301,120
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	(4,901)	21,201	357	4,620	762
20.2 Deferred and not yet due (Line 15.2)	229,722	107,392	56,210	73,762	95,605
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	12,046,829	8,717,555	6,659,644	6,501,968	13,690,876
22. Losses (Page 3, Line 1)					
23. Loss adjustment expenses (Page 3, Line 3)					
24. Unearned premiums (Page 3, Line 9)					
25. Capital paid up (Page 3, Lines 30 & 31)	3,000,000	1,000,000	1,000,000	1,000,000	1,000,000
26. Surplus as regards policyholders (Page 3, Line 37)	23,021,048	17,205,409	16,383,356	15,646,539	14,610,244
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11)	(4,216,188)	(9,199,618)	32,726	16,213,311	(6,070,871)
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital	23,021,048	17,205,409	16,383,356	15,646,539	14,610,244
29. Authorized control level risk-based capital	87,208	99,665	80,059	80,811	74,584
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0</b>					
30. Bonds (Line 1)	81.9	96.6	90.4	82.2	94.8
31. Stocks (Lines 2.1 & 2.2)					
32. Mortgage loans on real estate (Lines 3.1 and 3.2)					
33. Real estate (Lines 4.1, 4.2 & 4.3)					
34. Cash, cash equivalents and short-term investments (Line 5)	18.0	3.4	9.6	17.7	5.2
35. Contract loans (Line 6)					
36. Derivatives (Line 7)					
37. Other invested assets (Line 8)					
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10)					
40. Aggregate write-ins for invested assets (Line 11)					
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1)					
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)					
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47					
49. Total Investment in Parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY**  
**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24) .....					
52. Dividends to stockholders (Line 35) .....					
53. Change in surplus as regards policyholders for the year (Line 38) .....	5,815,639	822,053	736,817	1,036,295	888,773
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	80,340,978	58,854,586	52,297,051	47,381,681	49,214,241
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	52,195,502	35,164,348	32,823,825	30,258,087	30,954,077
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	39,374,716	37,835,341	35,501,282	39,899,591	39,451,634
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	506,093	490,179	731,039	594,350	769,483
58. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....					
59. Total (Line 35) .....	172,417,289	132,344,454	121,353,197	118,133,709	120,389,435
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....					
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....					
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....					
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....					
65. Total (Line 35) .....					
<b>Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0</b>					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....					
68. Loss expenses incurred (Line 3) .....					
69. Other underwriting expenses incurred (Line 4) .....					
70. Net underwriting gain (loss) (Line 8) .....					
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....					
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .....					
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....					
<b>One Year Loss Development (000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11) .....					
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0) .....					
<b>Two Year Loss Development (000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....					
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) .....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? .....

Yes  No

If no, please explain: .....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES**  
**SCHEDULE P - PART 1 - SUMMARY**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(41)	(41)	11	11	3	3			XXX	
2. 2006	155,017	155,017		112,584	112,584	2,382	2,382	18,273	18,273			XXX	
3. 2007	160,542	160,542		124,824	124,824	2,867	2,867	18,373	18,373			XXX	
4. 2008	165,147	165,147		130,605	130,605	3,190	3,190	19,941	19,941			XXX	
5. 2009	168,277	168,277		111,537	111,537	3,612	3,612	19,730	19,730			XXX	
6. 2010	174,257	174,257		106,220	106,220	3,156	3,156	17,208	17,208			XXX	
7. 2011	174,412	174,412		114,568	114,568	2,918	2,918	20,580	20,580			XXX	
8. 2012	185,838	185,838		120,129	120,129	3,118	3,118	19,395	19,395			XXX	
9. 2013	209,442	209,442		119,744	119,744	2,302	2,302	20,843	20,843			XXX	
10. 2014	240,409	240,409		122,699	122,699	1,250	1,250	21,228	21,228			XXX	
11. 2015	312,164	312,164		128,813	128,813	400	400	22,662	22,662			XXX	
12. Totals	XXX	XXX	XXX	1,191,682	1,191,682	25,206	25,206	198,236	198,236			XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	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						
1. Prior.	45	45	50	50			33	33	6	6			XXX			
2. 2006			(13)	(13)			.5	.5					XXX			
3. 2007	10	10	(22)	(22)			12	12	3	3			XXX			
4. 2008	60	60	(1)	(1)			34	34	7	7			XXX			
5. 2009	68	68	28	28			31	31	10	10			XXX			
6. 2010	259	259	272	272			151	151	34	34			XXX			
7. 2011	252	252	854	854			.334	.334	.77	.77			XXX			
8. 2012	1,992	1,992	3,180	3,180			1,021	1,021	312	312			XXX			
9. 2013	4,785	4,785	7,308	7,308			1,928	1,928	717	717			XXX			
10. 2014	10,693	10,693	12,184	12,184			3,229	3,229	1,444	1,444			XXX			
11. 2015	43,690	43,690	39,178	39,178			6,821	6,821	6,189	6,189			XXX			
12. Totals	61,854	61,854	63,018	63,018			13,599	13,599	8,799	8,799			XXX			

	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. 2006	133,231	133,231		85.9	85.9						
3. 2007	146,067	146,067		91.0	91.0						
4. 2008	153,836	153,836		93.2	93.2						
5. 2009	135,016	135,016		80.2	80.2						
6. 2010	127,300	127,300		73.1	73.1						
7. 2011	139,583	139,583		80.0	80.0						
8. 2012	149,147	149,147		80.3	80.3						
9. 2013	157,627	157,627		75.3	75.3						
10. 2014	172,727	172,727		71.8	71.8						
11. 2015	247,753	247,753		79.4	79.4						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

Schedule P - Part 2 - Summary

**N O N E**

Schedule P - Part 3 - Summary

**N O N E**

Schedule P - Part 4 - Summary

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY

## SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama .....	AL	N							
2. Alaska .....	AK	N							
3. Arizona .....	AZ	L	5,120,513	1,109,817		141,705	710,637	568,931	
4. Arkansas .....	AR	N							
5. California .....	CA	N							
6. Colorado .....	CO	L	53,919,344	34,179,800		17,214,325	32,047,667	15,247,952	
7. Connecticut .....	CT	N							
8. Delaware .....	DE	N							
9. District of Columbia .....	DC	N							
10. Florida .....	FL	N							
11. Georgia .....	GA	L	100,226,410	88,773,569		60,232,406	73,046,357	45,091,545	
12. Hawaii .....	HI	N							
13. Idaho .....	ID	L	1,034,811	.282,295		99,663	414,807	315,143	
14. Illinois .....	IL	L	2,754,651	.525,478		62,382	317,380	257,032	
15. Indiana .....	IN	L	17,327	.5,115				623	
16. Iowa .....	IA	L	.6,807	3,612				651	
17. Kansas .....	KS	L	48,269	15,641		174	6,164	5,990	
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	54,798	.15,270				1,605	
25. Mississippi .....	MS	N							
26. Missouri .....	MO	L	313,434	.216,505		20,417	78,098	57,683	
27. Montana .....	MT	N							
28. Nebraska .....	NE	L	2,551,798	.803,043		230,649	.782,847	.552,197	
29. Nevada .....	NV	L	25,882	.8,266			944	944	
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	152,294,898	.151,774,877		74,997,802	.68,912,568	.47,030,682	
37. Oklahoma .....	OK	N							
38. Oregon .....	OR	L	21,949	915			148	.148	
39. Pennsylvania .....	PA	N							
40. Rhode Island .....	RI	N							
41. South Carolina .....	SC	N							
42. South Dakota .....	SD	L	3,471,749	.1,656,972		955,364	.1,667,211	.711,848	
43. Tennessee .....	TN	N							
44. Texas .....	TX	N							
45. Utah .....	UT	L	.37,419,888	.31,780,736		.18,236,791	.26,361,822	.14,257,134	
46. Vermont .....	VT	N							
47. Virginia .....	VA	N							
48. Washington .....	WA	L	4,564,341	1,012,219		204,963	.978,626	.773,662	
49. West Virginia .....	WV	N							
50. Wisconsin .....	WI	L							
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	XXX							
59. Totals .....	(a)	18	363,846,869	312,164,130		172,396,641	205,328,155	124,873,770	
DETAILS OF WRITE-INS									
58001. ....		XXX							
58002. ....		XXX							
58003. ....		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page .....		XXX							
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX							

(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.

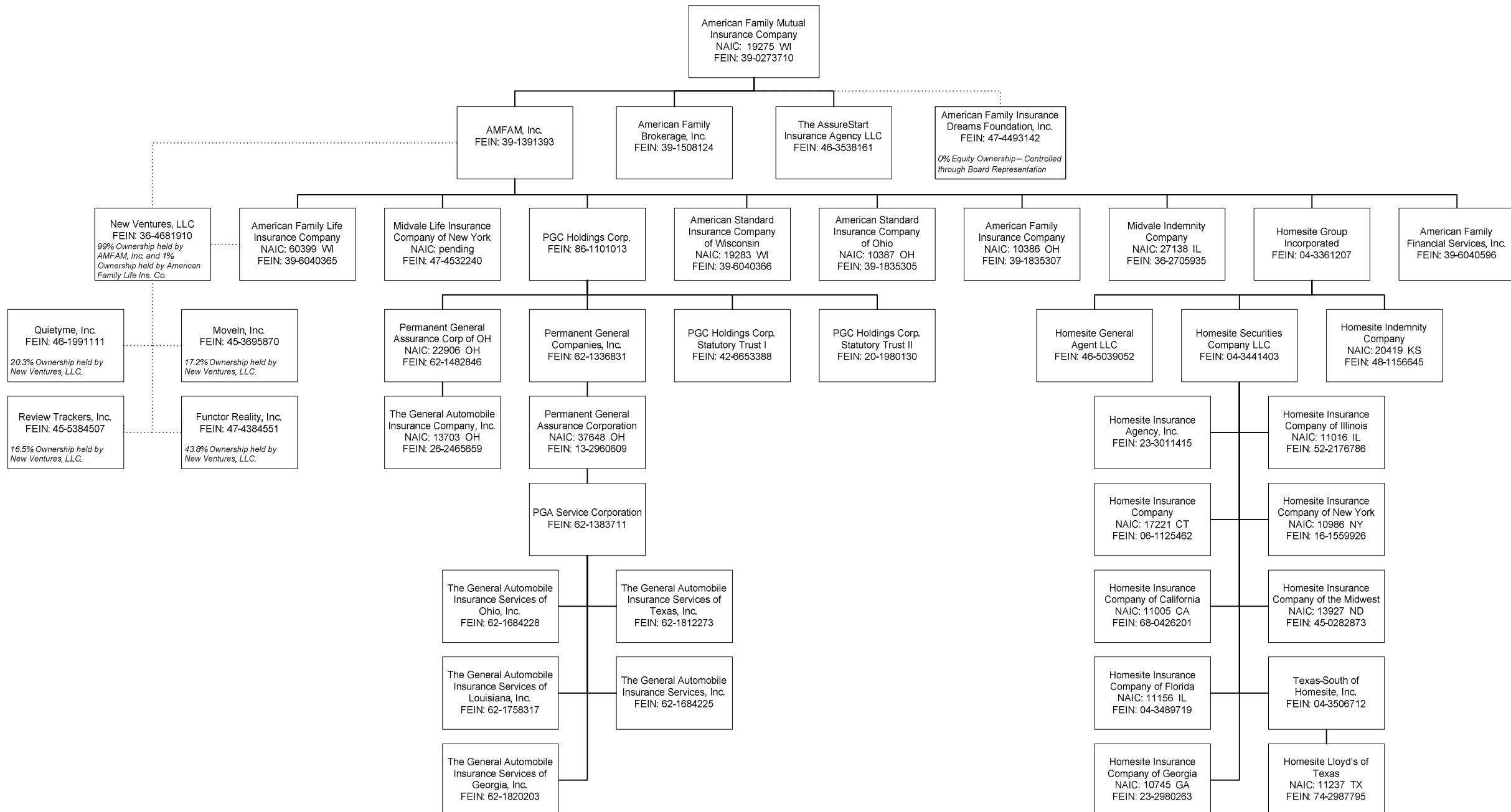
Explanation of basis of allocation of premiums by states, etc.

Premiums are allocated to those states where the insured risks are located.

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

## ALPHABETICAL INDEX

### **ANNUAL STATEMENT BLANK**

Assets .....	2
Cash Flow .....	5
Exhibit of Capital Gains (Losses) .....	12
Exhibit of Net Investment Income .....	12
Exhibit of Nonadmitted Assets .....	13
Exhibit of Premiums and Losses (State Page) .....	19
Five-Year Historical Data .....	17
General Interrogatories .....	15
Jurat Page .....	1
Liabilities, Surplus and Other Funds .....	3
Notes To Financial Statements .....	14
Overflow Page For Write-ins .....	100
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI10
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	E12
Schedule DB - Part C - Section 2 .....	E13
Schedule DB - Part D - Section 1 .....	E22
Schedule DB - Part D - Section 2 .....	E23
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E24
Schedule DL - Part 2 .....	E25
Schedule E - Part 1 - Cash .....	E26
Schedule E - Part 2 - Cash Equivalents .....	E27
Schedule E - Part 3 - Special Deposits .....	E28
Schedule E - Verification Between Years .....	SI15
Schedule F - Part 1 .....	20
Schedule F - Part 2 .....	21
Schedule F - Part 3 .....	22
Schedule F - Part 4 .....	23
Schedule F - Part 5 .....	24
Schedule F - Part 6 - Section 1 .....	25
Schedule F - Part 6 - Section 2 .....	26
Schedule F - Part 7 .....	27
Schedule F - Part 8 .....	28
Schedule F - Part 9 .....	29

## **ANNUAL STATEMENT BLANK (Continued)**

Schedule H - Accident and Health Exhibit - Part 1 .....	30
Schedule H - Part 2, Part 3 and 4 .....	31
Schedule H - Part 5 - Health Claims .....	32
Schedule P - Part 1 - Summary .....	33
Schedule P - Part 1A - Homeowners/Farmowners .....	35
Schedule P - Part 1B - Private Passenger Auto Liability/Medical .....	36
Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical .....	37
Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	38
Schedule P - Part 1E - Commercial Multiple Peril .....	39
Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence .....	40
Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made .....	41
Schedule P - Part 1G - Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery) .....	42
Schedule P - Part 1H - Section 1 - Other Liability-Occurrence .....	43
Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made .....	44
Schedule P - Part 1I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) .....	45
Schedule P - Part 1J - Auto Physical Damage .....	46
Schedule P - Part 1K - Fidelity/Surety .....	47
Schedule P - Part 1L - Other (Including Credit, Accident and Health) .....	48
Schedule P - Part 1M - International .....	49
Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property .....	50
Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability .....	51
Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines .....	52
Schedule P - Part 1R - Section 1 - Products Liability - Occurrence .....	53
Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made .....	54
Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty .....	55
Schedule P - Part 1T - Warranty .....	56
Schedule P - Part 2, Part 3 and Part 4 - Summary .....	34
Schedule P - Part 2A - Homeowners/Farmowners .....	57
Schedule P - Part 2B - Private Passenger Auto Liability/Medical .....	57
Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical .....	57
Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	57
Schedule P - Part 2E - Commercial Multiple Peril .....	57
Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence .....	58
Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made .....	58
Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) .....	58
Schedule P - Part 2H - Section 1 - Other Liability - Occurrence .....	58
Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made .....	58
Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft) .....	59
Schedule P - Part 2J - Auto Physical Damage .....	59
Schedule P - Part 2K - Fidelity, Surety .....	59
Schedule P - Part 2L - Other (Including Credit, Accident and Health) .....	59
Schedule P - Part 2M - International .....	59
Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property .....	60
Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability .....	60
Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines .....	60
Schedule P - Part 2R - Section 1 - Products Liability - Occurrence .....	61
Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made .....	61
Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty .....	61
Schedule P - Part 2T - Warranty .....	61
Schedule P - Part 3A - Homeowners/Farmowners .....	62
Schedule P - Part 3B - Private Passenger Auto Liability/Medical .....	62
Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical .....	62
Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	62
Schedule P - Part 3E - Commercial Multiple Peril .....	62
Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence .....	63
Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made .....	63
Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) .....	63
Schedule P - Part 3H - Section 1 - Other Liability - Occurrence .....	63
Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made .....	63
Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft) .....	64
Schedule P - Part 3J - Auto Physical Damage .....	64
Schedule P - Part 3K - Fidelity/Surety .....	64
Schedule P - Part 3L - Other (Including Credit, Accident and Health) .....	64
Schedule P - Part 3M - International .....	64
Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property .....	65
Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability .....	65
Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines .....	65
Schedule P - Part 3R - Section 1 - Products Liability - Occurrence .....	66
Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made .....	66
Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty .....	66
Schedule P - Part 3T - Warranty .....	66

## **ANNUAL STATEMENT BLANK (Continued)**

Schedule P - Part 4A - Homeowners/Farmowners	67
Schedule P - Part 4B - Private Passenger Auto Liability/Medical	67
Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical	67
Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)	67
Schedule P - Part 4E - Commercial Multiple Peril	67
Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence	68
Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made	68
Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	68
Schedule P - Part 4H - Section 1 - Other Liability - Occurrence	68
Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made	68
Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	69
Schedule P - Part 4J - Auto Physical Damage	69
Schedule P - Part 4K - Fidelity/Surety	69
Schedule P - Part 4L - Other (Including Credit, Accident and Health)	69
Schedule P - Part 4M - International	69
Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property	70
Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability	70
Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines	70
Schedule P - Part 4R - Section 1 - Products Liability - Occurrence	71
Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made	71
Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty	71
Schedule P - Part 4T - Warranty	71
Schedule P - Part 5A - Homeowners/Farmowners	72
Schedule P - Part 5B - Private Passenger Auto Liability/Medical	73
Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical	74
Schedule P - Part 5D - Workers' Compensation (Excluding Excess Workers' Compensation)	75
Schedule P - Part 5E - Commercial Multiple Peril	76
Schedule P - Part 5F - Medical Professional Liability - Claims-Made	78
Schedule P - Part 5F - Medical Professional Liability - Occurrence	77
Schedule P - Part 5H - Other Liability - Claims-Made	80
Schedule P - Part 5H - Other Liability - Occurrence	79
Schedule P - Part 5R - Products Liability - Claims-Made	82
Schedule P - Part 5R - Products Liability - Occurrence	81
Schedule P - Part 5T - Warranty	83
Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical	84
Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation)	84
Schedule P - Part 6E - Commercial Multiple Peril	85
Schedule P - Part 6H - Other Liability - Claims-Made	86
Schedule P - Part 6H - Other Liability - Occurrence	85
Schedule P - Part 6M - International	86
Schedule P - Part 6N - Reinsurance - Nonproportional Assumed Property	87
Schedule P - Part 6O - Reinsurance - Nonproportional Assumed Liability	87
Schedule P - Part 6R - Products Liability - Claims-Made	88
Schedule P - Part 6R - Products Liability - Occurrence	88
Schedule P - Part 7A - Primary Loss Sensitive Contracts	89
Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts	91
Schedule P Interrogatories	93
Schedule T - Exhibit of Premiums Written	94
Schedule T - Part 2 - Interstate Compact	95
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule Y - Part 1A - Detail of Insurance Holding Company System	97
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	98
Statement of Income	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	99
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11