



ANNUAL STATEMENT

For the Year Ended December 31, 2015
of the Condition and Affairs of the

Club Insurance Company

NAIC Group Code..... 0, 0	NAIC Company Code..... 10974	Employer's ID Number..... 31-1631404
(Current Period) (Prior Period)		
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... December 11, 1998	Commenced Business..... April 29, 1999	
Statutory Home Office	90 East Wilson Bridge Rd..... Worthington OH US 43085	
	(Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	90 East Wilson Bridge Rd..... Worthington OH US..... 43085	614-431-7889
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Mail Address	90 East Wilson Bridge Rd..... Worthington OH US 43085	
	(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	90 East Wilson Bridge Rd..... Worthington OH US 43085	614-431-7889
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	N/A	
Statutory Statement Contact	Ronald Jay Carr	614-431-7805
	(Name)	(Area Code) (Telephone Number) (Extension)
	rcarr@aaaohio.com	614-431-7852
	(E-Mail Address)	(Fax Number)

OFFICERS

Name	Title	Name	Title
1. David Matthew McMullen	President	2. Thomas Wesley Keyes	Treasurer
3. Thomas Wesley Keyes	Secretary	4.	N/A

OTHER

DIRECTORS OR TRUSTEES

John Jeffery Bognaird	Charles Henderson Hire	John Edward McClain Jr	Thomas Joseph Eberly
Sue Ann Alan Fouche	Brian W Thomas	William Joseph Hafer	Mark Harry Shaw

State of..... Ohio
County of..... Franklin

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

(Signature)	(Signature)	(Signature)
David Matthew McMullen	Thomas Wesley Keyes	Thomas Wesley Keyes
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of _____ 2016	b. If no	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	3,661,673		3,661,673	7,638,345
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	1,134,134
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$....224,317, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....76,080, Schedule DA).....	300,397		300,397	1,481,320
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,962,070	.0	3,962,070	10,253,799
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	40,266		40,266	83,162
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			.0	85,836
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			.0	
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....			.0	
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	
18.2 Net deferred tax asset.....			.0	
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....			.0	
24. Health care (\$.....0) and other amounts receivable.....			.0	
25. Aggregate write-ins for other than invested assets.....	15,317	15,317	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	4,017,653	15,317	4,002,336	10,422,797
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTALS (Lines 26 and 27).....	4,017,653	15,317	4,002,336	10,422,797

DETAILS OF WRITE-INS				
1101.			.0	
1102.			.0	
1103.			.0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0
2501. Prepaid Insurance Expense.....	15,317	15,317	.0	
2502.			.0	
2503.			.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	15,317	15,317	.0	.0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	15,860	79,075
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....		
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).....	26,389	19,704
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....		
7.2 Net deferred tax liability.....		40,713
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....		312,556
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		1,429,601
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....		
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.....		
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 8).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....	42,454	266,270
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	84,703	2,147,919
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	84,703	2,147,919
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	1,000,000	1,000,000
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....	2,225,379	2,039,943
35. Unassigned funds (surplus).....	692,254	5,234,935
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39).....	3,917,633	8,274,878
38. TOTALS (Page 2, Line 28, Col. 3).....	4,002,336	10,422,797

DETAILS OF WRITE-INS

2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	0

STATEMENT OF INCOME

			1	2
UNDERWRITING INCOME			Current Year	Prior Year
1.	Premiums earned (Part 1, Line 35, Column 4).....	DEDUCTIONS	318,662	1,205,737
2.	Losses incurred (Part 2, Line 35, Column 7).....		14,068	74,715
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....		70,000	117,287
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2).....		246,611	575,389
5.	Aggregate write-ins for underwriting deductions.....		0	0
6.	Total underwriting deductions (Lines 2 through 5).....		330,679	767,391
7.	Net income of protected cells.....			
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....		(12,017)	438,346
INVESTMENT INCOME				
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17).....		112,853	217,242
10.	Net realized capital gains (losses) less capital gains tax of \$.....0 (Exhibit of Capital Gains (Losses)).....		(14,522)	355,966
11.	Net investment gain (loss) (Lines 9 + 10).....		98,331	573,208
OTHER INCOME				
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....		0	
13.	Finance and service charges not included in premiums.....			
14.	Aggregate write-ins for miscellaneous income.....		60,000	0
15.	Total other income (Lines 12 through 14).....		60,000	0
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....		146,314	1,011,554
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).....		146,314	1,011,554
19.	Federal and foreign income taxes incurred.....		27,000	318,000
20.	Net income (Line 18 minus Line 19) (to Line 22).....		119,314	693,554
CAPITAL AND SURPLUS ACCOUNT				
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....		8,274,877	12,478,757
22.	Net income (from Line 20).....		119,314	693,554
23.	Net transfers (to) from Protected Cell accounts.....			
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....		(187,391)	(565,809)
25.	Change in net unrealized foreign exchange capital gain (loss).....			
26.	Change in net deferred income tax.....		40,713	168,375
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....		(15,317)	
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.....			
32.2	Transferred from surplus (Stock Dividend).....			
32.3	Transferred to surplus.....			
33.	Surplus adjustments:			
33.1	Paid in.....		185,436	
33.2	Transferred to capital (Stock Dividend).....			
33.3.	Transferred from capital.....			
34.	Net remittances from or (to) Home Office.....			
35.	Dividends to stockholders.....		(4,500,000)	(4,500,000)
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.....		0	0
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37).....		(4,357,245)	(4,203,880)
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....		3,917,632	8,274,877
DETAILS OF WRITE-INS				
0501.	.....			
0502.	.....			
0503.	.....			
0598.	Summary of remaining write-ins for Line 5 from overflow page.....		0	0
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....		0	0
1401.	General Administration Reimbursement.....		60,000	
1402.	.....			
1403.	.....			
1498.	Summary of remaining write-ins for Line 14 from overflow page.....		0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....		60,000	0
3701.	Lines 23 and 29 from 2000 Annual Statement.....			
3702.	.....			
3703.	.....			
3798.	Summary of remaining write-ins for Line 37 from overflow page.....		0	0
3799.	Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....		0	0

CASH FLOW

		1	2
		Current Year	Prior Year
CASH FROM OPERATIONS			
1.	Premiums collected net of reinsurance.....	91,942	919,658
2.	Net investment income.....	211,167	285,821
3.	Miscellaneous income.....	60,000	
4.	Total (Lines 1 through 3).....	363,109	1,205,479
5.	Benefit and loss related payments.....	77,283	82,202
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7.	Commissions, expenses paid and aggregate write-ins for deductions.....	309,926	700,529
8.	Dividends paid to policyholders.....		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	27,000	318,000
10.	Total (Lines 5 through 9).....	414,209	1,100,731
11.	Net cash from operations (Line 4 minus Line 10).....	(51,100)	104,748
CASH FROM INVESTMENTS			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds.....	6,488,231	7,264,820
12.2	Stocks.....	946,742	2,479,582
12.3	Mortgage loans.....		
12.4	Real estate.....		
12.5	Other invested assets.....		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7	Miscellaneous proceeds.....		
12.8	Total investment proceeds (Lines 12.1 to 12.7).....	7,434,973	9,744,402
13.	Cost of investments acquired (long-term only):		
13.1	Bonds.....	2,581,498	5,259,204
13.2	Stocks.....		817,154
13.3	Mortgage loans.....		
13.4	Real estate.....		
13.5	Other invested assets.....		
13.6	Miscellaneous applications.....		
13.7	Total investments acquired (Lines 13.1 to 13.6).....	2,581,498	6,076,358
14.	Net increase (decrease) in contract loans and premium notes.....		
15.	Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	4,853,475	3,668,044
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes.....		
16.2	Capital and paid in surplus, less treasury stock.....	185,436	
16.3	Borrowed funds.....		
16.4	Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5	Dividends to stockholders.....	5,929,601	3,070,399
16.6	Other cash provided (applied).....	(239,133)	159,130
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(5,983,298)	(2,911,269)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(1,180,923)	861,523
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year.....	1,481,319	619,796
19.2	End of year (Line 18 plus Line 19.1).....	300,396	1,481,319

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

20.0001		
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UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business		1	2	3	4
		Net Premiums Written per Column 6, Part 1B	Unearned Premiums December 31 Prior Year- per Col. 3, Last Year's Part 1	Unearned Premiums December 31 Current Year- per Col. 5, Part 1A	Premiums Earned During Year (Cols. 1 + 2 - 3)
1.	Fire.....				0
2.	Allied lines.....				0
3.	Farmowners multiple peril.....				0
4.	Homeowners multiple peril.....				0
5.	Commercial multiple peril.....				0
6.	Mortgage guaranty.....				0
8.	Ocean marine.....				0
9.	Inland marine.....				0
10.	Financial guaranty.....				0
11.1	Medical professional liability - occurrence.....				0
11.2	Medical professional liability - claims-made.....				0
12.	Earthquake.....				0
13.	Group accident and health.....	6,106	312,556		318,662
14.	Credit accident and health (group and individual).....				0
15.	Other accident and health.....				0
16.	Workers' compensation.....				0
17.1	Other liability - occurrence.....				0
17.2	Other liability - claims-made.....				0
17.3	Excess workers' compensation.....				0
18.1	Products liability - occurrence.....				0
18.2	Products liability - claims-made.....				0
19.1, 19.2	Private passenger auto liability.....				0
19.3, 19.4	Commercial auto liability.....				0
21.	Auto physical damage.....				0
22.	Aircraft (all perils).....				0
23.	Fidelity.....				0
24.	Surety.....				0
26.	Burglary and theft.....				0
27.	Boiler and machinery.....				0
28.	Credit.....				0
29.	International.....				0
30.	Warranty.....				0
31.	Reinsurance - nonproportional assumed property.....				0
32.	Reinsurance - nonproportional assumed liability.....				0
33.	Reinsurance - nonproportional assumed financial lines.....				0
34.	Aggregate write-ins for other lines of business.....	0	0	0	0
35.	TOTALS.....	6,106	312,556	0	318,662

DETAILS OF WRITE-INS

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business		1	2	3	4	5
		Amount Unearned (Running One Year or Less from Date of Policy) (a)	Amount Unearned (Running More Than One Year from Date of Policy) (a)	Earned But Unbilled Premium	Reserve for Rate Credits and Retrospective Adjustments Based on Experience	Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1.	Fire.....	.....	.....	.....	.....	.....0
2.	Allied lines.....	.....	.....	.....	.....	.....0
3.	Farmowners multiple peril.....	.....	.....	.....	.....	.....0
4.	Homeowners multiple peril.....	.....	.....	.....	.....	.....0
5.	Commercial multiple peril.....	.....	.....	.....	.....	.....0
6.	Mortgage guaranty.....	.....	.....	.....	.....	.....0
8.	Ocean marine.....	.....	.....	.....	.....	.....0
9.	Inland marine.....	.....	.....	.....	.....	.....0
10.	Financial guaranty.....	.....	.....	.....	.....	.....0
11.1	Medical professional liability - occurrence.....	.....	.....	.....	.....	.....0
11.2	Medical professional liability - claims-made.....	.....	.....	.....	.....	.....0
12.	Earthquake.....	.....	.....	.....	.....	.....0
13.	Group accident and health.....	.....	.....	.....	.....	.....0
14.	Credit accident and health (group and individual).....	.....	.....	.....	.....	.....0
15.	Other accident and health.....	.....	.....	.....	.....	.....0
16.	Workers' compensation.....	.....	.....	.....	.....	.....0
17.1	Other liability - occurrence.....	.....	.....	.....	.....	.....0
17.2	Other liability - claims-made.....	.....	.....	.....	.....	.....0
17.3	Excess workers' compensation.....	.....	.....	.....	.....	.....0
18.1	Products liability - occurrence.....	.....	.....	.....	.....	.....0
18.2	Products liability - claims-made.....	.....	.....	.....	.....	.....0
19.1, 19.2	Private passenger auto liability.....	.....	.....	.....	.....	.....0
19.3, 19.4	Commercial auto liability.....	.....	.....	.....	.....	.....0
21.	Auto physical damage.....	.....	.....	.....	.....	.....0
22.	Aircraft (all perils).....	.....	.....	.....	.....	.....0
23.	Fidelity.....	.....	.....	.....	.....	.....0
24.	Surety.....	.....	.....	.....	.....	.....0
26.	Burglary and theft.....	.....	.....	.....	.....	.....0
27.	Boiler and machinery.....	.....	.....	.....	.....	.....0
28.	Credit.....	.....	.....	.....	.....	.....0
29.	International.....	.....	.....	.....	.....	.....0
30.	Warranty.....	.....	.....	.....	.....	.....0
31.	Reinsurance - nonproportional assumed property.....	.....	.....	.....	.....	.....0
32.	Reinsurance - nonproportional assumed liability.....	.....	.....	.....	.....	.....0
33.	Reinsurance - nonproportional assumed financial lines.....	.....	.....	.....	.....	.....0
34.	Aggregate write-ins for other lines of business.....	0	0	0	0	0
35.	TOTALS.....	0	0	0	0	0
36.	Accrued retrospective premiums based on experience.....					.....
37.	Earned but unbilled premiums.....					0
38.	Balance (sum of Lines 35 through 37).....					0

DETAILS OF WRITE-INS

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

(a) State here basis of computation used in each case:

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.....						.0
2. Allied lines.....						.0
3. Farmowners multiple peril.....						.0
4. Homeowners multiple peril.....						.0
5. Commercial multiple peril.....						.0
6. Mortgage guaranty.....						.0
8. Ocean marine.....						.0
9. Inland marine.....						.0
10. Financial guaranty.....						.0
11.1 Medical professional liability - occurrence.....						.0
11.2 Medical professional liability - claims-made.....						.0
12. Earthquake.....						.0
13. Group accident and health.....	6,106					6,106
14. Credit accident and health (group and individual).....						.0
15. Other accident and health.....						.0
16. Workers' compensation.....						.0
17.1 Other liability - occurrence.....						.0
17.2 Other liability - claims-made.....						.0
17.3 Excess workers' compensation.....						.0
18.1 Products liability - occurrence.....						.0
18.2 Products liability - claims-made.....						.0
19.1, 19.2 Private passenger auto liability.....						.0
19.3, 19.4 Commercial auto liability.....						.0
21. Auto physical damage.....						.0
22. Aircraft (all perils).....						.0
23. Fidelity.....						.0
24. Surety.....						.0
26. Burglary and theft.....						.0
27. Boiler and machinery.....						.0
28. Credit.....						.0
29. International.....						.0
30. Warranty.....						.0
31. Reinsurance - nonproportional assumed property.....	XXX					.0
32. Reinsurance - nonproportional assumed liability.....	XXX					.0
33. Reinsurance - nonproportional assumed financial lines.....	XXX					.0
34. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
35. TOTALS.....	6,106	.0	.0	.0	.0	6,106

DETAILS OF WRITE-INS

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

(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 \$.....0.

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.....0.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

		Losses Paid Less Salvage				5	6	7	8
		1	2	3	4				
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1.	Fire.....				0			0	0.0
2.	Allied lines.....				0			0	0.0
3.	Farmowners multiple peril.....				0			0	0.0
4.	Homeowners multiple peril.....				0			0	0.0
5.	Commercial multiple peril.....				0			0	0.0
6.	Mortgage guaranty.....				0			0	0.0
8.	Ocean marine.....				0			0	0.0
9.	Inland marine.....				0			0	0.0
10.	Financial guaranty.....				0			0	0.0
11.1	Medical professional liability - occurrence.....				0			0	0.0
11.2	Medical professional liability - claims-made.....				0			0	0.0
12.	Earthquake.....				0			0	0.0
13.	Group accident and health.....	77,283			77,283	15,860	79,075	14,068	4.4
14.	Credit accident and health (group and individual).....				0			0	0.0
15.	Other accident and health.....				0			0	0.0
16.	Workers' compensation.....				0			0	0.0
17.1	Other liability - occurrence.....				0			0	0.0
17.2	Other liability - claims-made.....				0			0	0.0
17.3	Excess workers' compensation.....				0			0	0.0
18.1	Products liability - occurrence.....				0			0	0.0
18.2	Products liability - claims-made.....				0			0	0.0
19.1, 19.2	Private passenger auto liability.....				0			0	0.0
19.3, 19.4	Commercial auto liability.....				0			0	0.0
21.	Auto physical damage.....				0			0	0.0
22.	Aircraft (all perils).....				0			0	0.0
23.	Fidelity.....				0			0	0.0
24.	Surety.....				0			0	0.0
26.	Burglary and theft.....				0			0	0.0
27.	Boiler and machinery.....				0			0	0.0
28.	Credit.....				0			0	0.0
29.	International.....				0			0	0.0
30.	Warranty.....				0			0	0.0
31.	Reinsurance - nonproportional assumed property.....	XXX			0			0	0.0
32.	Reinsurance - nonproportional assumed liability.....	XXX			0			0	0.0
33.	Reinsurance - nonproportional assumed financial lines.....	XXX			0			0	0.0
34.	Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0.0
35.	TOTALS.....	77,283	0	0	77,283	15,860	79,075	14,068	4.4
DETAILS OF WRITE-INS									
3401.	.....				0			0	0.0
3402.	.....				0			0	0.0
3403.	.....				0			0	0.0
3498.	Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	XXX
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		Reported Losses				Incurred But Not Reported			8	9
		1	2	3	4	5	6	7		
Line of Business		Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1.	Fire.....				0				0	
2.	Allied lines.....				0				0	
3.	Farmowners multiple peril.....				0				0	
4.	Homeowners multiple peril.....				0				0	
5.	Commercial multiple peril.....				0				0	
6.	Mortgage guaranty.....				0				0	
8.	Ocean marine.....				0				0	
9.	Inland marine.....				0				0	
10.	Financial guaranty.....				0				0	
11.1	Medical professional liability - occurrence.....				0				0	
11.2	Medical professional liability - claims-made.....				0				0	
12.	Earthquake.....				0				0	
13.	Group accident and health.....	9,960			9,960	5,900			(a) 15,860	
14.	Credit accident and health (group and individual).....				0				0	
15.	Other accident and health.....				0				(a) 0	
16.	Workers' compensation.....				0				0	
17.1	Other liability - occurrence.....				0				0	
17.2	Other liability - claims-made.....				0				0	
17.3	Excess workers' compensation.....				0				0	
18.1	Products liability - occurrence.....				0				0	
18.2	Products liability - claims-made.....				0				0	
19.1, 19.2	Private passenger auto liability.....				0				0	
19.3, 19.4	Commercial auto liability.....				0				0	
21.	Auto physical damage.....				0				0	
22.	Aircraft (all perils).....				0				0	
23.	Fidelity.....				0				0	
24.	Surety.....				0				0	
26.	Burglary and theft.....				0				0	
27.	Boiler and machinery.....				0				0	
28.	Credit.....				0				0	
29.	International.....				0				0	
30.	Warranty.....				0				0	
31.	Reinsurance - nonproportional assumed property.....	XXX			0	XXX			0	
32.	Reinsurance - nonproportional assumed liability.....	XXX			0	XXX			0	
33.	Reinsurance - nonproportional assumed financial lines.....	XXX			0	XXX			0	
34.	Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0
35.	TOTALS.....	9,960	0	0	9,960	5,900	0	0	15,860	0
DETAILS OF WRITE-INS										
3401.	.....				0				0	
3402.	.....				0				0	
3403.	.....				0				0	
3498.	Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0

(a) Including \$.....0 for present value of life indemnity claims.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct.....				0
1.2 Reinsurance assumed.....				0
1.3 Reinsurance ceded.....				0
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	0	0	0	0
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....		350		350
2.2 Reinsurance assumed, excluding contingent.....				0
2.3 Reinsurance ceded, excluding contingent.....				0
2.4 Contingent - direct.....				0
2.5 Contingent - reinsurance assumed.....				0
2.6 Contingent - reinsurance ceded.....				0
2.7 Policy and membership fees.....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	350	0	350
3. Allowances to manager and agents.....				0
4. Advertising.....				0
5. Boards, bureaus and associations.....		2,455		2,455
6. Surveys and underwriting reports.....				0
7. Audit of assureds' records.....				0
8. Salary and related items:				
8.1 Salaries.....	51,240	76,860		128,100
8.2 Payroll taxes.....	4,060	6,090		10,150
9. Employee relations and welfare.....	14,700	22,050		36,750
10. Insurance.....		15,317		15,317
11. Directors' fees.....		7,900		7,900
12. Travel and travel items.....		1,521		1,521
13. Rent and rent items.....				0
14. Equipment.....				0
15. Cost or depreciation of EDP equipment and software.....		3,875		3,875
16. Printing and stationery.....		256		256
17. Postage, telephone and telegraph, exchange and express.....		2,143		2,143
18. Legal and auditing.....		72,829		72,829
19. Totals (Lines 3 to 18).....	70,000	211,296	0	281,296
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....				0
20.2 Insurance department licenses and fees.....				0
20.3 Gross guaranty association assessments.....				0
20.4 All other (excluding federal and foreign income and real estate).....				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	0	0	0
21. Real estate expenses.....				0
22. Real estate taxes.....				0
23. Reimbursements by uninsured plans.....				0
24. Aggregate write-ins for miscellaneous expenses.....	0	34,965	0	34,965
25. Total expenses incurred.....	70,000	246,611	0	(a).....316,611
26. Less unpaid expenses - current year.....		26,389		26,389
27. Add unpaid expenses - prior year.....		19,704		19,704
28. Amounts receivable relating to uninsured plans, prior year.....				0
29. Amounts receivable relating to uninsured plans, current year.....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	70,000	239,926	0	309,926

DETAILS OF WRITE-INS

2401. Mnagement Fees.....		25,895		25,895
2402. Bank Charges.....		1,923		1,923
2403. Miscellaneous.....		7,147		7,147
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above).....	0	34,965	0	34,965

(a) Includes management fees of \$.....175,000 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds.....	(a).....45,366	34,380
1.1	Bonds exempt from U.S. tax.....	(a).....	.....
1.2	Other bonds (unaffiliated).....	(a).....109,997	78,365
1.3	Bonds of affiliates.....	(a).....	.....
2.1	Preferred stocks (unaffiliated).....	(b).....	.....
2.11	Preferred stocks of affiliates.....	(b).....	.....
2.2	Common stocks (unaffiliated).....	.....	.....
2.21	Common stocks of affiliates.....	.....	.....
3.	Mortgage loans.....	(c).....	.....
4.	Real estate.....	(d).....	.....
5.	Contract loans.....	.....	.....
6.	Cash, cash equivalents and short-term investments.....	(e).....108	108
7.	Derivative instruments.....	(f).....	.....
8.	Other invested assets.....	.....	.....
9.	Aggregate write-ins for investment income.....	0	0
10.	Total gross investment income.....	155,471	112,853
11.	Investment expenses.....		(g).....
12.	Investment taxes, licenses and fees, excluding federal income taxes.....		(g).....
13.	Interest expense.....		(h).....
14.	Depreciation on real estate and other invested assets.....		(i).....0
15.	Aggregate write-ins for deductions from investment income.....		0
16.	Total deductions (Lines 11 through 15).....		0
17.	Net investment income (Line 10 minus Line 16).....		112,853

DETAILS OF WRITE-INS

0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....	.....0
(a)	Includes \$....4,335 accrual of discount less \$....59,753 amortization of premium and less \$....20,843 paid for accrued interest on purchases.		
(b)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.		
(c)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(d)	Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.		
(e)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(f)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium.		
(g)	Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.		
(h)	Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.		
(i)	Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.		

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. government bonds.....	(13,964)	(13,964)	.....	.....
1.1	Bonds exempt from U.S. tax.....	.....	.....0	.....	.....
1.2	Other bonds (unaffiliated).....	(558)	(558)	.....	.....
1.3	Bonds of affiliates.....	.....	.....0	.....	.....
2.1	Preferred stocks (unaffiliated).....	.....	.....0	.....	.....
2.11	Preferred stocks of affiliates.....	.....	.....0	.....	.....
2.2	Common stocks (unaffiliated).....	.....	.....0	(187,391)	.....
2.21	Common stocks of affiliates.....	.....	.....0	.....	.....
3.	Mortgage loans.....	.....	.....0	.....	.....
4.	Real estate.....	.....	.....0	.....	.....
5.	Contract loans.....	.....	.....0	.....	.....
6.	Cash, cash equivalents and short-term investments.....	.....	.....0	.....	.....
7.	Derivative instruments.....	.....	.....0	.....	.....
8.	Other invested assets.....	.....	.....0	.....	.....
9.	Aggregate write-ins for capital gains (losses).....	0	0	0	0
10.	Total capital gains (losses).....	(14,522)	(14,522)	(187,391)	0

DETAILS OF WRITE-INS

0901.	.....	.....	.....0	.....	.....
0902.	.....	.....	.....0	.....	.....
0903.	.....	.....	.....0	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page....	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0

EXHIBIT OF NONADMITTED 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).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other than invested assets.....	15,317	0	(15,317)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	15,317	0	(15,317)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	15,317	0	(15,317)

DETAILS OF WRITE-INS

1101.			0
1102.			0
1103.			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Prepaid Insurance Expense.....	15,317		(15,317)
2502.			0
2503.			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	15,317	0	(15,317)

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

A. Accounting Practices

Accounting Practices, Impact of NAIC/State Differences

The accompanying financial statements of Club Insurance Company (Company) have been prepared on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The state of Ohio requires insurance companies domiciled in the state of Ohio to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the Ohio Department of Insurance.

The Company has no difference between Ohio prescribed practices and NAIC statutory accounting practices (NAIC SAP)

	State of Domicile	2015	2014
NET INCOME			
(1) Club Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	OH	\$ 119,314	\$ 693,554
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	\$ 119,314	\$ 693,554
SURPLUS			
(5) Club Insurance Company state basis (Page 3, line 37, Columns 1 & 2)	OH	\$ 3,917,633	\$ 8,274,878
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	\$ 3,917,633	\$ 8,274,878

B. Use of Estimates in the Preparation of the Financial Statement

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the amounts 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 these estimates.

C. Accounting Policy

Direct and assumed premiums are earned over the terms of the related policies and reinsurance contracts. Unearned premiums are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance assumed. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

Net investment income earned consists primarily of interest, dividends and bond amortization. Interest is recognized on an accrual basis and dividends are recognized on an ex-dividend basis. Net realized capital gains (losses) are recognized on a specific identification basis when securities are sold, redeemed or otherwise disposed. Realized capital losses include writedowns for impairments considered to be other than temporary.

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized value using the interest method. Non-investment grade short-term investments are stated at the lower of amortized value or fair value.
2. Investment grade non-loan-backed bonds with NAIC designations 1 or 2 are stated at amortized value using the interest method. Non-investment grade non-loan-backed bonds with NAIC designations of 3 through 6 are stated at the lower of amortized value or fair value. See paragraph 6 for loan-backed and structured securities.
3. Common stocks, other than investments in stocks of subsidiaries and affiliates, are stated at fair value.
4. Not applicable as the Company does not have any preferred stock.
5. Not applicable as the Company does not have any mortgage loans.
6. U.S. government agency loan-backed and structured securities are valued at amortized value. Other loan-backed and structured securities are valued at either amortized value or fair value, depending on many factors including: the type of underlying collateral, NAIC vendor, whether rated (by either NAIC approved rating organization or NAIC Securities Valuation Office), and relationship of amortized value to par value and amortized value to fair value.

7. Not applicable as the Company does not have any investments in subsidiary of affiliated Companies.
8. Not applicable as the Company does not have any investments in joint ventures or partnerships.
9. Not applicable as the Company does not have any investments in derivatives.
10. The Company does not anticipate investment income when evaluating the need for premium deficiency reserves.

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 amounts are adequate, the ultimate liabilities may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
12. The Company has a written capitalization policy for prepaid expenses and purchases of items such as electronic data processing equipment, software, furniture, vehicles, other equipment and leasehold improvements. The predefined capitalization thresholds under this policy have not changed from those of the prior year.
13. Not applicable as the Company does not write major medical insurance with prescription drug coverage.

D. Going Concern

This company is in runoff mode. We are paying the final few claims and setting the last of the liabilities. Our plan is to sell the “shell” of the company to another company. We have more than ample financial resources to pay all claims and bills before the sale.

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

The Company did not uncover any material errors.

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL

- A. Statutory Purchase Method
Not applicable
- B. Statutory Merger
Not applicable
- C. Impairment Loss
Not applicable

NOTE 4 – DISCONTINUED OPERATIONS

A. Discontinued Operation Disposed or Classified as Held for Sale

- (1) Not applicable
- (2) Not applicable
- (3) Not applicable
- (4) Not applicable
- (5) The amounts related to Discontinued Operations and the effect on the Company's Balance Sheet and Summary of Operations as follows:

Balance sheet December 31, 2015

Assets		
a.	Line 5 Cash	\$
b.	Line 28 Totals	\$
Liabilities, Surplus and Other Funds		
c.	Line 28 Total Liabilities	\$
d.	Line 37 Surplus	\$
e.	Line 38 Total	\$
Statement of Income December 31, 2015		
f.	Line 1 Premiums	\$
g.	Line 6 Total underwriting deductions	\$
h.	Line 8 Net underwriting gain or loss	\$
i.	Line 18 Net income after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes	\$
j.	Line 19 Federal and foreign income taxes incurred	\$
k.	Line 20 Net income	\$

- B. Change in Plan of Sale of Discontinued Operation
- C. Nature of any Significant Continuing Involvement with Discontinued Operations After Disposal
- D. Equity Interest Retained in the Discontinued Operation After Disposal

NOTE 5 – INVESTMENTS

- A. Mortgage Loans, including Mezzanine Real Estate Loans
- (1) The maximum and minimum lending rates for mortgage loans during 2015 were:

NOTES TO FINANCIAL STATEMENTS

(2) The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgage was ____%.

(3) Taxes, assessments and any amounts advanced and not included in the mortgage loan total

Current Year

Prior Year

\$

\$

(4) Age Analysis of Mortgage Loans:

			Residential		Commercial			
		Farm	Insured	All Other	Insured	All Other	Mezzanine	Total
a.	Current Year							
	1.	Recorded Investment (All)						
	(a)	Current	\$	\$	\$	\$	\$	\$
	(b)	30-59 Days Past Due						
	(c)	60-89 Days Past Due						
	(d)	90-179 Days Past Due						
	(e)	180+ Days Past Due						
	2.	Accruing Interest 90-179 Days Past Due						
	(a)	Recorded Investment	\$	\$	\$	\$	\$	\$
	(b)	Interest Accrued						
	3.	Accruing Interest 180+ Days Past Due						
	(a)	Recorded Investment	\$	\$	\$	\$	\$	\$
	(b)	Interest Accrued						
	4.	Interest Reduced						
	(a)	Recorded Investment	\$	\$	\$	\$	\$	\$
	(b)	Number of Loans						
	(c)	Percent Reduced	%	%	%	%	%	%
b.	Prior Year							
	1.	Recorded Investment (All)						
	(a)	Current	\$	\$	\$	\$	\$	\$
	(b)	30-59 Days Past Due						
	(c)	60-89 Days Past Due						
	(d)	90-179 Days Past Due						
	(e)	180+ Days Past Due						
	2.	Accruing Interest 90-179 Days Past Due						
	(a)	Recorded Investment	\$	\$	\$	\$	\$	\$
	(b)	Interest Accrued						
	3.	Accruing Interest 180+ Days Past Due						
	(a)	Recorded Investment	\$	\$	\$	\$	\$	\$
	(b)	Interest Accrued						
	4.	Interest Reduced						
	(a)	Recorded Investment	\$	\$	\$	\$	\$	\$
	(b)	Number of Loans						
	(c)	Percent Reduced	%	%	%	%	%	%

(5) Investment Impaired Loans With or Without Allowance for Credit Losses:

			Residential		Commercial			
		Farm	Insured	All Other	Insured	All Other	Mezzanine	Total
a.	Current Year							
	1.	With Allowance for Credit Losses	\$	\$	\$	\$	\$	\$
	2.	No Allowance for Credit Losses						
b.	Prior Year							
	1.	With Allowance for Credit Losses	\$	\$	\$	\$	\$	
	2.	No Allowance for Credit Losses						

(6) Investment in Impaired Loans – Average Recorded Investment, Interest Income Recognized, Recorded Investment on Nonaccrual Status and Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting:

		Residential	Commercial		
--	--	-------------	------------	--	--

NOTES TO FINANCIAL STATEMENTS

		Farm	Insured	All Other	Insured	All Other	Mezzanine	Total
a.	Current Year							
	1. Average Recorded Investment	\$	\$	\$	\$	\$	\$	\$
	2. Interest Income Recognized							
	3. Recorded Investments on Nonaccrual Status							
	4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting							
b.	Prior Year							
	1. Average Recorded Investment	\$	\$	\$	\$	\$	\$	\$
	2. Interest Income Recognized							
	3. Recorded Investments on Nonaccrual Status							
	4. Amount of Interest Income Recognized Using a Cash-Basis Method of Accounting							

		Current Year	Prior Year
(7)	Allowance for Credit Losses:		
a.	Balance at beginning of period	\$	\$
b.	Additions charged to operations		
c.	Direct write-downs charged against the allowances		
d.	Recoveries of amounts previously charged off		
e.	Balance at end of period	\$	\$

		Current Year
(8)	Mortgage Loans Derecognized as a Result of Foreclosure:	
a.	Aggregate amount of mortgage loans derecognized	\$
b.	Real estate collateral recognized	\$
c.	Other collateral recognized	\$
d.	Receivables recognized from a government guarantee of the foreclosed mortgage loan	\$

(9) The company recognizes interest income on its impaired loans upon receipt.

B. Debt Restructuring

		Current Year	Prior Year
(1)	The total recorded investment in restructured loans, as of year-end	\$	\$
(2)	The realized capital losses related to these loans	\$	\$
(3)	Total contractual commitments to extend credit to debtors owing receivables whose terms have been modified in troubled debt restructurings	\$	\$

(4) Not applicable

C. Reverse Mortgages

(1) Not applicable

(2) Not applicable

(3) At December 31, 2015, the actuarial reserve of \$ 0 reduced the asset value of the group of reverse mortgages.

(4) Club Insurance Company recorded an unrealized loss \$ 0 as a result of the re-estimates of the cash flows.

D. Loan-Backed Securities

(1) Not applicable

		1	2	3
(2)		Amortized Cost Basis Before Other-than-Temporary Impairment	Other-than-Temporary Impairment Recognized in Loss	Fair Value 1 – 2
	OTTI recognized 1 st Quarter			
a.	Intent to sell	\$	\$	\$
b.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
c.	Total 1 st Quarter	\$	\$	\$
	OTTI recognized 2 nd Quarter			

NOTES TO FINANCIAL STATEMENTS

d.	Intent to sell	\$	\$	\$
e.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
f.	Total 2 nd Quarter	\$	\$	\$
OTTI recognized 3 rd Quarter				
g.	Intent to sell	\$	\$	\$
h.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
i.	Total 4 th Quarter	\$	\$	\$
OTTI recognized 4 th Quarter				
j.	Intent to sell	\$	\$	\$
k.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
l.	Total 4 th Quarter		\$	
m.	Annual aggregate total	XXX	\$	XXX

(3) Recognized OTTI securities

CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Where Reported
	\$	\$	\$	\$	\$	12/30/1899
Total			\$			

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1.	Less than 12 Months	\$
		2.	12 Months or Longer	\$
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than12 Months	\$
		2.	12 Months or Longer	\$

(5) Not applicable

E. Repurchase Agreements and/or Securities Lending Transactions

(1) Not applicable

(2) Not applicable

(3) Collateral Received

a.	Aggregate Amount Collateral Received		Fair Value
1.	Repurchase Agreement		
	(a)	Open	\$
	(b)	30 Days or Less	
	(c)	31 to 60 Days	
	(d)	61 to 90 Days	
	(e)	Greater Than 90 Days	
	(f)	Sub-Total	\$
	(g)	Securities Received	
	(h)	Total Collateral Received	\$
2.	Securities Lending		
	(a)	Open	\$
	(b)	30 Days or Less	
	(c)	31 to 60 Days	

NOTES TO FINANCIAL STATEMENTS

		(d)	61 to 90 Days	
		(e)	Greater Than 90 Days	
		(f)	Sub-Total	\$
		(g)	Securities Received	
		(h)	Total Collateral Received	\$
	3.	Dollar Repurchase Agreement		
		(a)	Open	\$
		(b)	30 Days or Less	
		(c)	31 to 60 Days	
		(d)	61 to 90 Days	
		(e)	Greater Than 90 Days	
		(f)	Sub-Total	\$
		(g)	Securities Received	
		(h)	Total Collateral Received	\$
b.	The fair value of that collateral and of the portion of that collateral that it has sold or repledged			\$

c. Not applicable

(4) Not applicable

(5) Collateral Reinvestment

a.	Aggregate Amount Collateral Reinvested		Amortized Cost	Fair Value
	1.	Repurchase Agreement		
		(a)	Open	\$
		(b)	30 Days or Less	
		(c)	31 to 60 Days	
		(d)	61 to 90 Days	
		(e)	91 to 120 Days	
		(f)	121 to 180 Days	
		(g)	181 to 365 Days	
		(h)	1 to 2 Years	
		(i)	2 to 3 Years	
		(j)	Greater Than 3 Years	
		(k)	Sub-Total	\$
		(l)	Securities Received	
		(m)	Total Collateral Reinvested	\$
	2.	Securities Lending		
		(a)	Open	\$
		(b)	30 Days or Less	
		(c)	31 to 60 Days	
		(d)	61 to 90 Days	
		(e)	91 to 120 Days	
		(f)	121 to 180 Days	
		(g)	181 to 365 Days	
		(h)	1 to 2 Years	
		(i)	2 to 3 Years	
		(j)	Greater Than 3 Years	

NOTES TO FINANCIAL STATEMENTS

a.	Aggregate Amount Collateral Reinvested		Amortized Cost	Fair Value
	(k)	Sub-Total	\$	\$
	(l)	Securities Received		
	(m)	Total Collateral Reinvested	\$	\$
	3.	Dollar Repurchase Agreement		
	(a)	Open	\$	\$
	(b)	30 Days or Less		
	(c)	31 to 60 Days		
	(d)	61 to 90 Days		
	(e)	91 to 120 Days		
	(f)	121 to 180 Days		
	(g)	181 to 365 Days		
	(h)	1 to 2 Years		
(i)	2 to 3 Years			
(j)	Greater Than 3 Years			
(k)	Sub-Total	\$	\$	
(l)	Securities Received			
(m)	Total Collateral Reinvested	\$	\$	

b. Not applicable

(6) Not applicable

(7) Collateral for Securities Lending transactions that extend beyond one year from the reporting date.

Description of Collateral	Amount
0	\$
Total Collateral extending beyond one year of the reporting date	\$

F. Real Estate

(1) Not applicable

(2) Not applicable

(3) Not applicable

(4) Not applicable

(5) Not applicable

G. Investments in Low-Income Housing Trade Credits (LIHTC)

(1) Not applicable

(2) Not applicable

(3) Not applicable

(4) Not applicable

(5) Not applicable

(6) Not applicable

(7) Not applicable

H. Other Disclosures and Unusual Items

(1) Restricted Assets (Including Pledged)

	Gross Restricted							8	Percentage	
	Current Period					6	7		9	10
	1	2	3	4	5					
	Total General	G/A Supporting	Total Protected	Protected Cell	Total	Total From Prior	Increase/	Total Current	Gross	Admitted

NOTES TO FINANCIAL STATEMENTS

	Account (G/A)	Protected Cell Restricted Assets (a)	Cell Restricted Assets	Assets Supporting G/A Activity (b)	(1 plus 3)	Year	(Decrease) (5 minus 6)	Period Admitted Restricted	Restricted to Total Assets	Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown										
b. Collateral held under security lending arrangements										
c. Subject to repurchase agreements										
d. Subject to reverse repurchase agreements										
e. Subject to dollar repurchase agreements										
f. Subject to dollar reverse repurchase agreements										
g. Placed under option contracts										
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock										
i. FHLB capital stock										
j. On deposit with state										
k. On deposit with other regulatory bodies										
l. Pledged as collateral to FHLB (including assets backing funding agreements)										
m. Pledged as collateral not captured in other categories										
n. Other restricted assets										
o. Total Restricted Assets	\$	\$	\$	\$	\$	\$	\$	\$		

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

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contacts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)

	Gross Restricted							8	Percentage	
	Current Year					6	7		9	10
	1	2	3	4	5					
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) 5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
Other Restricted Assets										
0										
Total										

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

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)

	Gross Restricted							8	Percentage	
	Current Year					6	7		9	10
	1	2	3	4	5					
	Collateral Agreement	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 (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets
0										
Total										

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

I. Working Capital Finance Investments

(1) Aggregate Working Capital Finance Investments (WCFI) Book/Adjusted Carrying Value by NAIC Designation:

		Gross Asset CY	Non-admitted Asset CY	Net Admitted Asset CY
a.	WCFI Designation 1	\$	\$	\$
b.	WCFI Designation 2			
c.	WCFI Designation 3			
d.	WCFI Designation 4			
e.	WCFI Designation 5			
f.	WCFI Designation 6			
g.	Total	\$	\$	\$

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

	Book/Adjusted Carrying Value
--	------------------------------

NOTES TO FINANCIAL STATEMENTS

a.	Up to 180 Days	\$
b.	181 to 365 Days	
c.	Total	\$

J. Offsetting and Netting of Assets and Liabilities

(1) Assets	Gross Amount Recognized	Amount Offset	Net Amount Presented on Financial Statements
0	\$	\$	\$
(2) Liabilities			
0	\$	\$	\$

K. Structured Notes

CUSIP Identification	Actual Cost	Fair Value	Book/Adjusted Carrying Value	Mortgage-Referenced Security (YES/NO)
	\$	\$	\$	
XXX	\$	\$	\$	XXX

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

A. Not applicable

B. Not applicable

NOTE 7 – INVESTMENT INCOME

A. Accrued Investment Income - The Company does not admit investment income due and accrued if amounts are over 90 days pas due.

B. Not applicable

NOTE 8 – DERIVATIVE INSTRUMENTS

A. Not applicable

B. Not applicable

C. Not applicable

D. Not applicable

E. Not applicable

F. Not applicable

(1) Not applicable

(2) Not applicable

NOTE 9 – INCOME TAXES

A. Deferred Tax Assets/(Liabilities)

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

	2015			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	\$	\$	\$	\$ 23,000	\$	\$ 23,000	\$ (23,000)	\$	\$ (23,000)
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)				23,000		23,000	(23,000)		(23,000)
d. Deferred tax assets nonadmitted									
e. Subtotal net admitted deferred tax asset (1c-1d)				23,000		23,000	(23,000)		(23,000)
f. Deferred tax liabilities				63,713		63,713	(63,713)		(63,713)
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$	\$	\$	\$ (40,713)	\$	\$ (40,713)	\$ 40,713	\$	\$ 40,713

NOTES TO FINANCIAL STATEMENTS

2. Admission Calculation Components

	2015			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(b)1 and 2(b)2 below:				23,000		23,000	(23,000)		(23,000)
Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
Adjusted gross deferred tax assets allowed per limitation threshold									
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									
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c)	\$	\$	\$	\$ 23,000	\$	\$ 23,000	\$ (23,000)	\$	\$ (23,000)

3. Other Admissibility Criteria

	2015	2014
a. Ratio percentage used to determine recovery period and threshold limitation amount	%	%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$	\$

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/15		12/31/14		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	\$	\$	\$ 23,000	\$	\$ (23,000)	\$
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$	\$	\$ 23,000	\$	\$ (23,000)	\$
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Does the company's tax planning strategies include the use of reinsurance? NO

NOTES TO FINANCIAL STATEMENTS

- B. Deferred Tax Liabilities Not Recognized
- Not applicable
- C. Current and Deferred Income Taxes

1. Current Income Tax

	1	2	3
	2015	2014	(Col 1-2) Change
a. Federal	\$ 27,000	\$ 318,000	\$ (291,000)
b. Foreign			
c. Subtotal	\$ 27,000	\$ 318,000	\$ (291,000)
d. Federal income tax on net capital gains			
e. Utilization of capital loss carry-forwards			
f. Other			
g. Federal and Foreign income taxes incurred	\$ 27,000	\$ 318,000	\$ (291,000)

2. Deferred Tax Assets

	1	2	3
	2015	2014	(Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$	\$ 2,000	\$ (2,000)
2. Unearned premium reserve		21,000	(21,000)
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			
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (including items <5% of total ordinary tax assets)			
99. Subtotal	\$	\$ 23,000	\$ (23,000)
b. Statutory valuation allowance adjustment			
c. Nonadmitted			
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	\$	\$ 23,000	\$ (23,000)
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)	\$	\$ 23,000	\$ (23,000)

3. Deferred Tax Liabilities

NOTES TO FINANCIAL STATEMENTS

	1	2	3
	2015	2014	(Col 1-2) Change
a. Ordinary:			
1. Investments	\$	\$ 63,713	\$ (63,713)
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (including items <5% of total ordinary tax liabilities)			
99. Subtotal	\$	\$ 63,713	\$ (63,713)
b. Capital:			
1. Investments	\$	\$	\$
2. Real estate			
3. Other (including items <5% of total capital tax liabilities)			
99. Subtotal			
c. Deferred tax liabilities (3a99+3b99)	\$	\$ 63,713	\$ (63,713)
4. Net Deferred Tax Assets (2i – 3c)	\$	\$ (40,713)	\$ 40,713

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate
Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
Permanent Differences:		
Provision computed at statutory rate	\$	%
Proration of tax exempt investment income		%
Tax exempt income deduction		%
Dividends received deduction		%
Disallowed travel and entertainment		%
Other permanent differences		%
Temporary Differences:		
Total ordinary DTAs	\$	%
Total ordinary DTLs		%
Total capital DTAs		%
Total capital DTLs		%
Other:		
Statutory valuation allowance adjustment	\$	%
Accrual adjustment – prior year		%
Other		%
Totals	\$	%
Federal and foreign income taxes incurred		%
Realized capital gains (losses) tax		%
Change in net deferred income taxes		%
Total statutory income taxes	\$	%

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits
At December 31, 2015, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.
The following is income tax expense for 2015 and 2014 that is available for recoupment in the event of future net losses:

Year	Amount
2015	\$ 27,000
2014	\$ 318,000

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

F. Consolidated Federal Income Tax Return

The Company’s federal income tax return is consolidated with the following entities:
>> The Ohio Automobile Club, Automobile Club Insurance Agency, Club Holding Corporation, Auto Club Renewals <<

2. The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit for any net operating losses or other items utilized in the consolidated tax return. Intercompany tax balances are settled monthly.

NOTES TO FINANCIAL STATEMENTS

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.

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

A. Company is a wholly owned subsidiary of The Ohio Automobile Club (Parent), a not-for-profit company incorporated in Ohio. The parent company is the primary source of revenue and leads for new business.

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

- (1) Premium, management fee and taxes are settled on a monthly basis with parent.
- (2) The Company pays management fees based on a management agreement to the Parent.
- (3) The Company pays tax payments to the Parent based upon a tax sharing agreement.

C. Dollar amounts of transactions for each period for which financial statements are presented.

The Company paid management fees of \$175,000 in 2015 and \$400,000 in 2014.

The Company paid pass through tax payments to the Parent in the amount of \$27,000 for 2015 and \$318,000 for 2014.

The Company paid dividend of \$4,500,000 to the parent in both 2015 and 2014.

D. Due to Parent amount of \$266,140 federal taxes, management fee, and miscellaneous expenses paid by parent.

These arrangements are subject to written agreements which require that intercompany balances be settled within 30 days.

E. Guarantees or Undertakings for Related Parties

There is no written guarantees from the parent company.

F. Management, Service Contracts, Cost Sharing Arrangements

The Parent has agreed to provide certain management services to the company for an annual fee of \$175,000 paid on a monthly basis.

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by Parent.

H. Amount Deducted for Investment in Upstream Company

Not applicable

I. Detail of Investments in SCA Greater than 10% of Admitted Assets

- (1) Not applicable
- (2) Not applicable
- (3) Not applicable
- (4) Not applicable
- (5) Not applicable

J. Writedowns for Impairment of Investments in SCA

- (1) Not applicable
- (2) Not applicable

K. Foreign Insurance Subsidiary Valued Using CARVM

Not applicable

L. Downstream Holding Company Valued Using Look-Through Method

- (1) Not applicable
- (2) Not applicable
- (3) Not applicable
- (4) Not applicable
- (5) Not applicable

NOTES TO FINANCIAL STATEMENTS

NOTE 11 – DEBT

A.

- (1) Not applicable
- (2) Not applicable
- (3) Not applicable
- (4) Not applicable
- (5) Not applicable
- (6) Not applicable
- (7) Not applicable
- (8) Not applicable
- (9) Not applicable
- (10) Not applicable
- (11) Not applicable
- (12) Not applicable

B. FHLB (Federal Home Loan Bank) Agreements

- (1) Not applicable
- (2) FHLB Capital Stock
 - a. Aggregate Totals
 - 1. Current Year

	1 Total 2 + 3	2 General Account	3 Protected Cell Accounts
(a) Membership Stock – Class A	\$	\$	\$
(b) Membership Stock – Class B			
(c) Activity Stock			
(d) Excess Stock			
(e) Aggregate Total (a+b+c+d)	\$	\$	\$
(f) Actual or estimated borrowing capacity as determined by the insurer	\$		

2. Prior Year

	1 Total 2 + 3	2 General Account	3 Protected Cell Accounts
(a) Membership Stock – Class A	\$	\$	\$
(b) Membership Stock – Class B			
(c) Activity Stock			
(d) Excess Stock			
(e) Aggregate Total (a+b+c+d)	\$	\$	\$
(f) Actual or estimated borrowing capacity as determined by the insurer	\$	XXX	XXX

b. Membership Stock (Class A and B) Eligible and Not Eligible for Redemption

		1 Current Year Total (2+3+4+5+6)	2 Not Eligible for Redemption	Eligible for Redemption			
				3 Less than 6 Months	4 6 Months to Less Than 1 Year	5 1 to Less Than 3 Years	6 3 to 5 Years
1.	Class A	\$	\$	\$	\$	\$	\$
2.	Class B	\$	\$	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS

(3) Collateral Pledged to FHLB

a. Amount Pledged as of Reporting Date

	1	2	3
	Fair Value	Carrying Value	Aggregate Total Borrowing
1. Current Year Total General and Protected Cell Total Collateral Pledged (Lines 2+3)	\$	\$	\$
2. Current Year General Account Total Collateral Pledged	\$	\$	\$
3. Current Year Protected Cell Total Collateral Pledged	\$	\$	\$
4. Prior Year Total General and Protected Cell Total Collateral Pledged	\$	\$	\$

b. Maximum Amount Pledged During Reporting Period

	1	2	3
	Fair Value	Carrying Value	Amount Borrowed at Time of Maximum Collateral
1. Current Year Total General and Protected Cell Total Collateral Pledged (Lines 2+3)	\$	\$	\$
2. Current Year General Account Total Collateral Pledged	\$	\$	\$
3. Current Year Protected Cell Total Collateral Pledged	\$	\$	\$
4. Prior Year Total General and Protected Cell Total Collateral Pledged	\$	\$	\$

(4) Borrowing from FHLB

a. Amount as of the Reporting Date

1. Current Year

	1	2	3	4
	Total 2 + 3	General Account	Protected Cell Account	Funding Agreements Reserves Established
(a) Debt	\$	\$	\$	XXX
(b) Funding Agreements				\$
(c) Other				XXX
(d) Aggregate Total (a+b+c)	\$	\$	\$	\$

2. Prior Year

	1	2	3	4
	Total 2 + 3	General Account	Protected Cell Account	Funding Agreements Reserves Established
(a) Debt	\$	\$	\$	XXX
(b) Funding Agreements				\$
(c) Other				XXX
(d) Aggregate Total (a+b+c)	\$	\$	\$	\$

b. Maximum Amount During Reporting Period (Current Year)

	1	2	3
	Total 2 + 3	General Account	Protected Cell Accounts
1. Debt	\$	\$	\$
2. Funding Agreements			
3. Other			
4. Aggregate Total (Lines 1+2+3)	\$	\$	\$

c. FHLB – Prepayment Obligations

	Does the Company have Prepayment Obligations under the Following Arrangements (YES/NO)
1. Debt	
2. Funding Agreements	
3. Other	

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

A. Defined Benefit Plan

The parent does not have defined benefit pension plan or a postretirement health care benefit plan.

NOTES TO FINANCIAL STATEMENTS

(1)	Change in Benefit Obligation		Overfunded		Underfunded	
	a.	Pension Benefits	2015	2014	2015	2014
		1. Benefit obligation at beginning of year	\$	\$	\$	\$
		2. Service cost				
		3. Interest cost				
		4. Continuation by plan participants				
		5. Actuarial gain (loss)				
		6. Foreign currency exchange rate changes				
		7. Benefits paid				
		8. Plan amendments				
		9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
		10. Benefit obligation at end of year	\$	\$	\$	\$
			Overfunded		Underfunded	
	b.	Postretirement Benefits	2015	2014	2015	2014
		1. Benefit obligation at beginning of year	\$	\$	\$	\$
		2. Service cost				
		3. Interest cost				
		4. Continuation by plan participants				
		5. Actuarial gain (loss)				
		6. Foreign currency exchange rate changes				
		7. Benefits paid				
		8. Plan amendments				
		9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
		10. Benefit obligation at end of year	\$	\$	\$	\$
			Overfunded		Underfunded	
	c.	Special or Contractual Benefits per SSAP No. 11	2015	2014	2015	2014
		1. Benefit obligation at beginning of year	\$	\$	\$	\$
		2. Service cost				
		3. Interest cost				
		4. Continuation by plan participants				
		5. Actuarial gain (loss)				
		6. Foreign currency exchange rate changes				
		7. Benefits paid				
		8. Plan amendments				
		9. Business combinations, divestitures, curtailments, settlements and special termination benefits				
		10. Benefit obligation at end of year	\$	\$	\$	\$

(2)	Change in plan assets		Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
			2015	2014	2015	2014	2015	2014
	a.	Fair value of plan assets at beginning of year	\$	\$	\$	\$	\$	\$
	b.	Actual return on						

NOTES TO FINANCIAL STATEMENTS

	plan assets						
c.	Foreign currency exchange rate changes						
d.	Reporting entity contribution						
e.	Plan participants' contributions						
f.	Benefits paid						
g.	Business combinations, divestitures and settlements						
h.	Fair value of plan assets at end of year	\$	\$	\$	\$	\$	\$

(3) Funded status		Pension Benefits		Postretirement Benefits	
Overfunded:		2015	2014	2015	2014
a.	Assets (nonadmitted)				
1.	Prepaid benefit costs	\$	\$	\$	\$
2.	Overfunded plans assets				
3.	Total assets (nonadmitted)	\$	\$	\$	\$
Underfunded:					
b.	Liabilities recognized				
1.	Accrued benefits costs	\$	\$	\$	\$
2.	Liability for pension benefits				
3.	Total liabilities recognized	\$	\$	\$	\$
c.	Unrecognized liabilities	\$	\$	\$	\$

(4) Components of net periodic benefit cost		Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
		2015	2014	2015	2014	2015	2014
a.	Service cost	\$	\$	\$	\$	\$	\$
b.	Interest cost						
c.	Expected return on plan assets						
d.	Transition asset or obligation						
e.	Gains and losses						
f.	Prior service cost or credit						
g.	Gain or loss recognized due to a settlements curtailment						
h.	Total net periodic benefit cost	\$	\$	\$	\$	\$	\$

(5) Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost		Pension Benefits		Postretirement Benefits	
		2015	2014	2015	2014
a.	Items not yet recognized as a component of net periodic cost – prior year	\$	\$	\$	\$
b.	Net transition asset or obligation recognized				
c.	Net prior service cost or credit arising during the period				
d.	Net prior service cost or credit recognized				
e.	Net gain and loss arising during the period				
f.	Net gain and loss recognized				
g.	Items not yet recognized as a component of net periodic cost – current year	\$	\$	\$	\$
(6) Amounts in unassigned funds (surplus) expected to be recognized in the next fiscal year as components of net periodic benefit cost		Pension Benefits		Postretirement Benefits	
		2015	2014	2015	2014
a.	Net transition asset or obligations	\$	\$	\$	\$

NOTES TO FINANCIAL STATEMENTS

	b.	Net prior service cost or credit				
	c.	Net recognized gains and losses				
			\$	\$	\$	\$
(7)	Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost		Pension Benefits		Postretirement Benefits	
			2015	2014	2015	2014
	a.	Net transition asset or obligations	\$	\$	\$	\$
	b.	Net prior service cost or credit				
	c.	Net recognized gains and losses	\$	\$	\$	\$

(8)	Weighted-average assumptions used to determine net periodic benefit cost as of December 31		2015	2014
	a.	Weighted-average discount rate	%	%
	b.	Expected long-term rate of return on plan assets	%	%
	c.	Rate of compensation increase	%	%
	Weighted-average assumptions used to determine projected benefit obligations as of December 31			
	d.	Weighted-average discount rate	%	%
	e.	Rate of compensation increase	%	%

(9) The amount of the accumulated benefit obligation for defined benefit pension plans was \$_____ for the current year and \$_____ for the prior year.

(10) Not applicable

(11)	Assumed health care cost trend rates have a significant effect on the amounts reported for the health care plans. A one-percentage point change in assumed health care cost trend rates would have the following effects:			1 Percentage Point Increase	1 Percentage Point Decrease
	a.	Effect on total of service and interest cost components		\$	\$
	b.	Effect on postretirement benefit obligation		\$	\$

(12) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the year indicated:

	Year(s)	Amount
a.	2016	\$
b.	2017	\$
c.	2018	\$
d.	2019	\$
e.	2020	\$
f.	2021 through 20__	\$

(13) Not applicable

(14) Not applicable

(15) Not applicable

(16) Not applicable

(17) Not applicable

(18) Not applicable

(19) Not applicable

(20) Not applicable

(21) Not applicable

B. Investment Policies and Strategies

Not applicable

C. Fair Value of Plan Assets

Not applicable

(1) Fair Value Measurements of Plans Assets at Reporting Date

Description for each class of plan assets	(Level 1)	(Level 2)	(Level 3)	Total
	\$	\$	\$	\$
Total Plan Assets	\$	\$	\$	\$

(2) Fair Value Measurements in Level 3 of the Fair Value Hierarchy

Description for each class of plan	Beginning	Transfers	Transfers	Return on	Return on	Purchases	Issuances	Sales	Settlements	Ending
------------------------------------	-----------	-----------	-----------	-----------	-----------	-----------	-----------	-------	-------------	--------

NOTES TO FINANCIAL STATEMENTS

assets	Balance at 1/1/2015	into Level 3	out of Level 3	Assets Still Held	Assets Sold					Balance at 12/31/2015
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total Plan Assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3) Not applicable

D. Basis Used to Determine Expected Long-Term Rate-of-Return

Not applicable

E. Defined Contribution Plans

The Parent sponsors a defined contribution savings plan covering substantially all employees of the Company. Employees may contribute up to 15% of salary to the plan, of which the first 4% is contributed by the parent as a “safe harbor”, the parent then will match the next 4% employee contribution subject to a 50% Parent match. The Parent match is funded bi-weekly and the Company is not allocated expense for this. The Company has no legal obligation for benefits under this plan.

F. Multiemployer Plans

Not applicable

G. Consolidated/Holding Company Plans

No changes are being considered

H. Postemployment Benefits and Compensated Absences

The Company has no obligations to current or former employees for benefits after their employment but before their retirement other than for compensation related to earned vacation pay. The liability for earned but untaken vacation pay has been accrued.

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

(1) The Company has no postretirement benefit obligations under this act.

(2) Not applicable

(3)

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

(1) Outstanding Shares

The Company has 850 shares of \$10,000 par value common stock authorized and 100 shares issued and outstanding. The Company has no preferred stock authorized, issued or outstanding.

(2) Dividend Rate of Preferred Stock

Not applicable

(3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the state of Ohio to no more than 10% of unassigned surplus.

(4) Dates and Amounts of Dividends Paid

Under the insurance regulations of Ohio, the maximum amount of ordinary dividends that the Company may pay to shareholders in a twelve month period is limited to 10% of unassigned surplus. The Company received permission in both 2015 and 2014 to pay extraordinary dividends in the amount of \$4,500,000 from the Commissioner of Insurance of Ohio.

(5) Amount of Ordinary Dividends That May Be Paid

Other than the limitations described above in paragraph 3, there are no other limitations on the amount of ordinary dividends that may be paid other than the general restriction under the insurance regulations of Ohio that no dividend (ordinary or extraordinary) may be declared or paid from any source other than unassigned funds without approval of the Commissioner of Insurance of Ohio.

(6) Restrictions on Unassigned Funds

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

(7) Mutual Surplus Advances

Not applicable

(8) Company Stock Held for Special Purposes

Not applicable

(9) Changes in Special Surplus Funds

Not applicable

(10) The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses is: [\\$ 0](#)

(11) The reporting entity issued the following surplus debentures or similar obligations:

NOTES TO FINANCIAL STATEMENTS

Date Issued	Interest Rate	Par Value (Face Amount of Notes)	Carrying Value of Note*	Principal and/or Interest Paid Current Year	Total Principal and/or Interest Paid	Unapproved Principal and/or Interest	Date of Maturity
	%	\$	\$	\$	\$	\$	
Total	XXX	\$	\$	\$	\$	\$	XXX

* Total should agree with Page 3, Line 33.

(12) The impact of any restatement due to prior quasi-reorganizations is as follows:

Description (Year)	Change in Surplus	Change in Gross Paid in and Contributed Surplus
	\$	\$

(13) The effective dates of all quasi-reorganizations in the prior 10 years are: _____.

NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS

A. Contingent Commitments

- (1) Total SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, A Replacement of SSAP No. 88, and SSAP No. 48, Joint Ventures, Partnerships and Limited Liability Company contingent liabilities: \$.
- (2) Detail of other contingent commitments

Nature and Circumstances of Guarantee and Key Attributes, Including Date and Duration of Agreement	Liability Recognition of Guarantee, (Including Amount Recognized at Inception. If no Initial Recognition, Document Exception Allowed Under SSAP No. 5R)	Ultimate Financial Statement Impact if Action under the Guarantee is Required	Maximum Potential Amount of Future Payments (Undiscounted) the Guarantor could be Required to make under the Guarantee. If unable to Develop an Estimate, this Should be Specifically Noted	Current Status of Payment or Performance Risk of Guarantee. Also Provide Additional Discussion as Warranted
	\$		\$	
Total	\$	XXX	\$	XXX

(3)

a.	Aggregate maximum potential of future payments of all guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal the total of column 4 for (2) above.)			\$
b.	Current liability recognized in F/S			
	1.	Noncontingent liabilities		\$
	2.	Contingent liabilities		\$
c.	Ultimate financial statement impact if action under the guarantee is required			
	1.	Investments in SCA		\$
	2.	Joint Venture		
	3.	Dividends to stockholders (capital contribution)		
	4.	Expense		
	5.	Other		
	6.	Total (should equal (3)a)		\$

B. Assessments

- (1) Where Amount is Unknown Not applicable
Where Amount is Known Not applicable
- (2)

a.	Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year –end			\$
b.	Decreases current year:			\$
c.	Increases current year:			\$
d.	Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end			\$

C. Gain Contingencies

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

Club Insurance 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	\$

NOTES TO FINANCIAL STATEMENTS

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

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

(f) Per Claim [] (g) Per Claimant []

E. Product Warranties

- (1) Not applicable
- (2) Reconciliation of aggregate product warranty liability

a.	Product warranty liability beginning balance	\$
b.	Reductions for payments made under the warranty	
c.	Liability accrual for product warranties issued during the current period	
d.	Change in liability accrual for product warranties issued in previous period	
e.	Product warranty liability ending balance	\$

F. Joint and Several Liabilities

Not applicable

G. All Other Contingencies

Not applicable

NOTE 15 – LEASES

A. Lessee Operating Lease

- (1) Not applicable
- (2) Not applicable

a.	At January 1, 2016 the minimum aggregate rental commitments are as follows:	
		Operating Leases
	1.	2016
	2.	2017
	3.	2018
	4.	2019
	5.	2020
	6.	Total

- (3) Not applicable

B. Revenue, Net Income or Assets with Respect to Leases

- (1) For operating leases:

- a. Not applicable
- b. Not applicable

c.	Future minimum lease payment receivables under noncancelable leasing arrangements as of December 31 are as follows:	
		Operating Leases
	1.	2016
	2.	2017
	3.	2018
	4.	2019
	5.	2020
	6.	Total

- (d) Not applicable
- (2) For leveraged leases:
- (a) Not applicable
- (b) Not applicable

NOTES TO FINANCIAL STATEMENTS

		2015	2014
1.	Income from leveraged leases before income tax including investment tax credit	\$	\$
2.	Less current income tax		
3.	Net income from leveraged leases	\$	\$

(c) The components of the investment in leveraged leases at December 31, 2015 and 2014 were as shown below:

		2015	2014
1.	Lease contracts receivable (net of principal and interest on non-recourse financing)	\$	\$
2.	Estimated residual value of leased assets		
3.	Unearned and deferred income		
4.	Investment in leveraged leases		
5.	Deferred income taxes related to leveraged leases		
6.	Net investment in leveraged leases	\$	\$

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

1. The table below summarizes the face amount of the Company's financial instruments with off-balance sheet risk:

		Assets		Liabilities	
		2015	2014	2015	2014
a.	Swaps	\$	\$	\$	\$
b.	Futures				
c.	Options				
d.	Total	\$	\$	\$	\$

2. Not applicable

3. Not applicable

4. Not applicable

NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

A. Transfers of Receivables Reported as Sales

(1) Not applicable

(2) Not applicable

B. Transfer and Servicing of Financial Assets

(1) Not applicable

(2) Not applicable

(3) Not applicable

(4) Not applicable

(5) Not applicable

(6) Not applicable

(7) Not applicable

C. Wash Sales

(1) Not applicable

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2015 and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)
			\$	\$	\$

NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS

A. ASO Plans

NOTES TO FINANCIAL STATEMENTS

The gain from operations from Administrative Services Only (ASO) uninsured plans and he uninsured portion of partially insured plans was as follows during 2015:

		ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$	\$	\$
b.	Total net other income or expenses (including interest paid to or receive from plans)			
c.	Net gain or (loss) from operations			
d.	Total claim payment volume	\$	\$	\$

B. ASC Plans

The gain from operations from Administrative Services Contract (ASC) uninsured plans and he uninsured portion of partially insured plans was as follows during 2015:

		ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASCO
a.	Gross reimbursement for medical cost incurred	\$	\$	\$
b.	Gross administrative fees accrued			
c.	Other income or expenses (including interest paid to or received from plans)			
d.	Gross expenses incurred (claims and administrative)			
e.	Total net gain or loss from operations	\$	\$	\$

C. Medicare or Similarly Structured Cost Based Reimbursement Contract

- (1) Not applicable
- (2) Not applicable
- (3) Not applicable
- (4) Not applicable

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

Name and Address of Managing General Agent or Third Party Administrator	FEIN Number	Exclusive Contract	Types of Business Written	Types of Authority Granted	Total Direct Premiums Written/ Produced By
Total	XXX	XXX	XXX	XXX	\$

NOTE 20 – FAIR VALUE MEASUREMENTS

A.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
	\$	\$	\$	\$
Total	\$	\$	\$	\$

Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
	\$	\$	\$	\$
Total	\$	\$	\$	\$

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

	Beginning Balance at 1/1/2015	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2015
a. Assets	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

	Beginning Balance at 1/1/2015	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2015
b. Liabilities	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

- (3) Not applicable
- (4) Not applicable
- (5) Not applicable

B. Not applicable

C. Not applicable

NOTES TO FINANCIAL STATEMENTS

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
	\$	\$	\$	\$	\$	\$

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
	\$	%		

NOTE 21 – OTHER ITEMS

A. Unusual or Infrequent Items

Beginning October 1, 2014 the Company began non-renewing PAI, DBE and MEE products and offered policyholders an alternative Accident Medical Plan (AMP), underwritten by CHUBB Insurance. The non-renewal process was completed by September 30, 2015. Beginning January 1, 2015 the Company began a non-renewal process for the Club Travel Accident policy with policyholders being offered an alternative Travel Accident policy underwritten by Hartford Insurance Company. The process was completed by year end 2015.

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

- (1) Carrying Value of Transferable and Non-Transferable State Tax Credits Gross of any Related Tax Liabilities and Total Unused Transferable and Non-Transferable State Tax Credits by State and in Total

Description of State Transferable and Non-Transferable Tax Credits	State	Carrying Value	Unused Amount
		\$	\$
Total		\$	\$

- (2) Method of Estimating Utilization of Remaining Transferable and Non-Transferable State Tax Credits

- (3) Impairment Loss

- (4) State Tax Credits Admitted and Nonadmitted

		Total Admitted	Total Nonadmitted
a.	Transferable	\$	\$
b.	Non-Transferable	\$	\$

F. Subprime Mortgage Related Risk Exposure

- (1) Not applicable

- (2) Direct Exposure Through Investments in Subprime Mortgage Loans

		Book/Adjusted Carrying Value (Excluding Interest)	Fair Value	Value of Land and Buildings	Other-Than-Temporary Impairment Losses Recognized	Default Rate
a.	Mortgages in the process of foreclosure	\$	\$	\$	\$	%
b.	Mortgages in good standing					%
c.	Mortgages with restored terms					%
d.	Total	\$	\$	\$	\$	XXX

- (3) Direct Exposure Through Other Investments

		Actual Cost	Book/Adjusted Carrying Value (Excluding Interest)	Fair Value	Other-Than-Temporary Impairment Losses Recognized
a.	Residential mortgage backed securities	\$	\$	\$	\$
b.	Commercial mortgage backed securities				
c.	Collateralized debt obligations				
d.	Structured securities				
e.	Equity investments in SCAs*				
f.	Other assets				
g.	Total	\$	\$	\$	\$

* These investments comprise % of the company's invested assets.

- (4) Underwriting Exposure to Subprime Mortgage Risk Through Mortgage Guaranty or Financial Guaranty Insurance Coverage

NOTES TO FINANCIAL STATEMENTS

		Losses Paid in the Current Year	Losses Incurred in the Current Year	Case Reserves at end of Current Period	IBNR Reserves at End of Current Period
a.	Mortgage guaranty coverage	\$	\$	\$	\$
b.	Financial guaranty coverage				
c.	Other lines (specify):				
d.	Total	\$	\$	\$	\$

G. Not applicable

NOTE 22 – EVENTS SUBSEQUENT

A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)? Yes [] No [X]

B.	ACA fee assessment payable for the upcoming year	\$	\$
C	ACA fee assessment paid		
D.	Premium written subject to ACA 9010 assessment		
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 30)	3,917,633	
F.	Total adjusted capital (Five-Year Historical Line 30 minus 22B above)	3,917,633	
G.	Authorized control level after surplus adjustment (Five-Year Historical Line 31)	\$ 26,323	

H. Would reporting the ACA assessment as of December 31, 2015 have triggered an RBC action level (YES/NO)? Yes [] No [X]

NOTE 23 – REINSURANCE

A. Unsecured Reinsurance Recoverables Not applicable

B. Reinsurance Recoverable in Dispute Not applicable

Name of Reinsurer	Total Amount in Dispute (Including IBNR)	Notification	Arbitration	Litigation
	\$	\$	\$	\$

C. Reinsurance Assumed and Ceded

(1) Not applicable

		Assumed Reinsurance		Ceded Reinsurance		Net	
		Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a.	Affiliates	\$	\$	\$	\$	\$	\$
b.	All Other						
c.	Total	\$	\$	\$	\$	\$	\$
d.	Direct Unearned Premium Reserves	\$					

(2) Not applicable

		Direct	Assumed	Ceded	Net
a.	Contingent commission	\$	\$	\$	\$
b.	Sliding scale adjustments				
c.	Other profit commission arrangements				
d.	Total	\$	\$	\$	\$

(3) Not applicable

Protected Cell Name	Covered Exposure	Ultimate Exposure Amount	Fair Value of Assets as of December 31	Initial Contact Date of Securitization Instrument	Maturity Date of Securitized Instrument
		\$	\$		
Total	XXX	\$	\$	XXX	XXX

D. Uncollectible Reinsurance

(1) The Company has written off in the current year reinsurance balance dues (from the companies listed below) in the amount of \$ which is reflected as:

a.	Losses incurred	\$
b.	Loss adjustment expenses incurred	\$
c.	Premiums earned	\$
d.	Other	\$
e.	Company	Amount
		\$

E. Commutation of Ceded Reinsurance

NOTES TO FINANCIAL STATEMENTS

The Company has reported in its operations in the current year as a result of commutation of reinsurance with the companies listed below, amounts that are reflected as:

(1)	Losses incurred	\$
(2)	Loss adjustment expenses incurred	\$
(3)	Premiums earned	\$
(4)	Other	\$
(5)	Company	Amount
		\$

F. Retroactive Reinsurance

(1) Not applicable

As:			Reported Company		
			Assumed	Ceded	
a.	Reserves Transferred:				
	1.	Initial Reserves	\$	\$	
	2.	Adjustments – Prior Year(s)			
	3.	Adjustments – Current Year			
	4.	Current Total	\$	\$	
b.	Consideration Paid or Received:				
	1.	Initial Consideration	\$	\$	
	2.	Adjustments – Prior Year(s)			
	3.	Adjustments – Current Year			
	4.	Current Total	\$	\$	
c.	Paid Losses Reimbursed or Recovered:				
	1.	Prior Year(s)	\$	\$	
	2.	Current Year			
	3.	Current Total	\$	\$	
d.	Special Surplus from Retroactive Reinsurance:				
	1.	Initial Gain or Loss	\$	\$	
	2.	Adjustments – Prior Year(s)			
	3.	Adjustments – Current Year			
	4.	Current Year Restricted Surplus			
	5.	Cumulative Total Transferred to Unassigned Funds	\$	\$	
e.	All cedents and reinsurers involved in all transactions included in summary totals above.				
	Company		Assumed Amount	Ceded Amount	
			\$	\$	
	Total		\$	\$	
f.	1.	Authorized Reinsurers			
		Company	Total Paid/Loss/LAE Recoverable	Amounts Over 90 Days Overdue	
			\$	\$	
		Total	\$	\$	
	2.	Unauthorized Reinsurers			
		Company	Total Paid/Loss/LAE Recoverable	Amounts Over 90 Days Overdue	Collateral Held
			\$	\$	\$
		Total	\$	\$	\$
	3.	Certified Reinsurers			
		Company	Total Paid/Loss/LAE Recoverable	Amounts Over 90 Days Overdue	Collateral Held
			\$	\$	\$
		Total	\$	\$	\$

G. Reinsurance Accounted for as a Deposit

Description	Interest Income	Cash Recoveries	Deposit Balance
	\$	\$	\$

H. Disclosures for the Transfer of Property and Casualty Run-off Agreements

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation

Name of Certified Reinsurer	Relationship to Reporting Entity	Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Received)
				%	%	\$	\$

(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation

a.

Date of Action	Jurisdiction of Action	Before	After	Net Obligation Subject to Collateral	Collateral Required (But Not Yet Funded)
		%	%	\$	\$

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDTERMINATION

A. Not applicable

B. Not applicable

NOTES TO FINANCIAL STATEMENTS

- C. Not applicable
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act.

		1	2	3	4	5
		Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year						
(1)	Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(2)	Medical loss ratio rebates paid	\$	\$	\$	\$	\$
(3)	Medical loss ratio rebates unpaid	\$	\$	\$	\$	\$
(4)	Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$
(5)	Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$
(6)	Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$
Current Reporting Year-to-Date						
(7)	Medical loss ratio rebates incurred	\$	\$	\$	\$	\$
(8)	Medical loss ratio rebates paid	\$	\$	\$	\$	\$
(9)	Medical loss ratio rebates unpaid	\$	\$	\$	\$	\$
(10)	Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	\$
(11)	Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	\$
(12)	Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$

- E. Nonadmitted Retrospective Premium

- (1) For Ten Percent (10%) Method of determining Nonadmitted Retrospective Premium

a.	Total accrued retro premium	\$
b.	Unsecured amount	
c.	Less: Nonadmitted amount (10%)	
d.	Less: Nonadmitted amount for any person for whom agents' balances or uncollected premiums are nonadmitted	
e.	Admitted amount (a) – (c) – (d)	\$

- (2) For Quality Rating Method of Determining Nonadmitted Retrospective Premium

	Insured's Current Quality Rating	(1) Total Amount	(2) Unsecured Balances	%	(3) Nonadmitted Amount (2) x %	(4) Admitted Amount (1) – (3)
a.	1	\$	\$	0.010	\$	\$
b.	2			0.020		
c.	3			0.050		
d.	4			0.100		
e.	5			0.200		
f.	6			1.000		
g.	Nonadmitted for any person for whom agents' balances or uncollected premiums are nonadmitted					
h.	Total (a) through (f) – (g)	\$	\$		\$	\$

- F. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions
- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

a.	Permanent ACA Risk Adjustment Program		AMOUNT
	Assets		
	1.	Premium adjustments receivable due to ACA Risk Adjustment	\$
	Liabilities		
	2.	Risk adjustment user fees payable for ACA Risk Adjustment	\$
	3.	Premium adjustments payable due to ACA Risk Adjustment	\$
	Operations (Revenue & Expenses)		
	4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$
	5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	\$
b.	Transitional ACA Reinsurance Program		
	Assets		
	1.	Amounts recoverable for claims paid due to ACA Reinsurance	\$
	2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)	\$
	3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$

NOTES TO FINANCIAL STATEMENTS

	Liabilities	
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$
5.	Ceded reinsurance premiums payable due to ACA Reinsurance	\$
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$
	Operations (Revenue & Expenses)	
7.	Ceded reinsurance premiums due to ACA Reinsurance	\$
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$
9.	ACA Reinsurance contributions – not reported as ceded premium	\$
c.	Temporary ACA Risk Corridors Program	
	Assets	
1.	Accrued retrospective premium due to ACA Risk Corridors	\$
	Liabilities	
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$
	Operations (Revenue & Expenses)	
3.	Effect of ACA Risk Corridors on net premium income (paid/received)	\$
4.	Effect of ACA Risk Corridors on change in reserves for rate credits	\$

(3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
						5	6	7	8	9	10	11
						Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
1.	Premium adjustments receivable	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2.	Premium adjustments (payable)									B		
3.	Subtotal ACA Permanent Risk Adjustment Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
b.												
1.	Amounts recoverable for claims paid	\$	\$	\$	\$	\$	\$	\$	\$	C	\$	\$
2.	Amounts recoverable for claims unpaid (contra liability)									D		
3.	Amounts receivable relating to uninsured plans									E		
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums									F		
5.	Ceded reinsurance premiums payable									G		
6.	Liability for amounts held under uninsured plans									H		
7.	Subtotal ACA Transitional Reinsurance Program	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$
c.												
1.	Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	I	\$	\$
2.	Reserve for rate credits or policy experience rating refunds									J		
3.	Subtotal ACA Risk Corridors Program											
d.	Total for ACA Risk Sharing Provisions	\$	\$	\$	\$	\$	\$	\$	\$		\$	\$

Explanations of Adjustments

- A.
- B.
- C.
- D.
- E.
- F.
- G.
- H.
- I.
- J.

NOTES TO FINANCIAL STATEMENTS

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

The estimated cost of loss and loss adjustment expenses attributable to insured events of prior years increased by \$24,679 during 2015 from \$40,123 to \$64,802 as a result of re-estimation of unpaid losses and loss adjustment expenses. This decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. However, the net impact was not significant on surplus.

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS

- A. Not applicable
- B. Not applicable
- C. Not applicable
- D. Not applicable
- E. Not applicable
- F. Not applicable
- G. Not applicable

NOTE 27 – STRUCTURED SETTLEMENTS

A.

Loss Reserves Eliminated by Annuities	Unrecorded Loss Contingencies
\$	\$

B.

Life Insurance Company and Location	Licensed in Company's State of Domicile YES/NO	Statement Value (i.e. Present Value) of Annuities
		\$

NOTE 28 – HEALTH CARE RECEIVABLES

A. Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 180 Days After Billing
	\$	\$	\$	\$	\$

B. Risk Sharing Receivables

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed	Actual Risk Sharing Amounts Received in Year Billed	Actual Risk Sharing Amounts Received First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other
0	0	\$	\$	\$	\$	\$	\$	\$	\$

NOTE 29 – PARTICIPATING POLICIES

NOTE 30 – PREMIUM DEFICIENCY RESERVES

1. Liability carried for premium deficiency reserve: \$
2. Date of most recent evaluation of this liability: January 24, 2016
3. Was anticipated investment income utilized in the calculation? YES

NOTE 31 – HIGH DEDUCTIBLES

Not applicable

NOTE 32 – DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

A. Tabular Discount

		Tabular Discount Included in Schedule P, Part 1	
		Case	IBNR
1.	Homeowners/Farmowners	\$	\$
2.	Private Passenger Auto Liability/Medical		

NOTES TO FINANCIAL STATEMENTS

3.	Commercial Auto/Truck Liability/Medical		
4.	Workers' Compensation		
5.	Commercial Multiple Peril		
6.	Medical Professional Liability-Occurrence		
7.	Medical Professional Liability-Claims-Made		
8.	Special Liability		
9.	Other Liability-Occurrence		
10.	Other Liability-Claims Made		
11.	Special Property		
12.	Auto Physical Damage		
13.	Fidelity, Surety		
14.	Other (including credit, A&H)		
15.	International		
16.	Reinsurance Nonproportional Assumed Property		
17.	Reinsurance Nonproportional Assumed Liability		
18.	Reinsurance Nonportional Assumed Financial Lines		
19.	Products Liability-Occurrence		
20.	Products Liability-Claims-Made		
21.	Financial Guaranty/Mortgage Guaranty		
22.	Warranty		
23.	Total	\$	\$

B. Nontabular Discount

		Case	IBNR	Defense and Cost Containment Expense	Adjusting and Other Expense
1.	Homeowners/Farmowners	\$	\$	\$	\$
2.	Private Passenger Auto Liability/Medical				
3.	Commercial Auto/Truck Liability/Medical				
4.	Workers' Compensation				
5.	Commercial Multiple Peril				
6.	Medical Professional Liability-Occurrence				
7.	Medical Professional Liability-Claims-Made				
8.	Special Liability				
9.	Other Liability-Occurrence				
10.	Other Liability-Claims Made				
11.	Special Property				
12.	Auto Physical Damage				
13.	Fidelity, Surety				
14.	Other (including credit, A&H)				
15.	International				
16.	Reinsurance Nonproportional Assumed Property				
17.	Reinsurance Nonproportional Assumed Liability				
18.	Reinsurance Nonportional Assumed Financial Lines				
19.	Products Liability-Occurrence				

NOTES TO FINANCIAL STATEMENTS

20.	Products Liability-Claims-Made				
21.	Financial Guaranty/Mortgage Guaranty				
22.	Warranty				
23.	Total	\$	\$	\$	\$

C. Not applicable

NOTE 33 – ASBESTOS/ENVIRONMENTAL RESERVES

A. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to asbestos losses?

(1) Direct

	2011	2012	2013	2014	2015
a. Beginning reserves (including Case, Bulk + IBNR Loss & LAE)	\$	\$	\$	\$	\$
b. Incurred losses and loss adjustment expense					
c. Calendar year payments for losses and loss adjustment expenses					
d. Ending reserves (including Case, Bulk + IBNR Loss & LAE)	\$	\$	\$	\$	\$

(2) Assumed Reinsurance

	2011	2012	2013	2014	2015
a. Beginning reserves (including Case, Bulk + IBNR Loss & LAE)	\$	\$	\$	\$	\$
b. Incurred losses and loss adjustment expense					
c. Calendar year payments for losses and loss adjustment expenses					
d. Ending reserves (including Case, Bulk + IBNR Loss & LAE)	\$	\$	\$	\$	\$

(3) Net of Ceded Reinsurance

	2011	2012	2013	2014	2015
a. Beginning reserves (including Case, Bulk + IBNR Loss & LAE)	\$	\$	\$	\$	\$
b. Incurred losses and loss adjustment expense					
c. Calendar year payments for losses and loss adjustment expenses					
d. Ending reserves (including Case, Bulk + IBNR Loss & LAE)	\$	\$	\$	\$	\$

B. State the amount of the ending reserves for Bulk and IBNR included in A (Loss and LAE)

(1)	Direct basis	\$
(2)	Assumed reinsurance basis	
(3)	Net of ceded reinsurance basis	\$

C. State the amount of the ending reserves for loss adjustment expenses included in A (Case, Bulk and IBNR)

(1)	Direct basis	\$
(2)	Assumed reinsurance basis	
(3)	Net of ceded reinsurance basis	\$

D. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to environmental losses?

(1) Direct

	2011	2012	2013	2014	2015
a. Beginning reserves	\$	\$	\$	\$	\$
b. Incurred losses and loss adjustment expense					
c. Calendar year payments for losses and loss adjustment expenses					
d. Ending reserves	\$	\$	\$	\$	\$

(2) Assumed Reinsurance

	2011	2012	2013	2014	2015
a. Beginning reserves	\$	\$	\$	\$	\$
b. Incurred losses and loss adjustment expense					

NOTES TO FINANCIAL STATEMENTS

c.	Calendar year payments for losses and loss adjustment expenses					
d.	Ending reserves	\$	\$	\$	\$	\$

(3) Net of Ceded Reinsurance

		2011	2012	2013	2014	2015
a.	Beginning reserves					
b.	Incurred losses and loss adjustment expense					
c.	Calendar year payments for losses and loss adjustment expenses					
d.	Ending reserves					

E. State the amount of the ending reserves for Bulk and IBNR included in D (Loss and LAE)

(1)	Direct basis	\$
(2)	Assumed reinsurance basis	
(3)	Net of ceded reinsurance basis	\$

F. State the amount of the ending reserves for loss adjustment expenses included in D (Case, Bulk and IBNR)

(1)	Direct basis	\$
(2)	Assumed reinsurance basis	
(3)	Net of ceded reinsurance basis	\$

NOTE 34 – SUBSCRIBER SAVINGS ACCOUNTS

Not applicable

NOTE 35 – MULTIPLE PERIL CROP INSURANCE

Not applicable

NOTE 36 – FINANCIAL GUARANTY INSURANCE

A. Not applicable

(1) Financial guarantee insurance contracts where premiums are received as installment payments over the period of the contract, rather than at inception:

(b) Schedule of premiums (undiscounted) expected to be collected under all installment contracts:

1.	(a)	1st Quarter 2015	\$
	(b)	2nd Quarter 2015	\$
	(c)	3rd Quarter 2015	\$
	(d)	4th Quarter 2015	\$
	(e)	Year 2016	\$
	(f)	Year 2017	\$
	(g)	Year 2018	\$
	(h)	Year 2019	\$
2.	(a)	2020 through 2024	\$
	(b)	2025 through 2029	\$
	(c)	2030 through 2034	\$
	(d)	2035 through 2039	\$
	(e)	2040 through 2044	\$
	(f)	2045 through 2049	\$
	(g)	2050 through 2054	\$
	(h)	2055 through 2059	\$
	(i)	2060 through 2064	\$
	(j)	2065 through 2069	\$
	(k)	2070 through 2074	\$
	(l)	2075 through 2079	\$

NOTES TO FINANCIAL STATEMENTS

(m)	2080 through 2084	\$
(n)	2085 through 2089	\$
(o)	2090 through 2094	\$
(p)	2095 through 2099	\$
(q)	2100 through 2104	\$
(r)	2105 through 2109	\$
(s)	2110 through 2114	\$
(t)	2115 through 2119	\$
(u)	2120 through 2124	\$
(v)	2125 through 2129	\$
(w)	2130 through 2134	\$
(x)	2135 through 2139	\$
(y)	2140 through 2144	\$

(c) Roll forward of the expected future premiums (undiscounted), including:

1.	Expected future premiums – beginning of year	\$
2.	Less: Premium payments received for existing installment contracts	\$
3.	Add: Expected premium payments for new installment contracts	\$
4.	Adjustments to the expected future premium payments	\$
5.	Expected future premiums – end of year	\$

(2) Non-installment contracts for which premium revenue recognition has been accelerated:

(b) Schedule of the future expected earned premium revenue on non-installment contracts as of the latest date of the statement of financial position:

1.	(a)	1 st Quarter 2015	\$
	(b)	2 nd Quarter 2015	\$
	(c)	3 rd Quarter 2015	\$
	(d)	4 th Quarter 2015	\$
	(e)	Year 2016	\$
	(f)	Year 2017	\$
	(g)	Year 2018	\$
	(h)	Year 2019	\$
2.	(a)	2020 through 2024	\$
	(b)	2025 through 2029	\$
	(c)	2030 through 2034	\$
	(d)	2035 through 2039	\$
	(e)	2040 through 2044	\$
	(f)	2045 through 2049	\$
	(g)	2050 through 2054	\$
	(h)	2055 through 2059	\$
	(i)	2060 through 2064	\$
	(j)	2065 through 2069	\$
	(k)	2070 through 2074	\$

NOTES TO FINANCIAL STATEMENTS

	(l)	2075 through 2079	\$
	(m)	2080 through 2084	\$
	(n)	2085 through 2089	\$
	(o)	2090 through 2094	\$
	(p)	2095 through 2099	\$
	(q)	2100 through 2104	\$
	(r)	2105 through 2109	\$
	(s)	2110 through 2114	\$
	(t)	2115 through 2119	\$
	(u)	2120 through 2124	\$
	(v)	2125 through 2129	\$
	(w)	2130 through 2134	\$
	(x)	2135 through 2139	\$
	(y)	2140 through 2144	\$

(3) Claim Liability

(b) Significant components of the change in the claim liability for the period:

1.	Accretion of the discount	\$
2.	Changes in timing	
3.	New reserves for defaults of insured contracts	
4.	Change in deficiency reserves	
5.	Change in incurred but not reported claims	
6.	Total	\$

(4) Not applicable

B. Schedule of Insured Financial Obligations at the End of the Period:

		Surveillance Categories				
		A	B	C	D	Total
(1)	Number of policies					
(2)	Remaining weighted average contract period (in years)					XXX
(3)	Insured contractual payments outstanding:					
	a. Principal	\$	\$	\$	\$	\$
	b. Interest					
	c. Total	\$	\$	\$	\$	\$
(4)	Gross claim liability	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
Less						
(5)	a. Gross potential recoveries	\$	\$	\$	\$	\$
	b. Discount, net					
(6)	Net claim liability	\$	\$	\$	\$	\$
(7)	Unearned premium revenue	\$	\$	\$	\$	\$
(8)	Reinsurance recoverables	\$	\$	\$	\$	\$

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?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes [X] No []

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? Ohio

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.

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.

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).

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 [X] No [] N/A []

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [X] 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 [X] No []

4.22

renewals?

Yes [X] No []

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

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

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(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact).

1	2
Nationality	Type of Entity

8.1

Is the company a subsidiary of a bank holding company regulated with 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 the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
GBQ Partners LLC, 230 West St. Columbus OH 43215

10.1

Has the insurer been granted an exemptions to the prohibited non-audit services provided by the certified independent public account 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 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 complied 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:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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?
Jeff Scholl, Oliver Wyman Acturial Consulting, 325 John H McConnell Blvd, Columbus OH 43215 Independent actury associated with outside firm
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [☐]No [☒]

12.11

Name of real estate holding company

12.12

Number of parcels involved

0

12.13

Total book/adjusted carrying value

\$0
- 12.2

If yes, provide explanation
13.

FOR UNITED STATES BRANCES 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 [☒]No [☐]

(a)

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

(b)

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

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

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

(e)

Accountability for adherence to the code.
- 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 [☐]No [☒]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐]No [☒]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).
- 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 [☒]
- 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	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	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 subordinator committee thereof?

Yes [☒]No [☐]
17.

Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors an all subordinator committees thereof?

Yes [☒]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 or is likely to conflict with the official duties of such person?

Yes [☒]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 [☒]
- 20.1

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

20.11

To directors or other officers

\$0

20.12

To stockholders not officers

\$0

20.13

Trustees, supreme or grand (Fraternal only)

\$0
- 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

\$0

20.22

To stockholders not officers

\$0

20.23

Trustees, supreme or grand (Fraternal only)

\$0
- 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 reporting in the statement?

Yes [☐]No [☒]
- 21.2

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

21.21

Rented from others

\$0

21.22

Borrowed from others

\$0

21.23

Leased from others

\$0

21.24

Other

\$0
- 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 [☒]
- 22.2

If answer is yes:

22.21

Amount paid as losses or risk adjustment

\$0

22.22

Amount paid as expenses

\$0

22.23

Other amounts paid

\$0
- 23.1

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

Yes [☐]No [☒]
- 23.2

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

\$0

INVESTMENT

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

24.01

Were all of 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 [X] N/A []

24.05

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

\$ 0

24.06

If answer to 24.04 is no, report amount of collateral for other programs

\$ 0

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]

24.10

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

24.101

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$ 0

24.102

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

\$ 0

24.103

Total payable for securities lending reported on the liability page:

\$ 0

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 current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)

Yes [] No [X]

25.2

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

25.21

Subject to repurchase agreements

\$ 0

25.22

Subject to reverse repurchase agreements

\$ 0

25.23

Subject to dollar repurchase agreements

\$ 0

25.24

Subject to reverse dollar repurchase agreements

\$ 0

25.25

Placed under option agreements

\$ 0

25.26

Letter stock or securities restricted as sale – excluding FHLB Capital Stock

\$ 0

25.27

FHLB Capital Stock

\$ 0

25.28

On deposit with states

\$ 0

25.29

On deposit with other regulatory bodies

\$ 0

25.30

Pledged as collateral – excluding collateral pledged to an FHLB

\$ 0

25.31

Pledged as collateral to FHLB – including assets backing funding agreements

\$ 0

25.32

Other

\$ 0

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?
If no, attach a description with this statement.

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

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 of the current year:

\$ 0

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

1 Name of Custodian(s)	2 Custodian Address

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

1 Central Registration Depository	2 Name(s)	3 Address

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:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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 Holdings	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	3,661,673	0	(3,661,673)
30.2	Preferred Stocks	0	0	0
30.3	Totals	3,661,673	0	(3,661,673)

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

Our investment manager provides end of month/year reporting listing current market price for all publicly traded investment in our portfolio

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 [X] No []

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 [X] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliance 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:

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

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? \$ 35,348

34.2 List the name of the firm and the amount paid if any such payment represented25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Thompson Hine LLP	\$ 35,348

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

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
	\$

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

16

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

7.2	If yes, indicate the number of reinsurance contracts containing such provisions.				0
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 noncancellable 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 31 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 (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 (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	[X] No []
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances 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	[]	No	[] N/A [X]
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 assets schedule, Page 2, state the amount of corresponding liabilities recorded for: 12.11 Unpaid losses 12.12 Unpaid underwriting expenses (including loss adjustment expenses)	\$			0
		\$			0
12.2	Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	\$			0
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	[] N/A [X]
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 current year: 12.61 Letters of Credit 12.62 Collateral and other funds	\$			0
		\$			0
13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$			0
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.				

GENERAL INTERROGATORIES

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

14.1

Is the company a cedant in a multiple cedant reinsurance contract?

Yes [☐] No [☒]

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 [☒]

15.2

If yes, give full information

16.1

Does the reporting entity write any warranty business?

Yes [☐] No [☒]

If yes, disclose the following information for each of the following types of warranty coverage:

		1		2		3		4		5
		Direct Losses		Direct Losses		Direct Written		Direct Premium		Direct Premium
		Incurred		Unpaid		Premium		Unearned		Earned
16.11	Home	\$	0	\$	0	\$	0	\$	0	0
16.12	Products	\$	0	\$	0	\$	0	\$	0	0
16.13	Automobile	\$	0	\$	0	\$	0	\$	0	0
16.14	Other*	\$	0	\$	0	\$	0	\$	0	0

* Disclose type of coverage:

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 [☒]

Included 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	\$	0
17.12	Unfunded portion of Interrogatory 17.11	\$	0
17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$	0
17.14	Case reserves portion of Interrogatory 17.11	\$	0
17.15	Incurred but not reported portion of Interrogatory 17.11	\$	0
17.16	Unearned premium portion of Interrogatory 17.11	\$	0
17.17	Contingent commission portion of Interrogatory 17.11	\$	0

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	\$	0
17.19	Unfunded portion of Interrogatory 17.18	\$	0
17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$	0
17.21	Case reserves portion of Interrogatory 17.18	\$	0
17.22	Incurred but not reported portion of Interrogatory 17.18	\$	0
17.23	Unearned premium portion of Interrogatory 17.18	\$	0
17.24	Contingent commission portion of Interrogatory 17.18	\$	0

18.1

Do you act as a custodian for health savings accounts?

Yes [☐] No [☒]

18.2

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

\$

0

18.3

Do you act as an administrator for health savings accounts?

Yes [☐] No [☒]

18.4

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

\$

0

16.2

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
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
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).....					
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	6,106	853,671	1,282,229	1,355,811	1,400,765
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
6. Total (Line 35).....	6,106	853,671	1,282,229	1,355,811	1,400,765
Net Premiums Written (Page 8, Part 1B, Col. 6)					
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).....	6,106	853,671	1,282,229	1,355,811	1,400,765
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
12. Total (Line 35).....	6,106	853,671	1,282,229	1,355,811	1,400,765
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	(12,017)	438,346	432,543	345,400	373,822
14. Net investment gain (loss) (Line 11).....	98,331	573,208	498,003	509,282	661,646
15. Total other income (Line 15).....	60,000				
16. Dividends to policyholders (Line 17).....					
17. Federal and foreign income taxes incurred (Line 19).....	27,000	318,000	313,000	287,000	357,000
18. Net income (Line 20).....	119,314	693,554	617,546	567,682	678,468
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	4,002,336	10,422,797	13,574,011	13,663,196	13,631,961
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....		85,836	151,823	148,843	141,900
20.2 Deferred and not yet due (Line 15.2).....					
20.3 Accrued retrospective premiums (Line 15.3).....					
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	84,703	2,147,919	1,095,254	1,067,685	1,088,561
22. Losses (Page 3, Line 1).....	15,860	79,075	86,847	133,561	200,223
23. Loss adjustment expenses (Page 3, Line 3).....					
24. Unearned premiums (Page 3, Line 9).....		312,556	664,622	703,184	729,875
25. Capital paid up (Page 3, Lines 30 & 31).....	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
26. Surplus as regards policyholders (Page 3, Line 37).....	3,917,633	8,274,878	12,478,757	12,595,511	12,543,400
Cash Flow (Page 5)					
27. Net cash from operations (Line 11).....	(51,100)	104,748	364,227	273,343	182,101
Risk-Based Capital Analysis					
28. Total adjusted capital.....	3,917,633	8,274,878	12,478,757	12,595,511	12,543,400
29. Authorized control level risk-based capital.....	26,323	135,616	285,741	251,680	245,387
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1).....	92.4	74.5	72.6	74.2	75.4
31. Stocks (Lines 2.1 & 2.2).....		11.1	22.8	20.1	19.4
32. Mortgage loans on real estate (Lines 3.1 & 3.2).....					
33. Real estate (Lines 4.1, 4.2 & 4.3).....					
34. Cash, cash equivalents and short-term investments (Line 5).....	7.6	14.4	4.6	5.7	5.2
35. Contract loans (Line 6).....					
36. Derivatives (Line 7).....					
37. Other invested assets (Line 8).....					
38. Receivable for securities (Line 9).....					
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
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1).....					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1).....					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1).....					
45. Affiliated short-term investments (subtotals included in Schedule DA, Verification, Column 5, Line 10).....					
46. Affiliated mortgage loans on real estate.....					
47. All other affiliated.....					
48. Total of above lines 42 to 47.....	0	0	0	0	0
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).....	0.0				

FIVE-YEAR HISTORICAL DATA

(Continued)

	1	2	3	4	5
	2015	2014	2013	2012	2011
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24).....	(187,391)	(565,809)	335,571	282,468	(240,024)
52. Dividends to stockholders (Line 35).....	(4,500,000)	(4,500,000)	(952,757)	(700,000)	(700,000)
53. Change in surplus as regards policyholders for the year (Line 38).....	(4,357,245)	(4,203,880)	(116,754)	52,111	(183,948)
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
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).....			360	20,124	92,267
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....			452	(86)	(1,505)
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	77,283	82,487	191,702	289,121	266,878
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
59. Total (Line 35).....	77,283	82,487	192,514	309,159	357,640
Net Losses Paid (Page 9, Part 2, Col. 4)					
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).....			360	20,124	92,267
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....			452	(86)	(1,505)
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).....	77,283	82,487	191,702	289,121	266,878
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
65. Total (Line 35).....	77,283	82,487	192,514	309,159	357,640
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1).....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2).....	4.4	6.2	11.0	17.5	8.6
68. Loss expenses incurred (Line 3).....	22.0	9.7	8.8	8.9	9.3
69. Other underwriting expenses incurred (Line 4).....	77.4	47.7	47.4	48.6	55.4
70. Net underwriting gain (loss) (Line 8).....	(3.8)	36.4	32.7	25.0	26.7
Other Percentages					
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).....	3,056.2	67.4	48.8	49.6	55.4
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	26.4	15.9	19.8	26.4	18.0
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).....	0.2	10.3	10.3	10.8	11.2
One Year Loss Development (000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	(12)	(40)	(68)	(88)	(208)
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).....	(0.1)	(0.3)	(0.5)	(0.7)	(1.6)
Two Year Loss Development (000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....	(47)	(75)	(111)	(222)	(264)
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).....	(0.4)	(0.6)	(0.9)	(1.7)	(2.1)

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:

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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX.....	XXX.....	XXX.....								0	XXX.....
2. 2006.....	2,355.....		2,355.....	466.....				56.....		25.....	522.....	XXX.....
3. 2007.....	2,499.....		2,499.....	720.....				63.....		50.....	783.....	XXX.....
4. 2008.....	2,756.....		2,756.....	985.....				70.....		53.....	1,055.....	XXX.....
5. 2009.....	2,161.....		2,161.....	533.....	99.....			55.....		41.....	489.....	XXX.....
6. 2010.....	1,524.....		1,524.....	261.....				44.....			305.....	XXX.....
7. 2011.....	1,402.....		1,402.....	242.....				118.....			360.....	XXX.....
8. 2012.....	1,383.....		1,383.....	279.....				117.....			396.....	XXX.....
9. 2013.....	1,321.....		1,321.....	174.....				116.....			290.....	XXX.....
10. 2014.....	1,206.....		1,206.....	107.....				117.....			224.....	XXX.....
11. 2015.....	319.....		319.....	12.....				70.....			82.....	XXX.....
12. Totals.....	XXX.....	XXX.....	XXX.....	3,779.....	99.....	0.....	0.....	826.....	0.....	169.....	4,506.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding- Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		.....0	XXX.....
2. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		.....0	XXX.....
3. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		.....0	XXX.....
4. 2008.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		.....0	XXX.....
5. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		.....0	XXX.....
6. 2010.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		.....0	XXX.....
7. 2011.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		.....0	XXX.....
8. 2012.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		.....0	XXX.....
9. 2013.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		.....0	XXX.....
10. 2014.....	2.....	.....	.....	.....	.....	.....	.....	.....	.....	.....		.....2	XXX.....
11. 2015.....	8.....	.....	.....6.....	.....	.....	.....	.....	.....	.....	.....		.....14	XXX.....
12. Totals...	10.....	0.....	6.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	16.....	XXX.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	0	0
2. 2006.	522.....	0.....	522.....	22.2.....	0.0.....	22.2.....				0	0
3. 2007.	783.....	0.....	783.....	31.3.....	0.0.....	31.3.....				0	0
4. 2008.	1,055.....	0.....	1,055.....	38.3.....	0.0.....	38.3.....				0	0
5. 2009.	588.....	99.....	489.....	27.2.....	0.0.....	22.6.....				0	0
6. 2010.	305.....	0.....	305.....	20.0.....	0.0.....	20.0.....				0	0
7. 2011.	360.....	0.....	360.....	25.7.....	0.0.....	25.7.....				0	0
8. 2012.	396.....	0.....	396.....	28.6.....	0.0.....	28.6.....				0	0
9. 2013.	290.....	0.....	290.....	22.0.....	0.0.....	22.0.....				0	0
10. 2014.	226.....	0.....	226.....	18.7.....	0.0.....	18.7.....				2	0
11. 2015.	96.....	0.....	96.....	30.1.....	0.0.....	30.1.....				14	0
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	16.....	0.....

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

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	One Year	Two Year
1. Prior.....	82	15	17	17	17	17	17	17	17	17	0	0
2. 2006.....	635	493	469	466	468	466	466	466	466	466	0	0
3. 2007.....	XXX	866	755	727	725	722	721	720	720	720	0	0
4. 2008.....	XXX	XXX	1,034	1,011	989	991	991	985	985	985	0	0
5. 2009.....	XXX	XXX	XXX	676	489	437	438	434	434	434	0	0
6. 2010.....	XXX	XXX	XXX	XXX	428	275	261	261	261	261	0	0
7. 2011.....	XXX	XXX	XXX	XXX	XXX	328	254	242	242	242	0	0
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	331	286	279	279	0	(7)
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	214	181	174	(7)	(40)
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	114	109	(5)	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	XXX	XXX
12. Totals.....											(12)	(47)

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior.....	000	9	17	17	17	17	17	17	17	17	XXX	XXX
2. 2006.....	258	429	461	461	466	466	466	466	466	466	XXX	XXX
3. 2007.....	XXX	409	660	707	713	720	720	720	720	720	XXX	XXX
4. 2008.....	XXX	XXX	523	894	947	980	985	985	985	985	XXX	XXX
5. 2009.....	XXX	XXX	XXX	239	350	418	433	434	434	434	XXX	XXX
6. 2010.....	XXX	XXX	XXX	XXX	186	260	261	261	261	261	XXX	XXX
7. 2011.....	XXX	XXX	XXX	XXX	XXX	175	240	242	242	242	XXX	XXX
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	223	279	279	279	XXX	XXX
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	134	174	174	XXX	XXX
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	107	XXX	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	63	1								
2. 2006.....	228	24	1							
3. 2007.....	XXX	256	20	1						
4. 2008.....	XXX	XXX	185	20	3					
5. 2009.....	XXX	XXX	XXX	198	23					
6. 2010.....	XXX	XXX	XXX	XXX	174	8				
7. 2011.....	XXX	XXX	XXX	XXX	XXX	61	2			
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	28	2		
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	2	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		1	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4	5	6	7	8	9
			2	3						
States, Etc.		Active Status	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges not Included in Premiums	Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
1.	Alabama.....AL	...N....								
2.	Alaska.....AK	...N....								
3.	Arizona.....AZ	...N....								
4.	Arkansas.....AR	...N....								
5.	California.....CA	...N....								
6.	Colorado.....CO	...N....								
7.	Connecticut.....CT	...N....								
8.	Delaware.....DE	...N....								
9.	District of Columbia.....DC	...N....								
10.	Florida.....FL	...N....								
11.	Georgia.....GA	...N....								
12.	Hawaii.....HI	...N....								
13.	Idaho.....ID	...N....								
14.	Illinois.....IL	...N....								
15.	Indiana.....IN	...N....								
16.	Iowa.....IA	...N....								
17.	Kansas.....KS	...N....								
18.	Kentucky.....KY	...N....								
19.	Louisiana.....LA	...N....								
20.	Maine.....ME	...N....								
21.	Maryland.....MD	...N....								
22.	Massachusetts.....MA	...N....								
23.	Michigan.....MI	...N....								
24.	Minnesota.....MN	...N....								
25.	Mississippi.....MS	...N....								
26.	Missouri.....MO	...N....								
27.	Montana.....MT	...N....								
28.	Nebraska.....NE	...N....								
29.	Nevada.....NV	...N....								
30.	New Hampshire.....NH	...N....								
31.	New Jersey.....NJ	...N....								
32.	New Mexico.....NM	...N....								
33.	New York.....NY	...N....								
34.	North Carolina.....NC	...N....								
35.	North Dakota.....ND	...N....								
36.	Ohio.....OH	...L....	6,106	318,661		77,283	14,068	15,860		
37.	Oklahoma.....OK	...N....								
38.	Oregon.....OR	...N....								
39.	Pennsylvania.....PA	...N....								
40.	Rhode Island.....RI	...N....								
41.	South Carolina.....SC	...N....								
42.	South Dakota.....SD	...N....								
43.	Tennessee.....TN	...N....								
44.	Texas.....TX	...N....								
45.	Utah.....UT	...N....								
46.	Vermont.....VT	...N....								
47.	Virginia.....VA	...N....								
48.	Washington.....WA	...N....								
49.	West Virginia.....WV	...N....								
50.	Wisconsin.....WI	...N....								
51.	Wyoming.....WY	...N....								
52.	American Samoa.....AS	...N....								
53.	Guam.....GU	...N....								
54.	Puerto Rico.....PR	...N....								
55.	US Virgin Islands.....VI	...N....								
56.	Northern Mariana Islands...MP	...N....								
57.	Canada.....CAN	...N....								
58.	Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0	0	0
59.	Totals.....	(a)....1	6,106	318,661	0	77,283	14,068	15,860	0	0

DETAILS OF WRITE-INS

58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

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

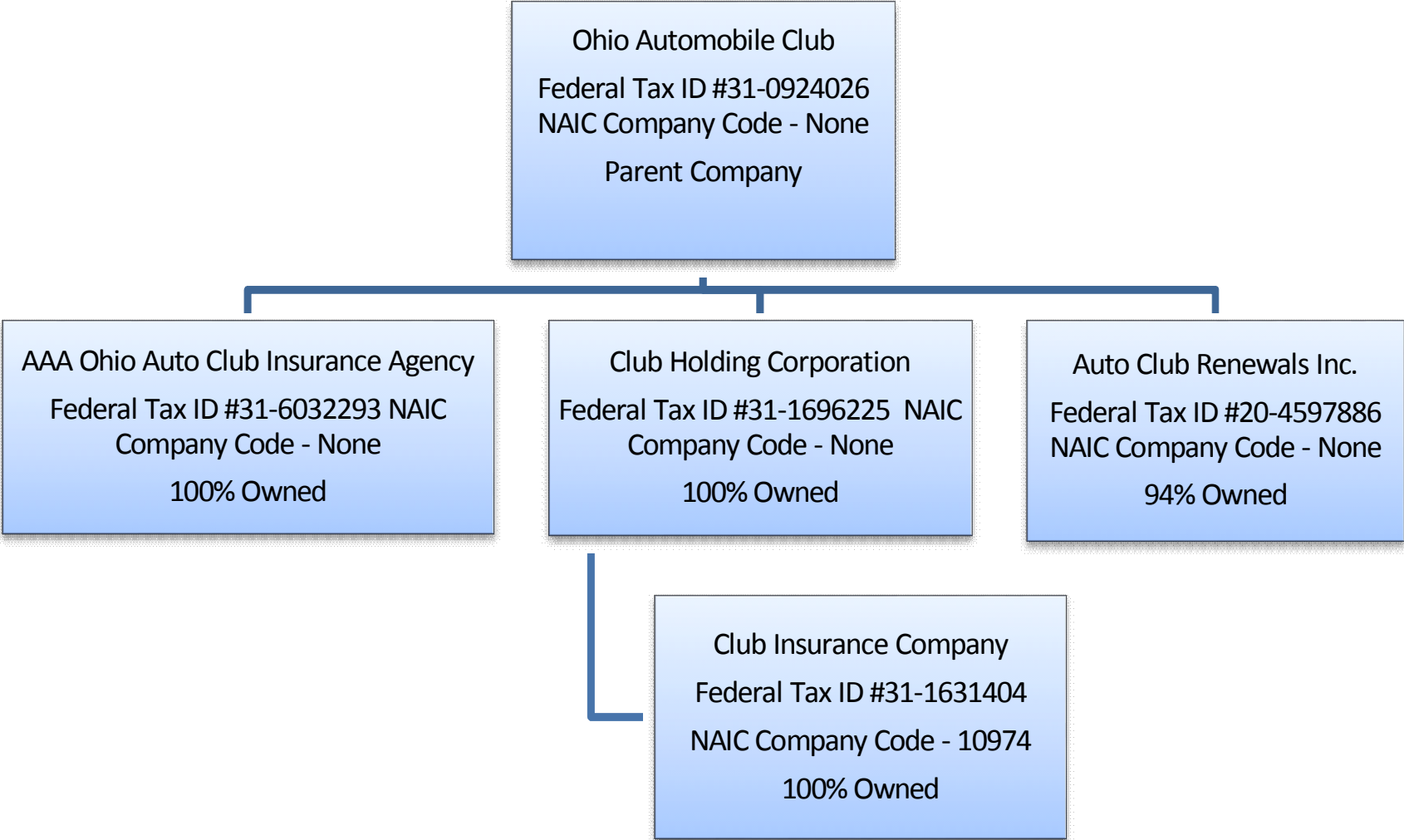
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(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.

All premiums are in Ohio only

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



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