



ANNUAL STATEMENT

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

PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOI

NAIC Group Code.....155, 155 (Current Period) (Prior Period)	NAIC Company Code..... 21735	Employer's ID Number..... 36-3789786
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... September 13, 1992	Commenced Business..... November 16, 1992	
Statutory Home Office	6300 WILSON MILLS ROAD, W33..... CLEVELAND OH US 44143-2182 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	6300 WILSON MILLS ROAD, W33..... CLEVELAND OH US..... 44143-2182 440-461-5000 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)	
Mail Address	P.O. BOX 89490..... CLEVELAND OH US 44101-6490 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	6300 WILSON MILLS ROAD, W33..... CLEVELAND OH US 44143-2182 440-395-4460 (Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)	
Internet Web Site Address	PROGRESSIVE.COM	
Statutory Statement Contact	MARY BETH ANDREANO (Name) FINANCIAL_REPORTING@PROGRESSIVE.COM (E-Mail Address)	
	440-395-4460 (Area Code) (Telephone Number) (Extension) 440-603-5500 (Fax Number)	

POLICYHOLDER SERVICES AND CLAIMS REPORTING -- 1-800-PROGRESSIVE (1-800-776-4737)

OFFICERS

Name	Title	Name	Title
PATRICK KEVIN CALLAHAN	PRESIDENT	MICHAEL ROBERT UTH	SECRETARY
DANIEL JOSEPH WITALEC	TREASURER		

OTHER

SCOTT EDWARD COLEMAN	(ASST. TREASURER)	CHRISTINE ANN JOHNSON #	(VICE PRESIDENT)
KAREN ANN KOSUDA	(ASST. SECRETARY)	MARIANN WOJKUN MARSHALL	(VICE PRESIDENT)

DIRECTORS OR TRUSTEES

PATRICK KEVIN CALLAHAN	JOHN ALLEN CURTISS JR. #	BRIAN JACOB GURA #	CHRISTINE ANN JOHNSON #
SCOTT WESLEY ZIEGLER			

State of..... OHIO
County of.... CUYAHOGA

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 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) PATRICK KEVIN CALLAHAN	(Signature) KAREN ANN KOSUDA	(Signature) SCOTT EDWARD COLEMAN
1. (Printed Name) PRESIDENT	2. (Printed Name) ASSISTANT SECRETARY	3. (Printed Name) ASSISTANT TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 16TH day of FEBRUARY, 2016

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

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Asse
1. Bonds (Schedule D).....	113,672,055		113,672,055	121,821
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 (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....0, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....27,636,220, Schedule DA).....	27,636,220		27,636,220	2,581
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....	357,476	357,476	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).....	141,665,751	357,476	141,308,275	124,402
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	2,210,110		2,210,110	1,955
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	13,618,813	4,301,437	9,317,376	7,788
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	68,763,360		68,763,360	54,938
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	5,018,760		5,018,760	3,377
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.....	5,671,039	4,661	5,666,378	4,645
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.....	1,580,041	25,328	1,554,713	1,215
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	238,527,874	4,688,902	233,838,972	198,322
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	238,527,874	4,688,902	233,838,972	198,322

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. STATE TAX CREDITS.....	797,328		797,328	683
2502. STATE UNEARNED SURCHARGE RECOVERABLE.....	757,385		757,385	532
2503. MISCELLANEOUS OTHER ASSETS.....	19,405	19,405	0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	5,923	5,923	0	
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	1,580,041	25,328	1,554,713	1,215

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Y
1. Losses (Part 2A, Line 35, Column 8).....	44,663,091	3
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....	240,540	.....
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	9,975,407	.....
4. Commissions payable, contingent commissions and other similar charges.....	23,333	.....
5. Other expenses (excluding taxes, licenses and fees).....	332,266	.....
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	1,236,992	.....
7.1 Current federal and foreign income taxes (including \$.....99 on realized capital gains (losses)).....	656,279	.....
7.2 Net deferred tax liability.....	.....	.....
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 \$.....106,965,155 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).....	38,743,974	3
10. Advance premium.....	1,206,193	.....
11. Dividends declared and unpaid:		
11.1 Stockholders.....	.....	.....
11.2 Policyholders.....	.....	.....
12. Ceded reinsurance premiums payable (net of ceding commissions).....	5,495,731	.....
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.....	14,128,584	1
19. Payable to parent, subsidiaries and affiliates.....	21,358,955	1
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.....	36,254,185	2
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	174,315,530	14
27. Protected cell liabilities.....	.....	.....
28. Total liabilities (Lines 26 and 27).....	174,315,530	14
29. Aggregate write-ins for special surplus funds.....	0	.....
30. Common capital stock.....	2,500,400	.....
31. Preferred capital stock.....	.....	.....
32. Aggregate write-ins for other than special surplus funds.....	0	.....
33. Surplus notes.....	.....	.....
34. Gross paid in and contributed surplus.....	15,749,600	1
35. Unassigned funds (surplus).....	41,273,442	3
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).....	59,523,442	5
38. TOTALS (Page 2, Line 28, Col. 3).....	233,838,972	19

DETAILS OF WRITE-INS

2501. RECEIVABLE FACTORING LIABILITY.....	34,700,000	2
2502. MISCELLANEOUS OTHER LIABILITIES.....	1,219,645	.....
2503. ESCHEATABLE PROPERTY.....	198,176	.....
2598. Summary of remaining write-ins for Line 25 from overflow page.....	136,364	.....
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	36,254,185	2
2901. .....	.....	.....
2902. .....	.....	.....
2903. .....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	.....
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	.....
3201. .....	.....	.....
3202. .....	.....	.....
3203. .....	.....	.....
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	.....
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	.....

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
STATEMENT OF INCOME

	UNDERWRITING INCOME	1 Current Year	2 Prior Year
1.	Premiums earned (Part 1, Line 35, Column 4).	137,425,718	125,110,1
	DEDUCTIONS		
2.	Losses incurred (Part 2, Line 35, Column 7).	86,817,451	79,253,
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1).	15,575,207	13,741,
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2).	27,787,063	25,650,
5.	Aggregate write-ins for underwriting deductions.	0	.....
6.	Total underwriting deductions (Lines 2 through 5).	130,179,721	118,645,
7.	Net income of protected cells.		
8.	Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).	7,245,997	6,465,
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17).	1,720,173	1,852,
10.	Net realized capital gains (losses) less capital gains tax of \$....(14,574) (Exhibit of Capital Gains (Losses)).	15,027	521,
11.	Net investment gain (loss) (Lines 9 + 10).	1,735,200	2,373,
	OTHER INCOME		
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered \$....293,144 amount charged off \$....7,435,122).	(7,141,978)	(6,346,
13.	Finance and service charges not included in premiums.	6,221,927	5,537,
14.	Aggregate write-ins for miscellaneous income.	33,047	31,
15.	Total other income (Lines 12 through 14).	(887,004)	(776,
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).	8,094,193	8,063,
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).	8,094,193	8,063,
19.	Federal and foreign income taxes incurred.	2,867,990	2,303,
20.	Net income (Line 18 minus Line 19) (to Line 22).	5,226,203	5,760,
	CAPITAL AND SURPLUS ACCOUNT		
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).	51,102,793	46,186,
22.	Net income (from Line 20).	5,226,203	5,760,
23.	Net transfers (to) from Protected Cell accounts.		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$....0		
25.	Change in net unrealized foreign exchange capital gain (loss).		
26.	Change in net deferred income tax.	1,025,732	228,
27.	Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).	(1,331,286)	(72,
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.	3,500,000	
33.2	Transferred to capital (Stock Dividend).		
33.3	Transferred from capital.		
34.	Net remittances from or (to) Home Office.		
35.	Dividends to stockholders.		(1,000,
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	
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37).	8,420,649	4,916,
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).	59,523,442	51,102,
	DETAILS OF WRITE-INS		
0501.			
0502.			
0503.			
0598.	Summary of remaining write-ins for Line 5 from overflow page.	0	
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).	0	
1401.	MISCELLANEOUS OTHER INCOME.	36,645	34,
1402.	INTEREST INCOME ON INTERCOMPANY BALANCES.	10,829	4,
1403.	LOSS ON RECEIVABLE FACTORING.	(14,427)	(6,
1498.	Summary of remaining write-ins for Line 14 from overflow page.	0	
1499.	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).	33,047	31,
3701.			
3702.			
3703.			
3798.	Summary of remaining write-ins for Line 37 from overflow page.	0	
3799.	Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).	0	

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	124,451,012	123,6
2. Net investment income.....	4,265,877	4,2
3. Miscellaneous income.....	(262,310)	(5)
4. Total (Lines 1 through 3).....	128,454,579	127,3
5. Benefit and loss related payments.....	83,625,272	75,2
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	41,913,928	38,4
7. Commissions, expenses paid and aggregate write-ins for deductions.....	2,834,112	2,4
8. Dividends paid to policyholders.....	128,373,312	116,1
9. Federal and foreign income taxes paid (recovered) net of \$....(28,696) tax on capital gains (losses).....	81,267	11,1
10. Total (Lines 5 through 9).....	128,373,312	116,1
11. Net cash from operations (Line 4 minus Line 10).....	81,267	11,1
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	41,004,386	44,2
12.2 Stocks.....	.....	.....
12.3 Mortgage loans.....	.....	.....
12.4 Real estate.....	.....	.....
12.5 Other invested assets.....	.....	.....
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	.....	.....
12.7 Miscellaneous proceeds.....	.....	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	41,004,386	44,2
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	35,655,543	51,4
13.2 Stocks.....	.....	.....
13.3 Mortgage loans.....	.....	.....
13.4 Real estate.....	.....	.....
13.5 Other invested assets.....	357,476	.....
13.6 Miscellaneous applications.....	.....	.....
13.7 Total investments acquired (Lines 13.1 to 13.6).....	36,013,019	51,4
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).....	4,991,367	(7,1)
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.....	3,500,000	.....
16.3 Borrowed funds.....	.....	.....
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	.....	.....
16.5 Dividends to stockholders.....	1,000,000	2,0
16.6 Other cash provided (applied).....	17,482,382	5,
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	19,982,382	(1,4)
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).....	25,055,016	2,5
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	2,581,204	.....
19.2 End of year (Line 18 plus Line 19.1).....	27,636,220	2,5

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

20,0001
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Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums December 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums December 31 Current Year- per Col. 5, Part 1A	4 Premiums Earned During Y (Cols. 1 +
1. Fire.....				
2. Allied lines.....				
3. Farmowners multiple peril.....				
4. Homeowners multiple peril.....	(10)	53		
5. Commercial multiple peril.....				
6. Mortgage guaranty.....				
8. Ocean marine.....				
9. Inland marine.....	1,519,638	635,837	708,815	1
10. Financial guaranty.....				
11.1 Medical professional liability - occurrence.....				
11.2 Medical professional liability - claims-made.....				
12. Earthquake.....				
13. Group accident and health.....				
14. Credit accident and health (group and individual).....				
15. Other accident and health.....				
16. Workers' compensation.....				
17.1 Other liability - occurrence.....	534,535	237,125	249,440	
17.2 Other liability - claims-made.....	100	8	8	
17.3 Excess workers' compensation.....				
18.1 Products liability - occurrence.....				
18.2 Products liability - claims-made.....				
19.1, 19.2 Private passenger auto liability.....	91,516,947	21,077,582	24,131,773	.88
19.3, 19.4 Commercial auto liability.....	718,531	300,915	352,415	
21. Auto physical damage.....	48,208,699	11,419,732	13,301,523	.46
22. Aircraft (all perils).....				
23. Fidelity.....				
24. Surety.....				
26. Burglary and theft.....				
27. Boiler and machinery.....				
28. Credit.....				
29. International.....				
30. Warranty.....				
31. Reinsurance - nonproportional assumed property.....				
32. Reinsurance - nonproportional assumed liability.....				
33. Reinsurance - nonproportional assumed financial lines.....				
34. Aggregate write-ins for other lines of business.....	0	0	0	
35. TOTALS.....	142,498,441	33,671,252	38,743,974	137

DETAILS OF WRITE-INS

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

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total R for Uni Prem Cols. 1 +
1. Fire.....					
2. Allied lines.....					
3. Farmowners multiple peril.....					
4. Homeowners multiple peril.....					
5. Commercial multiple peril.....					
6. Mortgage guaranty.....					
8. Ocean marine.....					
9. Inland marine.....	708,815				
10. Financial guaranty.....					
11.1 Medical professional liability - occurrence.....					
11.2 Medical professional liability - claims-made.....					
12. Earthquake.....					
13. Group accident and health.....					
14. Credit accident and health (group and individual).....					
15. Other accident and health.....					
16. Workers' compensation.....					
17.1 Other liability - occurrence.....	249,440				
17.2 Other liability - claims-made.....	8				
17.3 Excess workers' compensation.....					
18.1 Products liability - occurrence.....					
18.2 Products liability - claims-made.....					
19.1, 19.2 Private passenger auto liability.....	24,131,773				
19.3, 19.4 Commercial auto liability.....	352,415				
21. Auto physical damage.....	13,301,523				
22. Aircraft (all perils).....					
23. Fidelity.....					
24. Surety.....					
26. Burglary and theft.....					
27. Boiler and machinery.....					
28. Credit.....					
29. International.....					
30. Warranty.....					
31. Reinsurance - nonproportional assumed property.....					
32. Reinsurance - nonproportional assumed liability.....					
33. Reinsurance - nonproportional assumed financial lines.....					
34. Aggregate write-ins for other lines of business.....	0	0	0	0	
35. TOTALS.....	38,743,974	0	0	0	
36. Accrued retrospective premiums based on experience.....					
37. Earned but unbilled premiums.....					
38. Balance (sum of Lines 35 through 37).....					

DETAILS OF WRITE-INS

3401.					
3402.					
3403.					
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: Pro Rata

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Pre Writte (Cols. 1 + - 4 -)
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire.....						
2. Allied lines.....						
3. Farmowners multiple peril.....						
4. Homeowners multiple peril.....			(10)			
5. Commercial multiple peril.....						
6. Mortgage guaranty.....						
8. Ocean marine.....						
9. Inland marine.....	2,022,781	1,519,638		2,022,781		1,5
10. Financial guaranty.....						
11.1 Medical professional liability - occurrence.....						
11.2 Medical professional liability - claims-made.....						
12. Earthquake.....						
13. Group accident and health.....						
14. Credit accident and health (group and individual).....						
15. Other accident and health.....						
16. Workers' compensation.....						
17.1 Other liability - occurrence.....	884,420	534,535		867,323	17,097	5
17.2 Other liability - claims-made.....		100				
17.3 Excess workers' compensation.....						
18.1 Products liability - occurrence.....						
18.2 Products liability - claims-made.....						
19.1, 19.2 Private passenger auto liability.....	239,315,160	91,516,946		201,797,965	37,517,194	91,5
19.3, 19.4 Commercial auto liability.....	1,392,964	718,531		1,392,964		7
21. Auto physical damage.....	149,530,394	48,208,699		149,530,394		48,2
22. Aircraft (all perils).....						
23. Fidelity.....						
24. Surety.....						
26. Burglary and theft.....						
27. Boiler and machinery.....						
28. Credit.....						
29. International.....						
30. Warranty.....						
31. Reinsurance - nonproportional assumed property.....	XXX					
32. Reinsurance - nonproportional assumed liability.....	XXX					
33. Reinsurance - nonproportional assumed financial lines.....	XXX					
34. Aggregate write-ins for other lines of business.....	.0	.0	0	0	.0	
35. TOTALS.....	393,145,719	142,498,440	0	355,611,427	37,534,291	142,4

DETAILS OF WRITE-INS

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

Line of Business	Losses Paid Less Salvage				5	6	7	8 Percent Losses In (Col. 7, F to Premiums (Col. 4, F
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire.....				0				0
2. Allied lines.....				0				0
3. Farmowners multiple peril.....				0				0
4. Homeowners multiple peril.....		611		611	237	2,110	(1,263)	
5. Commercial multiple peril.....				0				0
6. Mortgage guaranty.....				0				0
8. Ocean marine.....				0				0
9. Inland marine.....	745,236	635,108	745,236	635,108	67,607	68,622	634,093	
10. Financial guaranty.....				0				0
11.1 Medical professional liability - occurrence.....				0				0
11.2 Medical professional liability - claims-made.....				0				0
12. Earthquake.....				0				0
13. Group accident and health.....				0				0
14. Credit accident and health (group and individual).....				0				0
15. Other accident and health.....				0				0
16. Workers' compensation.....				0				0
17.1 Other liability - occurrence.....	154,972	135,055	154,972	135,055	173,430	174,232	134,253	
17.2 Other liability - claims-made.....		141,000		141,000	14,504	21,365	134,140	
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.....	137,023,111	46,938,775	137,023,110	46,938,776	43,953,686	38,563,316	52,329,146	
19.3, 19.4 Commercial auto liability.....	706,569	437,456	706,569	437,456	475,098	542,436	370,119	
21. Auto physical damage.....	91,121,581	33,276,839	91,121,581	33,276,839	(21,472)	38,403	33,216,965	
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				0
32. Reinsurance - nonproportional assumed liability.....	XXX			0				0
33. Reinsurance - nonproportional assumed financial lines.....	XXX			0				0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0
35. TOTALS.....	229,751,469	81,564,844	229,751,468	81,564,845	44,663,091	39,410,483	86,817,452	

DETAILS OF WRITE-INS

PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS
UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire.....				.0					.0
2. Allied lines.....				.0					.0
3. Farmowners multiple peril.....				.0					.0
4. Homeowners multiple peril.....				.0			237		237
5. Commercial multiple peril.....				.0					.0
6. Mortgage guaranty.....				.0					.0
8. Ocean marine.....				.0					.0
9. Inland marine.....	56,102	36,525	.56,102	.36,525	.45,881	.31,082	.45,881	.67,607	.13
10. Financial guaranty.....				.0					.0
11.1 Medical professional liability - occurrence.....				.0					.0
11.2 Medical professional liability - claims-made.....				.0					.0
12. Earthquake.....				.0					.0
13. Group accident and health.....				.0				(a) .0	.0
14. Credit accident and health (group and individual).....				.0					.0
15. Other accident and health.....				.0				(a) .0	.0
16. Workers' compensation.....				.0					.0
17.1 Other liability - occurrence.....	88,989	124,974	.88,989	.124,974	.86,107	.48,456	.86,107	.173,430	.30
17.2 Other liability - claims-made.....				.0			14,504		.2
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.....	90,005,716	34,597,579	.90,005,716	.34,597,579	.21,837,791	.9,356,108	.21,837,791	.43,953,686	.9,429
19.3, 19.4 Commercial auto liability.....	1,197,246	382,953	1,197,246	382,953	.182,200	.92,145	.182,200	.475,098	.66
21. Auto physical damage.....	4,963,481	1,840,384	4,963,481	1,840,384	(4,614,491)	(1,861,856)	(4,614,491)	(21,472)	.433
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.....	96,311,534	36,982,415	.96,311,534	.36,982,415	17,537,488	7,680,676	17,537,488	.44,663,091	.9,975

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

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Tot
1. Claim adjustment services:				
1.1 Direct.....	5,241,834			
1.2 Reinsurance assumed.....	2,389,892			
1.3 Reinsurance ceded.....	5,241,834			
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	2,389,892	0	0	
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....		1,208,882		
2.2 Reinsurance assumed, excluding contingent.....		.149,281		
2.3 Reinsurance ceded, excluding contingent.....		1,208,882		
2.4 Contingent - direct.....		.58,242		
2.5 Contingent - reinsurance assumed.....		27,321		
2.6 Contingent - reinsurance ceded.....		.58,242		
2.7 Policy and membership fees.....				
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	.176,602	0	
3. Allowances to manager and agents.....		.45		
4. Advertising.....	1,906	10,289,019		.1
5. Boards, bureaus and associations.....	41,590	.44,243		
6. Surveys and underwriting reports.....		1,084,291		
7. Audit of assureds' records.....				
8. Salary and related items:				
8.1 Salaries.....	8,840,586	7,823,884	.87,490	.1
8.2 Payroll taxes.....	619,382	.579,669	.2,738	
9. Employee relations and welfare.....	1,550,603	1,196,364	.3,537	
10. Insurance.....	27,246	.25,387		
11. Directors' fees.....				
12. Travel and travel items.....	399,145	.182,538	.476	
13. Rent and rent items.....	.553,076	.736,855	.1,999	
14. Equipment.....	.54,247	.173,124		
15. Cost or depreciation of EDP equipment and software.....	519,981	1,069,966	.1,290	
16. Printing and stationery.....	.54,717	.134,350	.204	
17. Postage, telephone and telegraph, exchange and express.....	.406,300	1,052,981	.539	
18. Legal and auditing.....	.83,679	.137,488	.9,119	
19. Totals (Lines 3 to 18).....	.13,152,458	.24,530,202	.107,392	.3
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$....661.....		.2,253,364		
20.2 Insurance department licenses and fees.....	19,463	.120,059		
20.3 Gross guaranty association assessments.....		.3,137		
20.4 All other (excluding federal and foreign income and real estate).....	.3,126	.602,920		
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	22,589	.2,979,479	0	
21. Real estate expenses.....				
22. Real estate taxes.....				
23. Reimbursements by uninsured plans.....				
24. Aggregate write-ins for miscellaneous expenses.....	10,268	.100,780	.19,163	
25. Total expenses incurred.....	.15,575,207	.27,787,064	.126,555	(a).4
26. Less unpaid expenses - current year.....	.9,975,407	.1,591,369	.1,223	.1
27. Add unpaid expenses - prior year.....	.8,597,778	.1,520,655	.1,351	.1
28. Amounts receivable relating to uninsured plans, prior year.....				
29. Amounts receivable relating to uninsured plans, current year.....				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	.14,197,578	.27,716,350	.126,683	.4

DETAILS OF WRITE-INS

2401. MISCELLANEOUS EXPENSES.....	10,268	.100,780	.19,163	
2402.				
2403.				
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above).....	10,268	.100,780	.19,163	

(a) Includes management fees of \$....37,920,263 to affiliates and \$.....0 to non-affiliates.

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....59,343	
1.1 Bonds exempt from U.S. tax.....	(a).....2,095,781	
1.2 Other bonds (unaffiliated).....	(a).....	
1.3 Bonds of affiliates.....	(a).....	
2.1 Preferred stocks (unaffiliated).....	(b).....	
2.11 Preferred stocks of affiliates.....	(b).....	
2.2 Common stocks (unaffiliated).....	.....
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).....(563,334)	
7. Derivative instruments.....	(f).....	
8. Other invested assets.....	.....
9. Aggregate write-ins for investment income.....	0	
10. Total gross investment income.....	1,591,790	
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).....	
15. Aggregate write-ins for deductions from investment income.....	.....
16. Total deductions (Lines 11 through 15).....	.....
17. Net investment income (Line 10 minus Line 16).....	.....

DETAILS OF WRITE-INS

0901.....		
0902.....		
0903.....		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	
1501.....		
1502.....		
1503.....		
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....

- (a) Includes \$....852 accrual of discount less \$....2,801,623 amortization of premium and less \$....165,456 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 \$....688,334 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 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Chang Unrea Foreign E Capital Ga
1. U.S. government bonds.....		0		
1.1 Bonds exempt from U.S. tax.....	453		453		
1.2 Other bonds (unaffiliated).....		0		
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		
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).....	453	0	453	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	

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in 1 Nonadmitted (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			
2.2 Common stocks.....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			
3.2 Other than first liens.....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			
4.2 Properties held for the production of income.....			
4.3 Properties held for sale.....			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			
6. Contract loans.....			
7. Derivatives (Schedule DB).....			
8. Other invested assets (Schedule BA).....	357,476		
9. Receivables for securities.....			
10. Securities lending reinvested collateral assets (Schedule DL).....			
11. Aggregate write-ins for invested assets.....	0	0	
12. Subtotals, cash and invested assets (Lines 1 to 11).....	357,476	0	
13. Title plants (for Title insurers only).....			
14. Investment income due and accrued.....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	4,301,437	3,327,667	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			
16.2 Funds held by or deposited with reinsured companies.....			
16.3 Other amounts receivable under reinsurance contracts.....			
17. Amounts receivable relating to uninsured plans.....			
18.1 Current federal and foreign income tax recoverable and interest thereon.....			
18.2 Net deferred tax asset.....	4,661		
19. Guaranty funds receivable or on deposit.....			
20. Electronic data processing equipment and software.....			
21. Furniture and equipment, including health care delivery assets.....			
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			
23. Receivables from parent, subsidiaries and affiliates.....			
24. Health care and other amounts receivable.....			
25. Aggregate write-ins for other than invested assets.....	25,328	29,949	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	4,688,902	3,357,616	
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
28. TOTALS (Lines 26 and 27).....	4,688,902	3,357,616	

DETAILS OF WRITE-INS

1101.....			
1102.....			
1103.....			
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	
2501. MISCELLANEOUS OTHER ASSETS.....	19,405	23,539	
2502. PREPAID EXPENSES.....	5,923	6,410	
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).....	25,328	29,949	

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying statutory-basis financial statements of Progressive Premier Insurance Company of Illinois (the "Company") were prepared on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance ("DOI").

The Ohio DOI requires insurance companies domiciled in the state of Ohio to prepare their statutory-basis 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 DOI. No deviations from NAIC statutory accounting practices ("NAIC SAP") were used in preparing these statutory-basis financial statements as illustrated in the table below:

Description	State of Domicile	2015	2014
Net income			
(1) Net income, state basis	OH	\$ 5,226,203	\$ 5,760,261
(2) Effect of state prescribed practices			
(3) Effect of state permitted practices			
(4) Net income, NAIC SAP basis (1-2-3=4)	OH	\$ 5,226,203	\$ 5,760,261
Surplus			
(5) Policyholders' surplus, state basis	OH	\$ 59,523,442	\$ 51,102,793
(6) Effect of state prescribed practices			
(7) Effect of state permitted practices			
(8) Policyholders' surplus, NAIC SAP basis (5-6-7=8)	OH	\$ 59,523,442	\$ 51,102,793

B. Use of Estimates

The Company is required to make estimates and assumptions when preparing its financial statements and accompanying notes in conformity with NAIC SAP. Actual results may differ from those estimates. Material estimates that are susceptible to significant changes in the near term include the loss and loss adjustment expense ("LAE") reserves.

C. Accounting Policies

Insurance premiums written are being earned into income on a pro-rata basis over the period of risk based on a daily earnings convention. Unearned premiums are established to cover the unexpired portion of premiums written. The Company offers a variety of payment plans to meet individual customer needs. Generally, insurance premiums are collected in advance of providing risk coverage, minimizing the Company's exposure to credit risk.

Acquisition costs, such as agents' commissions, premium taxes, and other policy initiation costs, are charged to operations as incurred. Advertising costs are expensed as incurred.

Certain assets designated as "nonadmitted assets", in accordance with Statement of Statutory Accounting Principles ("SSAP") No. 4, Assets and Nonadmitted Assets, are reported on page 13, Exhibit of Nonadmitted Assets. The change in nonadmitted assets is charged directly against surplus as regards policyholders on page 4, Statement of Income, capital and surplus section.

In addition, the Company uses the following accounting policies:

Investments

- Cash and cash equivalents include bank accounts and certificates of deposit as well as short-term investments with original maturities of three months or less that are reported at amortized cost which approximates market value.
- Short-term investments include securities acquired within one year of maturity except for those with original maturities of three months or less (see cash and cash equivalents above) and are reported at amortized cost which approximates market value.
- Investment grade bond valuations are based on NAIC designations or NAIC Credit Rating Provider ("CRP") designations from the Acceptable Rating Organization ("ARO") list and are reported at amortized cost using the scientific method which closely approximates the effective interest method. Non-investment grade bond valuations are also based on NAIC designations or NAIC CRP-ARO designations and are reported at the lower of amortized cost or fair market value. Loan-backed and structured securities follow the guidance prescribed by SSAP No. 43R, Loan-backed and Structured Securities ("SSAP No. 43R"), for the determination of the bond valuation and reporting designation. The difference between the original cost and redemption value of these securities is recognized over the lives of the respective issues and included in net investment gain.
- Common stocks, other than investments in stocks of subsidiaries and affiliates, are reported at fair market values based on active market closing quotations from a regulated exchange. Changes in the fair market values of these securities are reflected directly as unrealized gains or losses in statutory surplus, net of deferred income taxes.
- Non-redeemable preferred stocks are reported at fair market values. Changes in the fair market values of these securities are reflected directly as unrealized gains or losses in statutory surplus, net of deferred income taxes. Investment grade redeemable preferred stocks are reported at amortized cost, while non-investment grade redeemable preferred stocks are reported at the lower of amortized cost or fair market value. The difference between the original cost and redemption value of the redeemable preferred securities is recognized using the scientific method, which closely approximates the effective interest method, over the lives of the respective issues and included in net investment gain.
- The fair market values reported are derived from independent and observable market input evaluations provided by reputable pricing services, independent broker/dealer bid lists, independent broker/dealer quotations, independent broker/dealer pricing services, or active market closing quotations from a regulated exchange. In very rare cases, if none of the aforementioned primary sources are available, matrix pricing using the reporting entity's own market based assumptions may be utilized. The approved methods for computation of fair market value are prescribed in Part Five of the Securities Valuation Office Purposes and Procedures Manual.
- The Company has no investments in mortgage loans.
- Loan-backed and structured securities are accounted for as prescribed by SSAP No. 43R. These securities are generally stated at amortized cost as determined by the estimated value of future cash flows. Prepayment assumptions for loan-backed and structured debt securities are obtained from available market data, broker/dealers, and/or internal estimates, and are consistent with current interest rate and economic trends.
- The Company has no investments in joint ventures, partnerships, or limited liability companies.
- The Company has no investments in derivatives.

NOTES TO FINANCIAL STATEMENTS

- The Company owns 36.1% interest of the Churchill Stateside North Carolina Tax Credit Fund IV, LLC., a non-insurance affiliate incorporated in Florida. In accordance with SSAP No. 4 – Assets and Nonadmitted Assets, this investment is reported as other invested assets in the Company's statutory-basis financial statements (see Schedule BA). This investment is reported on the equity basis as prescribed in the *Accounting Practices and Procedures Manual* of the NAIC. See Note 21.C.1.
- The Company may enter into repurchase agreements in which it borrows cash by providing certain underlying securities as collateral for the arrangement. The cash borrowed is invested in cash equivalents and an offsetting liability is established. The cash equivalent investment maturities and the term of the borrowing arrangement on the collateralized securities match, eliminating duration risk exposure to the Company. The Company did not have any open repurchase agreements at December 31, 2015 and December 31, 2014.
- Realized gains and losses on sales of securities are computed based on the first-in, first-out method.
- The Company's management routinely monitors individual securities in its investment portfolio for pricing changes that might indicate potential impairments and performs detailed reviews of securities with unrealized losses based on predetermined guidelines to determine whether a decline in the value of a security is other-than-temporary. A review for other-than-temporary impairment ("OTTI") requires making certain judgments regarding the materiality of the decline, its effect on the financial statements, the probability, extent, and timing of a valuation recovery, and the Company's ability and intent to hold the security. The scope of this review is broad and requires a forward-looking assessment of the fundamental characteristics of a security, as well as the market-related prospects of the issuer and its industry.

Management assesses valuation declines to determine the extent to which such changes are attributable to (i) fundamental factors specific to the issuer, such as financial conditions, business prospects or other factors, or (ii) market-related factors such as interest rates or equity market declines (i.e., negative returns at either a sector index level or the broader market level), or (iii) credit-related losses where the present value of cash flows expected to be collected are lower than the amortized cost basis of the security (includes only those securities covered under SSAP No. 43R). This evaluation reflects management's assessment of current conditions, as well as predictions of uncertain future events that may have a material effect on the financial statements related to security valuation.

When persuasive evidence exists that causes management to conclude that a decline in fair value is other-than-temporary, the book value of such security is written down and recognized as a realized loss. All other unrealized gains or losses are reflected in statutory surplus.

Loss, Loss Adjustment Expense, and Premium Deficiency Reserves

- Loss reserves represent the estimated liability on claims reported to the Company, plus reserves for losses incurred but not yet reported ("IBNR"). These estimates are reported net of amounts recoverable from salvage and subrogation. LAE reserves represent the estimated expenses required to settle reported claims and IBNR losses. Such loss and LAE reserves could be susceptible to significant change in the near term. The Company conducts extensive reviews each month on portions of its business to help ensure that the Company is meeting its objective of always having reserves that are adequate with minimal variation. Results would differ if different assumptions were made (see Note 25).
- The Company does anticipate investment income when evaluating the need for premium deficiency reserves. See Note 30.

Capitalization of Assets

- Prepaid assets above a \$100,000 threshold are capitalized. Under certain circumstances, the Company may decide to establish a prepaid expense for amounts less than the threshold. Prepaid assets are nonadmitted. There have been no changes to the written policy or predefined capitalization threshold from the prior year.

Pharmaceutical Rebate Receivables

- The Company does not write medical insurance or prescription drug coverage.

D. Going Concern

Management continuously monitors the Company's financial results and compliance with regulatory requirements and found no reason to expect the Company to not continue as a going concern.

2. Accounting Changes and Corrections of Errors

Not applicable

3. Business Combinations and Goodwill

Not applicable

4. Discontinued Operations

Not applicable

5. Investments**A. Mortgage Loans, Including Mezzanine Real Estate Loans**

Not applicable

B. Troubled Debt Restructuring for Creditors

Not applicable

C. Reverse Mortgages

Not applicable

D. Loan-Backed Securities

The Company does not own any loan-backed or structured debt securities.

E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable (see Note 1.C Investments)

NOTES TO FINANCIAL STATEMENTS

F. Real Estate

Not applicable

G. Low Income Housing Tax Credits

Not applicable

H. Restricted assets (including pledged) summarized by restricted asset category are as follows:

Restricted Asset Category	Gross Restricted								Percentage	
	Current Year					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
	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 (1plus 3)					
a. Subject to contractual obligation for which liability is not shown	\$ --	\$ --	\$ --	\$ --	\$ --	\$ --	\$ --	\$ --	0%	0%
b. Collateral held under security lending agreements	--	--	--	--	--	--	--	--	0%	0%
c. Subject to repurchase agreements	--	--	--	--	--	--	--	--	0%	0%
d. Subject to reverse repurchase agreements	--	--	--	--	--	--	--	--	0%	0%
e. Subject to dollar repurchase agreements	--	--	--	--	--	--	--	--	0%	0%
f. Subject to dollar reverse repurchase agreements	--	--	--	--	--	--	--	--	0%	0%
g. Placed under option contracts	--	--	--	--	--	--	--	--	0%	0%
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock										
i. FHLB capital	--	--	--	--	--	--	--	--	0%	0%
j. On deposit with states	3,614,938	--	--	--	3,614,938	3,549,148	65,790	3,614,938	1.52%	1.55%
k. On deposit with other regulatory bodies	--	--	--	--	--	--	--	--	0%	0%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	--	--	--	--	--	--	--	--	0%	0%
m. Pledged as collateral not captured in other categories	--	--	--	--	--	--	--	--	0%	0%
n. Other restricted assets	--	--	--	--	--	--	--	--	0%	0%
o. Total Restricted Assets	\$ 3,614,938	\$ --	\$ --	\$ --	\$ 3,614,938	\$ 3,549,148	\$ 65,790	\$ 3,614,938	1.52%	1.55%
(a)	Subset of column 1									
(b)	Subset of column 3									

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (from above table)

Not applicable

3. Detail of Other Restricted Assets

Not applicable

I. Working Capital Finance Investments

Not applicable

J. Offsetting and Netting of Assets and Liabilities

Not applicable

K. Structured Notes

Not applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Detail for Those Greater than 10% of Admitted Assets

The Company has an investment in a limited liability company ("LLC") but it does not exceed 10% of the Company's admitted assets (see Note 1.C).

B. Write-downs for Impairment of Joint Ventures, Partnerships, and LLC's

The Company did not recognize any impairment write-down for its investment in the LLC during the statement periods.

7. Investment Income

A. Accrued Investment Income

The Company nonadmits investment income due and accrued if the amounts are greater than 90 days past due.

NOTES TO FINANCIAL STATEMENTS**B. Amounts Nonadmitted**

Not applicable

8. Derivative Instruments

Not applicable

9. Income Taxes**A. Components of the net deferred tax asset (liability) ("DTA"/"(DTL)")****1. The components of the net DTA/(DTL) at December 31 are as follows:**

Description	December 31, 2015			December 31, 2014			Change		
	(1) Ordinary Income	(2) Capital Gain (Loss)	(3) (Col 1+2) Total	(4) Ordinary Income	(5) Capital Gain (Loss)	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary Income	(8) (Col 2-5) Capital Gain (Loss)	(9) (Col 7+8) Total
(a) Gross deferred tax assets	\$ 5,708,302	\$ --	\$ 5,708,302	\$ 4,693,490	\$ --	\$ 4,693,490	\$ 1,014,812	\$ --	\$ 1,014,812
(b) Statutory valuation allowance adjustment	--	--	--	--	--	--	--	--	--
(c) Adjusted gross deferred tax assets (1a-1b)	\$ 5,708,302	\$ --	\$ 5,708,302	\$ 4,693,490	\$ --	\$ 4,693,490	\$ 1,014,812	\$ --	\$ 1,014,812
(d) Deferred tax assets nonadmitted	4,661	--	4,661	--	--	--	4,661	--	4,661
(e) Subtotal (net deferred tax asset) (1c-1d)	\$ 5,703,641	\$ --	\$ 5,703,641	\$ 4,693,490	\$ --	\$ 4,693,490	\$ 1,010,151	\$ --	\$ 1,010,151
(f) Deferred tax liabilities	36,426	837	37,263	42,643	5,540	48,183	(6,217)	(4,703)	(10,920)
(g) Net admitted deferred tax assets (net deferred tax liability) (1e-1f)	\$ 5,667,215	\$ (837)	\$ 5,666,378	\$ 4,650,847	\$ (5,540)	\$ 4,645,307	\$ 1,016,368	\$ 4,703	\$ 1,021,071

2. The admission calculation components of the DTA in accordance with SSAP No. 101, Income Taxes, are as follows:

Description	December 31, 2015			December 31, 2014			Change		
	(1) Ordinary Income	(2) Capital Gain (Loss)	(3) (Col 1+2) Total	(4) Ordinary Income	(5) Capital Gain (Loss)	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary Income	(8) (Col 2-5) Capital Gain (Loss)	(9) (Col 7+8) Total
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 5,402,592	\$ --	\$ 5,402,592	\$ 4,591,542	\$ --	\$ 4,591,542	\$ 811,050	\$ --	\$ 811,050
(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)	263,786	--	263,786	59,618	--	59,618	204,168	--	204,168
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	263,786	--	263,786	59,618	--	59,618	204,168	--	204,168
2. Adjusted gross deferred tax assets allowed per limitation threshold			8,078,560			6,968,623			1,109,937
(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	37,263	--	37,263	42,330	--	42,330	(5,067)	--	(5,067)
(d) Deferred tax assets admitted as result of application of SSAP No. 101.									
Total (2(a)+2(b)+2(c))	\$ 5,703,641	\$ --	\$ 5,703,641	\$ 4,693,490	\$ --	\$ 4,693,490	\$ 1,010,151	\$ --	\$ 1,010,151

3. Recovery period and threshold limitation information is as follows:

Description	2015	2014
(a) Ratio percentage used to determine recovery period and threshold limitation amount	1235%	1020%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 53,857,064	\$ 46,457,486

NOTES TO FINANCIAL STATEMENTS

4. The impact of tax planning strategies is as follows:

Description	December 31, 2015		December 31, 2014		Change	
	(1) Ordinary Income	(2) Capital Gain (Loss)	(3) Ordinary Income	(4) Capital Gain (Loss)	(5) (Col 1-3) Ordinary Income	(6) (Col 2-4) Capital Gain (Loss)
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage						
1. Adjusted gross DTAs	\$ 5,708,302	\$ --	\$ 4,693,490	\$ --	\$ 1,014,812	\$ --
2. % of adjusted gross DTAs attributable to the impact of tax planning strategies	0%	0%	0%	0%	0%	0%
3. Net admitted adjusted gross DTAs	\$ 5,703,641	\$ --	\$ 4,693,490	\$ --	\$ 1,010,151	\$ --
4. % of net admitted adjusted gross DTAs admitted due to tax planning strategies	0%	0%	0%	0%	0%	0%
(b) Does the Company's tax planning strategies include the use of reinsurance? Yes <u> </u> No <u>X</u>						

B. Regarding deferred tax liabilities that are not recognized:

Not applicable

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

1. Current Income Tax:

Description	(1) December 31, 2015	(2) December 31, 2014	(3) (Col 1-2) Change
(a) Federal	\$ 2,867,990	\$ 2,303,100	\$ 564,890
(b) Foreign	--	--	--
(c) Subtotal	\$ 2,867,990	\$ 2,303,100	\$ 564,890
(d) Federal income tax on net capital gains	(14,574)	258,129	(272,703)
(e) Utilization of capital loss carry-forwards	--	--	--
(f) Other	--	--	--
(g) Federal and foreign income taxes incurred	\$ 2,853,416	\$ 2,561,229	\$ 292,187

2. Deferred Tax Assets:

Description	(1) December 31, 2015	(2) December 31, 2014	(3) (Col 1-2) Change
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 480,753	\$ 505,182	\$ (24,429)
(2) Unearned premium reserve	2,729,796	2,372,910	356,886
(3) Policyholder reserves	--	--	--
(4) Investments	--	--	--
(5) Deferred acquisition costs	--	--	--
(6) Policyholder dividend accrual	--	--	--
(7) Fixed assets	45	32	13
(8) Compensation and benefits accrual	736	1,749	(1,013)
(9) Pension accrual	--	--	--
(10) Receivables - nonadmitted	1,505,503	1,164,684	340,819
(11) Net operating loss carry-forward	--	--	--
(12) Tax credit carry-forward	--	--	--
(13) Other - bad debt reserve	856,308	637,665	218,643
(14) Other - foreign currency translation	--	--	--
(15) Other (including items <5% of total ordinary tax assets)	135,161	11,268	123,893
(99) Subtotal	\$ 5,708,302	\$ 4,693,490	\$ 1,014,812
(b) Statutory valuation allowance adjustment	--	--	--
(c) Nonadmitted	4,661	--	4,661
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ 5,703,641	\$ 4,693,490	\$ 1,010,151
(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)	\$ 5,703,641	\$ 4,693,490	\$ 1,010,151

NOTES TO FINANCIAL STATEMENTS

3. Deferred Tax Liabilities:

Description	(1) December 31, 2015	(2) December 31, 2014	(3) (Col 1-2) Change
(a) Ordinary			
(1) Investments	\$ --	\$ --	\$ --
(2) Fixed assets	235	276	(41)
(3) Deferred and uncollected premium	--	--	--
(4) Policyholder reserves	--	--	--
(5) Other liabilities - prepaid expenses	2,364	4,430	(2,066)
(6) Other liabilities - salvage and subrogation	33,827	37,937	(4,110)
(7) Other liabilities - foreign currency translation	--	--	--
(8) Other (including items <5% of total ordinary tax liabilities)	--	--	--
(99) Subtotal	\$ 36,426	\$ 42,643	\$ (6,217)
(b) Capital			
(1) Investments	837	5,540	(4,703)
(2) Real estate	--	--	--
(3) Other (including items <5% of total capital tax liabilities)	--	--	--
(99) Subtotal	\$ 837	\$ 5,540	\$ (4,703)
(c) Deferred tax liabilities (3a99+3b99)	\$ 37,263	\$ 48,183	\$ (10,920)

4. Net Deferred Tax Asset (Liability) (2i – 3c):

Description	(1) December 31, 2015	(2) December 31, 2014	(3) (Col 1-2) Change
Net deferred tax asset (liability) (2i-3c)	\$ 5,666,378	\$ 4,645,307	\$ 1,021,071

The change in net deferred income tax is comprised of the following (this analysis excludes nonadmitted assets; the change in nonadmitted assets is reported separately from the change in net deferred income tax in the Statement of Income, Surplus section):

Description	December 31, 2015	December 31, 2014	Change
Total deferred tax assets	\$ 5,708,302	\$ 4,693,490	\$ 1,014,812
Total deferred tax liabilities	37,263	48,183	(10,920)
Net deferred tax asset (liability)	\$ 5,671,039	\$ 4,645,307	\$ 1,025,732
Tax effect of unrealized gains (losses)			--
Change in net deferred income tax			\$ 1,025,732

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The provision for Federal income taxes is different than that which would be obtained by applying the statutory Federal income tax rate to pre-tax income. The significant book to tax adjustments causing this difference are as follows:

Description	Tax Effect Amount	Effective Tax Rate
Provision computed at statutory rate	\$ 2,827,867	35%
Exempt interest income	(535,772)	-6%
Impact of nonadmitted assets	(464,318)	-6%
Other	(93)	0%
Total	\$ 1,827,684	23%
Federal and foreign income taxes incurred	\$ 2,853,416	
Change in net deferred income tax	(1,025,732)	
Total statutory income taxes	\$ 1,827,684	

E. Operating Loss and Tax Credit Carryforwards

- The Company has no operating loss or tax credit carryforwards available.
- The amount of Federal income taxes incurred and available for recoupment by the Company in the event of future net losses is equal to approximately:

Period	Amount
Current tax year:	\$ 2,838,253
First preceding tax year:	\$ 2,564,339

The amounts that can be recouped may be subject to the alternative minimum tax rules, and therefore may be limited.

3. Protective Tax Deposits

Not applicable

F. Consolidated Federal Income Tax Return

- The Company's Federal income tax return is consolidated with The Progressive Corporation ("TPC"), a publicly traded holding company incorporated in Ohio, and all of its wholly-owned United States subsidiaries (the "Group") as detailed in Schedule Y, Part 1.

NOTES TO FINANCIAL STATEMENTS

2. The method of allocation between the companies is subject to written agreement and is jointly approved by an officer of TPC and the Company. The allocation is based upon separate tax return calculations with current credit for net losses or other items utilized in the consolidated tax return. Intercompany tax balances are settled quarterly.

G. Federal or Foreign Income Tax Loss Contingencies

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

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of Relationships

The Company is wholly owned by Progressive Direct Holdings, Inc. ("PDH"), a holding company incorporated in Delaware. The structure of the holding company organization is shown on Schedule Y, Part 1.

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

The Company received a capital contribution of \$3,500,000 from PDH in 2015.

All significant 2015 transactions by the Company or any affiliated insurer with any affiliate are summarized in Schedule Y, Part 2.

See Notes 13.4 and 17.B.

C. Change in Terms of Intercompany Arrangements

Not applicable

D. Amounts Due to or from Related Parties

The Company reported a \$21,358,955 and \$19,391,564 payable to parent, subsidiaries, and affiliates at December 31, 2015 and 2014 respectively. These balances are due to the timing of security purchases and cash collections and disbursements under the Group's centralized cash management system and the reinsurance and management agreements in which the Company participates. The Company also reported a \$656,279 and \$636,975 current Federal income taxes payable at December 31, 2015 and 2014, respectively. These balances are due to TPC for the Company's Federal income tax liability. The intercompany balances are settled by the end of the following quarter depending on the timing of investment transactions. These transactions are dependent upon market timing, investment needs and overall portfolio strategy as to the timing of such settlement transactions.

E. Guarantees or Contingencies for Related Parties

Not applicable

F. Management, Service Contracts, Cost Sharing Arrangements

The Company does not have employees or facilities. Management, operations and claims services are provided under a management agreement with Progressive Direct Insurance Company ("Progressive Direct"), an insurance affiliate domiciled in Ohio. Under the terms of the agreement, the Company is provided underwriting and loss adjustment services for business produced in exchange for a management fee based on the Company's use of services.

The Company participates in an investment services agreement with Progressive Capital Management Corp., a non-insurance affiliate. Under the terms of the agreement, the Company is provided investment and capital management services in exchange for an investment management fee based on its use of services.

All intercompany agreements are approved by the participating insurance companies' states of domicile when established. Upon redomestication, intercompany agreements are not required to be approved by the new state of domicile.

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by PDH.

H. Amount Deducted for Investment in Upstream Company

Not applicable

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

Not applicable

J. Write-Downs for Impairments of Investments in Affiliates

Not applicable

K. Investment in Foreign Insurance Subsidiary

Not applicable

L. Investment in Downstream Non-Insurance Holding Company

Not applicable

M. Subsidiary, Controlled and Affiliated Entities (except insurance subsidiary, controlled and affiliated entities) Value

Not applicable

N. Insurance Subsidiary, Controlled and Affiliated Entities Valuation That Departs From NAIC Statutory Accounting Practices and Procedures

Not applicable

11. Debt

Not applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

The Company has no direct payroll (see Note 10.F).

NOTES TO FINANCIAL STATEMENTS

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

1. Outstanding Shares

The Company has 893 shares of \$2,800 par value common stock authorized and 893 shares issued and outstanding. The Company has no preferred stock authorized, issued, or outstanding.

2. Dividend Rate of Preferred Stock

Not applicable

3,4,5,6. Dividends

The maximum amount of dividends the Company can pay to PDH in 2016 without prior regulatory approval is limited by insurance laws in Ohio. Based on the dividend laws currently in effect, the Company may pay dividends of \$5,952,344 in 2016 without prior approval from the Ohio DOI, provided the dividend payment is not made within 12 months of the previous payment.

Within the limitations described above, there are no additional restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

The Company paid dividends to PDH as follows:

Date Paid	Amount Paid	Dividend Type
January 13, 2015	\$ 1,000,000	Ordinary
January 13, 2014	\$ 2,000,000	Ordinary

7. Mutual Surplus Advances

Not applicable

8. Company Stock Held for Special Purposes

Not applicable

9. Changes in Special Surplus Funds

Not applicable

10. Changes in Unassigned Funds (Surplus)

As of December 31, 2015, the portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

Description	Cumulative Increase (Decrease) in Surplus
Unrealized gain (loss)	\$ --
Nonadmitted assets	(4,688,902)
Provision for reinsurance	--
Total	\$ (4,688,902)

11. Surplus Notes

Not applicable

12,13. Quasi Reorganizations

Not applicable

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not applicable

B. Assessments

The Company is subject to state guaranty fund and other assessments by the states in which it writes business. State guaranty fund assessments are accrued at the time of any known insolvencies. Other assessments are accrued either at the time of assessment or at the time the premiums are written. These accruals are based on information received from the states in which the Company writes business and may change due to many factors including the Company's share of the ultimate cost of current insolvencies.

As of December 31, 2015 and 2014, the Company's estimated liability for state guaranty fund and other assessments was \$140,511 and \$147,222, respectively. The Company did not recognize any premium tax benefit associated with its various assessments.

As of December 31, 2015 and 2014, the Company's estimated liability for various surcharges was \$407,004 and \$395,476, respectively.

C. Gain Contingencies

Not applicable

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

The Company paid the following amounts in 2015 to settle claims related extra contractual obligations ("ECO") or bad faith claims stemming from lawsuits:

Description	Direct
Claims related ECO and bad faith losses paid in 2015	\$ 59,325

NOTES TO FINANCIAL STATEMENTS

The table below indicates the number of claims where amounts were paid to settle claims related ECO or bad faith claims resulting from lawsuits during 2015.

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

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

E. Product Warranties

Not applicable

F. Joint and Several Liabilities

Not applicable

G. All Other Contingencies

The Company routinely assesses the collectibility of premiums and agents' balances receivable and records a bad debt reserve for amounts exceeding the nonadmitted balance that the Company believes are uncollectible.

The Company is named as defendant in various lawsuits arising out of its insurance operations. All legal actions relating to claims made under insurance policies are considered by the Company in establishing its loss and LAE reserves. The Company also has, on a net basis, potential exposure relating to lawsuits due to its participation in the 100% pooling reinsurance agreement for which it is allocated litigation expenses (see Note 26).

The following is a discussion of a potentially significant pending case at December 31, 2015. The Company does not consider a loss from this case to be probable and is unable to estimate a range of loss, if any, at this time.

As of December 31, 2015 there was one case consolidated into multi-district proceedings alleging that the Company improperly steers automobile repair work to certain auto body repair shops and challenging the labor rates the Company pays to auto body repair shops.

15. Leases

Not applicable

16. Information about Financial Instruments with Off-Balance Sheet Risk and with Concentrations of Credit Risk

Not applicable

17. Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not applicable

B. Transfers and Servicing of Financial Assets

The Company transferred \$132,700,000 and \$100,000,000 of premiums receivable to Progressive Investment Company, Inc. ("PICI"), a non-insurance affiliate, for \$132,685,573 and \$99,993,124 in cash and/or securities in 2015 and 2014, respectively. The related premiums receivable remained in the Company's assets, and a corresponding liability was established. As the related cash was collected, it was transferred to PICI and the liability was reduced. These premium receivable transactions were approved by the Ohio DOI.

C. Wash Sales

The Company had no wash sales of securities with a NAIC rating of 3 or below during the year.

18. Gain or Loss from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable

19. Direct Premiums Written / Produced by Managing General Agents / Third Party Administrators

Not applicable

20. Fair Value Measurements

A. Inputs Used for Assets and Liabilities Measured at Fair Value in the Company's Financial Statements

1. Fair Value Measurements by Levels 1, 2 and 3

The Company categorizes its financial instruments, based on the degree of subjectivity inherent in the method by which they are valued, into a fair value hierarchy of three levels, as follows:

Level 1 - Inputs are unadjusted, quoted prices in active markets for identical instruments at the measurement date (e.g., active exchange-traded equity securities).

Level 2 - Inputs (other than quoted prices included within Level 1) that are observable for the instrument either directly or indirectly. This includes: (i) quoted prices for similar instruments in active markets, (ii) quoted prices for identical or similar instruments in markets that are not active, (iii) inputs other than quoted prices that are observable for the instruments, and (iv) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs that are unobservable. Unobservable inputs reflect the Company's subjective evaluation about the assumptions market participants would use in pricing the financial instrument.

See Note 1, Investment Policies section for further information regarding methods used to determine fair market value.

The Company's management evaluated whether the market was distressed or inactive in determining the fair value of the Company's securities and reviewed certain market level inputs to evaluate whether sufficient activity, volume, and new issuances existed to create an active market. Based on this evaluation, management concluded that there was sufficient activity in determining the fair market value of the Company's securities.

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2015, the Company did not measure and report any securities at fair value on the balance sheet. All bonds were carried at amortized cost.

2. Roll forward of Level 3 Items

Not applicable

3. Policy on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3.

4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values

See Note 20.A.1 above.

5. Derivative Fair Values

Not applicable

B. Other Fair Value Disclosures

Not applicable

C. Fair Values for all Financial Instruments by Levels 1, 2, and 3

The table below represents the fair value of all financial instruments at December 31, 2015, however, not all financial instruments are reported at fair value in the Company's financial statements.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$ 115,600,625	\$ 113,672,055	\$ 3,605,832	\$ 111,994,793	\$ --	\$ --
Cash equivalents	--	--	--	--	--	--
Common stock	--	--	--	--	--	--
Preferred stock	--	--	--	--	--	--
Short-term investments	27,636,220	27,636,220	--	27,636,220	--	--
Total	\$ 143,236,845	\$ 141,308,275	\$ 3,605,832	\$ 139,631,013	\$ --	\$ --

D. Financial Instruments for Which it is Not Practicable to Estimate Fair Values

Not applicable

21. Other Items

A. Unusual or Infrequent Items

Not applicable

B. Troubled Debt Restructuring for Debtors

Not applicable

C. Other Disclosures

1. Nonadmitted Other Invested Assets

In accordance with reporting and admissibility requirements of SSAP No. 48, Joint Ventures, Partnerships, and Limited Liability Companies and SSAP No. 97, Investments in Subsidiary, Controlled, and Affiliated Entities, the Company nonadmits its investment in Churchill Stateside North Carolina Tax Credit Fund IV, LLC., (see Note 1C).

D. Business Interruption Insurance Recoveries

Not applicable

E. State Transferable and Non-transferable Tax Credits

1. The 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 at December 31, 2015 are as follows:

Description of state transferable ("T") and non-transferable ("NT") tax credits	State	Carrying Value	Unused Amount
Low Income Housing Tax Credit (NT)	GA	\$ 797,328	\$ 1,470,000
Total		\$ 797,328	\$ 1,470,000

2. The Company estimated the utilization of the remaining transferable and non-transferable state tax credits by projecting future premium, taking into account policy growth and rate changes, projecting the future tax liability based on projected premium, tax rates, and tax credits, and comparing the projected future tax liability to the availability of remaining transferable and non-transferable state tax credits.

3. The Company recognized an impairment loss of \$0 related to write-downs as a result of impairment analysis of the carrying amount for transferable and non-transferable state tax credits.

NOTES TO FINANCIAL STATEMENTS

4. State tax credits admitted and nonadmitted are as follows:

Type	Total Admitted	Total Nonadmitted
Transferable	\$ --	\$ --
Non-transferable	\$ 797,328	\$ --

F. Subprime Mortgage Related Risk Exposure

1. Exposure to Subprime Mortgage Related Risk

The following subprime disclosure and the review and procedures described within are completed at a consolidated level for all the Progressive companies. To the extent the Company had any direct subprime exposure, those securities would be listed in Note 21.F.3.

Management's review of the investment portfolio for securities with direct subprime exposure, such as Alt-A residential mortgage loan-backed bonds and home equity loan-backed bonds is performed in conjunction with the OTTI analysis and procedures (see Note 1.C). Additionally, securities that were determined to have an indirect subprime exposure were also reviewed as part of the OTTI process.

The Company's management continues to perform a detailed review of its investment portfolio, paying particular attention to the credit profile of the issuers to identify the extent to which any asset values may have been impacted by direct or indirect exposure to the subprime mortgage loan disruption, as well as broader credit and financial market events.

In 2015, the Company recorded no OTTI write-downs on any securities as a result of direct subprime exposure.

2. Direct Investment in Subprime Mortgage Loans

Not applicable

3. Direct Investment in Securities with Underlying Subprime Exposure

Not applicable

4. Mortgage or Financial Guaranty Subprime Exposure

Not applicable

G. Insurance-Linked Securities

Not applicable

22. Events Subsequent

The Company was not impacted by any subsequent events. Subsequent events have been considered through February 15, 2016 for the statutory statement that was available for issuance by March 1, 2016.

The Company does not write health insurance and therefore has no premiums subject to assessment under section 9010 of the Affordable Care Act for either the current or prior years.

23. Reinsurance

A. Unsecured Reinsurance Recoverable

At December 31, 2015, the Company had the following unsecured reinsurance recoverable balances which exceeded 3% of policyholders' surplus:

Reinsurer	NAIC Code	Federal ID#	Amount
Progressive Direct Insurance Company	16322	34- 1524319	\$ 218,591,000
North Carolina Reinsurance Facility		AA- 9991139	28,614,000
Total			\$ 247,205,000

B. Reinsurance Recoverable in Dispute

Not applicable

C. Reinsurance Assumed and Ceded

1. The table below summarizes ceded and assumed unearned premiums and the related commission equity at December 31, 2015.

	Assumed		Ceded		Net	
	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity	Unearned Premiums	Commission Equity
(a) Affiliates	\$ 38,744,000	\$ --	\$ 96,656,000	\$ --	\$ (57,912,000)	\$ --
(b) All Other	--	--	10,309,000	2,814,000	(10,309,000)	(2,814,000)
(c) Totals	\$ 38,744,000	\$ --	\$ 106,965,000	\$ 2,814,000	\$ (68,221,000)	\$ (2,814,000)
(d) Direct Unearned Premium Reserve is \$106,965,000						

2. The Company has no return commission or profit sharing arrangements.

D. Uncollectible Reinsurance

Not applicable

E. Commutation of Ceded Reinsurance

Not applicable

NOTES TO FINANCIAL STATEMENTS

F. Retroactive Reinsurance
Not applicable

G. Reinsurance Accounted for as a Deposit
Not applicable

H. Disclosures for the Transfer of Property and Casualty Run-off Agreements
Not applicable

I. Certified Reinsurer Downgraded or Status Subject to Revocation
Not applicable

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation
Not applicable

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination
Not applicable

25. Changes in Incurred Losses and Loss Adjustment Expenses
Incurred losses and LAE attributable to insured events of prior accident years decreased by \$1,725,041 in 2015 which is 3.6% of the total prior year net unpaid losses and LAE of \$48,008,261. The favorable development is primarily due to private passenger auto liability originally anticipated severity for accident year 2014 decreasing by 3.0% and less late reported losses than anticipated for auto physical damage. LAE reserves developed unfavorably in both defense and cost containment and adjusting and other expense reserves.

26. Intercompany Pooling Arrangements
The Company participates in a pooling reinsurance agreement with the property-casualty affiliates listed below (the "Direct Pool") under which 100% of the underwriting business of each member company, net of external reinsurance, is ceded to Progressive Direct, the Direct Pool manager and a Direct Pool participant. The combined premiums, losses, and expenses are then retroceded to each Direct Pool member based on pre-determined pooling percentages.
Mountain Laurel Assurance Company ("Mountain Laurel"), an insurance affiliate domiciled in Ohio, terminated its future participation in the Direct Pool effective November 5, 2005. Mountain Laurel has a zero percent retrocession participation in the Direct Pool for all policies written prior to that date.
The pooling percentages for each Direct Pool member as of December 31, 2015 and 2014 were as follows:

Company	NAIC Code	2015 Pool %	2014 Pool %
Progressive Direct Insurance Company (Lead)	16322	77.5%	77.5%
Progressive Marathon Insurance Company	37605	6.0	6.0
Progressive Max Insurance Company	24279	6.0	6.0
Progressive Advanced Insurance Company	11851	4.0	4.0
Progressive Universal Insurance Company	21727	4.0	4.0
Progressive Premier Insurance Company of Illinois	21735	2.0	2.0
Progressive Paloverde Insurance Company	44695	0.5	0.5
Mountain Laurel Assurance Company	44180	--	--
		100.0%	100.0%

All business written by each Direct Pool member is subject to pooling with the exception of loss reserves from Progressive Max Insurance Company's assumed asbestos and environmental claims, for which the Company has no exposure. Business ceded by Direct Pool members to non-affiliated reinsurers prior to pooling, is primarily due to state-provided reinsurance programs. The Direct Pool does not participate in any intercompany sharing of the provision for reinsurance and the write-offs of uncollectible reinsurance.

At December 31, 2015, amounts recoverable from and payable to Progressive Direct and all affiliates participating in the Direct Pool are as follows:

Company	Amounts Recoverable	Amounts Payable
Progressive Direct Insurance Company (Lead)	\$ 12,156,109	\$ 7,387,260
Progressive Marathon Insurance Company	281,349	844,457
Progressive Max Insurance Company	1,381,019	7,188,669
Progressive Advanced Insurance Company	255,682	2,015,905
Progressive Universal Insurance Company	3,447,547	481,078
Progressive Premier Insurance Company of Illinois	915,004	1,565,356
Progressive Paloverde Insurance Company	1,106,659	60,133
Mountain Laurel Assurance Company	--	511
Total	\$ 19,543,369	\$ 19,543,369

27. Structured Settlements
Not applicable

28. Health Care Receivables
Not applicable

29. Participating Accident and Health Policies
Not applicable

NOTES TO FINANCIAL STATEMENTS

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$0
2. Date of most recent evaluation of this liability	December 31, 2015
3. Was anticipated investment income utilized in the calculation?	Yes [X] No []

31. High Deductibles

Not applicable

32. Discounting of Liabilities for Unpaid Losses and Unpaid Loss Adjustment Expenses

Not applicable

33. Asbestos and Environmental Reserves

Not applicable

34. Subscriber Savings Accounts

Not applicable

35. Multiple Peril Crop Insurance

Not applicable

36. Financial Guaranty Insurance

Not applicable

PART 1 - COMMON INTERROGATORIES**GENERAL**

.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X]

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

.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 []

.3 State regulating? OHIO

.1.1 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 []

.2.2 If yes, date of change:

.3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/201

.3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/201

.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). 08/06/201

.4 By what department or departments?

OHIO

.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [] No []

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

.1.1 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 []

4.12 renewals? Yes []

.1.2 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 []

4.22 renewals? Yes []

.1.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes []

.1.2 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 NAIC Company Code	S D
Name of Entity		

.1.1 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 []

.1.2 If yes, give full information:

.1.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes []

.1.2 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 Nationality	2 Type of Entity

.1.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes []

.1.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.1.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes []

.1.4 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC

.1.5 What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PRICEWATERHOUSECOOPERS, LLP 200 PUBLIC SQUARE, 18TH FLOOR CLEVELAND, OH 44114-2301

.0.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes []

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

.0.3 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 []

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

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

.0.6 If the response to 10.5 is no or n/a, please explain:

PART 1 - COMMON INTERROGATORIES

1. 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?
GARY S. TRAICOFF, FCAS, MAAA CORPORATE ACTUARY 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143-2182

2.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes []
 12.11 Name of real estate holding company _____
 12.12 Number of parcels involved _____
 12.13 Total book/adjusted carrying value _____ \$ _____

2.2 If yes, provide explanation

3. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

3.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
N/A

3.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes []

3.3 Have there been any changes made to any of the trust indentures during the year? Yes []

3.4 If answer to (3.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No []

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

(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.

4.11 If the response to 4.1 is no, please explain:

4.2 Has the code of ethics for senior managers been amended? Yes []

4.21 If the response to 4.2 is yes, provide information related to amendment(s).

4.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes []

4.31 If the response to 4.3 is yes, provide the nature of any waiver(s).

5.1 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 []

5.2 If the response to 5.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

6. 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 [X]
 7. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinator committees thereof? Yes [X]
 8. 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 [X]

FINANCIAL

9. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes []

10.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 20.11 To directors or other officers _____ \$ _____
 20.12 To stockholders not officers _____ \$ _____
 20.13 Trustees, supreme or grand (Fraternal only) _____ \$ _____

10.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
 20.21 To directors or other officers _____ \$ _____
 20.22 To stockholders not officers _____ \$ _____
 20.23 Trustees, supreme or grand (Fraternal only) _____ \$ _____

11.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes []

11.2 If yes, state the amount thereof at December 31 of the current year:
 21.21 Rented from others _____ \$ _____
 21.22 Borrowed from others _____ \$ _____
 21.23 Leased from others _____ \$ _____
 21.24 Other _____ \$ _____

12.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes []

12.2 If answer is yes:
 22.21 Amount paid as losses or risk adjustment _____ \$ _____
 22.22 Amount paid as expenses _____ \$ _____
 22.23 Other amounts paid _____ \$ _____

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

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

INVESTMENT

PART 1 - COMMON INTERROGATORIES

!4.01 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]

!4.02 If no, give full and complete information, relating thereto:

!4.03 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). N/A

!4.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the *Risk-Based Capital Instructions*? Yes [] No [] N/A

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

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

!4.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No []

!4.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No []

!4.09 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 []

!4.10 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: \$ _____

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

24.103 Total payable for securities lending reported on the liability page: \$ _____

!5.1 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 [X]

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

25.21 Subject to repurchase agreements	\$ _____
25.22 Subject to reverse repurchase agreements	\$ _____
25.23 Subject to dollar repurchase agreements	\$ _____
25.24 Subject to reverse dollar repurchase agreements	\$ _____
25.25 Placed under option agreements	\$ _____
25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$ _____
25.27 FHLB Capital Stock	\$ _____
25.28 On deposit with states	\$ _____ 3,61
25.29 On deposit with other regulatory bodies	\$ _____
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$ _____
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$ _____
25.32 Other	\$ _____

!5.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$ _____

!6.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes []

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

!7.1 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 []

!7.2 If yes, state the amount thereof at December of the current year: \$ _____

!8. 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]

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
CITIBANK, N.A.	338 GREENWICH STREET, NEW YORK, NY 10013

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)
NONE		

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes []

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
NONE			

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
NONE		

!9.1 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 []

PART 1 - COMMON INTERROGATORIES

19.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Car Value
29,2999 TOTAL		

19.3 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 Vali

10. 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 ov Value (-), or Fair Value Statement (+)
30.1	Bonds	141,308,275	143,236,845	1,9
30.2	Preferred Stocks	0	0	
30.3	Totals	141,308,275	143,236,845	1,9

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

THE FAIR MARKET VALUES REPORTED ARE DERIVED FROM INDEPENDENT AND OBSERVABLE MARKET INPUT EVALUATIONS PROVIDED BY WIDELY UTILIZED REPUTABLE PRICING SERVICES, INDEPENDENT BROKER/DEALER BID LISTS, INDEPENDENT BROKER/DEALER QUOTATIONS, INDEPENDENT BROKER/DEALER PRICING SERVICES, OR ACTIVE MARKET CLOSING QUOTATIONS FROM A REGULATED EXCHANGE. IN VERY RARE CASES, IF NONE OF THE AFOREMENTIONED PRIMARY SOURCES ARE AVAILABLE, MATRIX PRICING USING THE REPORTING ENTITY'S OWN MARKET BASED ASSUMPTIONS MAY BE UTILIZED. THE APPROXIMATE METHODS FOR COMPUTATION OF FAIR MARKET VALUE ARE PRESCRIBED IN PART FIVE OF THE SECURITIES VALUATION OFFICE PURPOSES AND PROCEDURES MANUAL.

11.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes []

11.2 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 []

11.3 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:

12.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X]

12.2 If no, list exceptions:

OTHER

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

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

1 Name	2 Amount Paid
INDEPENDENT STATISTICAL SVCS	\$ _____

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

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

1 Name	2 Amount Paid
NONE	\$ _____

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

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

1 Name	2 Amount Paid
NONE	\$ _____

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes []	
.2	If yes, indicate premium earned on U.S. business only.	\$ _____	
.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ _____	
1.31 Reason for excluding:			
.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$ _____	
.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ _____	
.6	Individual policies:		
Most current three years:			
1.61	Total premium earned	\$ _____	
1.62	Total incurred claims	\$ _____	
1.63	Number of covered lives	_____	
All years prior to most current three years:			
1.64	Total premium earned	\$ _____	
1.65	Total incurred claims	\$ _____	
1.66	Number of covered lives	_____	
.7	Group policies:		
Most current three years:			
1.71	Total premium earned	\$ _____	
1.72	Total incurred claims	\$ _____	
1.73	Number of covered lives	_____	
All years prior to most current three years:			
1.74	Total premium earned	\$ _____	
1.75	Total incurred claims	\$ _____	
1.76	Number of covered lives	_____	
..	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 0	\$ 0
2.2	Premium Denominator	\$ 137,425,718	\$ 125,110,878
2.3	Premium Ratio (2.1/2.2)	_____	_____
2.4	Reserve Numerator	\$ 0	\$ 0
2.5	Reserve Denominator	\$ 93,623,012	\$ 82,339,458
2.6	Reserve Ratio (2.4/2.5)	_____	_____
.1	Does the reporting entity issue both participating and non-participating policies?	Yes []	
.2	If yes, state the amount of calendar year premiums written on:		
3.21	Participating policies	\$ _____	
3.22	Non-participating policies	\$ _____	
.1	FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:		
4.1	Does the reporting entity issue assessable policies?	Yes []	
4.2	Does the reporting entity issue non-assessable policies?	Yes []	
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders?	% _____	
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.	\$ _____	
.1	FOR RECIPROCAL EXCHANGES ONLY:		
5.1	Does the exchange appoint local agents?	Yes []	
5.2	If yes, is the commission paid:		
5.21	Out of Attorney's-in-fact compensation	Yes [] No []	
5.22	As a direct expense of the exchange	Yes [] No []	
5.3	What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?		
5.4	Has any Attorney-in-fact compensation, contingent on fulfillments of certain conditions, been deferred?	Yes []	
5.5	If yes, give full information:		
.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of <u>THE COMPANY DOES NOT WRITE WORKERS' COMPENSATION INSURANCE.</u>		
.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss: locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: <u>THE COMPANY'S PROBABLE MAXIMUM LOSS (PML) IS ESTIMATED BY ANALYZING HISTORICAL MAJOR OCCURRENCES AND ESTIMATING FREQUENCY OF LOSSES SEVERITY BASED ON THE POTENTIAL FORCE OF AN OCCURRENCE AND THE TOTAL NUMBER OF AUTOS AND BOATS EXPOSED. THE ESTIMATE OF THE PML WAS COMPLETED BY PROGRESSIVE EMPLOYEES. THE COMPANY'S NET COMPREHENSIVE EXPOSURE IN THE CATASTROPHE PRONE STATES OF FLORIDA, LOUISIANA, TEXAS, CALIFORNIA, ALABAMA, NEW YORK, AND NEW JERSEY IS LIMITED SINCE THE COMPANY IS A MEMBER OF A 100% POOLING REINSURANCE ARRANGEMENT WITH 6 OF ITS PROPERTY AND CASUALTY AFFILIATES. THE PRIMARY PROPERTY COVERAGE SOLD BY THE COMPANY IS COMPREHENSIVE FOR AUTOMOBILE AND INLAND MARINE FOR BOATS. THE ESTIMATE OF THE PML IS 6% OF THE SURPLUS.</u>		
.3	What provision has this reporting entity made (such as catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? <u>THE COMPANY'S ESTIMATED PML IS 6% OF THE SURPLUS. THE COMPANY CARRIES NO EXTERNAL CATASTROPHE REINSURANCE TO COVER ITS LIMITED CATASTROPHE EXPOSURE. THE COMPANY PARTICIPATES IN A POOLING ARRANGEMENT WHICH SPREADS THE UNDERWRITING RISK INCLUDING THE CATASTROPHE EXPOSURE AMONG ALL PARTIES TO THE POOLING AGREEMENT.</u>		
.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes []	

Annual Statement for the year 2015 of the **PROGRESSIVE GENERAL INTERROGATORIES OF ILLINOIS**
PART 2 – PROPERTY & CASUALTY INTERROGATORIES

i.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophe loss:
NONE

i.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes []

i.2 If yes, indicate the number of reinsurance contracts containing such provisions. _____

i.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 []

i.1.1 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 []

i.2 If yes, give full information

i.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
(a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity? Yes []

i.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 []

i.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.

i.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 []

i.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.

i.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
(a) The entity does not utilize reinsurance; or Yes []
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or Yes []
(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 []

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

1.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? Yes []

1.2 If yes, give full information

2.1 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) _____ \$ _____

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? _____ \$ _____

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

2.4 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 _____ % _____

2.5 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 []

2.6 If yes, state the amount thereof at December 31 of current year:
12.61 Letters of Credit _____ \$ _____

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

12.62	Collateral and other funds	\$				
13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$	40			
3.2	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?	Yes []				
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.					
4.1	Is the company a cedant in a multiple cedant reinsurance contract?	Yes []				
4.2	If yes, please describe the method of allocating and recording reinsurance among the cedants:					
4.3	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 []				
4.4	If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?	Yes []				
4.5	If the answer to 14.4 is no, please explain:					
5.1	Has the reporting entity guaranteed any financed premium accounts?	Yes []				
5.2	If yes, give full information					
6.1	Does the reporting entity write any warranty business?	Yes []				
	If yes, disclose the following information for each of the following types of warranty coverage:					
		1	2	3	4	5
		Direct Losses Incurred	Direct Losses Unpaid	Direct Written Premium	Direct Premium Unearned	Direct Premium 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:						
7.1	Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5.	Yes []				
	Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:					
17.11	Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5	\$				
17.12	Unfunded portion of Interrogatory 17.11	\$				
17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$				
17.14	Case reserves portion of Interrogatory 17.11	\$				
17.15	Incurred but not reported portion of Interrogatory 17.11	\$				
17.16	Unearned premium portion of Interrogatory 17.11	\$				
17.17	Contingent commission portion of Interrogatory 17.11	\$				
Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above.						
17.18	Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5	\$				
17.19	Unfunded portion of Interrogatory 17.18	\$				
17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$				
17.21	Case reserves portion of Interrogatory 17.18	\$				
17.22	Incurred but not reported portion of Interrogatory 17.18	\$				
17.23	Unearned premium portion of Interrogatory 17.18	\$				
17.24	Contingent commission portion of Interrogatory 17.18	\$				
8.1	Do you act as a custodian for health savings accounts?	Yes []				
18.2	If yes, please provide the amount of custodial funds held as of the reporting date.	\$				
8.3	Do you act as an administrator for health savings accounts?	Yes []				
18.4	If yes, please provide the balance of the funds administered as of the reporting date.	\$				

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
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	
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).....	334,362,657	289,950,038	264,297,904	237,093,414	2
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	201,281,512	173,880,669	151,186,938	140,086,729	1
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	(10)	1,709	77,109	70,794	
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
6. Total (Line 35).....	535,644,159	463,832,417	415,561,951	377,250,938	3
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).....	92,770,114	84,149,015	76,341,118	72,640,011	6
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	49,728,337	44,020,085	38,425,893	36,882,231	5
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	(10)	1,709	77,109	70,794	
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
12. Total (Line 35).....	142,498,441	128,170,810	114,844,120	109,593,037	10
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	7,245,997	6,465,849	7,424,951	4,607,523	
14. Net investment gain (loss) (Line 11).....	1,735,200	2,373,878	1,806,640	2,945,769	
15. Total other income (Line 15).....	(887,004)	(776,366)	(470,401)	241,711	
16. Dividends to policyholders (Line 17).....					
17. Federal and foreign income taxes incurred (Line 19).....	2,867,990	2,303,100	2,627,871	1,964,543	
18. Net income (Line 20).....	5,226,203	5,760,261	6,133,319	5,830,460	
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	233,838,972	198,322,548	184,026,188	167,037,162	11
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....	9,317,376	7,788,169	7,916,992	7,223,243	
20.2 Deferred and not yet due (Line 15.2).....	68,763,360	54,938,351	47,375,221	43,129,202	
20.3 Accrued retrospective premiums (Line 15.3).....					
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	174,315,530	147,219,755	137,839,785	124,784,534	11
22. Losses (Page 3, Line 1).....	44,663,091	39,410,483	37,298,422	36,052,287	
23. Loss adjustment expenses (Page 3, Line 3).....	9,975,407	8,597,778	7,873,330	7,512,914	
24. Unearned premiums (Page 3, Line 9).....	38,743,974	33,671,252	30,611,320	28,545,039	
25. Capital paid up (Page 3, Lines 30 & 31).....	2,500,400	2,500,400	2,500,400	2,500,400	
26. Surplus as regards policyholders (Page 3, Line 37).....	59,523,442	51,102,793	46,186,403	42,252,628	
Cash Flow (Page 5)					
27. Net cash from operations (Line 11).....	81,267	11,193,076	5,059,298	4,415,055	
Risk-Based Capital Analysis					
28. Total adjusted capital.....	59,523,442	51,102,793	46,186,403	42,252,628	
29. Authorized control level risk-based capital.....	4,362,121	4,553,612	4,159,615	4,019,209	
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).....	80.4	97.9	100.0	100.0	
31. Stocks (Lines 2.1 & 2.2).....					
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).....	19.6	2.1			
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	
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	
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				

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2015	2 2014	3 2013	4 2012	
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24).....					
52. Dividends to stockholders (Line 35).....		.....(1,000,000)	.....(2,000,000)	.....(2,000,000)	.....
53. Change in surplus as regards policyholders for the year (Line 38).....	.....8,420,649	.....4,916,390	.....3,933,775	.....3,897,513	.....
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).....	.....185,536,938	.....171,516,121	.....147,050,113	.....134,744,779	.....11
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	.....125,778,764	.....115,375,278	.....105,434,723	.....88,417,009	.....1
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	.....611	.....26,490	.....36,787	.....46,746	.....
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
59. Total (Line 35).....	.....311,316,313	.....286,917,889	.....252,521,623	.....223,208,534	.....20
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).....	.....47,652,287	.....45,629,601	.....41,191,816	.....39,172,649	.....1
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	.....33,911,947	.....31,484,985	.....26,878,337	.....25,968,118	.....1
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	.....611	.....26,490	.....36,787	.....46,746	.....
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
65. Total (Line 35).....	.....81,564,845	.....77,141,076	.....68,106,940	.....65,187,513	.....1
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	.....
67. Losses incurred (Line 2).....	.....63.2	.....63.3	.....61.5	.....63.4	.....
68. Loss expenses incurred (Line 3).....	.....11.3	.....11.0	.....10.9	.....10.8	.....
69. Other underwriting expenses incurred (Line 4).....	.....20.2	.....20.5	.....21.1	.....21.5	.....
70. Net underwriting gain (loss) (Line 8).....	.....5.3	.....5.2	.....6.6	.....4.3	.....
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).....	.....20.1	.....20.6	.....21.1	.....21.0	.....
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	.....74.5	.....74.3	.....72.4	.....74.2	.....
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).....	.....239.4	.....250.8	.....248.7	.....259.4	.....
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).....	.....(1,693)	.....(51)	.....(644)	.....(245)	.....
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).....	.....(3.3)	.....(0.1)	.....(1.5)	.....(0.6)	.....
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).....	.....(296)	.....(673)	.....(452)	.....(2,385)	.....
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).....	.....(0.6)	.....(1.6)	.....(1.2)	.....(6.5)	.....

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

If no, please explain:

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
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								F C I	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	.....XXX.....	.....XXX.....	.....XXX.....	.....20	.....6	.....2	.....0	.....1	.....	.....6	.....18	....
2. 2006.....	.....66,825	.....512	.....66,314	.....37,330	.....263	.....1,021	.....1	.....7,978	.....0	.....4,103	.....46,065	....
3. 2007.....	.....71,248	.....648	.....70,600	.....41,818	.....325	.....1,096	.....1	.....7,943	.....	.....4,938	.....50,530	....
4. 2008.....	.....74,728	.....676	.....74,052	.....44,483	.....345	.....1,084	.....0	.....8,580	.....	.....5,161	.....53,802	....
5. 2009.....	.....84,068	.....840	.....83,229	.....49,596	.....399	.....1,296	.....1	.....8,537	.....	.....5,796	.....59,030	....
6. 2010.....	.....93,394	.....1,018	.....92,376	.....57,881	.....708	.....1,552	.....1	.....9,546	.....	.....6,564	.....68,269	....
7. 2011.....	.....101,399	.....1,305	.....100,094	.....62,073	.....579	.....1,602	.....0	.....9,745	.....	.....7,330	.....72,840	....
8. 2012.....	.....109,516	.....1,361	.....108,155	.....67,423	.....591	.....1,448	.....1	.....9,971	.....	.....8,096	.....78,250	....
9. 2013.....	.....114,404	.....1,626	.....112,778	.....66,837	.....687	.....1,161	.....1	.....10,008	.....	.....7,784	.....77,318	....
10. 2014.....	.....127,100	.....1,989	.....125,111	.....69,213	.....569	.....715	.....1	.....10,387	.....	.....8,358	.....79,745	....
11. 2015.....	.....139,792	.....2,366	.....137,426	.....60,139	.....439	.....220	.....0	.....9,617	.....	.....5,772	.....69,537	....
12. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....556,813	.....4,912	.....11,196	.....7	.....92,314	.....0	.....63,909	.....655,404	....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	I C O
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	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....	.....86	.....49	.....12	.....	.....2	.....	.....	.....	.....1	.....	.....	.....52	..
2. 2006....	.....51	.....47	.....3	.....	.....1	.....	.....	.....	.....2	.....	.....	.....10	..
3. 2007....	.....193	.....150	.....24	.....20	.....4	.....	.....	.....	.....8	.....	.....	.....59	..
4. 2008....	.....339	.....304	.....105	.....89	.....7	.....	.....	.....	.....6	.....	.....	.....64	..
5. 2009....	.....308	.....213	.....141	.....105	.....20	.....	.....	.....	.....18	.....	.....	.....169	..
6. 2010....	.....1,096	.....877	.....221	.....184	.....55	.....	.....	.....	.....41	.....	.....	.....352	..
7. 2011....	.....880	.....362	.....182	.....178	.....102	.....	.....	.....	.....60	.....	.....	.....683	..
8. 2012....	.....2,741	.....1,448	.....816	.....308	.....226	.....	.....133	.....	.....181	.....	.....276	.....2,340	..
9. 2013....	.....4,094	.....1,001	.....866	.....286	.....583	.....	.....165	.....0	.....369	.....	.....312	.....4,790	..
10. 2014....	.....7,963	.....378	.....3,103	.....1,477	.....1,074	.....	.....295	.....0	.....959	.....	.....697	.....11,540	..
11. 2015....	.....24,460	.....399	.....6,476	.....1,619	.....1,731	.....	.....593	.....0	.....3,339	.....	.....3,961	.....34,580	..
12. Totals....	.....42,210	.....5,228	.....11,949	.....4,268	.....3,804	.....0	.....1,186	.....0	.....4,985	.....0	.....5,246	.....54,638	..

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	35 Losses Unpaid	E I	Net Balance SI Reserves after Di				
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense								
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....49	.....	.....		
2. 2006..	.....46,385	.....310	.....46,075	.....69.4	.....60.6	.....69.5	.....	.....	.....2.00	.....7	.....	.....		
3. 2007..	.....51,085	.....496	.....50,589	.....71.7	.....76.6	.....71.7	.....	.....	.....2.00	.....47	.....	.....		
4. 2008..	.....54,604	.....739	.....53,865	.....73.1	.....109.3	.....72.7	.....	.....	.....2.00	.....51	.....	.....		
5. 2009..	.....59,916	.....718	.....59,199	.....71.3	.....85.5	.....71.1	.....	.....	.....2.00	.....131	.....	.....		
6. 2010..	.....70,391	.....1,770	.....68,622	.....75.4	.....173.8	.....74.3	.....	.....	.....2.00	.....257	.....	.....		
7. 2011..	.....74,644	.....1,121	.....73,523	.....73.6	.....85.9	.....73.5	.....	.....	.....2.00	.....521	.....	.....		
8. 2012..	.....82,938	.....2,349	.....80,589	.....75.7	.....172.5	.....74.5	.....	.....	.....2.00	.....1,800	.....	.....		
9. 2013..	.....84,083	.....1,976	.....82,107	.....73.5	.....121.5	.....72.8	.....	.....	.....2.00	.....3,672	.....	.....		
10. 2014..	.....93,710	.....2,425	.....91,285	.....73.7	.....121.9	.....73.0	.....	.....	.....2.00	.....9,211	.....	.....		
11. 2015..	.....106,576	.....2,458	.....104,118	.....76.2	.....103.9	.....75.8	.....	.....	.....2.00	.....28,918	.....	.....		
12. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....44,663	.....	.....		

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)										DEVELOPM	
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	
1. Prior....	8,125	8,155	7,847	7,674	7,679	7,754	7,778	7,797	7,830	7,833	3	
2. 2006....	38,357	38,231	38,553	38,300	38,072	38,041	38,065	38,067	38,088	38,096	8	
3. 2007....	XXX	43,173	42,987	42,909	42,683	42,325	42,362	42,384	42,490	42,638	148	
4. 2008....	XXX	XXX	46,463	46,094	45,918	45,536	45,220	45,255	45,273	45,279	6	
5. 2009....	XXX	XXX	XXX	53,198	51,697	51,343	50,979	50,582	50,613	50,644	31	
6. 2010....	XXX	XXX	XXX	XXX	60,132	59,224	59,391	59,378	59,008	59,035	27	
7. 2011....	XXX	XXX	XXX	XXX	XXX	63,928	64,110	64,235	64,216	63,717	(499)	
8. 2012....	XXX	XXX	XXX	XXX	XXX	XXX	70,553	70,117	70,268	70,437	169	
9. 2013....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	71,889	71,867	71,730	(137)	
10. 2014....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	81,387	79,938	(1,448)	
11. 2015....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	91,161	XXX	
										12. Totals....	(1,693)	

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 Number of Claims Closed With Loss Payment
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....	.....000.....	.....4,254	.....6,396	.....7,121	.....7,413	.....7,596	.....7,659	.....7,741	.....7,765	.....7,782	.....XXX.....
2. 2006.....	.....26,493	.....32,806	.....35,655	.....37,146	.....37,722	.....37,906	.....37,989	.....38,024	.....38,069	.....38,088	.....XXX.....
3. 2007.....	.....XXX.....	.....29,428	.....36,889	.....39,908	.....41,336	.....41,975	.....42,175	.....42,280	.....42,419	.....42,587	.....XXX.....
4. 2008.....	.....XXX.....	.....XXX.....	.....30,871	.....39,700	.....42,643	.....44,100	.....44,769	.....45,069	.....45,168	.....45,221	.....XXX.....
5. 2009.....	.....XXX.....	.....XXX.....	.....XXX.....	.....34,141	.....43,603	.....47,201	.....49,205	.....50,016	.....50,382	.....50,493	.....XXX.....
6. 2010.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....38,835	.....50,248	.....54,903	.....57,295	.....58,366	.....58,724	.....XXX.....
7. 2011.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....42,839	.....54,854	.....59,831	.....62,236	.....63,095	.....XXX.....
8. 2012.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....47,028	.....60,682	.....66,023	.....68,278	.....XXX.....
9. 2013.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....47,445	.....62,243	.....67,309	.....XXX.....
10. 2014.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....54,647	.....69,358	.....XXX.....
11. 2015.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....59,920	.....XXX.....

SCHEDULE P - PART 4 - SUMMARY

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	Direct Writ Feder chasin (Incl. i
		2 Direct Premiums Written	3 Direct Premiums Earned						
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	L.....	285,418,681	276,092,779		176,088,163	188,481,467	89,979,974	4,161,212
12. Hawaii.....	.HI	L.....							
13. Idaho.....	.ID	L.....							
14. Illinois.....	.IL	L.....	1,912,670	2,082,455		967,681	563,970	1,401,197	12,481
15. Indiana.....	.IN	N.....							
16. Iowa.....	.IA	N.....							
17. Kansas.....	.KS	N.....							
18. Kentucky.....	.KY	N.....							
19. Louisiana.....	.LA	N.....							
20. Maine.....	.ME	L.....	83,726	89,215		39,471	39,619	35,985	1,467
21. Maryland.....	.MD	N.....							
22. Massachusetts.....	.MA	N.....							
23. Michigan.....	.MI	N.....							
24. Minnesota.....	.MN	L.....							
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	L.....	105,730,641	95,352,895		52,656,155	60,388,739	22,431,866	2,046,767
35. North Dakota.....	.ND	N.....							
36. Ohio.....	.OH	L.....							
37. Oklahoma.....	.OK	L.....							
38. Oregon.....	.OR	N.....							
39. Pennsylvania.....	.PA	N.....							
40. Rhode Island.....	.RI	L.....							
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	L.....							
48. Washington.....	.WA	N.....							
49. West Virginia.....	.WV	N.....							
50. Wisconsin.....	.WI	N.....							
51. Wyoming.....	.WY	N.....							
52. American Samoa.....	.AS	N.....							
53. Guam.....	.GU	N.....							
54. Puerto Rico.....	.PR	N.....							
55. US Virgin Islands.....	.VI	N.....							
56. Northern Mariana Islands.....	.MP	N.....							
57. Canada.....	.CAN	N.....							
58. Aggregate Other Alien.....	OT	XXX	0	0	0	0	0	0	
59. Totals.....	(a) 11	393,145,718	373,617,344	0	229,751,470	249,473,795	113,849,022	6,221,927	

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	
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	

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

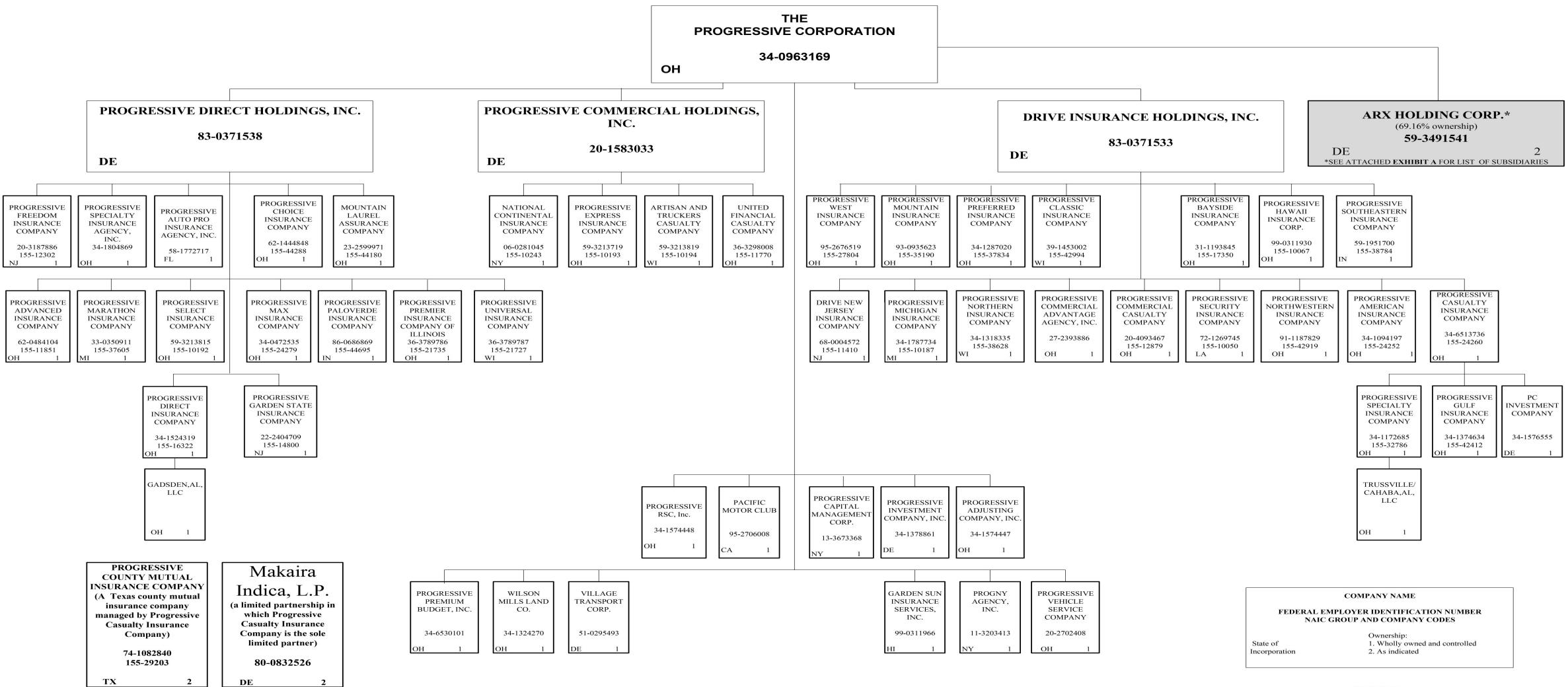
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(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.

Allocation on the basis of the location where the vehicle is principally garaged and used.

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
PART 1 - ORGANIZATIONAL CHART



12/31/15

Annual Statement for the year 2015 of the **PROGRESSIVE PREMIER INSURANCE COMPANY OF ILLINOIS**
PART 1 - ORGANIZATIONAL CHART

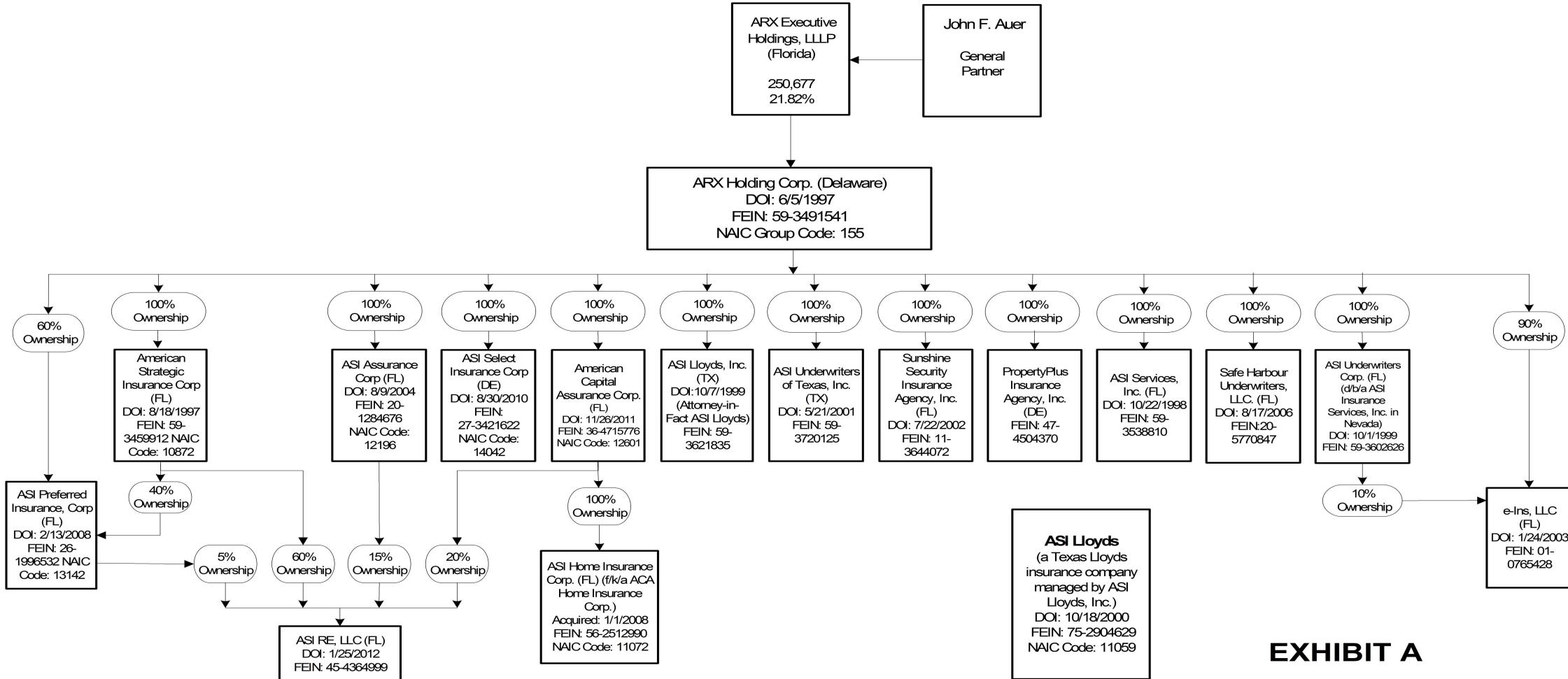


EXHIBIT A

Assets	2	Schedule P-Part 2G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)
Cash Flow	5	Schedule P-Part 2H-Section 1-Other Liability-Occurrence
Exhibit of Capital Gains (Losses)	12	Schedule P-Part 2H-Section 2-Other Liability-Claims-Made
Exhibit of Net Investment Income	12	Schedule P-Part 2I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)
Exhibit of Nonadmitted Assets	13	Schedule P-Part 2J-Auto Physical Damage
Exhibit of Premiums and Losses (State Page)	19	Schedule P-Part 2K-Fidelity, Surety
Five-Year Historical Data	17	Schedule P-Part 2L-Other (Including Credit, Accident and Health)
General Interrogatories	15	Schedule P-Part 2M-International
Jurat Page	1	Schedule P-Part 2N-Reinsurance – Nonproportional Assumed Property
Liabilities, Surplus and Other Funds	3	Schedule P-Part 2O-Reinsurance – Nonproportional Assumed Liability
Notes To Financial Statements	14	Schedule P-Part 2P-Reinsurance – Nonproportional Assumed Financial Lines
Overflow Page For Write-ins	100	Schedule P-Part 2R-Section 1-Products Liability-Occurrence
Schedule A-Part 1	E01	Schedule P-Part 2R-Section 2-Products Liability-Claims-Made
Schedule A-Part 2	E02	Schedule P-Part 2S-Financial Guaranty/Mortgage Guaranty
Schedule A-Part 3	E03	Schedule P-Part 2T-Warranty
Schedule A-Verification Between Years	SI02	Schedule P-Part 3A-Homeowners/Farmowners
Schedule B-Part 1	E04	Schedule P-Part 3B-Private Passenger Auto Liability/Medical
Schedule B-Part 2	E05	Schedule P-Part 3C-Commercial Auto/Truck Liability/Medical
Schedule B-Part 3	E06	Schedule P-Part 3D-Workers' Compensation (Excluding Excess Workers Compensation)
Schedule B-Verification Between Years	SI02	Schedule P-Part 3E-Commercial Multiple Peril
Schedule BA-Part 1	E07	Schedule P-Part 3F-Section 1-Medical Professional Liability-Occurrence
Schedule BA-Part 2	E08	Schedule P-Part 3F-Section 2-Medical Professional Liability-Claims-Made
Schedule BA-Part 3	E09	Schedule P-Part 3G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)
Schedule BA-Verification Between Years	SI03	Schedule P-Part 3H-Section 1-Other Liability-Occurrence
Schedule D-Part 1	E10	Schedule P-Part 3H-Section 2-Other Liability-Claims-Made
Schedule D-Part 1A-Section 1	SI05	Schedule P-Part 3I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)
Schedule D-Part 1A-Section 2	SI08	Schedule P-Part 3J-Auto Physical Damage
Schedule D-Part 2-Section 1	E11	Schedule P-Part 3K-Fidelity/Surety
Schedule D-Part 2-Section 2	E12	Schedule P-Part 3L-Other (Including Credit, Accident and Health)
Schedule D-Part 3	E13	Schedule P-Part 3M-International
Schedule D-Part 4	E14	Schedule P-Part 3N-Reinsurance – Nonproportional Assumed Property
Schedule D-Part 5	E15	Schedule P-Part 3O-Reinsurance – Nonproportional Assumed Liability
Schedule D-Part 6-Section 1	E16	Schedule P-Part 3P-Reinsurance – Nonproportional Assumed Financial Lines
Schedule D-Part 6-Section 2	E16	Schedule P-Part 3R-Section 1-Products Liability-Occurrence
Schedule D-Summary By Country	SI04	Schedule P-Part 3R-Section 2-Products Liability-Claims-Made
Schedule D-Verification Between Years	SI03	Schedule P-Part 3S-Financial Guaranty/Mortgage Guaranty
Schedule DA-Part 1	E17	Schedule P-Part 3T-Warranty
Schedule DA-Verification Between Years	SI10	Schedule P-Part 4A-Homeowners/Farmowners
Schedule DB-Part A-Section 1	E18	Schedule P-Part 4B-Private Passenger Auto Liability/Medical
Schedule DB-Part A-Section 2	E19	Schedule P-Part 4C-Commercial Auto/Truck Liability/Medical
Schedule DB-Part A-Verification Between Years	SI11	Schedule P-Part 4D-Workers' Compensation (Excluding Excess Workers Compensation)
Schedule DB-Part B-Section 1	E20	Schedule P-Part 4E-Commercial Multiple Peril
Schedule DB-Part B-Section 2	E21	Schedule P-Part 4F-Section 1-Medical Professional Liability-Occurrence
Schedule DB-Part B-Verification Between Years	SI11	Schedule P-Part 4F-Section 2-Medical Professional Liability-Claims-Made
Schedule DB-Part C-Section 1	SI12	Schedule P-Part 4G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)
Schedule DB-Part C-Section 2	SI13	Schedule P-Part 4H-Section 1-Other Liability-Occurrence
Schedule DB-Part D-Section 1	E22	Schedule P-Part 4H-Section 2-Other Liability-Claims-Made
Schedule DB-Part D-Section 2	E23	Schedule P-Part 4I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)
Schedule DB-Verification	SI14	Schedule P-Part 4J-Auto Physical Damage
Schedule DL-Part 1	E24	Schedule P-Part 4K-Fidelity/Surety
Schedule DL-Part 2	E25	Schedule P-Part 4L-Other (Including Credit, Accident and Health)
Schedule E-Part 1-Cash	E26	Schedule P-Part 4M-International
Schedule E-Part 2-Cash Equivalents	E27	Schedule P-Part 4N-Reinsurance – Nonproportional Assumed Property
Schedule E-Part 3-Special Deposits	E28	Schedule P-Part 4O-Reinsurance – Nonproportional Assumed Liability
Schedule E-Verification Between Years	SI15	Schedule P-Part 4P-Reinsurance – Nonproportional Assumed Financial Lines
Schedule F-Part 1	20	Schedule P-Part 4R-Section 1-Products Liability-Occurrence
Schedule F-Part 2	21	Schedule P-Part 4R-Section 2-Products Liability-Claims-Made
Schedule F-Part 3	22	Schedule P-Part 4S-Financial Guaranty/Mortgage Guaranty
Schedule F-Part 4	23	Schedule P-Part 4T-Warranty
Schedule F-Part 5	24	Schedule P-Part 5A-Homeowners/Farmowners
Schedule F-Part 6-Section 1	25	Schedule P-Part 5B-Private Passenger Auto Liability/Medical
Schedule F-Part 6-Section 2	26	Schedule P-Part 5C-Commercial Auto/Truck Liability/Medical
Schedule F-Part 7	27	Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers Compensation)
Schedule F-Part 8	28	Schedule P-Part 5E-Commercial Multiple Peril
Schedule F-Part 9	29	Schedule P-Part 5F-Medical Professional Liability-Claims-Made
Schedule H-Accident and Health Exhibit-Part 1	30	Schedule P-Part 5F-Medical Professional Liability-Occurrence
Schedule H-Part 2, Part 3 and Part 4	31	Schedule P-Part 5H-Other Liability-Claims-Made
Schedule H-Part 5-Health Claims	32	Schedule P-Part 5H-Other Liability-Occurrence
Schedule P-Part 1-Summary	33	Schedule P-Part 5R-Products Liability-Claims-Made
Schedule P-Part 1A-Homeowners/Farmowners	35	Schedule P-Part 5R-Products Liability-Occurrence
Schedule P-Part 1B-Private Passenger Auto Liability/Medical	36	Schedule P-Part 5T-Warranty
Schedule P-Part 1C-Commercial Auto/Truck Liability/Medical	37	Schedule P-Part 6C-Commercial Auto/Truck Liability/Medical
Schedule P-Part 1D-Workers' Compensation (Excluding Excess Workers Compensation)	38	Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers Compensation)
Schedule P-Part 1E-Commercial Multiple Peril	39	Schedule P-Part 6E-Commercial Multiple Peril
Schedule P-Part 1F-Section 1-Medical Professional Liability-Occurrence	40	Schedule P-Part 6H-Other Liability-Claims-Made
Schedule P-Part 1F-Section 2-Medical Professional Liability-Claims-Made	41	Schedule P-Part 6H-Other Liability-Occurrence
Schedule P-Part 1G-Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler & Machinery)	42	Schedule P-Part 6M-International
Schedule P-Part 1H-Section 1-Other Liability-Occurrence	43	Schedule P-Part 6N-Reinsurance – Nonproportional Assumed Property
Schedule P-Part 1H-Section 2-Other Liability-Claims-Made	44	Schedule P-Part 6O-Reinsurance – Nonproportional Assumed Liability
Schedule P-Part 1I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45	Schedule P-Part 6R-Products Liability-Claims-Made
Schedule P-Part 1J-Auto Physical Damage	46	Schedule P-Part 6R-Products Liability-Occurrence
Schedule P-Part 1K-Fidelity/Surety	47	Schedule P-Part 7A-Primary Loss Sensitive Contracts
Schedule P-Part 1L-Other (Including Credit, Accident and Health)	48	Schedule P-Part 7B-Reinsurance Loss Sensitive Contracts
Schedule P-Part 1M-International	49	Schedule P Interrogatories
Schedule P-Part 1N-Reinsurance – Nonproportional Assumed Property	50	Schedule T-Exhibit of Premiums Written
Schedule P-Part 1O-Reinsurance – Nonproportional Assumed Liability	51	Schedule T-Part 2-Interstate Compact
Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines	52	Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group
Schedule P-Part 1R-Section 1-Products Liability-Occurrence	53	Schedule Y-Detail of Insurance Holding Company System
Schedule P-Part 1R-Section 2-Products Liability-Claims-Made	54	Schedule Y-Part 2-Summary of Insurer's Transactions With Any Affiliates
Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty	55	Statement of Income
Schedule P-Part 1T-Warranty	56	Summary Investment Schedule
Schedule P-Part 2, Part 3 and Part 4 - Summary	34	Supplemental Exhibits and Schedules Interrogatories
Schedule P-Part 2A-Homeowners/Farmowners	57	Underwriting and Investment Exhibit Part 1
Schedule P-Part 2B-Private Passenger Auto Liability/Medical	57	Underwriting and Investment Exhibit Part 1A
Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical	57	Underwriting and Investment Exhibit Part 1B
Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation)	57	Underwriting and Investment Exhibit Part 2
Schedule P-Part 2E-Commercial Multiple Peril	57	Underwriting and Investment Exhibit Part 2A
Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence	58	Underwriting and Investment Exhibit Part 3
Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made	58	