



ANNUAL STATEMENT

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

GREAT AMERICAN CASUALTY INSURANCE COMPANY

NAIC Group Code.....0084, 0084
(Current Period) (Prior Period)

Organized under the Laws of OHIO

Incorporated/Organized..... February 17, 1981

Statutory Home Office

NAIC Company Code..... 39896

Employer's ID Number..... 61-0983091

301 E Fourth Street..... Cincinnati OH US 45202
(Street and Number) (City or Town, State, Country and Zip Code)

Country of Domicile US

301 E Fourth Street..... Cincinnati OH US.... 45202
(Street and Number) (City or Town, State, Country and Zip Code)

513-369-5000
(Area Code) (Telephone Number)

301 E Fourth Street..... Cincinnati OH US 45202
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

513-369-5000
(Area Code) (Telephone Number)

Primary Location of Books and Records

301 E Fourth Street..... Cincinnati OH US 45202
(Street and Number) (City or Town, State, Country and Zip Code)

513-369-5000
(Area Code) (Telephone Number)

Internet Web Site Address

www.greatamericaninsurancegroup.com

Statutory Statement Contact

Robert James Schwartz
(Name)
BSchwartz@graig.com
(E-Mail Address)

513-369-5092
(Area Code) (Telephone Number) (Extension)
513-369-3873
(Fax Number)

OFFICERS

Name
1. Donald Dumford Larson

Title
President

3. Robert James Schwartz

Vice President & Controller

Ronald James Brichler
Aaron Beasy Latto

Executive Vice President
Senior Vice President

Sue Ann Erhart
John William Tholen
Howard Kim Baird

Vice President
Vice President
Assistant Treasurer

Name
2. Eve Cutler Rosen

Title
Senior Vice President, General Counsel &

4. John Linn Doellman

Secretary

Vice President & Actuary

OTHER

Gary John Gruber
David John Witzgall

Executive Vice President

Annette Denise Gardner
Stephen Charles Beraha
Robert Jude Zbacnik

Senior Vice President, Chief Financial Officer & Treasurer

Vice President & Assistant Treasurer
Assistant Vice President & Assistant Secretary
Assistant Treasurer

DIRECTORS OR TRUSTEES

Ronald James Brichler
Michael David Pierce

Gary John Gruber
Eve Cutler Rosen

Donald Dumford Larson
Michael Eugene Sullivan Jr.

Aaron Beasy Latto
David John Witzgall

State of..... Ohio
County of.... Hamilton

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

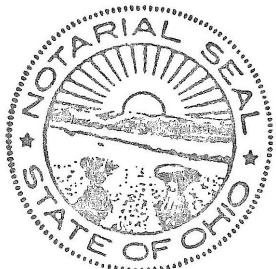
(Signature)
Donald Dumford Larson
President
(Title)

(Signature)
Eve Cutler Rosen
Senior Vice President, General Counsel & Secretary
(Title)

(Signature)
Robert James Schwartz
Vice President & Controller
(Title)

Subscribed and sworn to before me

This 10th 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 _____

GREAT AMERICAN CASUALTY INSURANCE COMPANY
ASSETS

| | Current Year | | | Prior Year |
|---|--------------|----------------------------|--|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D)..... | 6,828,391 | 0 | 6,828,391 | 9,723,241 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks..... | 0 | 0 | 0 | 0 |
| 2.2 Common stocks..... | 0 | 0 | 0 | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens..... | 0 | 0 | 0 | 0 |
| 3.2 Other than first liens..... | 0 | 0 | 0 | 0 |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$.....0 encumbrances)..... | 0 | 0 | 0 | 0 |
| 4.2 Properties held for the production of income (less \$.....0 encumbrances)..... | 0 | 0 | 0 | 0 |
| 4.3 Properties held for sale (less \$.....0 encumbrances)..... | 0 | 0 | 0 | 0 |
| 5. Cash (\$....11,830, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....4,873,865, Schedule DA)..... | 4,885,695 | 0 | 4,885,695 | 2,995,358 |
| 6. Contract loans (including \$.....0 premium notes)..... | 0 | 0 | 0 | 0 |
| 7. Derivatives (Schedule DB)..... | 0 | 0 | 0 | 0 |
| 8. Other invested assets (Schedule BA)..... | 0 | 0 | 0 | 0 |
| 9. Receivables for securities..... | 0 | 0 | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | 0 | 0 | 0 | 0 |
| 11. Aggregate write-ins for invested assets..... | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11)..... | 11,714,086 | 0 | 11,714,086 | 12,718,599 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | 0 | 0 | 0 | 0 |
| 14. Investment income due and accrued..... | 61,037 | 0 | 61,037 | 75,897 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | 0 | 0 | 0 | 0 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)..... | 0 | 0 | 0 | 0 |
| 15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)..... | 0 | 0 | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers..... | 0 | 0 | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies..... | 0 | 0 | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts..... | 0 | 0 | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans..... | 0 | 0 | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon..... | 9,470 | 0 | 9,470 | 956 |
| 18.2 Net deferred tax asset..... | 7,953 | 0 | 7,953 | 0 |
| 19. Guaranty funds receivable or on deposit..... | 0 | 0 | 0 | 0 |
| 20. Electronic data processing equipment and software..... | 0 | 0 | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$.....0)..... | 0 | 0 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates..... | 0 | 0 | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates..... | 0 | 0 | 0 | 0 |
| 24. Health care (\$.....0) and other amounts receivable..... | 0 | 0 | 0 | 0 |
| 25. Aggregate write-ins for other than invested assets..... | 0 | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 11,792,546 | 0 | 11,792,546 | 12,795,451 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | 0 | 0 | 0 | 0 |
| 28. TOTALS (Lines 26 and 27)..... | 11,792,546 | 0 | 11,792,546 | 12,795,451 |

DETAILS OF WRITE-INS

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

GREAT AMERICAN CASUALTY INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| 1. Losses (Part 2A, Line 35, Column 8)..... | .0 | 0 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)..... | 0 | 0 |
| 3. Loss adjustment expenses (Part 2A, Line 35, Column 9)..... | .0 | 0 |
| 4. Commissions payable, contingent commissions and other similar charges..... | .0 | 0 |
| 5. Other expenses (excluding taxes, licenses and fees)..... | 0 | 0 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes)..... | 500 | 0 |
| 7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))..... | 0 | 0 |
| 7.2 Net deferred tax liability..... | 0 | 11,540 |
| 8. Borrowed money \$.....0 and interest thereon \$.....0..... | 0 | 0 |
| 9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act)..... | 0 | 0 |
| 10. Advance premium..... | 0 | 0 |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders..... | .0 | 0 |
| 11.2 Policyholders..... | 0 | 0 |
| 12. Ceded reinsurance premiums payable (net of ceding commissions)..... | 0 | 0 |
| 13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)..... | 0 | 0 |
| 14. Amounts withheld or retained by company for account of others..... | 0 | 0 |
| 15. Remittances and items not allocated..... | 0 | 0 |
| 16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 8)..... | 0 | 0 |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates..... | .0 | 0 |
| 18. Drafts outstanding..... | 0 | 0 |
| 19. Payable to parent, subsidiaries and affiliates..... | 0 | 0 |
| 20. Derivatives..... | 0 | 0 |
| 21. Payable for securities..... | 0 | 0 |
| 22. Payable for securities lending..... | 0 | 0 |
| 23. Liability for amounts held under uninsured plans..... | 0 | 0 |
| 24. Capital notes \$.....0 and interest thereon \$.....0..... | 0 | 0 |
| 25. Aggregate write-ins for liabilities..... | 0 | 0 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)..... | 500 | 11,540 |
| 27. Protected cell liabilities..... | 0 | 0 |
| 28. Total liabilities (Lines 26 and 27)..... | 500 | 11,540 |
| 29. Aggregate write-ins for special surplus funds..... | 0 | 0 |
| 30. Common capital stock..... | 2,500,000 | 2,500,000 |
| 31. Preferred capital stock..... | 0 | 0 |
| 32. Aggregate write-ins for other than special surplus funds..... | 0 | 0 |
| 33. Surplus notes..... | 0 | 0 |
| 34. Gross paid in and contributed surplus..... | 4,439,392 | 4,439,392 |
| 35. Unassigned funds (surplus)..... | 4,852,654 | 5,844,519 |
| 36. Less treasury stock, at cost: | | |
| 36.10.000 shares common (value included in Line 30 \$.....0)..... | .0 | 0 |
| 36.20.000 shares preferred (value included in Line 31 \$.....0)..... | 0 | 0 |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)..... | 11,792,046 | 12,783,911 |
| 38. TOTALS (Page 2, Line 28, Col. 3)..... | 11,792,546 | 12,795,451 |

DETAILS OF WRITE-INS

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

GREAT AMERICAN CASUALTY INSURANCE COMPANY

STATEMENT OF INCOME

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| UNDERWRITING INCOME | | |
| 1. Premiums earned (Part 1, Line 35, Column 4)..... | 0 | 0 |
| DEDUCTIONS | | |
| 2. Losses incurred (Part 2, Line 35, Column 7)..... | 0 | 0 |
| 3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)..... | 0 | 0 |
| 4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)..... | 0 | 0 |
| 5. Aggregate write-ins for underwriting deductions..... | 0 | 0 |
| 6. Total underwriting deductions (Lines 2 through 5)..... | 0 | 0 |
| 7. Net income of protected cells..... | 0 | 0 |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)..... | 0 | 0 |
| INVESTMENT INCOME | | |
| 9. Net investment income earned (Exhibit of Net Investment Income, Line 17)..... | 238,207 | 339,357 |
| 10. Net realized capital gains (losses) less capital gains tax of \$.....0 (Exhibit of Capital Gains (Losses))..... | 0 | 0 |
| 11. Net investment gain (loss) (Lines 9 + 10)..... | 238,207 | 339,357 |
| OTHER INCOME | | |
| 12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0)..... | 0 | 0 |
| 13. Finance and service charges not included in premiums..... | 0 | 0 |
| 14. Aggregate write-ins for miscellaneous income..... | (35) | (120) |
| 15. Total other income (Lines 12 through 14)..... | (35) | (120) |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)..... | 238,172 | 339,237 |
| 17. Dividends to policyholders..... | 0 | 0 |
| 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)..... | 238,172 | 339,237 |
| 19. Federal and foreign income taxes incurred..... | 49,530 | 54,044 |
| 20. Net income (Line 18 minus Line 19) (to Line 22)..... | 188,642 | 285,193 |
| CAPITAL AND SURPLUS ACCOUNT | | |
| 21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)..... | 12,783,911 | 13,810,052 |
| 22. Net income (from Line 20)..... | 188,642 | 285,193 |
| 23. Net transfers (to) from Protected Cell accounts..... | 0 | 0 |
| 24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0..... | 0 | 0 |
| 25. Change in net unrealized foreign exchange capital gain (loss)..... | 0 | 0 |
| 26. Change in net deferred income tax..... | 19,493 | (11,334) |
| 27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3)..... | 0 | 0 |
| 28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)..... | 0 | 0 |
| 29. Change in surplus notes..... | 0 | 0 |
| 30. Surplus (contributed to) withdrawn from protected cells..... | 0 | 0 |
| 31. Cumulative effect of changes in accounting principles..... | 0 | 0 |
| 32. Capital changes: | | |
| 32.1 Paid in..... | 0 | 0 |
| 32.2 Transferred from surplus (Stock Dividend)..... | 0 | 0 |
| 32.3 Transferred to surplus..... | 0 | 0 |
| 33. Surplus adjustments: | | |
| 33.1 Paid in..... | 0 | 0 |
| 33.2 Transferred to capital (Stock Dividend)..... | 0 | 0 |
| 33.3. Transferred from capital..... | 0 | 0 |
| 34. Net remittances from or (to) Home Office..... | 0 | 0 |
| 35. Dividends to stockholders..... | (1,200,000) | (1,300,000) |
| 36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)..... | 0 | 0 |
| 37. Aggregate write-ins for gains and losses in surplus..... | 0 | 0 |
| 38. Change in surplus as regards policyholders for the year (Lines 22 through 37)..... | (991,865) | (1,026,141) |
| 39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)..... | 11,792,046 | 12,783,911 |

DETAILS OF WRITE-INS

| | | |
|--|------|-------|
| 0501. | 0 | 0 |
| 0502. | 0 | 0 |
| 0503. | 0 | 0 |
| 0598. Summary of remaining write-ins for Line 5 from overflow page..... | 0 | 0 |
| 0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)..... | 0 | 0 |
| 1401. Miscellaneous expense..... | (35) | (120) |
| 1402. | 0 | 0 |
| 1403. | 0 | 0 |
| 1498. Summary of remaining write-ins for Line 14 from overflow page..... | 0 | 0 |
| 1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)..... | (35) | (120) |
| 3701. | 0 | 0 |
| 3702. | 0 | 0 |
| 3703. | 0 | 0 |
| 3798. Summary of remaining write-ins for Line 37 from overflow page..... | 0 | 0 |
| 3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above)..... | 0 | 0 |

GREAT AMERICAN CASUALTY INSURANCE COMPANY

CASH FLOW

| | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| CASH FROM OPERATIONS | | |
| 1. Premiums collected net of reinsurance..... | 0 | 0 |
| 2. Net investment income..... | 309,089 | 392,880 |
| 3. Miscellaneous income..... | (35) | (120) |
| 4. Total (Lines 1 through 3)..... | 309,054 | 392,760 |
| 5. Benefit and loss related payments..... | 0 | 0 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 0 | 0 |
| 8. Dividends paid to policyholders..... | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)..... | 58,044 | 55,122 |
| 10. Total (Lines 5 through 9)..... | 58,044 | 55,122 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | 251,010 | 337,638 |
| CASH FROM INVESTMENTS | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds..... | 3,875,932 | 1,445,000 |
| 12.2 Stocks..... | 0 | 0 |
| 12.3 Mortgage loans..... | 0 | 0 |
| 12.4 Real estate..... | 0 | 0 |
| 12.5 Other invested assets..... | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments..... | 0 | 0 |
| 12.7 Miscellaneous proceeds..... | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | 3,875,932 | 1,445,000 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds..... | 1,036,605 | 543,950 |
| 13.2 Stocks..... | 0 | 0 |
| 13.3 Mortgage loans..... | 0 | 0 |
| 13.4 Real estate..... | 0 | 0 |
| 13.5 Other invested assets..... | 0 | 0 |
| 13.6 Miscellaneous applications..... | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | 1,036,605 | 543,950 |
| 14. Net increase (decrease) in contract loans and premium notes..... | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14)..... | 2,839,327 | 901,050 |
| CASH FROM FINANCING AND MISCELLANEOUS SOURCES | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes..... | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock..... | 0 | 0 |
| 16.3 Borrowed funds..... | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | 0 | 0 |
| 16.5 Dividends to stockholders..... | 1,200,000 | 1,300,000 |
| 16.6 Other cash provided (applied)..... | 0 | 0 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)..... | (1,200,000) | (1,300,000) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)..... | 1,890,337 | (61,312) |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year..... | 2,995,358 | 3,056,671 |
| 19.2 End of year (Line 18 plus Line 19.1)..... | 4,885,695 | 2,995,358 |

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

| | | |
|--|---------|---|
| 20.0001 Exchange of debt securities..... | 514,774 | 0 |
|--|---------|---|

GREAT AMERICAN CASUALTY INSURANCE COMPANY
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 Year (Cols. 1 + 2 - 3) |
|--|--|---|--|---|
| 1. Fire..... | 0 | 0 | 0 | 0 |
| 2. Allied lines..... | 0 | 0 | 0 | 0 |
| 3. Farmowners multiple peril..... | 0 | 0 | 0 | 0 |
| 4. Homeowners multiple peril..... | 0 | 0 | 0 | 0 |
| 5. Commercial multiple peril..... | 0 | 0 | 0 | 0 |
| 6. Mortgage guaranty..... | 0 | 0 | 0 | 0 |
| 8. Ocean marine..... | 0 | 0 | 0 | 0 |
| 9. Inland marine..... | 0 | 0 | 0 | 0 |
| 10. Financial guaranty..... | 0 | 0 | 0 | 0 |
| 11.1 Medical professional liability - occurrence..... | 0 | 0 | 0 | 0 |
| 11.2 Medical professional liability - claims-made..... | 0 | 0 | 0 | 0 |
| 12. Earthquake..... | 0 | 0 | 0 | 0 |
| 13. Group accident and health..... | 0 | 0 | 0 | 0 |
| 14. Credit accident and health (group and individual)..... | 0 | 0 | 0 | 0 |
| 15. Other accident and health..... | 0 | 0 | 0 | 0 |
| 16. Workers' compensation..... | 0 | 0 | 0 | 0 |
| 17.1 Other liability - occurrence..... | 0 | 0 | 0 | 0 |
| 17.2 Other liability - claims-made..... | 0 | 0 | 0 | 0 |
| 17.3 Excess workers' compensation..... | 0 | 0 | 0 | 0 |
| 18.1 Products liability - occurrence..... | 0 | 0 | 0 | 0 |
| 18.2 Products liability - claims-made..... | 0 | 0 | 0 | 0 |
| 19.1, 19.2 Private passenger auto liability..... | 0 | 0 | 0 | 0 |
| 19.3, 19.4 Commercial auto liability..... | 0 | 0 | 0 | 0 |
| 21. Auto physical damage..... | 0 | 0 | 0 | 0 |
| 22. Aircraft (all perils)..... | 0 | 0 | 0 | 0 |
| 23. Fidelity..... | 0 | 0 | 0 | 0 |
| 24. Surety..... | 0 | 0 | 0 | 0 |
| 26. Burglary and theft..... | 0 | 0 | 0 | 0 |
| 27. Boiler and machinery..... | 0 | 0 | 0 | 0 |
| 28. Credit..... | 0 | 0 | 0 | 0 |
| 29. International..... | 0 | 0 | 0 | 0 |
| 30. Warranty..... | 0 | 0 | 0 | 0 |
| 31. Reinsurance - nonproportional assumed property..... | 0 | 0 | 0 | 0 |
| 32. Reinsurance - nonproportional assumed liability..... | 0 | 0 | 0 | 0 |
| 33. Reinsurance - nonproportional assumed financial lines..... | 0 | 0 | 0 | 0 |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 |
| 35. TOTALS..... | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

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

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

DETAILS OF WRITE-INS

| | | | | | |
|---|---|---|---|---|---|
| 3401. | 0 | 0 | 0 | 0 | 0 |
| 3402. | 0 | 0 | 0 | 0 | 0 |
| 3403. | 0 | 0 | 0 | 0 | 0 |
| 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) State here basis of computation used in each case:

GREAT AMERICAN CASUALTY INSURANCE COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

| Line of Business | 1 Direct Business (a) | Reinsurance Assumed | | Reinsurance Ceded | | 6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5) |
|--|--------------------------------|-------------------------|-----------------------------|-----------------------|---------------------------|--|
| | | 2 From Affiliates | 3 From Non-Affiliates | 4 To Affiliates | 5 To Non-Affiliates | |
| 1. Fire..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Allied lines..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Farmowners multiple peril..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Homeowners multiple peril..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Commercial multiple peril..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Mortgage guaranty..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Ocean marine..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Inland marine..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Financial guaranty..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 11.1 Medical professional liability - occurrence..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 11.2 Medical professional liability - claims-made..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Earthquake..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Group accident and health..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Credit accident and health (group and individual)..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Other accident and health..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Workers' compensation..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 17.1 Other liability - occurrence..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 17.2 Other liability - claims-made..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 17.3 Excess workers' compensation..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.1 Products liability - occurrence..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.2 Products liability - claims-made..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.1, 19.2 Private passenger auto liability..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 19.3, 19.4 Commercial auto liability..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Auto physical damage..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Aircraft (all perils)..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. Fidelity..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Surety..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Burglary and theft..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Boiler and machinery..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. Credit..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 29. International..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. Warranty..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. Reinsurance - nonproportional assumed property..... | XXX | 0 | 0 | 0 | 0 | 0 |
| 32. Reinsurance - nonproportional assumed liability..... | XXX | 0 | 0 | 0 | 0 | 0 |
| 33. Reinsurance - nonproportional assumed financial lines..... | XXX | 0 | 0 | 0 | 0 | 0 |
| 34. Aggregate write-ins for other lines of business..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS..... | 0 | 0 | 0 | 0 | 0 | 0 |

NONE

DETAILS OF WRITE-INS

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3401. | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3402. | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3403. | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 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 |

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

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

NONE**DETAILS OF WRITE-INS**

| | | | | | | | | |
|--|----|---|----|---|---|---|---|-----|
| 3401. | .0 | 0 | .0 | 0 | 0 | 0 | 0 | 0.0 |
| 3402. | .0 | 0 | .0 | 0 | 0 | 0 | 0 | 0.0 |
| 3403. | .0 | 0 | .0 | 0 | 0 | 0 | 0 | 0.0 |
| 3498. Summary of remaining write-ins for Line 34 from overflow page..... | .0 | 0 | .0 | 0 | 0 | 0 | 0 | XXX |
| 3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above)..... | .0 | 0 | .0 | 0 | 0 | 0 | 0 | 0.0 |

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES**

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

NONE**DETAILS OF WRITE-INS**

| | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|
| 3401. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3402. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3403. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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.

GREAT AMERICAN CASUALTY INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

| | 1 | 2 | 3 | 4 |
|--|-----------------------------|-----------------------------------|------------------------|---------------|
| | Loss Adjustment Expenses | Other Underwriting Expenses | Investment Expenses | Total |
| 1. Claim adjustment services: | | | | |
| 1.1 Direct..... | 0 | 0 | 0 | 0 |
| 1.2 Reinsurance assumed..... | 0 | 0 | 0 | 0 |
| 1.3 Reinsurance ceded..... | 0 | 0 | 0 | 0 |
| 1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)..... | 0 | 0 | 0 | 0 |
| 2. Commission and brokerage: | | | | |
| 2.1 Direct, excluding contingent..... | 0 | 0 | 0 | 0 |
| 2.2 Reinsurance assumed, excluding contingent..... | 0 | 0 | 0 | 0 |
| 2.3 Reinsurance ceded, excluding contingent..... | 0 | 0 | 0 | 0 |
| 2.4 Contingent - direct..... | 0 | 0 | 0 | 0 |
| 2.5 Contingent - reinsurance assumed..... | 0 | 0 | 0 | 0 |
| 2.6 Contingent - reinsurance ceded..... | 0 | 0 | 0 | 0 |
| 2.7 Policy and membership fees..... | 0 | 0 | 0 | 0 |
| 2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)..... | 0 | 0 | 0 | 0 |
| 3. Allowances to manager and agents..... | 0 | 0 | 0 | 0 |
| 4. Advertising..... | 0 | 0 | 0 | 0 |
| 5. Boards, bureaus and associations..... | 0 | 0 | 0 | 0 |
| 6. Surveys and underwriting reports..... | 0 | 0 | 0 | 0 |
| 7. Audit of assureds' records..... | 0 | 0 | 0 | 0 |
| 8. Salary and related items: | | | | |
| 8.1 Salaries..... | 0 | 0 | 0 | 0 |
| 8.2 Payroll taxes..... | 0 | 0 | 0 | 0 |
| 9. Employee relations and welfare..... | 0 | 0 | 0 | 0 |
| 10. Insurance..... | 0 | 0 | 0 | 0 |
| 11. Directors' fees..... | 0 | 0 | 0 | 0 |
| 12. Travel and travel items..... | 0 | 0 | 0 | 0 |
| 13. Rent and rent items..... | 0 | 0 | 0 | 0 |
| 14. Equipment..... | 0 | 0 | 0 | 0 |
| 15. Cost or depreciation of EDP equipment and software..... | 0 | 0 | 0 | 0 |
| 16. Printing and stationery..... | 0 | 0 | 0 | 0 |
| 17. Postage, telephone and telegraph, exchange and express..... | 0 | 0 | 0 | 0 |
| 18. Legal and auditing..... | 0 | 0 | 2,891 | 2,891 |
| 19. Totals (Lines 3 to 18)..... | 0 | 0 | 2,891 | 2,891 |
| 20. Taxes, licenses and fees: | | | | |
| 20.1 State and local insurance taxes deducting guaranty association credits of \$.....0..... | 0 | 0 | 0 | 0 |
| 20.2 Insurance department licenses and fees..... | 0 | 0 | 0 | 0 |
| 20.3 Gross guaranty association assessments..... | 0 | 0 | 0 | 0 |
| 20.4 All other (excluding federal and foreign income and real estate)..... | 0 | 0 | 0 | 0 |
| 20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)..... | 0 | 0 | 0 | 0 |
| 21. Real estate expenses..... | 0 | 0 | 0 | 0 |
| 22. Real estate taxes..... | 0 | 0 | 0 | 0 |
| 23. Reimbursements by uninsured plans..... | 0 | 0 | 0 | 0 |
| 24. Aggregate write-ins for miscellaneous expenses..... | 0 | 0 | 2,042 | 2,042 |
| 25. Total expenses incurred..... | 0 | 0 | 4,933 | (a).....4,933 |
| 26. Less unpaid expenses - current year..... | 0 | 0 | 500 | 500 |
| 27. Add unpaid expenses - prior year..... | 0 | 0 | 0 | 0 |
| 28. Amounts receivable relating to uninsured plans, prior year..... | 0 | 0 | 0 | 0 |
| 29. Amounts receivable relating to uninsured plans, current year..... | 0 | 0 | 0 | 0 |
| 30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)..... | 0 | 0 | 4,433 | 4,433 |

DETAILS OF WRITE-INS

| | | | | |
|--|---|---|-------|-------|
| 2401. Outside services..... | 0 | 0 | 2,042 | 2,042 |
| 2402. | 0 | 0 | 0 | 0 |
| 2403. | 0 | 0 | 0 | 0 |
| 2498. Summary of remaining write-ins for Line 24 from overflow page..... | 0 | 0 | 0 | 0 |
| 2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above)..... | 0 | 0 | 2,042 | 2,042 |

(a) Includes management fees of \$....2,042 to affiliates and \$.....0 to non-affiliates.

GREAT AMERICAN CASUALTY INSURANCE COMPANY

EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|--|-------------------------------|----------------------------|
| 1. U.S. government bonds..... | (a).....429 |392 |
| 1.1 Bonds exempt from U.S. tax..... | (a).....162,140 |167,469 |
| 1.2 Other bonds (unaffiliated)..... | (a).....94,456 |74,305 |
| 1.3 Bonds of affiliates..... | (a).....0 |0 |
| 2.1 Preferred stocks (unaffiliated)..... | (b).....0 |0 |
| 2.11 Preferred stocks of affiliates..... | (b).....0 |0 |
| 2.2 Common stocks (unaffiliated)..... |0 |0 |
| 2.21 Common stocks of affiliates..... |0 |0 |
| 3. Mortgage loans..... | (c).....0 |0 |
| 4. Real estate..... | (d).....0 |0 |
| 5. Contract loans..... |0 |0 |
| 6. Cash, cash equivalents and short-term investments..... | (e).....974 |974 |
| 7. Derivative instruments..... | (f).....0 |0 |
| 8. Other invested assets..... |0 |0 |
| 9. Aggregate write-ins for investment income..... |0 |0 |
| 10. Total gross investment income..... |258,000 |243,140 |
| 11. Investment expenses..... | | (g).....4,933 |
| 12. Investment taxes, licenses and fees, excluding federal income taxes..... | | (g).....0 |
| 13. Interest expense..... | | (h).....0 |
| 14. Depreciation on real estate and other invested assets..... | | (i).....0 |
| 15. Aggregate write-ins for deductions from investment income..... | |0 |
| 16. Total deductions (Lines 11 through 15)..... | |4,933 |
| 17. Net investment income (Line 10 minus Line 16)..... | |238,207 |

DETAILS OF WRITE-INS

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

- (a) Includes \$....2,124 accrual of discount less \$....57,647 amortization of premium and less \$....8,333 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

DETAILS OF WRITE-INS

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

GREAT AMERICAN CASUALTY INSURANCE COMPANY
EXHIBIT OF NONADMITTED ASSETS

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

DETAILS OF WRITE-INS

| | | | |
|--|----|----|---|
| 1101..... | .0 | .0 | 0 |
| 1102..... | .0 | .0 | 0 |
| 1103..... | .0 | .0 | 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..... | .0 | .0 | 0 |
| 2502..... | .0 | .0 | 0 |
| 2503..... | .0 | .0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | .0 | .0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)..... | .0 | .0 | 0 |

NOTES TO FINANCIAL STATEMENT**1.) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN****A. Accounting Practices**

The financial statements of Great American Casualty Insurance Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for purposes of determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* has been adopted as a component of prescribed or permitted practices by the state of Ohio. The Company has no prescribed or permitted practices that would result in differences between NAIC Statutory Accounting Principles (SAP) and the state of Ohio basis, as shown below:

| | State of Domicile | 2015 | 2014 |
|--------------------------------------|----------------------|----------------------|----------------------|
| Net income state basis | Ohio | \$ 188,642 | \$ 285,193 |
| Effect of state prescribed practices | Ohio | - | - |
| Effect of state permitted practices | Ohio | - | - |
| Net income, NAIC SAP | | <u>\$ 188,642</u> | <u>\$ 285,193</u> |
| Statutory surplus state basis | Ohio | \$ 11,792,046 | \$ 12,783,911 |
| Effect of state prescribed practices | Ohio | - | - |
| Effect of state permitted practices | Ohio | - | - |
| Statutory surplus, NAIC SAP | | <u>\$ 11,792,046</u> | <u>\$ 12,783,911</u> |

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

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

C. Accounting Policies

Investments – Invested asset values are generally stated as follows:

Bonds with a NAIC rating 1 and 2 are stated at amortized cost using the interest method; all others are stated at the lower of amortized cost or fair value. For residential mortgage-backed securities (RMBS), commercial mortgage-backed securities (CMBS) and loan-backed and structured securities (LBASS), the NAIC has retained third-party investment management firms to assist in the determination of the appropriate NAIC designations and Book Adjusted Carrying Values based not only on the probability of loss, but also the severity of loss. Those RMBS, CMBS and LBASS securities that are not modeled but receive a current year Acceptable Rating Organizations (ARO) rating are subject to the Modified FE process which determines the appropriate NAIC designations and Book Adjusted Carrying Values.

Short-term investments are stated at cost.

Unpaid Losses and Loss Adjustment Expenses – The net liabilities stated for unpaid claims and for expenses of investigation and adjustment of unpaid claims are based upon (a) the accumulation of case estimates for losses reported prior to the close of the accounting period on the direct business written; (b) estimates received from ceding reinsurers and insurance pools and associations; (c) estimates of unreported losses (including possible development on known claims) based on past experience; (d) estimates based on experience of expenses for investigating and adjusting claims; and (e) the current state of the law and coverage litigation. Establishing reserves for asbestos, environmental, and other mass tort claims involves considerably more judgment than other types of claims due to, among other things, inconsistent court decisions, an increase in bankruptcy filings as a result of asbestos-related liabilities, novel theories of coverage, and judicial interpretations that often expand theories of recovery and broaden the scope of coverage.

Loss reserve liabilities are subject to the impact of changes in claim amounts and frequency and other factors. Changes in estimates of the liabilities for losses and loss adjustment expenses are reflected in the Statement of Earnings in the period in which determined. Despite the variability inherent in such estimates, management believes the liabilities for unpaid losses and loss adjustment expenses are adequate.

Premium Deficiency Reserve – The Company does not use anticipated investment income as a factor in premium deficiency calculations.

Premium Recognition – Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Generally, for direct business, such reserves are computed by pro rata methods. For certain collateral protection products, earned premium and unearned premium reserves are computed consistent with the proportion of the total exposure provided throughout the term of the contract. For assumed business, unearned premium reserves are based on reports received from ceding companies for reinsurance.

Underwriting Expense Recognition – Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

D. Going Concern

After review of the Company's financial condition, management has no doubts about the Company's ability to continue as a going concern.

2.) ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

The Company did not have any material changes in accounting principles and/or corrections of errors.

3.) BUSINESS COMBINATIONS AND GOODWILL

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

NOTES TO FINANCIAL STATEMENT**4.) DISCONTINUED OPERATIONS**

The Company did not discontinue any operations during 2015.

5.) INVESTMENTS

A. Mortgage Loans – The Company does not have any investment in mortgage loans.

B. Debt Restructuring – No debt has been restructured.

C. Reverse Mortgages – The Company does not invest in reverse mortgages.

D. Loan-Backed Securities

1. The Company uses dealer-modeled prepayment assumptions for mortgage-backed and asset-backed securities at the date of purchase to determine effective yields; significant changes in estimated cash flows from the original purchase assumptions are accounted for on a prospective basis.

2. The Company had no loan-backed securities with a recognized other-than-temporary impairment due to either the intent to sell or lack of intent to hold to recovery during 2015.

3. The Company had no loan-backed securities with a credit-related other-than-temporary impairment recognized during 2015.

4. The following table shows all loan-backed securities with an unrealized loss:

a. The aggregate amount of unrealized losses:

| | |
|------------------------|------------|
| 1. Less than 12 months | \$ (3,805) |
| 2. 12 months or longer | - |

b. The aggregate related fair value of securities with unrealized losses:

| | |
|------------------------|-----------|
| 1. Less than 12 months | \$496,195 |
| 2. 12 months or longer | - |

5. Based on cash flow projections received from independent sources (which reflect loan to collateral values, subordination, vintage and geographic concentration), implied cash flows inherent in security ratings and analysis of historical payment data, management believes that the Company will recover its cost basis in all securities with unrealized losses at December 31, 2015. The Company has the intent to hold such securities until they recover in value or mature.

E. Repurchase Agreements and/or Securities Lending – The Company does not invest in repurchase agreements or engage in securities lending.

F. Real Estate – The Company does not have any investments in real estate.

G. Low Income Housing Tax Credits – The Company does not have any investments in low income housing securities.

H. Restricted Assets

1. Restricted Assets (Including Pledged)

| | Gross Restricted | | | | | | | 8 | Percentage | | |
|--|-----------------------------|--|--|---|------------------|-----------------------|----------------------------------|--|----------------------------------|--|--|
| | Current Year | | | | | 6 | 7 | | 9 | 10 | |
| | 1 | 2 | 3 | 4 | 5 | | | | | | |
| | Total General Account (G/A) | G/A Supporting Protected Cell Account Activity (a) | Total Protected Cell Account Restricted Assets | Protected Cell Account Assets supporting G/A Activity (b) | Total (1 plus 3) | Total from prior year | Increase/ (Decrease) (5 minus 6) | Total Current Year Admitted Restricted | Gross Restricted to Total Assets | Admitted Restricted to Total Admitted Assets | |
| a. Subject to contractual obligation for which liability is not shown | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | - | - | |
| b. Collateral held under security lending agreements | - | - | - | - | - | - | - | - | - | - | |
| c. Subject to repurchase agreements | - | - | - | - | - | - | - | - | - | - | |
| d. Subject to reverse repurchase agreements | - | - | - | - | - | - | - | - | - | - | |
| e. Subject to dollar repurchase agreements | - | - | - | - | - | - | - | - | - | - | |
| f. Subject to dollar reverse repurchase agreements | - | - | - | - | - | - | - | - | - | - | |
| g. Placed under option contracts | - | - | - | - | - | - | - | - | - | - | |
| h. Letter stock or securities restricted as to sale – excluding FHLB capital stock | - | - | - | - | - | - | - | - | - | - | |
| i. FHLB capital stock | - | - | - | - | - | - | - | - | - | - | |
| j. On deposit with states | 1,530,444 | - | - | - | 1,530,444 | 1,538,266 | (7,822) | 1,530,444 | 13.0% | 13.0% | |
| k. On deposit with other regulatory bodies | - | - | - | - | - | - | - | - | - | - | |
| l. Pledged as collateral to FHLB (including assets backing funding agreements) | - | - | - | - | - | - | - | - | - | - | |
| m. Pledged as collateral not captured in other categories | - | - | - | - | - | - | - | - | - | - | |
| n. Other restricted assets | - | - | - | - | - | - | - | - | - | - | |
| o. Total restricted assets | \$1,530,444 | \$ - | \$ - | \$ - | \$1,530,444 | \$1,538,266 | \$ (7,822) | \$1,530,444 | 13.0% | 13.0% | |

(a) Subset of column 1

(b) Subset of column 3

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories – The Company has no other assets pledged as collateral not captured in other categories.

3. Detail of Other Restricted Assets – The Company has no other restricted assets.

I. Working Capital Finance Investments – The Company does not have any investments in working capital finance securities.

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

K. Structured Notes – The Company does not invest in structured notes.

NOTES TO FINANCIAL STATEMENT**6.) JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES**

The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies.

7.) INVESTMENT INCOME

No investment income was excluded from surplus.

8.) DERIVATIVE INSTRUMENTS

The Company's investment objectives do not include holding or issuing derivative financial instruments.

9.) INCOME TAXES

A. Deferred Tax Assets and Deferred Tax Liabilities

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

| | 2015 | | | 2014 | | | Change | | |
|--|----------|----------|----------|----------|-------------|-------------|----------|-----------|-----------|
| | Ordinary | Capital | Total | Ordinary | Capital | Total | Ordinary | Capital | Total |
| a. Gross deferred tax assets | \$ - | \$ 7,953 | \$ 7,953 | \$ - | \$ - | \$ - | \$ - | \$ 7,953 | \$ 7,953 |
| b. Statutory valuation allowance adjustment | - | - | - | - | - | - | - | - | - |
| c. Adjusted gross deferred tax assets | - | 7,953 | 7,953 | - | - | - | - | 7,953 | 7,953 |
| d. Deferred tax assets nonadmitted | - | - | - | - | - | - | - | - | - |
| e. Subtotal net admitted deferred tax asset | - | 7,953 | 7,953 | - | - | - | - | 7,953 | 7,953 |
| f. Deferred tax liabilities | - | - | - | - | 11,540 | 11,540 | - | (11,540) | (11,540) |
| g. Net admitted deferred tax assets/(net deferred tax liability) | \$ - | \$ 7,953 | \$ 7,953 | \$ - | \$ (11,540) | \$ (11,540) | \$ - | \$ 19,493 | \$ 19,493 |

2. Admission calculation components, SSAP No. 101

| | 2015 | | | 2014 | | | Change | | |
|--|----------|----------|-----------|----------|---------|-----------|----------|----------|-----------|
| | Ordinary | Capital | Total | Ordinary | Capital | Total | Ordinary | Capital | Total |
| a. Federal income taxes paid in prior years recoverable through loss carrybacks | \$ - | \$ 7,953 | \$ 7,953 | \$ - | \$ - | \$ - | \$ - | \$ 7,953 | \$ 7,953 |
| 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) | - | - | - | - | - | - | - | - | - |
| 1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date | - | - | - | - | - | - | - | - | - |
| 2. Adjusted gross deferred tax assets allowed per limitation threshold | XXX | XXX | 1,767,614 | XXX | XXX | 1,919,318 | XXX | XXX | (151,704) |
| c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities | - | - | - | - | - | - | - | - | - |
| d. Deferred tax assets admitted as the result of application of SSAP No. 101 | \$ - | \$ 7,953 | \$ 7,953 | \$ - | \$ - | \$ - | \$ - | \$ 7,953 | \$ 7,953 |

3. Other Admissibility Criteria

| | | 2015 | 2014 |
|----|---|--------------|--------------|
| | | 29313% | 21849% |
| a. | Ratio percentage used to determine recovery period and threshold limitation amount. | \$11,784,093 | \$12,795,451 |
| b. | Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above. | | |

4. Impact of Tax Planning Strategies

| | 2015 | | | | 2014 | | Change | |
|--|-----------------|----------------|-----------------|----------------|------------------------------|-----------------------------|--------|------|
| | (1) Ordinary | (2) Capital | (3) Ordinary | (4) Capital | (5) (Col 1-3) Ordinary | (6) (Col 2-4) Capital | | |
| a. Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets by Tax Character as a Percentage | | | | | | | | |
| 1. Adjusted Gross DTAs amount from Note 9A1(c) | \$ - | \$ 7,953 | \$ - | \$ - | \$ - | \$ 7,953 | | |
| 2. Percentage of Adjusted Gross DTAs by Tax Character Attributable to the Impact of Tax Planning Strategies | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| 3. Net Admitted Adjusted Gross DTAs Amount from Note 9A1(e) | \$ - | \$ 7,953 | \$ - | \$ - | \$ - | \$ 7,953 | | |
| 4. Percentage of Net Admitted Adjusted Gross DTAs by Tax Character Admitted Because of the Impact of Tax Planning Strategies | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| b. Does the Company's tax planning strategies include the use of reinsurance? Yes [] No [X] | | | | | | | | |

B. The Company has recognized all deferred tax liabilities.

NOTES TO FINANCIAL STATEMENT**C. Current and Deferred Income Taxes****1. Current Income Tax**

| | 2015 | 2014 | Change |
|---|-------------|-------------|---------------|
| a. Federal | \$ 49,530 | \$ 54,044 | \$ (4,514) |
| b. Foreign | - | - | - |
| c. Subtotal | \$ 49,530 | \$ 54,044 | \$ (4,514) |
| d. Federal income tax on net capital gains | - | - | - |
| e. Utilization of capital loss carry-forwards | - | - | - |
| f. Other | - | - | - |
| g. Federal and foreign income taxes incurred | \$ 49,530 | \$ 54,044 | \$ (4,514) |

2. Deferred tax assets

| | 2015 | 2014 | Change |
|---|-------------|-------------|---------------|
| a. Ordinary | | | |
| 1. Discounting of unpaid losses | \$ - | \$ - | \$ - |
| 2. Unearned premium reserve | - | - | - |
| 3. Policyholder reserve | - | - | - |
| 4. Investments | - | - | - |
| 5. Deferred acquisition costs | - | - | - |
| 6. Policyholder dividends accrual | - | - | - |
| 7. Fixed assets | - | - | - |
| 8. Compensation and benefits accrual | - | - | - |
| 9. Pension accrual | - | - | - |
| 10. Receivables – nonadmitted | - | - | - |
| 11. Net operating loss carry-forward | - | - | - |
| 12. Tax credit carry-forward | - | - | - |
| 13. Other | - | - | - |
| 14. Accruals | - | - | - |
| 15. Amortization of intangibles | - | - | - |
| 16. Underwriting expenses | - | - | - |
| 99. Subtotal | \$ - | \$ - | \$ - |
| b. Statutory valuation allowance adjustment | - | - | - |
| c. Nonadmitted | - | - | - |
| d. Admitted ordinary deferred tax assets | \$ - | \$ - | \$ - |
| e. Capital | | | |
| 1. Investments | \$ 7,953 | \$ - | \$ 7,953 |
| 2. Net capital loss carryforward | - | - | - |
| 3. Real estate | - | - | - |
| 4. Other | - | - | - |
| 99. Subtotal | \$ 7,953 | \$ - | \$ 7,953 |
| f. Statutory valuation allowance adjustment | - | - | - |
| g. Nonadmitted | - | - | - |
| h. Admitted capital deferred tax assets | \$ 7,953 | \$ - | \$ 7,953 |
| i. Admitted deferred tax assets | \$ 7,953 | \$ - | \$ 7,953 |

3. Deferred tax liabilities

| | 2015 | 2014 | Change |
|-------------------------------------|-------------|-------------|---------------|
| a. Ordinary | | | |
| 1. Investments | \$ - | \$ - | \$ - |
| 2. Fixed assets | - | - | - |
| 3. Deferred and uncollected premium | - | - | - |
| 4. Policyholder reserves | - | - | - |
| 5. Other | - | - | - |
| 99. Subtotal | \$ - | \$ - | \$ - |
| b. Capital | | | |
| 1. Investments | \$ - | \$ 11,540 | \$ (11,540) |
| 2. Real estate | - | - | - |
| 3. Other | - | - | - |
| 99. Subtotal | \$ - | \$ 11,540 | \$ (11,540) |
| c. Deferred tax liabilities | \$ - | \$ 11,540 | \$ (11,540) |

4. Net deferred tax assets/liabilities

| | | |
|-----------------|--------------------|------------------|
| \$ 7,953 | \$ (11,540) | \$ 19,493 |
|-----------------|--------------------|------------------|

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

The Company's income tax expense (benefit) and change in deferred income taxes differs from the amount obtained by applying the federal statutory rate of 35% to net income after dividends to policyholders for the following reasons:

| | 2015 | 2014 |
|--|-------------|-------------|
| Income taxes at the statutory rate | \$ 83,360 | \$ 118,733 |
| Tax exempt interest deduction | (53,323) | (53,355) |
| Other items | - | - |
| Total | \$ 30,037 | \$ 65,378 |
| Federal and foreign income taxes incurred | \$ 49,530 | \$ 54,044 |
| Change in net deferred income taxes excluding unrealized | (19,493) | 11,334 |
| Total statutory income taxes | \$ 30,037 | \$ 65,378 |

E. Operating Loss Carryforwards and Income Taxes Available for Recoupment

At December 31, 2015, the Company had no operating loss carryforwards.

The amount of federal income taxes incurred and available for recoupment in the event of future net losses: current year \$52,881; first preceding year \$54,187; second preceding year \$565.

At December 31, 2015, the Company had no protective tax deposits under Section 6603 of the Internal Revenue Code.

NOTES TO FINANCIAL STATEMENT

F. The Company's federal income tax return is consolidated.

1. The Company's federal income tax return is consolidated with the following entities:

| | |
|---|--|
| AAG Insurance Agency, Inc. | Great American Insurance Company of New York |
| American Empire Insurance Company | Great American Life Insurance Company |
| American Empire Surplus Lines Insurance Company | Great American Lloyd's Insurance Company |
| American Empire Underwriters, Inc. | Great American Lloyd's, Inc. |
| American Financial Enterprises, Inc. | Great American Management Services, Inc. |
| American Financial Group, Inc. | Great American Protection Insurance Company |
| American Money Management Corporation | Great American Re Inc. |
| American Premier Underwriters, Inc. | Great American Security Insurance Company |
| American Signature Underwriters, Inc. | Great American Spirit Insurance Company |
| Annuity Investors Life Insurance Company | Great Southwest Corporation |
| APU Holding Company | Hanger Acquisition Corp. |
| Associates of the Jersey Company (The) | Indianapolis Union Railway Company (The) |
| Bridgefield Casualty Insurance Company | Key Largo Group, Inc. |
| Bridgefield Employers Insurance Company | Lehigh Valley Railroad Company |
| Brothers Pennsylvanian Corporation | Magnolia Alabama Holdings, Inc. |
| Brothers Property Corporation | Manhattan National Holding Corporation |
| Brothers Property Management Corporation | Manhattan National Life Insurance Company |
| Cal Coal, Inc. | Mid-Continent Assurance Company |
| Ceres Group, Inc. | Mid-Continent Casualty Company |
| Continental General Corporation | Mid-Continent Excess and Surplus Insurance Company |
| Continental General Insurance Company | Mid-Continent Specialty Insurance Services, Inc. |
| Crop Managers Insurance Agency, Inc. | Oklahoma Surety Company |
| Dempsey & Siders Agency, Inc. | One East Fourth, Inc. |
| Dixie Terminal Corporation | Owasco River Railway, Inc. (The) |
| Eden Park Insurance Brokers, Inc. | PCC Maryland Realty Corp. |
| Farmers Crop Insurance Alliance, Inc. | PCC Real Estate, Inc. |
| FCIA Management Company, Inc. | PCC Technical Industries, Inc. |
| GAI Insurance Company, Ltd. | Penn Central Energy Management Company |
| GAI Mexico Holdings, LLC | Penn Towers, Inc. |
| GAI Warranty Company | Pioneer Carpet Mills, Inc. |
| GAI Warranty Company of Florida | Pittsburgh and Cross Creek Railroad Company |
| GALIC Brothers, Inc. | Premier Lease & Loan Services Insurance Agency, Inc. |
| Global Premier Finance Company | Premier Lease & Loan Services of Canada, Inc. |
| Great American Advisors, Inc. | Professional Risk Brokers, Inc. |
| Great American Agency of Texas, Inc. | QQAgency of Texas, Inc. |
| Great American Alliance Insurance Company | Republic Indemnity Company of America |
| Great American Assurance Company | Republic Indemnity Company of California |
| Great American Casualty Insurance Company | Risico Management Corporation |
| Great American Claims Services, Inc. | Skipjack Marina Corp. |
| Great American Contemporary Insurance Company | Summit Consulting, LLC |
| Great American E & S Insurance Company | Summit Holding Southeast, Inc. |
| Great American Fidelity Insurance Company | TEJ Holdings, Inc. |
| Great American Financial Resources, Inc. | Terminal Realty Penn Co. |
| Great American Holding, Inc. | Three East Fourth, Inc. |
| Great American Insurance Agency, Inc. | United Teacher Associates Insurance Company |
| Great American Insurance Company | Waynesburg Southern Railroad Company |

2. Pursuant to the tax allocation agreement, the Company's tax expense will be determined based upon its inclusion in the consolidated tax return of American Financial Group, Inc. and its includable subsidiaries. Estimated payments are to be made quarterly during the year. Following year-end, additional settlements will be made on the original due date of the return and, when extended, at the time the return is filed. The method of allocation among the companies under the agreement is based upon separate return calculations with current credit for net losses to the extent the losses provide a benefit in the consolidated tax return.

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies.

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

A. The Company is an indirect 100% owned subsidiary of American Financial Group, Inc.; 100% of the outstanding common stock of the Company is directly owned by Great American Insurance Company (See Schedule Y, Part 1, Organizational Chart).

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

The Company paid a \$1,200,000 ordinary dividend to Great American Insurance Company on June 26, 2015.

C. Change in terms of Intercompany Arrangements – None.

D. Amounts Due to or from Related Parties - None.

E. Guarantees or Contingencies for Related Parties – The Company has not made any guarantees or undertakings for the benefit of an affiliate which result in a material contingent exposure of the Company's or any affiliated insurer's assets to liability.

F. Management or service contracts and all cost sharing arrangements involving the Company or any affiliated insurer:

1. The Company and affiliated insurance companies have contracts with American Money Management Corporation (an affiliate) which, subject to the direction of the Finance Committees of the companies, provide for management and accounting services related to the investment portfolios.

2. Certain administrative, consultative, printing, office duplicating, telecommunications, purchasing, personnel, data processing, and other services are provided under a General Services Agreement between the Company and insurance and non-insurance affiliates for which actual costs are allocated on the basis of usage.

G. The Company is an indirect 100% owned subsidiary of American Financial Group, Inc.; 100% of the outstanding common stock of the Company is directly owned by Great American Insurance Company (See Schedule Y, Part 1, Organizational Chart).

H. The Company does not own any shares, directly or indirectly, of an upstream intermediate or ultimate parent.

I. The Company does not have any investment in affiliates.

J. Investment in Subsidiary, Controlled, or Affiliated Companies - Not applicable.

K. Investment in Foreign Insurance Subsidiary - Not applicable.

L. Investment in Downstream Non-insurance Holding Company - Not applicable.

M. And N. Valuation of Subsidiary, Controlled and Affiliated Entities – Not applicable.

NOTES TO FINANCIAL STATEMENT**11.) DEBT**

- A. The Company does not have any outstanding liability for borrowed money.
- B. The Company does not have any agreements with the Federal Home Loan Bank.

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

The Company does not have any employee retirement, deferred compensation, postemployment or other postretirement benefit plans.

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

- A. The Company has 10,000 shares of common stock authorized, issued, and outstanding with a par value of \$250.00.
- B. The Company has no preferred stock outstanding.
- C. The maximum amount of dividends or distributions which may be paid to stockholders by property/casualty insurance companies domiciled in the State of Ohio without (i) prior approval or (ii) expiration of a 30 day waiting period without disapproval of the Director of Insurance is the greater of net income or 10% of policyholders' surplus as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31. The maximum amount of ordinary dividends or distributions which may be paid in 2016 based on policyholders' surplus is \$1,179,205.
- D. The Company paid a \$1,200,000 ordinary dividend to Great American Insurance Company on June 26, 2015.
- E. Within the limitations of (C) above, there are no specific restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the Company's unassigned surplus.
- G. Mutual Surplus Advances – Not applicable.
- H. No stock of the Company or its affiliates is held by it for special purposes.
- I. The Company does not have any special surplus funds.
- J. As of December 31, 2015, the Company has no cumulative unrealized gains/(losses).
- K. The Company does not have any surplus debentures or similar obligations.
- L. And M. Quasi Reorganizations – Not applicable.

14.) LIABILITIES, CONTINGENCIES AND ASSESSMENTS**A. Contingent Commitments**

The Company does not have any contingent commitments.

B. Assessments

The Company has received notifications of insolvency of a number of insurance companies. It is expected that these insolvencies will result in guaranty fund assessments against the Company at some future date. The Company does not have any accrual for these assessments, as a result of its pooling agreement (See Note 26).

C. Gain Contingencies

The Company does not have any gain contingencies.

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

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

| | Direct: |
|--|---------|
| Claims related ECO and bad faith losses paid during the reporting period | \$ - |

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

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

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

(f) Per Claim: [X] (g) per Claimant: []

E. Product Warranties

The Company does not have any net product warranty liabilities, as a result of its pooling agreement (See Note 26).

F. Joint and Several Liabilities - The Company is not a participant in any joint and several liability arrangements.**G. All Other Contingencies**

Various lawsuits against the Company have arisen in the ordinary course of the Company's business. The Company's management believes that contingent liabilities arising from such litigation and other matters will not have a material effect on the financial position or results of operations of the Company.

15.) LEASES

- A. Lessee Operating Lease - The Company does not have any lease obligations.
- B. Lessor Leases - The Company does not participate in any leasing activities as a lessor.

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

The Company has no financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk.

17.) SALE, TRANSFER, AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

- A. The Company did not sell any receivable balances during 2015.
- B. Transfer and Servicing of Financial Assets – Not applicable.
- C. The Company was not involved in any wash sale transactions during 2015.

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

The Company does not serve as administrator for uninsured accident and health plans or uninsured portions of partially insured plans.

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

The Company does not have any direct premium written by a managing general agent or third party administrator.

20.) FAIR VALUE MEASUREMENTS**A. Inputs Used for Assets and Liabilities Measured at Fair Value**

- 1. 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 - Quoted prices for identical assets or liabilities in active markets (markets in which transactions occur with sufficient frequency and volume to provide pricing information on an ongoing basis). The Company's Level 1 financial instruments consist primarily of publicly traded equity securities and highly liquid government bonds for which quoted market prices in active markets are available.

Level 2 - Quoted prices for similar instruments in active markets; quoted prices for identical or similar assets or liabilities in inactive markets (markets in which there are few transactions, the prices are not current, price quotations vary substantially over time or among market makers, or in which little information is released publicly); and valuations based on other significant inputs that are observable in active markets. The Company's Level 2 financial instruments include corporate and municipal fixed maturity securities and MBS priced using observable inputs. Level 2 inputs include benchmark yields, reported trades, corroborated broker/dealer quotes, issuer spreads and benchmark securities. When non-binding broker quotes can be corroborated by comparison to similar securities priced using observable inputs, they are classified as Level 2.

Level 3 - Valuations derived from market valuation techniques generally consistent with those used to estimate the fair value of Level 2 financial instruments in which one or more significant inputs are unobservable or when the market for a security exhibits significantly less liquidity relative to markets supporting Level 2 fair value measurements. The unobservable inputs may include management's own assumptions about the assumptions market participants would use based on the best information available in the circumstances. The Company's Level 3 is comprised of financial instruments whose fair value is estimated based on non-binding broker quotes or internally developed using significant inputs not based on, or corroborated by, observable market information.

The Company's investment manager, American Money Management Corporation ("AMMC") (an affiliate) is responsible for the valuation process and uses data from outside sources (including nationally recognized pricing services and broker/dealers) in establishing fair value. Valuation techniques utilized by pricing services and prices obtained from external sources are reviewed by AMMC's internal investment professionals who are familiar with the securities being priced and the markets in which they trade to ensure the fair value determination is representative of an exit price. To validate the appropriateness of the prices obtained, these investment managers consider widely published indices (as benchmarks), recent trades, changes in interest rates, general economic conditions and the credit quality of the specific issuers. In addition, AMMC communicates directly with the pricing service regarding the methods and assumptions used in pricing, including verifying, on a test basis, the inputs used by the service to value specific securities.

The Company does not have any assets carried at fair value.

- 2. The Company does not have any Level 3 securities carried at fair value.

3. Fair Value Recognition of Transfers Between Levels

The Company recognizes and records the transfer of securities into and out of Level 3 due to changes in availability of market observable inputs.

- 4. Inputs and Techniques Used in Estimating Fair Value - See narrative in Note 20A.

B. The Company has no additional fair value disclosures.

- C. The Company has categorized all the financial assets in the financial statements into the three-level fair value hierarchy as reflected in the following table. See item A.1. above for a discussion of each of these three levels.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | Level 1 | Level 2 | Level 3 | Not Practicable (Carrying Value) |
|---|----------------------|-----------------|---------|--------------|---------|----------------------------------|
| U.S. Government and governmental agencies | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| States, municipalities and political subdivisions | 6,048,455 | 5,828,923 | - | 6,048,455 | - | - |
| Foreign government | - | - | - | - | - | - |
| Residential MBS | 523,765 | 499,468 | - | 523,765 | - | - |
| Commercial MBS | 496,195 | 500,000 | - | 496,195 | - | - |
| Asset backed securities | - | - | - | - | - | - |
| All other bonds | - | - | - | - | - | - |
| Total Bonds | \$ 7,068,415 | \$ 6,828,391 | \$ - | \$ 7,068,415 | \$ - | \$ - |
| Preferred stocks | - | - | - | - | - | - |
| Non-affiliated common stocks | - | - | - | - | - | - |
| Affiliated common stocks | - | - | - | - | - | - |
| Mortgage loans | - | - | - | - | - | - |
| Other investments – Schedule BA | - | - | - | - | - | - |
| Total financial assets | \$ 7,068,415 | \$ 6,828,391 | \$ - | \$ 7,068,415 | \$ - | \$ - |

- D. Not Practicable to Estimate Fair Value – The Company has no financial instruments that fall under this classification.

NOTES TO FINANCIAL STATEMENT**21.) OTHER ITEMS**

- A. Unusual or Infrequent Items – Not applicable.
- B. Troubled Debt Restructuring for Debtors – Not applicable.
- C. Other Disclosures – None.
- D. Business Interruption Insurance Recoveries – Not applicable.
- E. State Transferable and Non-Transferable Tax Credits – The Company does not have any State Transferable or Non-Transferable Tax Credits.
- F. Sub-Prime Exposure
 - 1. Included in determining the Company's exposure to sub-prime mortgage loans are the debt and equity securities of companies whose principal business includes the origination, securitization, providing of mortgage insurance on, investment in or management of sub-prime mortgage loans. Also included in such determination are those residential mortgage backed securities and collateral debt obligations in which the ultimate collateral supporting anticipated cash flows are sub-prime mortgage loans. In general, we limit the company's purchases of sub-prime residential mortgage backed securities to those securities with AAA ratings and whose underlying collateral is fixed-rate (as opposed to adjustable rate).
 - 2. The Company does not have any investments with direct exposure in subprime mortgage loans.
 - 3. The Company does not have any investments with indirect exposure in subprime mortgage loans.
 - 4. The Company has no net underwriting exposure to subprime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage, as a result of its pooling agreement (See Note 26).
- G. Insurance-Linked Securities – Not applicable.

22.) EVENTS SUBSEQUENT

There have not been any events subsequent to December 31, 2015, which may have a material effect on the financial condition of the Company.

23.) REINSURANCE**A. Unsecured Reinsurance Recoverable**

The Company has no unsecured aggregate reinsurance recoverable due from its Parent, Great American Insurance Company (NAIC Group Code 0084, Company Code 16691, Federal Employer Identification Number 31-0501234), that exceeds 3% of its policyholders' surplus, as a result of an intercompany reinsurance pooling agreement.

B. Reinsurance Recoverable in Dispute

The Company does not have any reinsurance recoverables in dispute.

C. Reinsurance Assumed and Ceded

- 1. The Company's maximum amount of return commission due as a result of cancellation as of December 31, 2015, of all reinsurance agreements would be:

| | ASSUMED REINSURANCE | | CEDED REINSURANCE | | NET | |
|----------------------|---------------------|-------------------|-------------------|-------------------|-----------------|-------------------|
| | Premium Reserve | Commission Equity | Premium Reserve | Commission Equity | Premium Reserve | Commission Equity |
| Affiliates – Pooling | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| All Other | - | - | - | - | - | - |
| Total | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

Direct Unearned Premium Reserve \$0

- 2. Additional or return commission resulting from existing contractual arrangements are accrued as follows:

| | DIRECT | ASSUMED | CEDED | NET |
|--------------------------------------|--------|---------|-------|------|
| | \$ | \$ | \$ | \$ |
| Contingent commission | \$ - | \$ - | \$ - | \$ - |
| Sliding scale adjustments | - | - | - | - |
| Other profit commission arrangements | - | - | - | - |
| Total | \$ - | \$ - | \$ - | \$ - |

- 3. The Company does not have any protected cells.

D. Uncollectible Reinsurance

The Company has not written off any uncollectible reinsurance during 2015.

E. Commutation of Reinsurance Ceded

The Company was not involved in commutation of ceded reinsurance during 2015.

F. Retroactive Reinsurance

The Company has no retroactive reinsurance agreements in force, as a result of its pooling agreement (See Note 26).

G. Reinsurance Accounted for as a Deposit

The Company was not involved in any reinsurance agreements requiring deposit accounting.

H. Transfer of Property and Casualty Run-Off Agreements

The Company has not entered into any property and casualty run-off agreements.

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not applicable.**J. Reinsurance Agreements Qualifying for Reinsurance Aggregation – Not applicable.**

NOTES TO FINANCIAL STATEMENT**24.) RETROSPECTIVELY RATED CONTRACTS**

The Company does not have any accrued retrospectively rated contracts reported as admitted assets, as a result of its pooling agreement (See Note 26).

25.) CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

As a result of its pooling agreement, the Company has no net loss and loss expense reserves (See Note 26).

26.) INTERCOMPANY POOLING ARRANGEMENTS

The Company and certain affiliates maintain a reinsurance pooling agreement with Great American Insurance Company ("Great American"). The effect of the pooling agreement is to transfer all direct insurance liabilities of these companies to Great American. Great American retains 100% of the pooled business, as illustrated below:

| Company | NAIC Company Code Number | Participation Percentage |
|---|--------------------------|--------------------------|
| Great American Insurance Company | 16691 | 100.0% |
| Great American Insurance Company of New York | 22136 | 0.0% |
| Great American Alliance Insurance Company | 26832 | 0.0% |
| Great American Assurance Company | 26344 | 0.0% |
| Great American Casualty Insurance Company | 39896 | 0.0% |
| Great American Contemporary Insurance Company | 10646 | 0.0% |
| Great American E & S Insurance Company | 37532 | 0.0% |
| Great American Fidelity Insurance Company | 41858 | 0.0% |
| Great American Protection Insurance Company | 38580 | 0.0% |
| Great American Security Insurance Company | 31135 | 0.0% |
| Great American Spirit Insurance Company | 33723 | 0.0% |
| | | <u>100.0%</u> |

All lines of business are subject to the pooling agreement.

Great American's net underwriting results are determined after making cessions to various other affiliated and non-affiliated reinsurers under terms of other reinsurance agreements. These cessions are made subsequent to the pooling of business from the pool members to Great American.

Great American is party to reinsurance agreements with affiliated and non-affiliated reinsurers covering business subject to the pooling agreement. Great American has a contractual right of recovery under such reinsurance agreements.

There are no discrepancies between entries regarding pooled business on the assumed and ceded reinsurance schedules of the Company and the corresponding entries on the assumed and ceded reinsurance schedules of other pool participants.

The Provision for Reinsurance (Schedule F, Part 7) is recorded by Great American and is not shared with the other pool participants. Uncollectible reinsurance balances which are written off are subject to the terms of the pooling agreement.

As of December 31, 2015, there are no amounts outstanding that are due to/from Great American and all other pooling participants as a result of the pooling agreement.

27.) STRUCTURED SETTLEMENTS

The Company does not purchase annuities for which the claimant is payee but for which the Company is contingently liable.

28.) HEALTH CARE RECEIVABLES – Not applicable.**29.) PARTICIPATING POLICIES – Not applicable.****30.) PREMIUM DEFICIENCY RESERVES**

As of December 31, 2015, the Company does not have any premium deficiency reserves.

| | | |
|--|---------|------------|
| Liability carried for premium deficiency reserves | \$ | - |
| Date of the most recent evaluation of this liability | | 12/31/2015 |
| Was anticipated investment income utilized in the calculation? | YES [] | NO [X] |

31.) HIGH DEDUCTIBLES

The Company does not have any reserve credits recorded for high deductibles on unpaid claims.

32.) DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

The Company does not discount liabilities for unpaid losses or unpaid loss adjustment expenses.

33.) ASBESTOS/ENVIRONMENTAL RESERVES

The Company does not have any net exposure for asbestos or environmental claims, as a result of its pooling agreement (See Note 26).

34.) SUBSCRIBER SAVINGS ACCOUNTS

The Company is not a reciprocal exchange and, accordingly, has nothing to report.

35.) MULTIPLE PERIL CROP INSURANCE

The Company has no net exposure for multiple peril crop insurance, as a result of its pooling agreement (See Note 26).

36.) FINANCIAL GUARANTY INSURANCE

The Company does not write financial guaranty insurance.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A and 2.

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

1.3 State regulating? Ohio

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

2.2 If yes, date of change:
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2011
3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2011
3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 01/25/2013
3.4 By what department or departments? Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [] No [] N/A [X]

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

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

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

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

5.2 If yes, provide 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 | 3 State of Domicile |
|----------------|------------------------------|---------------------------|
| Name of Entity | | |

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

6.2 If yes, give full information:
Not applicable

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

7.2 If yes,
7.21 State the percentage of foreign control 0.000%
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 |
|------------------|---------------------|
| | |

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
Not applicable

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No []

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

| 1 Affiliate Name | 2 Location (City, State) | 3 FRB | 4 OCC | 5 FDIC | 6 SEC |
|---------------------------------------|-----------------------------|----------|----------|-----------|----------|
| American Money Management Corporation | Cincinnati, OH | NO | NO | NO | YES |
| Great American Advisors, Inc. | Cincinnati, OH | NO | NO | NO | YES |

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young LLP, 1900 Scripps Center, 312 Walnut Street, Cincinnati, OH 45202

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

10.2 If the response to 10.1 is yes, provide information related to this exemption:
Not applicable

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

10.4 If the response to 10.3 is yes, provide information related to this exemption:
Not applicable

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

10.6 If the response to 10.5 is no or n/a, please explain:
The Audit Committee of American Financial Group, Inc., the Company's SOX compliant ultimate parent, is deemed to serve as the Company's Audit Committee for the purposes of compliance with Ohio insurance law.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

| | | | |
|---------------------------|---|---|---|
| 11. | What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? | | |
| | <u>Lisa A. Hays, FCAS, MAAA, Divisional Senior Vice President and Actuary of Great American Insurance Company, 301 East Fourth Street, Cincinnati, OH 45202</u> | | |
| 12.1 | Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? | | |
| 12.11 | Name of real estate holding company <u>Not applicable</u> | | |
| 12.12 | Number of parcels involved <u>0</u> | | |
| 12.13 | Total book/adjusted carrying value <u>\$ 0</u> | | |
| 12.2 | If yes, provide explanation <u>Not applicable</u> | | |
| 13. | FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY: | | |
| 13.1 | What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? | | |
| 13.2 | Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 13.3 | Have there been any changes made to any of the trust indentures during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 13.4 | If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | | |
| 14.1 | Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No <input type="checkbox"/> | | |
| | (a) | Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships; | |
| | (b) | Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity; | |
| | (c) | Compliance with applicable governmental laws, rules and regulations; | |
| | (d) | The prompt internal reporting of violations to an appropriate person or persons identified in the code; and | |
| | (e) | Accountability for adherence to the code. | |
| 14.11 | If the response to 14.1 is no, please explain: <u>Not applicable</u> | | |
| 14.2 | Has the code of ethics for senior managers been amended? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X | | |
| 14.21 | If the response to 14.2 is yes, provide information related to amendment(s). <u>Not applicable</u> | | |
| 14.3 | Have any provisions of the code of ethics been waived for any of the specified officers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X | | |
| 14.31 | If the response to 14.3 is yes, provide the nature of any waiver(s). <u>Not applicable</u> | | |
| 15.1 | Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X | | |
| 15.2 | If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered. | | |
| | 1 American Bankers Association (ABA) Routing Number | 2 Issuing or Confirming Bank Name | 3 Circumstances That Can Trigger the Letter of Credit |
| | | | 4 Amount |
| BOARD OF DIRECTORS | | | |
| 16. | Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No <input type="checkbox"/> | | |
| 17. | Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinator committees thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No <input type="checkbox"/> | | |
| 18. | Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No <input type="checkbox"/> | | |
| FINANCIAL | | | |
| 19. | Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X | | |
| 20.1 | Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): | | |
| 20.11 | To directors or other officers <u>\$ 0</u> | | |
| 20.12 | To stockholders not officers <u>\$ 0</u> | | |
| 20.13 | Trustees, supreme or grand (Fraternal only) <u>\$ 0</u> | | |
| 20.2 | Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): | | |
| 20.21 | To directors or other officers <u>\$ 0</u> | | |
| 20.22 | To stockholders not officers <u>\$ 0</u> | | |
| 20.23 | Trustees, supreme or grand (Fraternal only) <u>\$ 0</u> | | |
| 21.1 | Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X | | |
| 21.2 | If yes, state the amount thereof at December 31 of the current year: | | |
| 21.21 | Rented from others <u>\$ 0</u> | | |
| 21.22 | Borrowed from others <u>\$ 0</u> | | |
| 21.23 | Leased from others <u>\$ 0</u> | | |
| 21.24 | Other <u>\$ 0</u> | | |
| 22.1 | Does this statement include payments for assessments as described in the <i>Annual Statement Instructions</i> other than guaranty fund or guaranty association assessments? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X | | |
| 22.2 | If answer is yes: | | |
| 22.21 | Amount paid as losses or risk adjustment <u>\$ 0</u> | | |
| 22.22 | Amount paid as expenses <u>\$ 0</u> | | |
| 22.23 | Other amounts paid <u>\$ 0</u> | | |
| 23.1 | Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X | | |
| 23.2 | If yes, indicate any amounts receivable from parent included in the Page 2 amount: <u>\$ 0</u> | | |

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****INVESTMENT**

| | | | | |
|--------|--|---------------------------------------|--|---------------|
| 24.01 | Were all of the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? | Yes [X] No [] | | |
| 24.02 | If no, give full and complete information, relating thereto: <u>Not applicable</u> | | | |
| 24.03 | For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off balance sheet (an alternative is to reference Note 17 where this information is also provided). <u>The Company does not engage in securities lending.</u> | | | |
| 24.04 | Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ? Yes [] No [] N/A [X] | | | |
| 24.05 | If answer to 24.04 is yes, report amount of collateral for conforming programs. | \$ _____ 0 | | |
| 24.06 | If answer to 24.04 is no, report amount of collateral for other programs | \$ _____ 0 | | |
| 24.07 | Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? | Yes [] No [] N/A [X] | | |
| 24.08 | Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? | Yes [] No [] N/A [X] | | |
| 24.09. | Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? | Yes [] No [] N/A [X] | | |
| 24.10 | For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year: | | | |
| 24.101 | Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: | \$ _____ 0 | | |
| 24.102 | Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: | \$ _____ 0 | | |
| 24.103 | Total payable for securities lending reported on the liability page: | \$ _____ 0 | | |
| 25.1 | Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.) | Yes [X] No [] | | |
| 25.2 | If yes, state the amount thereof at December of the current year: | | | |
| 25.21 | Subject to repurchase agreements | \$ _____ 0 | | |
| 25.22 | Subject to reverse repurchase agreements | \$ _____ 0 | | |
| 25.23 | Subject to dollar repurchase agreements | \$ _____ 0 | | |
| 25.24 | Subject to reverse dollar repurchase agreements | \$ _____ 0 | | |
| 25.25 | Placed under option agreements | \$ _____ 0 | | |
| 25.26 | Letter stock or securities restricted as sale – excluding FHLB Capital Stock | \$ _____ 0 | | |
| 25.27 | FHLB Capital Stock | \$ _____ 0 | | |
| 25.28 | On deposit with states | \$ _____ 1,530,444 | | |
| 25.29 | On deposit with other regulatory bodies | \$ _____ 0 | | |
| 25.30 | Pledged as collateral – excluding collateral pledged to an FHLB | \$ _____ 0 | | |
| 25.31 | Pledged as collateral to FHLB – including assets backing funding agreements | \$ _____ 0 | | |
| 25.32 | Other | \$ _____ 0 | | |
| 25.3 | For category (25.26) provide the following: | | | |
| | 1 Nature of Restriction | 2 Description | 3 Amount | |
| | | | \$ _____ | |
| 26.1 | Does the reporting entity have any hedging transactions reported on Schedule DB? | Yes [] No [X] | | |
| 26.2 | If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. | Yes [] No [] N/A [X] | | |
| 27.1 | Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? | Yes [] No [X] | | |
| 27.2 | If yes, state the amount thereof at December of the current year: | \$ _____ 0 | | |
| 28. | Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC <i>Financial Condition Examiners Handbook</i> ? | Yes [X] No [] | | |
| 28.01 | For all agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following: | | | |
| | 1 Name of Custodian(s) | 2 Custodian Address | | |
| | The Bank of New York Mellon | 1 Wall Street, New York, NY 10286 | | |
| 28.02 | For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation | | | |
| | 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) | |
| 28.03 | Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? | Yes [] No [X] | | |
| 28.04 | If yes, give full and complete information relating thereto: | | | |
| | 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
| 28.05 | Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity: | | | |
| | 1 Central Registration Depository | 2 Name(s) | 3 Address | |
| | 161853 | American Money Management Corporation | 301 East Fourth Street, Cincinnati, OH 45202 | |

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

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

29.2 If yes, complete the following schedule:

| 1 CUSIP | 2 Name of Mutual Fund | 3 Book/Adjusted Carrying Value |
|---------------|--------------------------|-----------------------------------|
| | | 0 |
| 29,2999 TOTAL | | 0 |

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

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

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

| | | 1 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|------|------------------|---------------------------------|-----------------|--|
| 30.1 | Bonds | 11,702,256 | 11,942,280 | 240,024 |
| 30.2 | Preferred Stocks | 0 | 0 | 0 |
| 30.3 | Totals | 11,702,256 | 11,942,280 | 240,024 |

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

Fair values for bonds and preferred stocks are determined by internal investment professionals at American Money Management Corporation (the manager of the Company's investment portfolio) using data from nationally recognized pricing services, broker quotes and available trade information. When data from these sources is not available (typically less than 1% of the portfolio), prices are developed internally by the investment professionals using widely published indices (as benchmarks), interest rates, issuer spreads, credit quality of the specific issuer and general economic conditions.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [X] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No [X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliance pricing source for purposes of disclosure of fair value for Schedule D:

For the securities that were priced using broker prices, American Money Management Corporation obtains data from brokers that are familiar with the securities being priced and the markets in which they trade.

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

32.2 If no, list exceptions:

Not applicable

OTHER

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

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

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ 0 |

34.1 Amount of payments for legal expenses, if any? \$ 0

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 |
|-----------|------------------|
| | \$ 0 |

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

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

| 1 Name | 2 Amount Paid |
|-----------|------------------|
| | \$ 0 |

GENERAL INTERROGATORIES**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

| | | | |
|------|--|-------------------|-----------------|
| 1.1 | Does the reporting entity have any direct Medicare Supplement Insurance in force? | Yes [] | No [X] |
| 1.2 | If yes, indicate premium earned on U.S. business only. | \$ | 0 |
| 1.3 | What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? | \$ | 0 |
| 1.31 | Reason for excluding: <u>Not applicable</u> | | |
| 1.4 | Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. | \$ | 0 |
| 1.5 | Indicate total incurred claims on all Medicare Supplement insurance. | \$ | 0 |
| 1.6 | Individual policies: Most current three years: 1.61 Total premium earned 1.62 Total incurred claims 1.63 Number of covered lives | \$ | 0 |
| | All years prior to most current three years: 1.64 Total premium earned 1.65 Total incurred claims 1.66 Number of covered lives | \$ | 0 |
| 1.7 | Group policies: Most current three years: 1.71 Total premium earned 1.72 Total incurred claims 1.73 Number of covered lives | \$ | 0 |
| | All years prior to most current three years: 1.74 Total premium earned 1.75 Total incurred claims 1.76 Number of covered lives | \$ | 0 |
| 2. | Health Test: | | |
| | | 1 Current Year | 2 Prior Year |
| 2.1 | Premium Numerator | \$ 0 | \$ 0 |
| 2.2 | Premium Denominator | \$ 0 | \$ 0 |
| 2.3 | Premium Ratio (2.1/2.2) | 0.000 | 0.000 |
| 2.4 | Reserve Numerator | \$ 0 | \$ 0 |
| 2.5 | Reserve Denominator | \$ 0 | \$ 0 |
| 2.6 | Reserve Ratio (2.4/2.5) | 0.000 | 0.000 |
| 3.1 | Does the reporting entity issue both participating and non-participating policies? | Yes [] | No [X] |
| 3.2 | If yes, state the amount of calendar year premiums written on: | | |
| 3.21 | Participating policies | \$ 0 | |
| 3.22 | Non-participating policies | \$ 0 | |
| 4. | FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY: | | |
| 4.1 | Does the reporting entity issue assessable policies? | Yes [] | No [] |
| 4.2 | Does the reporting entity issue non-assessable policies? | Yes [] | No [] |
| 4.3 | If assessable policies are issued, what is the extent of the contingent liability of the policyholders? | 0.000% | |
| 4.4 | Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. | \$ 0 | |
| 5. | FOR RECIPROCAL EXCHANGES ONLY: | | |
| 5.1 | Does the exchange appoint local agents? | Yes [] | No [] |
| 5.2 | If yes, is the commission paid: 5.21 Out of Attorney's-in-fact compensation 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? | Yes [] | N/A [] |
| 5.4 | Has any Attorney-in-fact compensation, contingent on fulfillments of certain conditions, been deferred? | Yes [] | No [] |
| 5.5 | If yes, give full information: | | |
| 6.1 | What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss? <u>Reinsured by Great American Insurance Company - See Note 26.</u> | | |
| 6.2 | Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: <u>Reinsured by Great American Insurance Company - See Note 26.</u> | | |
| 6.3 | 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>Reinsured by Great American Insurance Company - See Note 26.</u> | | |
| 6.4 | Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? | Yes [] | No [X] |
| 6.5 | If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss: <u>Traditional property catastrophe reinsurance with one reinstatement is purchased at the lead pooled company level - See Note 26.</u> | | |
| 7.1 | 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 [] | No [X] |

GENERAL INTERROGATORIES**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

| | | |
|-------|--|------------------|
| 7.2 | If yes, indicate the number of reinsurance contracts containing such provisions. | 0 |
| 7.3 | If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? | Yes [] No [] |
| 8.1 | Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? | Yes [] No [X] |
| 8.2 | If yes, give full information | |
| | <u>Not applicable</u> | |
| 9.1 | Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results: | |
| | (a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term; | |
| | (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer; | |
| | (c) Aggregate stop loss reinsurance coverage; | |
| | (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party; | |
| | (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or | |
| | (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity? | |
| | | Yes [] No [X] |
| 9.2 | Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where: | |
| | (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or | |
| | (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. | |
| | | Yes [] No [X] |
| 9.3 | If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9: | |
| | (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; | |
| | (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and | |
| | (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved. | |
| 9.4 | Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either: | |
| | (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or | |
| | (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? | |
| | | Yes [] No [X] |
| 9.5 | If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP. | |
| 9.6 | The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria: | |
| | (a) The entity does not utilize reinsurance; or | |
| | (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or | |
| | (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. | |
| 10. | If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? | |
| 11.1 | Has the reporting entity guaranteed policies issued by any other entity and now in force? | |
| 11.2 | If yes, give full information | |
| | <u>Not applicable</u> | |
| 12.1 | If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for: | |
| 12.11 | Unpaid losses | \$ _____ 0 |
| 12.12 | Unpaid underwriting expenses (including loss adjustment expenses) | \$ _____ 0 |
| 12.2 | Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds? | \$ _____ 0 |
| 12.3 | If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? | |
| 12.4 | If yes, provide the range of interest rates charged under such notes during the period covered by this statement: | |
| 12.41 | From | 0.000% |
| 12.42 | To | 0.000% |
| 12.5 | Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? | |
| 12.6 | If yes, state the amount thereof at December 31 of current year: | |
| 12.61 | Letters of Credit | \$ _____ 0 |
| 12.62 | Collateral and other funds | \$ _____ 0 |
| 13.1 | Largest net aggregate amount insured in any one risk (excluding workers' compensation): | \$ _____ 0 |
| 13.2 | Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? | |
| 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. | 1 |

GENERAL INTERROGATORIES**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

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

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
Not applicable

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

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

14.5 If the answer to 14.4 is no, please explain:
Not applicable

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

15.2 If yes, give full information
Not applicable

16.1 Does the reporting entity write any warranty business? Yes [] No [X]

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

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

* Disclose type of coverage:

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

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

| | |
|---|------|
| 17.11 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5 | \$ 0 |
| 17.12 Unfunded portion of Interrogatory 17.11 | \$ 0 |
| 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 | \$ 0 |
| 17.14 Case reserves portion of Interrogatory 17.11 | \$ 0 |
| 17.15 Incurred but not reported portion of Interrogatory 17.11 | \$ 0 |
| 17.16 Unearned premium portion of Interrogatory 17.11 | \$ 0 |
| 17.17 Contingent commission portion of Interrogatory 17.11 | \$ 0 |

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

| | |
|---|------|
| 17.18 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5 | \$ 0 |
| 17.19 Unfunded portion of Interrogatory 17.18 | \$ 0 |
| 17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18 | \$ 0 |
| 17.21 Case reserves portion of Interrogatory 17.18 | \$ 0 |
| 17.22 Incurred but not reported portion of Interrogatory 17.18 | \$ 0 |
| 17.23 Unearned premium portion of Interrogatory 17.18 | \$ 0 |
| 17.24 Contingent commission portion of Interrogatory 17.18 | \$ 0 |

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

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

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

18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0

GREAT AMERICAN CASUALTY INSURANCE COMPANY
FIVE-YEAR HISTORICAL DATA

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

| | 1 2015 | 2 2014 | 3 2013 | 4 2012 | 5 2011 |
|---|------------|------------|------------|------------|------------|
| 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)..... | 0 | 0 | 0 | 0 | 0 |
| 2. Property lines (Lines 1, 2, 9, 12, 21 & 26)..... | 0 | 0 | 0 | 0 | 0 |
| 3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)..... | 0 | 0 | 0 | 0 | 0 |
| 4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)..... | 0 | 0 | 0 | 0 | 0 |
| 5. Nonproportional reinsurance lines (Lines 31, 32 & 33)..... | 0 | 0 | 0 | 0 | 0 |
| 6. Total (Line 35)..... | 0 | 0 | 0 | 0 | 0 |
| 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)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Property lines (Lines 1, 2, 9, 12, 21 & 26)..... | 0 | 0 | 0 | 0 | 0 |
| 9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)..... | 0 | 0 | 0 | 0 | 0 |
| 10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)..... | 0 | 0 | 0 | 0 | 0 |
| 11. Nonproportional reinsurance lines (Lines 31, 32 & 33)..... | 0 | 0 | 0 | 0 | 0 |
| 12. Total (Line 35)..... | 0 | 0 | 0 | 0 | 0 |
| Statement of Income (Page 4) | | | | | |
| 13. Net underwriting gain (loss) (Line 8)..... | 0 | 0 | 0 | 0 | 0 |
| 14. Net investment gain (loss) (Line 11)..... | 238,207 | 339,357 | 351,910 | 400,277 | 553,802 |
| 15. Total other income (Line 15)..... | (35) | (120) | 18 | (1) | 0 |
| 16. Dividends to policyholders (Line 17)..... | 0 | 0 | 0 | 0 | 0 |
| 17. Federal and foreign income taxes incurred (Line 19)..... | 49,530 | 54,044 | 12,122 | 25,380 | 52,376 |
| 18. Net income (Line 20)..... | 188,642 | 285,193 | 339,805 | 374,896 | 501,426 |
| Balance Sheet Lines (Pages 2 and 3) | | | | | |
| 19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)..... | 11,792,546 | 12,795,451 | 13,811,080 | 13,533,886 | 13,249,004 |
| 20. Premiums and considerations (Page 2, Col. 3): | | | | | |
| 20.1 In course of collection (Line 15.1)..... | 0 | 0 | 0 | 0 | 0 |
| 20.2 Deferred and not yet due (Line 15.2)..... | 0 | 0 | 0 | 0 | 0 |
| 20.3 Accrued retrospective premiums (Line 15.3)..... | 0 | 0 | 0 | 0 | 0 |
| 21. Total liabilities excluding protected cell business (Page 3, Line 26)..... | 500 | 11,540 | 1,028 | 450 | 31,313 |
| 22. Losses (Page 3, Line 1)..... | 0 | 0 | 0 | 0 | 0 |
| 23. Loss adjustment expenses (Page 3, Line 3)..... | 0 | 0 | 0 | 0 | 0 |
| 24. Unearned premiums (Page 3, Line 9)..... | 0 | 0 | 0 | 0 | 0 |
| 25. Capital paid up (Page 3, Lines 30 & 31)..... | 2,500,000 | 2,500,000 | 2,500,000 | 2,500,000 | 2,500,000 |
| 26. Surplus as regards policyholders (Page 3, Line 37)..... | 11,792,046 | 12,783,911 | 13,810,052 | 13,533,436 | 13,217,691 |
| Cash Flow (Page 5) | | | | | |
| 27. Net cash from operations (Line 11)..... | 251,010 | 337,638 | 387,034 | 437,676 | 439,859 |
| Risk-Based Capital Analysis | | | | | |
| 28. Total adjusted capital..... | 11,792,046 | 12,783,911 | 13,810,052 | 13,533,436 | 13,217,691 |
| 29. Authorized control level risk-based capital..... | 40,201 | 58,510 | 62,060 | 50,964 | 40,102 |
| 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)..... | 58.3 | 76.4 | 77.7 | 57.0 | 82.1 |
| 31. Stocks (Lines 2.1 & 2.2)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 32. Mortgage loans on real estate (Lines 3.1 & 3.2)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 33. Real estate (Lines 4.1, 4.2 & 4.3)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 34. Cash, cash equivalents and short-term investments (Line 5)..... | 41.7 | 23.6 | 22.3 | 43.0 | 17.9 |
| 35. Contract loans (Line 6)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 36. Derivatives (Line 7)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 37. Other invested assets (Line 8)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 38. Receivable for securities (Line 9)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 39. Securities lending reinvested collateral assets (Line 10)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 40. Aggregate write-ins for invested assets (Line 11)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 41. Cash, cash equivalents and invested assets (Line 12)..... | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Investments in Parent, Subsidiaries and Affiliates | | | | | |
| 42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1)..... | 0 | 0 | 0 | 0 | 0 |
| 43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)..... | 0 | 0 | 0 | 0 | 0 |
| 44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)..... | 0 | 0 | 0 | 0 | 0 |
| 45. Affiliated short-term investments (subtotals included in Schedule DA, Verification, Column 5, Line 10)..... | 0 | 0 | 0 | 0 | 0 |
| 46. Affiliated mortgage loans on real estate..... | 0 | 0 | 0 | 0 | 0 |
| 47. All other affiliated..... | 0 | 0 | 0 | 0 | 0 |
| 48. Total of above lines 42 to 47..... | 0 | 0 | 0 | 0 | 0 |
| 49. Total investment in parent included in Lines 42 to 47 above..... | 0 | 0 | 0 | 0 | 0 |
| 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 | 0.0 | 0.0 | 0.0 | 0.0 |

FIVE-YEAR HISTORICAL DATA

(Continued)

| | 1 2015 | 2 2014 | 3 2013 | 4 2012 | 5 2011 |
|---|-------------|-------------|-----------|-----------|-----------|
| Capital and Surplus Accounts (Page 4) | | | | | |
| 51. Net unrealized capital gains (losses) (Line 24)..... | 0 | 0 | 0 | 0 | 0 |
| 52. Dividends to stockholders (Line 35)..... | (1,200,000) | (1,300,000) | 0 | 0 | 0 |
| 53. Change in surplus as regards policyholders for the year (Line 38)..... | (991,865) | (1,026,141) | 276,616 | 315,745 | 441,746 |
| 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)..... | 0 | 0 | 0 | 0 | 0 |
| 55. Property lines (Lines 1, 2, 9, 12, 21 & 26)..... | 0 | 0 | 0 | 0 | 0 |
| 56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)..... | 0 | 0 | 0 | 0 | 0 |
| 57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)..... | 0 | 0 | 0 | 0 | 0 |
| 58. Nonproportional reinsurance lines (Lines 31, 32 & 33)..... | 0 | 0 | 0 | 0 | 0 |
| 59. Total (Line 35)..... | 0 | 0 | 0 | 0 | 0 |
| 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)..... | 0 | 0 | 0 | 0 | 0 |
| 61. Property lines (Lines 1, 2, 9, 12, 21 & 26)..... | 0 | 0 | 0 | 0 | 0 |
| 62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)..... | 0 | 0 | 0 | 0 | 0 |
| 63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)..... | 0 | 0 | 0 | 0 | 0 |
| 64. Nonproportional reinsurance lines (Lines 31, 32 & 33)..... | 0 | 0 | 0 | 0 | 0 |
| 65. Total (Line 35)..... | 0 | 0 | 0 | 0 | 0 |
| Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0 | | | | | |
| 66. Premiums earned (Line 1)..... | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 67. Losses incurred (Line 2)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 68. Loss expenses incurred (Line 3)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 69. Other underwriting expenses incurred (Line 4)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 70. Net underwriting gain (loss) (Line 8)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 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)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 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)..... | 0 | 0 | 0 | 0 | 0 |
| 75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 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)..... | 0 | 0 | 0 | 0 | 0 |
| 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)..... | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

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

Yes No

If no, please explain:

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES**SCHEDULE P - PART 1 - SUMMARY**

(\$000 Omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported-Direct and Assumed | |
|--|----------------------|---------|---------------------|--------------------------------|---------|---------------------------------------|---------|------------------------------|---------|-------------------------------------|---|---|--|
| | 1 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 |0 |0 |0 |0 |0 |0 |0 |0 |XXX | |
| 2. 2006.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX | |
| 3. 2007.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX | |
| 4. 2008.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX | |
| 5. 2009.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX | |
| 6. 2010.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX | |
| 7. 2011.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX | |
| 8. 2012.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX | |
| 9. 2013.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX | |
| 10. 2014.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX | |
| 11. 2015.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX | |
| 12. Totals.... |XXX |XXX |XXX |0 |0 |0 |0 |0 |0 |0 |0 |XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding-Direct and Assumed |
|----------------|-----------------------|----------|-----------------------|----------|-------------------------------------|----------|-----------------------|----------|----------------------------|-------|--|---|--|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 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.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX |
| 2. 2006.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX |
| 3. 2007.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX |
| 4. 2008.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX |
| 5. 2009.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX |
| 6. 2010.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX |
| 7. 2011.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX |
| 8. 2012.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX |
| 9. 2013.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX |
| 10. 2014.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX |
| 11. 2015.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX |
| 12. Totals.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves after Discount | | |
|----------------|---|----------|---------|---|----------|---------|---------------------|-----------------|---|---|-------------------------|--|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid | |
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid | |
| 1. Prior.... |XXX |XXX |XXX |XXX |XXX |XXX |0 |0 |XXX |0 |0 | |
| 2. 2006.... |0 |0 |0 |0.0 |0.0 |0.0 |0 |0 |0.00 |0 |0 | |
| 3. 2007.... |0 |0 |0 |0.0 |0.0 |0.0 |0 |0 |0.00 |0 |0 | |
| 4. 2008.... |0 |0 |0 |0.0 |0.0 |0.0 |0 |0 |0.00 |0 |0 | |
| 5. 2009.... |0 |0 |0 |0.0 |0.0 |0.0 |0 |0 |0.00 |0 |0 | |
| 6. 2010.... |0 |0 |0 |0.0 |0.0 |0.0 |0 |0 |0.00 |0 |0 | |
| 7. 2011.... |0 |0 |0 |0.0 |0.0 |0.0 |0 |0 |0.00 |0 |0 | |
| 8. 2012.... |0 |0 |0 |0.0 |0.0 |0.0 |0 |0 |0.00 |0 |0 | |
| 9. 2013.... |0 |0 |0 |0.0 |0.0 |0.0 |0 |0 |0.00 |0 |0 | |
| 10. 2014.... |0 |0 |0 |0.0 |0.0 |0.0 |0 |0 |0.00 |0 |0 | |
| 11. 2015.... |0 |0 |0 |0.0 |0.0 |0.0 |0 |0 |0.00 |0 |0 | |
| 12. Totals.... |XXX |XXX |XXX |XXX |XXX |XXX |0 |0 |XXX |0 |0 | |

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of

Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P - PART 2 - SUMMARY

| Years in Which Losses Were Incurred | Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | | DEVELOPMENT | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------------|----------------|----------------|
| | 1 2006 | 2 2007 | 3 2008 | 4 2009 | 5 2010 | 6 2011 | 7 2012 | 8 2013 | 9 2014 | 10 2015 | 11 One Year | 12 Two Year |
| 1. Prior.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 2. 2006.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 3. 2007.... |XXX |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 4. 2008.... |XXX |XXX |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 5. 2009.... |XXX |XXX |XXX |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 6. 2010.... |XXX |XXX |XXX |XXX |0 |0 |0 |0 |0 |0 |0 |0 |
| 7. 2011.... |XXX |XXX |XXX |XXX |XXX |0 |0 |0 |0 |0 |0 |0 |
| 8. 2012.... |XXX |XXX |XXX |XXX |XXX |XXX |0 |0 |0 |0 |0 |0 |
| 9. 2013.... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |0 |0 |0 |0 |0 |
| 10. 2014.... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |0 |0 |0 |XXX.... |
| 11. 2015.... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |0 |XXX.... |XXX.... |
| | | | | | | | | | | 12. Totals.... |0 |0 |

NONE**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 | 12 Number of Claims Closed Without 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 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX.... |XXX.... |
| 2. 2006.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX.... |XXX.... |
| 3. 2007.... |XXX |0 |0 |0 |0 |0 |0 |0 |0 |0 |XXX.... |XXX.... |
| 4. 2008.... |XXX |XXX |0 |0 |0 |0 |0 |0 |0 |0 |XXX.... |XXX.... |
| 5. 2009.... |XXX |XXX |XXX |0 |0 |0 |0 |0 |0 |0 |XXX.... |XXX.... |
| 6. 2010.... |XXX |XXX |XXX |XXX |0 |0 |0 |0 |0 |0 |XXX.... |XXX.... |
| 7. 2011.... |XXX |XXX |XXX |XXX |XXX |0 |0 |0 |0 |0 |XXX.... |XXX.... |
| 8. 2012.... |XXX |XXX |XXX |XXX |XXX |XXX |0 |0 |0 |0 |XXX.... |XXX.... |
| 9. 2013.... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |0 |0 |0 |XXX.... |XXX.... |
| 10. 2014.... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |0 |0 |XXX.... |XXX.... |
| 11. 2015.... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |0 |XXX.... |XXX.... |

NONE**SCHEDULE P - PART 4 - SUMMARY**

| Years in Which Losses Were Incurred | Bulk and IBSR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted) | | | | | | | | | |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|
| | 1 2006 | 2 2007 | 3 2008 | 4 2009 | 5 2010 | 6 2011 | 7 2012 | 8 2013 | 9 2014 | 10 2015 |
| 1. Prior.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 2. 2006.... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 3. 2007.... |XXX |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 4. 2008.... |XXX |XXX |0 |0 |0 |0 |0 |0 |0 |0 |
| 5. 2009.... |XXX |XXX |XXX |0 |0 |0 |0 |0 |0 |0 |
| 6. 2010.... |XXX |XXX |XXX |XXX |0 |0 |0 |0 |0 |0 |
| 7. 2011.... |XXX |XXX |XXX |XXX |XXX |0 |0 |0 |0 |0 |
| 8. 2012.... |XXX |XXX |XXX |XXX |XXX |XXX |0 |0 |0 |0 |
| 9. 2013.... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |0 |0 |0 |
| 10. 2014.... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |0 |0 |
| 11. 2015.... |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |XXX |0 |

GREAT AMERICAN CASUALTY INSURANCE COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

DETAILS OF WRITE-INS

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

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

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

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of Basis of Allocation of Premiums by States, etc.

Fire, Allied lines, Multiple peril crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Earthquake, Glass, Burglary and theft, and Boiler and machinery - Location of property insured; Ocean marine - Location where contract of insurance is negotiated; except for builders' risk which are allocated on location of risk; Inland marine - Address of insured or state of principal exposure; bridges and tunnels by location of property; Group accident and health, Other accident and health and Credit - Location of assured; Workers' compensation - Location of assured's plant or premises; Liability other than auto - Location of plant or premises of insured; Auto liability and Auto physical damage - Location of principal garage of insured; Aircraft (all perils) - Address of insured or location of airport from which insured aircraft principally operates; Fidelity: Check forgery bonds - Location of assured, United States Government employee bonds - Location of employee, All other - Location of employer; Surety: Judicial bonds - Location of court, License bonds - Location of obligee, All contracts - Location of work, Supply bonds - Location of contractor, and All other - Location of principal

Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group
Part 1 - Organizational Chart

| | Domiciliary Location | FEIN | NAIC Co. Code |
|--|-----------------------------|-------------|----------------------|
| American Financial Group, Inc. | | | |
| American Financial Capital Trust II | OH | 31-1544320 | |
| American Financial Capital Trust III | DE | 31-6549738 | |
| American Financial Capital Trust IV | DE | 16-6543606 | |
| American Financial Enterprises, Inc. | DE | 16-6543609 | |
| American Money Management Corporation | CT | 31-0996797 | |
| American Real Estate Capital Company, LLC (80%) | OH | 27-1577326 | |
| MidMarket Capital Partners, LLC (65%) | DE | 27-2829629 | |
| APU Holding Company | OH | 41-2112001 | |
| American Premier Underwriters, Inc. | PA | 23-6000765 | |
| The Associates of the Jersey Company | NJ | 23-6297584 | |
| Cal Coal, Inc. | IL | 37-1094159 | |
| Great Southwest Corporation | DE | 95-2802826 | |
| The Indianapolis Union Railway Company | IN | 35-6001691 | |
| Lehigh Valley Railroad Company | PA | 13-6400464 | |
| Pennsylvania Lehigh Oil & Gas Holdings LLC | PA | 46-1665396 | |
| Magnolia Alabama Holdings, Inc. | DE | 20-1548213 | |
| Magnolia Alabama Holdings LLC | AL | 20-1574094 | |
| Michigan Oil & Gas Holdings, LLC | MI | 46-1852532 | |
| Ohio Oil & Gas Holdings, LLC | OH | 46-1480078 | |
| The Owasco River Railway, Inc. | NY | 13-6021353 | |
| PCC Real Estate, Inc. | NY | 31-1236926 | |
| PCC Technical Industries, Inc. | DE | 76-0080537 | |
| PCC Maryland Realty Corp. | MD | 31-1388401 | |
| Penn Central Energy Management Company | DE | 06-1209709 | |
| Penn Towers, Inc. | PA | 23-1537928 | |
| Pennsylvania Oil & Gas Holdings, LLC | PA | 46-3246684 | |
| Pennsylvania-Reading Seashore Lines (66.67%) | NJ | 23-6000766 | |
| Pittsburgh and Cross Creek Railroad Company (83%) | PA | 23-6207599 | |
| Terminal Realty Penn Co. | DC | 23-1707450 | |
| Waynesburg Southern Railroad Company | PA | 23-1675796 | |
| GAI Insurance Company, Ltd. * | BMU | 98-1073776 | |
| Great American Specialty & Affinity Limited | GBR | | |
| Hangar Acquisition Corp. | OH | 31-1446308 | |
| Premier Lease & Loan Services Insurance Agency, Inc. | WA | 91-1242743 | |
| Premier Lease & Loan Services of Canada, Inc. | WA | 91-1508644 | |
| Risico Management Corporation | DE | 31-1262960 | |
| Dixie Terminal Corporation | OH | 31-0823725 | |
| GAI Holding Bermuda Ltd. | BMU | 98-0606803 | |
| GAI Indemnity, Ltd. # | GBR | 98-0556144 | |
| Marketform Group Limited | GBR | | |
| Marketform Holdings Limited | GBR | | |
| Lavenham Underwriting Limited # | GBR | 98-0412245 | |
| Marketform Hong Kong Limited | HKG | | |
| Marketform Limited | GBR | | |
| Gabinet Marketform SL | ESP | | |
| Marketform Australia Pty Limited | AUS | | |
| Studio Marketform SRL | ITA | | |
| Marketform Management Services Limited | GBR | | |
| Marketform Managing Agency Limited | GBR | | |
| Sampford Underwriting Limited # | GBR | 98-0431601 | |
| Marketform Trust Company Limited | GBR | | |

* Denotes insurer

@ Company affiliated but not owned

Participant in Lloyd's Syndicate 2468

Subsidiaries 100% owned by respective parent unless otherwise stated

^ Total percentage owned by respective parent and other affiliated companies

Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group
Part 1 - Organizational Chart

| | Domiciliary Location | FEIN | NAIC Co. Code |
|--|-----------------------------|-------------|----------------------|
| American Financial Group, Inc. | | | |
| Great American Financial Resources, Inc. ^ | OH | 31-1544320 | |
| AAG Insurance Agency, Inc. | DE | 06-1356481 | |
| Ceres Group, Inc. | KY | 31-1422717 | |
| Continental General Corporation | DE | 34-1017531 | |
| QQAgency of Texas, Inc. | NE | 47-0717079 | |
| Great American Advisors, Inc. | TX | 34-1947042 | |
| Great American Life Insurance Company * | OH | 31-1395344 | |
| Aerielle IP Holdings, LLC ^ | OH | 13-1935920 | 63312 |
| Aerielle, LLC ^ | OH | 45-2969767 | |
| Annuity Investors Life Insurance Company * | DE | 26-4391696 | |
| Bay Bridge Marina Hemingway's Restaurant, LLC (85%) | OH | 31-1021738 | 93661 |
| Bay Bridge Marina Management, LLC (85%) | MD | 27-4078277 | |
| Brothers Management, LLC (99%) | MD | 27-0513333 | |
| FT Liquidation, LLC | FL | 20-1246122 | |
| GA Key Lime, LLC ^ | OH | 45-3988240 | |
| GALIC - Bay Bridge Marina, LLC | OH | 47-5618395 | |
| GALIC - Sorrento, LLC ^ | MD | 20-4604276 | |
| GALIC Brothers, Inc. (80%) | FL | 45-5565693 | |
| GALIC Pointe, LLC ^ | OH | 31-1391777 | |
| Manhattan National Holding Corporation | FL | 45-1144095 | |
| Manhattan National Life Insurance Company * | OH | 26-3260520 | |
| Skipjack Marina Corp. | OH | 45-0252531 | 67083 |
| Great American Holding, Inc. | MD | 52-2179330 | |
| Agricultural Services, LLC | OH | 42-1575938 | |
| American Empire Surplus Lines Insurance Company * | OH | 27-3062314 | |
| American Empire Insurance Company * | DE | 31-0912199 | 35351 |
| American Empire Underwriters, Inc. | OH | 31-0973761 | 37990 |
| GAI Australia Pty Ltd | TX | 59-1671722 | |
| Great American International Insurance Limited * | AUS | | |
| Mid-Continent Casualty Company * | IRL | | |
| Mid-Continent Assurance Company * | OH | 73-0556513 | 23418 |
| Mid-Continent Excess and Surplus Insurance Company * | OH | 73-1406844 | 15380 |
| Mid-Continent Specialty Insurance Services, Inc. | DE | 38-3803661 | 13794 |
| Oklahoma Surety Company * | OK | 30-0571535 | |
| Republic Indemnity Company of America * | OH | 73-0773259 | 23426 |
| Republic Indemnity Company of California * | CA | 95-2801326 | 22179 |
| Summit Consulting, LLC | CA | 31-1054123 | 43753 |
| Heritage Summit Healthcare, LLC | FL | 59-1683711 | |
| Summit Holding Southeast, Inc. | FL | 59-3385208 | |
| Bridgefield Employers Insurance Company* | FL | 59-3409855 | |
| Bridgefield Casualty Insurance Company* | FL | 59-1835212 | 10701 |
| | | 59-3269531 | 10335 |

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Participant in Lloyd's Syndicate 2468

Subsidiaries 100% owned by respective parent unless otherwise stated

^ Total percentage owned by respective parent and other affiliated companies

Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group
Part 1 - Organizational Chart

| | Domiciliary Location | FEIN | NAIC Co. Code |
|---|-----------------------------|-------------|----------------------|
| American Financial Group, Inc. | OH | 31-1544320 | |
| Great American Insurance Company * | OH | 31-0501234 | 16691 |
| American Signature Underwriters, Inc. | OH | 31-1463075 | |
| Brothers Property Corporation (80%) | OH | 59-2840291 | |
| Brothers Le Pavillon, LLC | DE | 20-5173494 | |
| Brothers Le Pavillon (SPE), LLC | DE | 20-5173589 | |
| Brothers Pennsylvanian Corporation | PA | 25-1754638 | |
| Brothers Property Management Corporation | OH | 59-2840294 | |
| Crescent Centre Apartments ^ | OH | 20-4498054 | |
| Crop Managers Insurance Agency, Inc. | KS | 31-1277904 | |
| Dempsey & Siders Agency, Inc. | OH | 31-0589001 | |
| Eden Park Insurance Brokers, Inc. | CA | 31-1341668 | |
| El Aguila, Compañía de Seguros, S.A. de C.V. * | MEX | | |
| Financiadora de Primas Condor, S.A. de C.V. (99%) | MEX | | |
| Farmers Crop Insurance Alliance, Inc. | KS | 39-1404033 | |
| FCIA Management Company, Inc. | NY | 13-3628555 | |
| Foreign Credit Insurance Association @ | NY | | |
| GAI Mexico Holdings, LLC | DE | 81-0814136 | |
| GAI Warranty Company | OH | 31-1753938 | |
| GAI Warranty Company of Florida | FL | 31-1765544 | |
| GAI Warranty Company of Canada Inc. | CAN | | |
| Global Premier Finance Company | OH | 61-1329718 | |
| Great American Agency of Texas, Inc. | TX | 74-2693636 | |
| Great American Alliance Insurance Company * | OH | 95-1542353 | 26832 |
| Great American Assurance Company * | OH | 15-6020948 | 26344 |
| Great American Casualty Insurance Company * | OH | 61-0983091 | 39896 |
| Great American Contemporary Insurance Company * | OH | 36-4079497 | 10646 |
| Great American E & S Insurance Company * | DE | 31-0954439 | 37532 |
| Great American Fidelity Insurance Company * | DE | 31-1036473 | 41858 |
| Great American Insurance Agency, Inc. | OH | 31-1652643 | |
| Great American Insurance Company of New York * | NY | 13-5539046 | 22136 |
| Great American Lloyd's Insurance Company * @ | TX | 31-0974853 | 38024 |
| Great American Lloyd's, Inc. | TX | 31-1073664 | |
| Great American Management Services, Inc. | OH | 31-0856644 | |
| Great American Protection Insurance Company * | OH | 31-1288778 | 38580 |
| Great American Re Inc. | DE | 31-0918893 | |
| Great American Security Insurance Company * | OH | 31-1209419 | 31135 |
| Great American Spirit Insurance Company * | OH | 31-1237970 | 33723 |
| Insurance (GB) Limited * | GBR | | |
| Key Largo Group, Inc. | FL | 59-1263251 | |
| National Interstate Corporation (51.1%) | OH | 34-1607394 | |
| American Highways Insurance Agency, Inc. | OH | 34-1899058 | |
| Explorer RV Insurance Agency, Inc. | OH | 31-1548235 | |
| Hudson Indemnity, Ltd. | CYM | 98-0191335 | |
| Hudson Management Group, Ltd. | VIR | 66-0660039 | |
| National Interstate Insurance Agency, Inc. | OH | 34-1607396 | |
| Commercial For Hire Transportation Purchasing Group @ | SC | | |
| National Interstate Insurance Company * | OH | 34-1607395 | 32620 |
| National Interstate Insurance Company of Hawaii, Inc. * | OH | 99-0345306 | 11051 |
| TransProtection Service Company | MO | 43-1254631 | |
| Triumphe Casualty Company * | OH | 95-3623282 | 41106 |
| Vanliner Insurance Company * | MO | 86-0114294 | 21172 |
| Safety Claims & Litigation Services, LLC | MT | 20-5546054 | |
| Safety, Claims and Litigation Services, LLC | OH | 46-4570914 | |
| PLLS Canada Insurance Brokers Inc. (49%) | CAN | 871850814 | |
| Professional Risk Brokers, Inc. | IL | 31-1293064 | |
| One East Fourth, Inc. | OH | 31-0686194 | |
| Pioneer Carpet Mills, Inc. | OH | 31-0883227 | |
| TEJ Holdings, Inc. | OH | 31-1119320 | |
| Three East Fourth, Inc. | OH | 31-0728327 | |

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Participant in Lloyd's Syndicate 2468

Subsidiaries 100% owned by respective parent unless otherwise stated

^ Total percentage owned by respective parent and other affiliated companies

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