



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

American Family Insurance Company

NAIC Group Code: 0473, (current period) 0473, (prior period) NAIC Company Code: 10386 Employer's ID Number: 39-1835307

Organized under the Laws of Ohio, State of Domicile or Port of Entry: Ohio, Country of Domicile: U. S.

Incorporated/Organized: November 21, 1995 Commenced Business: January 1, 1996

STATUTORY HOME OFFICE:

1900 Polaris Parkway, Suite 200 A&B, Columbus, Ohio 43240

MAIN ADMINISTRATIVE OFFICE, MAILING ADDRESS, AND PRIMARY LOCATION OF BOOKS AND RECORDS:

6000 American Parkway, Madison, Wisconsin 53783-0001
Telephone: 608-249-2111
Internet Website Address: www.amfam.com

STATUTORY STATEMENT CONTACT: Michael J. Nitka

Telephone: 608-249-2111, Ext. 31017; Fax: 877-571-4803; E-Mail: cnitka@amfam.com

OFFICERS

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

DIRECTORS OR TRUSTEES

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

State of Wisconsin
County of Dane

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

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

Subscribed and sworn to before me this day of Feb, 2016

My Commission Expires:

a. Is this an original filing? Yes[X] No []

b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril	9,516	890		8,626		100	100		6	6	1,347	254
5.1 Commercial multiple peril (non-liability portion)												14
5.2 Commercial multiple peril (liability portion)												7
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	1,041,512	481,397		560,115	51,839	263,699	211,860	19,543	67,636	48,093	99,308	44,694
17.1 Other Liability - occurrence												1
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	2,832,417	440,226		2,392,191	44,902	302,013	257,110		17,914	17,914	391,107	67,694
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												2
21.1 Private passenger auto physical damage	1,237,068	187,304		1,049,764	44,964	144,825	99,861		349	349	6,577	28,006
21.2 Commercial auto physical damage												1
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	5,120,513	1,109,817		4,010,696	141,705	710,637	568,931	19,543	85,905	66,362	498,339	140,673
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril	12,476,180	5,092,962		7,387,729	1,015,799	1,626,231	610,477	254	25,960	25,709	1,867,838	150,346
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake	3,020	1,375		1,645							254	
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	25,362	16,768		8,594	2,455	10,751	8,296	83	1,091	1,008	2,223	590
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	25,372,350	18,005,418		9,479,331	6,884,465	19,985,141	13,379,494	46,829	1,134,763	1,107,511	3,004,486	305,670
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	16,042,432	11,063,277		6,260,736	9,311,606	10,425,544	1,249,685	1,251	6,557	5,781	939,544	193,269
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	53,919,344	34,179,800		23,138,035	17,214,325	32,047,667	15,247,952	48,417	1,168,371	1,140,009	5,814,345	649,875
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	32,349	31,842		17,785	64,436	64,933	2,008		32	187	3,682	982
2.1 Allied lines	30,553	27,475		15,278		(177)	85		(153)	10	3,420	927
2.2 Multiple peril crop												
2.3 Federal flood	88,838	86,034		46,584								
2.4. Private crop												
3. Farmowners multiple peril	173,628	160,421		99,109	304	761	857		58	86	19,625	5,262
4. Homeowners multiple peril	26,461,135	23,081,922		14,098,697	11,711,473	12,631,292	3,169,696	75,640	222,051	286,604	3,265,785	1,185,030
5.1 Commercial multiple peril (non-liability portion)	8,748,114	7,359,130		4,449,868	4,686,510	4,909,199	1,323,907	10,875	(10,550)	87,989	982,864	265,107
5.2 Commercial multiple peril (liability portion)	4,158,170	3,554,161		2,104,468	184,665	1,467,069	2,301,454	81,977	285,545	580,759	507,261	126,029
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	59,005	54,745		27,421	13,862	14,810	5,625		85	476	7,526	1,788
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake	11,639	11,259		5,038							1,635	
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	786,930	918,465		346,781	56,224	75,454	228,439	38,140	41,202	26,240	54,210	32,919
17.1 Other Liability - occurrence	1,404,057	1,245,774		694,370	1,055,799	1,595,810	1,272,976	1,906	183,191	343,542	168,851	42,532
17.2 Other Liability - claims made												136
17.3 Excess workers' compensation												
18. Products liability	12,373	12,122		6,084							1,300	375
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	34,638,717	31,659,482		12,228,172	26,495,495	35,610,342	34,315,995	989,973	1,853,585	3,719,035	2,859,898	1,048,700
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	2,136,243	1,395,664		1,275,605	3,624,557	4,048,258	1,871,465	98,438	120,208	218,601	191,534	64,708
21.1 Private passenger auto physical damage	20,762,959	18,722,320		7,367,243	12,014,966	12,277,765	530,733	23,952	26,717	11,494	1,773,356	628,607
21.2 Commercial auto physical damage	706,334	441,452		433,786	324,115	350,841	68,305		133	367	59,906	21,399
22. Aircraft (all perils)												
23. Fidelity	6,879	5,403		3,334							1,210	209
24. Surety												
26. Burglary and theft	8,487	5,898		4,094							1,006	257
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	100,226,410	88,773,569		43,223,717	60,232,406	73,046,357	45,091,545	1,320,901	2,722,104	5,275,390	9,903,069	3,424,967
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril	5,699	774		4,925		87	87		5	5	1,239	107
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												200
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	658,282	182,749		475,533	40,056	300,441	260,384		21,203	21,203	64,353	12,340
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	370,830	98,772		272,058	59,607	114,279	54,672		146	146	33,682	6,951
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	1,034,811	282,295		752,516	99,663	414,807	315,143		21,354	21,354	99,274	19,598
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4.	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril	2,547	125		2,422		14	14		1	1	395	45
5.1	Commercial multiple peril (non-liability portion)												8
5.2	Commercial multiple peril (liability portion)												4
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit accident and health (group and individual)												
15.1	Collectively renewable accident and health (b)												
15.2	Non-cancelable accident and health(b)												
15.3	Guaranteed renewable accident and health(b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other accident and health (b)												
15.8	Federal employees health benefits plan premium (b)												
16.	Workers' compensation	597,403	332,163		297,159	36,275	198,650	164,409	2,136	21,837	19,931	46,079	3,001
17.1	Other Liability - occurrence												1
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability	1,420,540	128,317		1,292,223	4,461	57,742	53,281		3,002	3,002	214,359	7,191
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												1
21.1	Private passenger auto physical damage	734,161	64,873		669,288	21,646	60,974	39,328		94	94	3,714	2,842
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	2,754,651	525,478		2,261,092	62,382	317,380	257,032	2,136	24,934	23,028	264,547	13,093
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	17,327	5,115		12,212		623	623		75	75	1,411	332
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	17,327	5,115		12,212		623	623		75	75	1,411	332
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit accident and health (group and individual)												
15.1	Collectively renewable accident and health (b)												
15.2	Non-cancelable accident and health(b)												
15.3	Guaranteed renewable accident and health(b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other accident and health (b)												
15.8	Federal employees health benefits plan premium (b)												
16.	Workers' compensation	6,807	3,612		3,195		651	651		78	78	676	160
17.1	Other Liability - occurrence												
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	6,807	3,612		3,195		651	651		78	78	676	160
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit accident and health (group and individual)												
15.1	Collectively renewable accident and health (b)												
15.2	Non-cancelable accident and health(b)												
15.3	Guaranteed renewable accident and health(b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other accident and health (b)												
15.8	Federal employees health benefits plan premium (b)												
16.	Workers' compensation	48,269	15,641		32,628	174	6,164	5,990	12	738	726	4,885	2,790
17.1	Other Liability - occurrence												
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	48,269	15,641		32,628	174	6,164	5,990	12	738	726	4,885	2,791
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												1
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit accident and health (group and individual)												
15.1	Collectively renewable accident and health (b)												
15.2	Non-cancelable accident and health(b)												
15.3	Guaranteed renewable accident and health(b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other accident and health (b)												
15.8	Federal employees health benefits plan premium (b)												
16.	Workers' compensation	54,798	15,270		39,528		1,605	1,605		193	193	4,875	2,525
17.1	Other Liability - occurrence												
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	54,798	15,270		39,528		1,605	1,605		193	193	4,875	2,526
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												4
5.2	Commercial multiple peril (liability portion)												2
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit accident and health (group and individual)												
15.1	Collectively renewable accident and health (b)												
15.2	Non-cancelable accident and health(b)												
15.3	Guaranteed renewable accident and health(b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other accident and health (b)												
15.8	Federal employees health benefits plan premium (b)												
16.	Workers' compensation	313,434	216,505		132,504	20,417	78,098	57,683	2,190	9,197	7,007	31,357	8,886
17.1	Other Liability - occurrence												
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	313,434	216,505		132,504	20,417	78,098	57,683	2,190	9,197	7,007	31,357	8,892
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril	10,159	2,108		8,051		238	238		15	15	5,846	151
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	29,094	20,540		8,554	30,316	91,138	60,821	416	7,813	7,397	2,202	327
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	1,573,145	492,722		1,080,423	114,836	493,187	378,351		26,867	26,867	149,392	17,677
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	939,400	287,673		651,726	85,497	198,284	112,787		302	302	97,094	10,556
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	2,551,798	803,043		1,748,754	230,649	782,847	552,197	416	34,997	34,581	254,534	28,711
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	25,882	8,266		17,616		944	944		114	114	1,803	1,174
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)											4,901	500
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	25,882	8,266		17,616		944	944		114	114	6,704	1,674
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	47,009	48,682		21,456		(1,846)	1,081		3	34	8,542	801
2.1 Allied lines	33,937	35,184		15,326	5,593	5,505	1,113		32	40	182	579
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril											(1,156)	
4. Homeowners multiple peril	51,702,893	51,323,756		27,112,899	20,914,390	20,045,601	8,003,012	262,839	46,227	663,638	5,852,744	995,557
5.1 Commercial multiple peril (non-liability portion)		(2)			(1,326)	(1,284)	8		1	6	(49,190)	
5.2 Commercial multiple peril (liability portion)						(11,516)	62,024	(35)	(944)	43,306		
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake	86,426	85,787		44,695							9,735	
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)	474,617	241,606		2,625,099	506,093	534,723	1,199,224				19,499	(148)
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	1,507,940	1,527,860		764,714	1,700,000	(31,207)	2,272,694	4,444	(18,268)	32,890	167,110	23,334
17.2 Other Liability - claims made												(70)
17.3 Excess workers' compensation												
18. Products liability	52	52		7								1
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	57,021,941	57,472,840		15,417,061	30,134,583	26,420,540	34,910,999	2,159,382	1,154,371	4,484,531	4,717,097	882,255
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability						(40)	(40)		18	30		
21.1 Private passenger auto physical damage	41,327,107	40,948,446		11,423,640	21,701,466	21,915,089	580,567	60,036	59,107	23,122	3,536,356	639,416
21.2 Commercial auto physical damage	92,976	90,666		44,716	37,003	37,003					8,023	1,439
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	152,294,898	151,774,877		57,469,613	74,997,802	68,912,568	47,030,682	2,486,666	1,240,547	5,247,597	14,268,942	2,543,164
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit accident and health (group and individual)												
15.1	Collectively renewable accident and health (b)												
15.2	Non-cancelable accident and health(b)												
15.3	Guaranteed renewable accident and health(b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other accident and health (b)												
15.8	Federal employees health benefits plan premium (b)												
16.	Workers' compensation	21,949	915		21,034		148	148		18	18	1,547	26
17.1	Other Liability - occurrence												
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	21,949	915		21,034		148	148		18	18	1,547	26
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF South Dakota DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4.	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril	568,585	109,076		459,509	27,536	49,484	21,949		652	652	86,698	17,436
5.1	Commercial multiple peril (non-liability portion)												1
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit accident and health (group and individual)												
15.1	Collectively renewable accident and health (b)												
15.2	Non-cancelable accident and health(b)												
15.3	Guaranteed renewable accident and health(b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other accident and health (b)												
15.8	Federal employees health benefits plan premium (b)												
16.	Workers' compensation	63,740	20,863		42,877		5,765	5,765		698	698	4,698	2,865
17.1	Other Liability - occurrence												
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability	1,478,149	811,861		666,288	264,703	817,538	552,835	201	45,098	44,897	174,462	39,746
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage	1,361,275	715,172		646,103	663,125	794,424	131,299		571	571	99,998	36,603
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	3,471,749	1,656,972		1,814,777	955,364	1,667,211	711,848	201	47,019	46,818	365,856	96,651
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Utah DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril	3,606,028	2,377,326		2,055,748	835,365	981,883	154,972	99	8,149	9,434	491,027	91,963
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake	118,230	75,090		64,628							18,965	
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	13,240	5,690		7,550	363	659	296	7	43	36	1,256	338
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	1,786,904	1,567,642		681,949	1,355,486	1,626,394	264,230	45,536	354,403	496,629	169,886	45,565
19.2 Other private passenger auto liability	19,856,365	17,345,432		7,726,297	8,340,819	15,506,384	13,056,247	93,863	750,894	1,172,632	1,826,701	506,323
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	12,039,121	10,409,556		4,696,549	7,704,758	8,246,502	781,389		2,081	4,851	1,076,243	306,989
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	37,419,888	31,780,736		15,232,721	18,236,791	26,361,822	14,257,134	139,505	1,115,570	1,683,582	3,584,078	951,178
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril	17,211	2,421		14,789		271	271		17	17	2,627	386
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	238,831	51,337		187,494							732	5,361
19.2 Other private passenger auto liability	3,197,993	716,100		2,481,893	62,105	729,938	667,833		50,798	50,798	425,723	71,787
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	1,110,306	242,361		867,945	142,858	248,417	105,558		304	304	3,405	24,924
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	4,564,341	1,012,219		3,552,121	204,963	978,626	773,662		51,119	51,119	432,487	102,458
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2015 NAIC Company Code 10386

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												886
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit accident and health (group and individual)												
15.1	Collectively renewable accident and health (b)												
15.2	Non-cancelable accident and health(b)												
15.3	Guaranteed renewable accident and health(b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other accident and health (b)												
15.8	Federal employees health benefits plan premium (b)												
16.	Workers' compensation												83
17.1	Other Liability - occurrence												
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)												969
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0473 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2015 NAIC Company Code 10386

			Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken	3	4	5	6	7	8	9	10	11	12	
			1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
Line of Business														
1.	Fire		79,358	80,524		39,241	64,436	63,087	3,089		35	221	12,224	1,783
2.1	Allied lines		64,490	62,659		30,604	5,593	5,328	1,198		(121)	50	3,602	1,506
2.2	Multiple peril crop													
2.3	Federal flood		88,838	86,034		46,584								
2.4.	Private crop													
3.	Farmowners multiple peril		173,628	160,421		99,109	304	761	857		58	86	18,469	5,262
4.	Homeowners multiple peril		94,859,953	81,991,360		51,153,395	34,504,563	35,335,201	11,960,816	338,832	303,083	986,081	11,575,546	2,441,275
5.1	Commercial multiple peril (non-liability portion)		8,748,114	7,359,128		4,449,868	4,685,184	4,907,915	1,323,915	10,875	(10,549)	87,995	933,674	266,022
5.2	Commercial multiple peril (liability portion)		4,158,170	3,554,161		2,104,468	184,665	1,455,553	2,363,478	81,942	284,601	624,065	507,261	126,042
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine		59,005	54,745		27,421	13,862	14,810	5,625		85	476	7,526	1,788
10.	Financial guaranty													
11.	Medical professional liability													
12.	Earthquake		219,315	173,511		116,006							30,589	
13.	Group accident and health (b)													
14.	Credit accident and health (group and individual)													
15.1	Collectively renewable accident and health (b).....													
15.2	Non-cancelable accident and health(b)													
15.3	Guaranteed renewable accident and health(b)		474,617	241,606		2,625,099	506,093	534,723	1,199,224				19,499	(148)
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other accident and health (b)													
15.8	Federal employees health benefits plan premium (b)													
16.	Workers' compensation		3,045,747	2,061,210		1,530,347	198,063	734,349	747,530	62,527	150,733	111,614	256,530	100,910
17.1	Other Liability - occurrence		2,911,997	2,773,634		1,459,084	2,755,799	1,564,603	3,545,670	6,350	164,923	376,432	335,961	65,868
17.2	Other Liability - claims made													66
17.3	Excess workers' compensation													
18.	Products liability		12,425	12,174		6,091							1,300	376
19.1	Private passenger auto no-fault (personal injury protection)		2,025,735	1,618,979		869,443	1,355,486	1,626,394	264,230	45,536	354,403	496,629	170,618	50,926
19.2	Other private passenger auto liability		148,049,899	127,255,147		53,239,412	72,386,425	100,223,266	97,832,529	3,290,248	5,058,495	10,648,390	13,832,479	2,959,883
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability		2,136,243	1,395,664		1,275,605	3,624,557	4,048,218	1,871,425	98,438	120,226	218,631	191,534	64,711
21.1	Private passenger auto physical damage		95,924,659	82,739,754		33,905,052	51,750,493	54,426,103	3,685,879	85,239	96,228	47,014	7,569,969	1,878,163
21.2	Commercial auto physical damage		799,310	532,118		478,502	361,118	387,844	68,305		133	367	67,929	22,839
22.	Aircraft (all perils)													
23.	Fidelity		6,879	5,403		3,334							1,210	209
24.	Surety													
26.	Burglary and theft		8,487	5,898		4,094							1,006	257
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business													
35.	TOTALS (a)		363,846,869	312,164,130		153,462,759	172,396,641	205,328,155	124,873,770	4,019,987	6,522,333	13,598,051	35,536,926	7,987,738
DETAILS OF WRITE-INS														
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page													
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates														
0999998. Other U.S. Unaffiliated Insurers Reinsurance for which the total of Column 8 is less than \$100,000														
0999999. Total Other U.S. Unaffiliated Insurers														
1099998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Mandatory Pools				74	9	31	40			20				
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools				74	9	31	40			20				
1199998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Voluntary Pools														
1199999. Total Pools, Associations or Other Similar Facilities - Voluntary Pools														
1299999. Total - Pools and Associations				74	9	31	40			20				
1399998. Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000														
1399999. Total Other Non-U.S. Insurers														
9999999 Totals				74	9	31	40			20				

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

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Canceled) during Current Year	
Reinsured	100%
Not Reinsured	0%

1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
NONE					

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

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
ID Number	NAIC Com- pany Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis- sions	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
39-0273710	19275	American Family Mutual Ins Co	WI		363,658	811	4,374	61,884		63,050	22,396	153,217		305,732	(8,558)		314,290	
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					363,658	811	4,374	61,884		63,050	22,396	153,217		305,732	(8,558)		314,290	
0499999. Total Authorized - Affiliates - U.S. Non-Pool					363,658	811	4,374	61,884		63,050	22,396	153,217		305,732	(8,558)		314,290	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																		
0899999. Total Authorized - Affiliates					363,658	811	4,374	61,884		63,050	22,396	153,217		305,732	(8,558)		314,290	
42-0113630	60836	American Republic Insurance Co	IA		174	39				15		36		90	34		56	
0999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					174	39				15		36		90	34		56	
AA-9992201	00000	NATIONAL FLOOD INS PROGRAM	DC		89							47		47			47	
1099999. Total Authorized - Pools - Mandatory Pools					89							47		47			47	
1299998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																		
1299999. Total Authorized - Other Non-U.S. Insurers																		
1399999. Total Authorized					363,921	850	4,374	61,884		63,065	22,396	153,300		305,869	(8,524)		314,393	
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool																		
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)																		
2199999. Total Unauthorized - Affiliates																		
2299998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
2299999. Total Unauthorized - Other U.S. Unaffiliated Insurers																		
2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																		
2599999. Total Unauthorized - Other Non-U.S. Insurers																		
2699999. Total Unauthorized																		
3099999. Total Certified - Affiliates - U.S. Non-Pool																		
3399999. Total Certified - Affiliates - Other (Non-U.S.)																		
3499999. Total Certified - Affiliates																		
3599998. Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
3599999. Total Certified - Other U.S. Unaffiliated Insurers																		
3899998. Total Certified - Other Non-U.S. Insurers (Under \$100,000)																		
3899999. Total Certified - Other Non-U.S. Insurers																		
3999999. Total Certified																		
4099999. Total Authorized, Unauthorized and Certified					363,921	850	4,374	61,884		63,065	22,396	153,300		305,869	(8,524)		314,393	

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

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties		
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers					
4199999. Total Protected Cells																					
9999999 Totals					363,921	850	4,374	61,884		63,065	22,396	153,300		305,869	(8,524)		314,393				

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.
The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1	2	3
Name of Reinsurer	Commission Rate	Ceded Premium
1.		
2.		
3.		
4.		
5.		

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1. American Family Mut Ins Co	305,732	363,658	Yes [X] No []
2. American Republic Ins Co	90	174	Yes [] No [X]
3. National Flood Ins Program	47	89	Yes [] No [X]
4.			Yes [] No []
5.			Yes [] No []

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

SCHEDULE F - PART 4

Aging of Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11
				5 Current	Overdue					11 Total Due Cols. 5 + 10		
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9			
39-0273710	19275	American Family Mutual Ins Co	WI	5,185						5,185		
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other				5,185						5,185		
0499999. Total Authorized - Affiliates - U.S. Non-Pool				5,185						5,185		
0799999. Total Authorized - Affiliates - Other (Non-U.S.)												
0899999. Total Authorized - Affiliates				5,185						5,185		
42-0113630	60836	American Republic Ins Co	IA	39						39		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers				39						39		
1399999. Total Authorized				5,224						5,224		
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool												
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)												
2199999. Total Unauthorized - Affiliates												
2699999. Total Unauthorized												
3099999. Total Certified - Affiliates - U.S. Non-Pool												
3399999. Total Certified - Affiliates - Other (Non-U.S.)												
3499999. Total Certified - Affiliates												
3999999. Total Certified												
4099999. Total Authorized, Unauthorized and Certified				5,224						5,224		
4199999. Total Protected Cells												
9999999 Totals				5,224						5,224		

Schedule F - Part 5

N O N E

Schedule F - Part 5 - Bank Footnote

N O N E

Schedule F - Part 6 - Section 1 - Provision for Reinsurance Ceded to Certified Reinsurers

N O N E

Schedule F - Part 6 - Section 1 - Bank Footnote

N O N E

Schedule F - Part 6 - Section 2 - Provision for Overdue Reinsurance Ceded to Certified Reinsurers

N O N E

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

N O N E

Schedule F - Part 8 - Provision for Overdue Reinsurance

N O N E

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	29,277,404		29,277,404
2. Premiums and considerations (Line 15)	224,821		224,821
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	5,224,242	(5,224,242)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	341,410		341,410
6. Net amount recoverable from reinsurers		314,392,988	314,392,988
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	35,067,877	309,168,746	344,236,623
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	8,537	147,343,951	147,352,488
10. Taxes, expenses, and other obligations (Lines 4 through 8)			
11. Unearned premiums (Line 9)		153,299,966	153,299,966
12. Advance premiums (Line 10)	1,585,722		1,585,722
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	(8,524,000)	8,524,829	829
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)	18,996		18,996
17. Provision for reinsurance (Line 16)			
18. Other liabilities	18,957,574		18,957,574
19. Total liabilities excluding protected cell business (Line 26)	12,046,829	309,168,746	321,215,575
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	23,021,048	XXX	23,021,048
22. Totals (Line 38)	35,067,877	309,168,746	344,236,623

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [X] No []

If yes, give full explanation: American Family Insurance Company has a 100% reinsurance agreement with parent company, American Family Mutual Insurance Company

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims																		
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)																		
6. Increase in contract reserves																		
7. Commissions (a)																		
8. Other general insurance expenses																		
9. Taxes, licenses and fees																		
10. Total other expenses incurred																		
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds																		
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds																		
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums									
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year									
5. Total premium reserves, prior year									
6. Increase in total premium reserves									
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits (deferred maternity and other similar benefits)									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year									
2. Total prior year									
3. Increase									

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year									
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year									
3. Test:									
3.1 Line 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year									
3.3 Line 3.1 minus Line 3.2									

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	474,617					474,617			
2. Premiums earned	241,606					241,606			
3. Incurred claims	534,723					534,723			
4. Commissions	19,499					19,499			

(a) Includes \$ premium deficiency reserve.

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims				
2. Beginning claim reserves and liabilities				
3. Ending claim reserves and liabilities				
4. Claims paid				
B. Assumed Reinsurance:				
5. Incurred Claims.....				
6. Beginning claim reserves and liabilities				
7. Ending claim reserves and liabilities				
8. Claims paid				
C. Ceded Reinsurance:				
9. Incurred Claims.....				
10. Beginning claim reserves and liabilities				
11. Ending claim reserves and liabilities				
12. Claims paid				
D. Net:				
13. Incurred Claims.....				
14. Beginning claim reserves and liabilities				
15. Ending claim reserves and liabilities				
16. Claims paid				
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses				
18. Beginning reserves and liabilities				
19. Ending reserves and liabilities				
20. Paid claims and cost containment expenses				

NONE

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

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX	39	39	1	1	3	3			XXX
2. 2006.....	49,378	49,378		42,076	42,076	340	340	4,025	4,025			8,421
3. 2007.....	50,293	50,293		39,773	39,773	274	274	4,563	4,563			8,071
4. 2008.....	49,274	49,274		52,543	52,543	380	380	6,888	6,888			15,846
5. 2009.....	50,691	50,691		38,779	38,779	443	443	4,386	4,386			9,046
6. 2010.....	53,223	53,223		35,019	35,019	288	288	3,712	3,712			7,338
7. 2011.....	54,830	54,830		39,610	39,610	340	340	4,825	4,825			9,032
8. 2012.....	57,098	57,098		36,885	36,885	155	155	5,192	5,192			8,895
9. 2013.....	61,368	61,368		31,707	31,707	222	222	4,959	4,959			6,659
10. 2014.....	68,245	68,245		32,306	32,306	94	94	5,054	5,054			6,269
11. 2015.....	82,152	82,152		26,753	26,753	31	31	4,505	4,505			6,327
12. Totals	XXX	XXX	XXX	375,490	375,490	2,568	2,568	48,112	48,112			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	30	30	2	2			4	4	1	1			1
2. 2006.....			1	1									
3. 2007.....	10	10	6	6			3	3	1	1			2
4. 2008.....			15	15			3	3	1	1			
5. 2009.....	9	9	10	10			4	4	1	1			1
6. 2010.....	202	202	41	41			37	37	9	9			2
7. 2011.....	47	47	65	65			38	38	6	6			4
8. 2012.....	65	65	201	201			99	99	22	22			8
9. 2013.....	279	279	424	424			182	182	56	56			17
10. 2014.....	245	245	763	763			171	171	64	64			34
11. 2015.....	4,770	4,770	4,776	4,776			445	445	577	577			472
12. Totals	5,657	5,657	6,304	6,304			986	986	738	738			541

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006.....	46,442	46,442		94.1	94.1						
3. 2007.....	44,630	44,630		88.7	88.7						
4. 2008.....	59,830	59,830		121.4	121.4						
5. 2009.....	43,632	43,632		86.1	86.1						
6. 2010.....	39,308	39,308		73.9	73.9						
7. 2011.....	44,931	44,931		81.9	81.9						
8. 2012.....	42,619	42,619		74.6	74.6						
9. 2013.....	37,829	37,829		61.6	61.6						
10. 2014.....	38,697	38,697		56.7	56.7						
11. 2015.....	41,857	41,857		51.0	51.0						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(26)	(26)	10	10					XXX
2. 2006.....	58,523	58,523		38,582	38,582	1,723	1,723	7,671	7,671			12,319
3. 2007.....	62,842	62,842		50,259	50,259	2,368	2,368	7,755	7,755			12,754
4. 2008.....	65,682	65,682		42,955	42,955	2,696	2,696	6,854	6,854			12,726
5. 2009.....	66,053	66,053		41,614	41,614	2,969	2,969	8,320	8,320			12,508
6. 2010.....	67,308	67,308		40,874	40,874	2,751	2,751	6,501	6,501			12,225
7. 2011.....	66,699	66,699		42,529	42,529	2,485	2,485	7,948	7,948			11,894
8. 2012.....	71,508	71,508		45,792	45,792	2,724	2,724	8,593	8,593			13,093
9. 2013.....	82,548	82,548		47,808	47,808	1,962	1,962	8,840	8,840			13,632
10. 2014.....	97,528	97,528		49,612	49,612	1,039	1,039	9,093	9,093			15,225
11. 2015.....	128,874	128,874		45,353	45,353	288	288	10,141	10,141			19,942
12. Totals	XXX	XXX	XXX	445,352	445,352	21,015	21,015	81,716	81,716			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	15	15	1	1			2	2	1	1			2
2. 2006.....			(7)	(7)			1	1					
3. 2007.....			(17)	(17)			2	2	1	1			
4. 2008.....	60	60	(2)	(2)			21	21	5	5			6
5. 2009.....	59	59	37	37			24	24	9	9			7
6. 2010.....	57	57	214	214			103	103	23	23			5
7. 2011.....	205	205	687	687			265	265	66	66			16
8. 2012.....	1,861	1,861	2,674	2,674			807	807	266	266			86
9. 2013.....	4,272	4,272	5,091	5,091			1,561	1,561	611	611			250
10. 2014.....	9,720	9,720	9,687	9,687			2,693	2,693	1,274	1,274			621
11. 2015.....	32,094	32,094	31,388	31,388			5,667	5,667	4,473	4,473			4,812
12. Totals	48,343	48,343	49,753	49,753			11,146	11,146	6,729	6,729			5,805

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006.....	47,970	47,970		82.0	82.0						
3. 2007.....	60,368	60,368		96.1	96.1						
4. 2008.....	52,589	52,589		80.1	80.1						
5. 2009.....	53,032	53,032		80.3	80.3						
6. 2010.....	50,523	50,523		75.1	75.1						
7. 2011.....	54,185	54,185		81.2	81.2						
8. 2012.....	62,717	62,717		87.7	87.7						
9. 2013.....	70,145	70,145		85.0	85.0						
10. 2014.....	83,118	83,118		85.2	85.2						
11. 2015.....	129,404	129,404		100.4	100.4						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2006.....	313	313		31	31			11	11			15
3. 2007.....	230	230		32	32			8	8			16
4. 2008.....	78	78		21	21			1	1			8
5. 2009.....	23	23		109	109	14	14	7	7			4
6. 2010.....	102	102		24	24			6	6			9
7. 2011.....	175	175		120	120	7	7	13	13			22
8. 2012.....	321	321		3,241	3,241	98	98	82	82			54
9. 2013.....	561	561		328	328	7	7	25	25			92
10. 2014.....	851	851		569	569	8	8	35	35			143
11. 2015.....	1,396	1,396		435	435	5	5	84	84			162
12. Totals	XXX	XXX	XXX	4,910	4,910	139	139	272	272			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....													
2. 2006.....													
3. 2007.....													
4. 2008.....													
5. 2009.....													
6. 2010.....			1	1									
7. 2011.....			14	14			4	4	1	1			
8. 2012.....	13	13	119	119			23	23	9	9			1
9. 2013.....	15	15	208	208			34	34	16	16			1
10. 2014.....	91	91	265	265			47	47	25	25			7
11. 2015.....	526	526	621	621			111	111	89	89			53
12. Totals	645	645	1,228	1,228			219	219	140	140			62

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006.....	42	42		13.4	13.4						
3. 2007.....	40	40		17.4	17.4						
4. 2008.....	22	22		28.2	28.2						
5. 2009.....	130	130		565.2	565.2						
6. 2010.....	31	31		30.4	30.4						
7. 2011.....	159	159		90.9	90.9						
8. 2012.....	3,585	3,585		1,116.8	1,116.8						
9. 2013.....	633	633		112.8	112.8						
10. 2014.....	1,040	1,040		122.2	122.2						
11. 2015.....	1,871	1,871		134.0	134.0						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2006.....												
3. 2007.....												
4. 2008.....												
5. 2009.....	14	14										
6. 2010.....	43	43						2	2			1
7. 2011.....	49	49						1	1			2
8. 2012.....	118	118						1	1			2
9. 2013.....	309	309		33	33			2	2			17
10. 2014.....	681	681		81	81	22	22	5	5			14
11. 2015.....	2,061	2,061		173	173	56	56	3	3			45
12. Totals	XXX	XXX	XXX	287	287	78	78	14	14			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2006.....													
3. 2007.....													
4. 2008.....													
5. 2009.....													
6. 2010.....			1	1									
7. 2011.....			1	1									
8. 2012.....			1	1									
9. 2013.....			20	20			2	2	1	1			
10. 2014.....	2	2	59	59			6	6	3	3			2
11. 2015.....	354	354	310	310			103	103	28	28			25
12. Totals	356	356	392	392			111	111	32	32			27

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006.....											
3. 2007.....											
4. 2008.....											
5. 2009.....											
6. 2010.....	3	3		7.0	7.0						
7. 2011.....	2	2		4.1	4.1						
8. 2012.....	2	2		1.7	1.7						
9. 2013.....	58	58		18.8	18.8						
10. 2014.....	178	178		26.1	26.1						
11. 2015.....	1,027	1,027		49.8	49.8						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(1)	(1)							XXX
2. 2006.....	672	672		278	278	143	143	40	40			37
3. 2007.....	467	467		115	115	5	5	16	16			36
4. 2008.....	328	328		62	62			7	7			16
5. 2009.....	246	246		238	238	51	51	22	22			23
6. 2010.....	747	747		521	521	2	2	53	53			83
7. 2011.....	1,384	1,384		789	789	17	17	124	124			145
8. 2012.....	2,730	2,730		1,762	1,762	25	25	304	304			221
9. 2013.....	5,196	5,196		3,860	3,860	51	51	631	631			710
10. 2014.....	7,530	7,530		4,220	4,220	59	59	676	676			782
11. 2015.....	10,913	10,913		3,962	3,962	6	6	692	692			768
12. Totals	XXX	XXX	XXX	15,806	15,806	359	359	2,565	2,565			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....			37	37			25	25	3	3			
2. 2006.....			5	5			3	3					
3. 2007.....			8	8			6	6	1	1			
4. 2008.....			10	10			8	8	1	1			
5. 2009.....			4	4			2	2					
6. 2010.....			11	11			4	4	1	1			
7. 2011.....			24	24			17	17	2	2			
8. 2012.....	48	48	61	61			62	62	9	9			1
9. 2013.....	132	132	224	224			98	98	19	19			9
10. 2014.....	471	471	442	442			218	218	49	49			20
11. 2015.....	614	614	1,595	1,595			270	270	173	173			114
12. Totals	1,265	1,265	2,421	2,421			713	713	258	258			144

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006.....	469	469		69.8	69.8						
3. 2007.....	151	151		32.3	32.3						
4. 2008.....	88	88		26.8	26.8						
5. 2009.....	317	317		128.9	128.9						
6. 2010.....	592	592		79.3	79.3						
7. 2011.....	973	973		70.3	70.3						
8. 2012.....	2,271	2,271		83.2	83.2						
9. 2013.....	5,015	5,015		96.5	96.5						
10. 2014.....	6,135	6,135		81.5	81.5						
11. 2015.....	7,312	7,312		67.0	67.0						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

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

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2006.....	1,098	1,098		1,452	1,452	11	11	8	8			7
3. 2007.....	1,379	1,379		2,000	2,000	89	89	13	13			2
4. 2008.....	1,753	1,753		650	650	3	3	15	15			1
5. 2009.....	1,875	1,875		1,010	1,010	12	12	10	10			8
6. 2010.....	1,965	1,965		1,226	1,226	12	12					6
7. 2011.....	1,916	1,916		558	558	9	9	4	4			10
8. 2012.....	2,029	2,029		603	603	5	5	4	4			10
9. 2013.....	2,291	2,291		2,313	2,313	12	12	13	13			14
10. 2014.....	2,499	2,499		33	33			3	3			23
11. 2015.....	2,774	2,774		1,054	1,054			25	25			21
12. Totals	XXX	XXX	XXX	10,899	10,899	153	153	95	95			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed		Direct and Assumed		Direct and Assumed		Direct and Assumed		Direct and Assumed				
1. Prior.....			10	10			2	2	1	1			
2. 2006.....			1	1			1	1					
3. 2007.....			5	5			1	1					
4. 2008.....			10	10			2	2					
5. 2009.....			21	21			1	1					
6. 2010.....			69	69			7	7	1	1			
7. 2011.....			148	148			9	9	2	2			
8. 2012.....			238	238			26	26	3	3			
9. 2013.....	81	81	488	488			43	43	6	6			2
10. 2014.....	111	111	934	934			84	84	10	10			3
11. 2015.....	203	203	1,227	1,227			201	201	21	21			11
12. Totals	395	395	3,151	3,151			377	377	44	44			16

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006.....	1,473	1,473		134.2	134.2						
3. 2007.....	2,108	2,108		152.9	152.9						
4. 2008.....	680	680		38.8	38.8						
5. 2009.....	1,054	1,054		56.2	56.2						
6. 2010.....	1,315	1,315		66.9	66.9						
7. 2011.....	730	730		38.1	38.1						
8. 2012.....	879	879		43.3	43.3						
9. 2013.....	2,956	2,956		129.0	129.0						
10. 2014.....	1,175	1,175		47.0	47.0						
11. 2015.....	2,731	2,731		98.4	98.4						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2006.....												
3. 2007.....												
4. 2008.....												
5. 2009.....												
6. 2010.....												
7. 2011.....												
8. 2012.....												
9. 2013.....												
10. 2014.....												
11. 2015.....												
12. Totals	XXX	XXX	XXX									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		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2006.....													
3. 2007.....													
4. 2008.....													
5. 2009.....													
6. 2010.....													
7. 2011.....													
8. 2012.....													
9. 2013.....													
10. 2014.....													
11. 2015.....													
12. Totals													

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006.....											
3. 2007.....											
4. 2008.....											
5. 2009.....											
6. 2010.....											
7. 2011.....											
8. 2012.....											
9. 2013.....											
10. 2014.....											
11. 2015.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2014.....	366	366		97	97			13	13			XXX
3. 2015.....	463	463		82	82			16	16			XXX
4. Totals.....	XXX	XXX	XXX	179	179			29	29			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2014			1	1									
3. 2015	2	2	6	6					1	1			1
4. Totals	2	2	7	7					1	1			1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2014	111	111		30.3	30.3						
3. 2015	107	107		23.1	23.1						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX	(202)	(202)	51	51	8	8			XXX
2. 2014.....	62,396	62,396		35,310	35,310	28	28	6,316	6,316			39,744
3. 2015.....	83,272	83,272		50,534	50,534	14	14	7,196	7,196			51,885
4. Totals	XXX	XXX	XXX	85,642	85,642	93	93	13,520	13,520			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	11	11	(492)	(492)			13	13	11	11			12
2. 2014	53	53	(106)	(106)			10	10	19	19			52
3. 2015	5,127	5,127	(839)	(839)			24	24	827	827			3,662
4. Totals	5,191	5,191	(1,437)	(1,437)			47	47	857	857			3,726

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2014.....	41,630	41,630		66.7	66.7						
3. 2015.....	62,883	62,883		75.5	75.5						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2014.....												XXX
3. 2015	5	5										XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2014													
3. 2015													
4. Totals													

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2014.....											
3. 2015.....											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX					5	5			XXX
2. 2014.....	306	306		471	471			33	33			XXX
3. 2015.....	242	242		467	467							XXX
4. Totals	XXX	XXX	XXX	938	938			38	38			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior			966	966									
2. 2014			139	139									
3. 2015			94	94									
4. Totals			1,199	1,199									

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2014.....	643	643		210.1	210.1						
3. 2015.....	561	561		231.8	231.8						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1M - International

N O N E

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

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

SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2006.....												
3. 2007.....												
4. 2008.....												
5. 2009.....												
6. 2010.....												
7. 2011.....	1	1										
8. 2012.....	4	4										
9. 2013.....	6	6										
10. 2014.....	7	7										
11. 2015.....	12	12										
12. Totals	XXX	XXX	XXX									XXX

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

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006.....											
3. 2007.....											
4. 2008.....											
5. 2009.....											
6. 2010.....											
7. 2011.....											
8. 2012.....											
9. 2013.....											
10. 2014.....											
11. 2015.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 2A - Homeowners/Farmowners

NONE

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

NONE

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

NONE

Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 2E - Commercial Multiple Peril

NONE

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

NONE

Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

NONE

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

NONE

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

NONE

Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

NONE

Schedule P - Part 2I - Special Property

NONE

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 2M - International

N O N E

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 2T - Warranty

N O N E

Schedule P - Part 3A - Homeowners/Farmowners

N O N E

Schedule P - Part 3B - Private Passenger Auto Liability/Medical

N O N E

Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical

N O N E

Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 3E - Commercial Multiple Peril

N O N E

Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 3G - Special Liability

N O N E

Schedule P - Part 3H - Section 1 - Other Liability - Occurrence

N O N E

Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made

N O N E

Schedule P - Part 3I - Special Property

N O N E

Schedule P - Part 3J - Auto Physical Damage

N O N E

Schedule P - Part 3K - Fidelity/Surety

N O N E

Schedule P - Part 3L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 3M - International

N O N E

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

NONE

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

NONE

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 3T - Warranty

NONE

Schedule P - Part 4A - Homeowners/Farmowners

NONE

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

NONE

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

NONE

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 4E - Commercial Multiple Peril

NONE

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

NONE

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

NONE

Schedule P - Part 4G - Special Liability

NONE

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

NONE

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

NONE

Schedule P - Part 4I - Special Property

NONE

Schedule P - Part 4J - Auto Physical Damage

NONE

Schedule P - Part 4K - Fidelity/Surety

NONE

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 4M - International

NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

NONE

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

NONE

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

NONE

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

NONE

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

NONE

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

NONE

Schedule P - Part 4T - Warranty

NONE

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SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	594	47	18	16	3	5	1	1	3	1
2. 2006.....	4,863	5,942	5,974	6,003	6,012	6,016	6,019	6,019	6,019	6,019
3. 2007.....	XXX	5,193	5,723	5,765	5,775	5,778	5,784	5,785	5,786	5,786
4. 2008.....	XXX	XXX	11,033	12,177	12,242	12,262	12,266	12,269	12,269	12,271
5. 2009.....	XXX	XXX	XXX	6,223	6,885	6,917	6,922	6,927	6,927	6,928
6. 2010.....	XXX	XXX	XXX	XXX	4,742	5,290	5,331	5,343	5,346	5,348
7. 2011.....	XXX	XXX	XXX	XXX	XXX	5,691	6,353	6,389	6,399	6,400
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	6,020	6,627	6,664	6,682
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,816	4,392	4,436
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,471	3,918
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,459

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	93	55	35	20	15	7	5	3	2	1
2. 2006.....	586	49	31	14	6	3	1	1		
3. 2007.....	XXX	381	46	25	13	9	4	3	2	2
4. 2008.....	XXX	XXX	700	62	27	8	4	1	1	
5. 2009.....	XXX	XXX	XXX	314	46	16	9	2	2	1
6. 2010.....	XXX	XXX	XXX	XXX	317	44	18	6	7	2
7. 2011.....	XXX	XXX	XXX	XXX	XXX	318	36	8	4	4
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	328	34	19	8
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	390	34	17
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	333	34
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	472

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	356	33	8	6	1	2	1		1	
2. 2006.....	7,530	8,383	8,406	8,417	8,418	8,419	8,421	8,421	8,421	8,421
3. 2007.....	XXX	7,661	8,025	8,061	8,068	8,070	8,071	8,071	8,071	8,071
4. 2008.....	XXX	XXX	14,414	15,774	15,832	15,841	15,843	15,843	15,846	15,846
5. 2009.....	XXX	XXX	XXX	8,422	9,017	9,039	9,044	9,044	9,046	9,046
6. 2010.....	XXX	XXX	XXX	XXX	6,819	7,300	7,328	7,335	7,336	7,338
7. 2011.....	XXX	XXX	XXX	XXX	XXX	8,388	9,012	9,026	9,030	9,032
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	8,294	8,856	8,889	8,895
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,125	6,629	6,659
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,923	6,269
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,327

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SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	2,864	662	270	97	44	21	1	1	2	3
2. 2006.....	6,498	8,665	9,102	9,280	9,354	9,378	9,388	9,393	9,393	9,393
3. 2007.....	XXX	7,003	9,262	9,694	9,890	9,958	9,970	9,975	9,983	9,985
4. 2008.....	XXX	XXX	7,151	9,358	9,795	9,976	10,046	10,063	10,073	10,076
5. 2009.....	XXX	XXX	XXX	7,276	9,326	9,715	9,901	9,954	9,968	9,980
6. 2010.....	XXX	XXX	XXX	XXX	6,983	9,154	9,614	9,778	9,816	9,834
7. 2011.....	XXX	XXX	XXX	XXX	XXX	7,041	9,269	9,738	9,875	9,927
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	7,371	10,084	10,507	10,689
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,051	10,702	11,092
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,087	11,766
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,881

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	1,045	431	158	66	23	7	3	2	1	2
2. 2006.....	2,587	661	279	108	31	13	4			
3. 2007.....	XXX	2,613	651	309	84	24	12	7	2	
4. 2008.....	XXX	XXX	2,656	651	303	107	30	16	8	6
5. 2009.....	XXX	XXX	XXX	2,413	597	281	89	31	19	7
6. 2010.....	XXX	XXX	XXX	XXX	2,517	629	245	64	29	5
7. 2011.....	XXX	XXX	XXX	XXX	XXX	2,491	639	231	82	16
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2,904	618	279	86
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,840	558	250
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,948	621
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,812

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	941	142	23	8	7	4				1
2. 2006.....	11,538	12,186	12,285	12,311	12,315	12,319	12,319	12,319	12,319	12,319
3. 2007.....	XXX	11,792	12,589	12,726	12,746	12,752	12,753	12,754	12,754	12,754
4. 2008.....	XXX	XXX	11,851	12,588	12,699	12,722	12,725	12,725	12,726	12,726
5. 2009.....	XXX	XXX	XXX	11,624	12,388	12,483	12,499	12,506	12,508	12,508
6. 2010.....	XXX	XXX	XXX	XXX	11,335	12,093	12,197	12,222	12,224	12,225
7. 2011.....	XXX	XXX	XXX	XXX	XXX	10,906	11,749	11,876	11,893	11,894
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	11,866	12,966	13,074	13,093
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,555	13,509	13,632
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,254	15,225
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,942

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SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	15	3	1	(1)	1					
2. 2006.....	14	15	15	15	15	15	15	15	15	15
3. 2007.....	XXX	14	15	16	16	16	16	16	16	16
4. 2008.....	XXX	XXX	7	8	8	8	8	8	8	8
5. 2009.....	XXX	XXX	XXX	2	2	2	3	3	3	3
6. 2010.....	XXX	XXX	XXX	XXX	7	7	7	7	7	7
7. 2011.....	XXX	XXX	XXX	XXX	XXX	13	20	21	21	21
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	39	45	47	48
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61	78	79
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	99	122
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	82

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	5	1		1						
2. 2006.....										
3. 2007.....	XXX	2								
4. 2008.....	XXX	XXX	1							
5. 2009.....	XXX	XXX	XXX	1	1	1				
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XXX	XXX	XXX	7	1			
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	7	5	2	1
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	2	1
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	7
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	4									
2. 2006.....	14	15	15	15	15	15	15	15	15	15
3. 2007.....	XXX	16	16	16	16	16	16	16	16	16
4. 2008.....	XXX	XXX	8	8	8	8	8	8	8	8
5. 2009.....	XXX	XXX	XXX	4	4	4	4	4	4	4
6. 2010.....	XXX	XXX	XXX	XXX	9	9	9	9	9	9
7. 2011.....	XXX	XXX	XXX	XXX	XXX	20	22	22	22	22
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	49	54	54	54
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	86	92	92
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	135	143
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	162

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SCHEDULE P - PART 5D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1
7. 2011.....	XXX	XXX	XXX	XXX	XXX			2	2	2
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	14	15
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	9
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XXX	XXX	XXX	2	2			
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1			
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	1	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	2
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1
7. 2011.....	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	2
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	15	17
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	14
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45

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SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	24	5	8	4	1	3	4		1	
2. 2006.....	25	26	27	28	28	28	29	31	31	31
3. 2007.....	XXX	21	23	24	24	24	24	24	24	24
4. 2008.....	XXX	XXX	6	9	9	9	9	9	9	9
5. 2009.....	XXX	XXX	XXX	7	11	13	13	13	13	13
6. 2010.....	XXX	XXX	XXX	XXX	37	47	47	47	47	47
7. 2011.....	XXX	XXX	XXX	XXX	XXX	78	91	92	94	94
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	102	131	133	133
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	274	323	338
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	324	380
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	326

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	25	13	4	2	3	2	1	1		
2. 2006.....	1	1	1	1	1	2	1			
3. 2007.....	XXX	1	1	1						
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX	5	2					
6. 2010.....	XXX	XXX	XXX	XXX	8					
7. 2011.....	XXX	XXX	XXX	XXX	XXX	15	1	1		
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	34	4	2	1
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	74	23	9
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83	20
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	114

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	24	10	2	2	2	2	4			
2. 2006.....	31	33	34	35	36	37	37	37	37	37
3. 2007.....	XXX	29	32	35	35	36	36	36	36	36
4. 2008.....	XXX	XXX	11	16	16	16	16	16	16	16
5. 2009.....	XXX	XXX	XXX	20	23	23	23	23	23	23
6. 2010.....	XXX	XXX	XXX	XXX	74	81	83	83	83	83
7. 2011.....	XXX	XXX	XXX	XXX	XXX	134	144	145	145	145
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	202	220	221	221
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	658	709	710
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	736	782
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	768

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A
N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A
N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A
N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B
N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B
N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B
N O N E

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

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	5		1							
2. 2006.....			1	1	4	4	4	4	4	4
3. 2007.....	XXX		1	1	2	2	2	2	2	2
4. 2008.....	XXX	XXX				1	1	1	1	1
5. 2009.....	XXX	XXX	XXX			1	1	1	2	2
6. 2010.....	XXX	XXX	XXX	XXX	2	3	5	5	5	5
7. 2011.....	XXX	XXX	XXX	XXX	XXX	2	4	4	5	5
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	6	8
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	12
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	2	1								
2. 2006.....	2	2	1	1						
3. 2007.....	XXX	1	1	1						
4. 2008.....	XXX	XXX			1					
5. 2009.....	XXX	XXX	XXX		3	2	3	1		
6. 2010.....	XXX	XXX	XXX	XXX	2	3				
7. 2011.....	XXX	XXX	XXX	XXX	XXX	3				
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2	1	1	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	6	2
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	3
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	2	2								
2. 2006.....	3	4	4	4	7	7	7	7	7	7
3. 2007.....	XXX	1	2	2	2	2	2	2	2	2
4. 2008.....	XXX	XXX			1	1	1	1	1	1
5. 2009.....	XXX	XXX	XXX	1	4	5	7	7	8	8
6. 2010.....	XXX	XXX	XXX	XXX	4	6	6	6	6	6
7. 2011.....	XXX	XXX	XXX	XXX	XXX	8	9	9	10	10
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	7	9	10	10
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	14	14
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	23
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B
N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B
N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B
N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A
N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A
N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A
N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B
N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B
N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B
N O N E

Schedule P - Part 5T - Warranty - Section 1
N O N E

Schedule P - Part 5T - Warranty - Section 2
N O N E

Schedule P - Part 5T - Warranty - Section 3
N O N E

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SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....	313	311	311	311	311	311	311	311	311	311	
3. 2007.....	XXX	232	231	231	231	231	231	231	231	231	
4. 2008.....	XXX	XXX	79	79	79	79	79	79	79	79	
5. 2009.....	XXX	XXX	XXX	23	23	23	23	23	23	23	
6. 2010.....	XXX	XXX	XXX	XXX	102	102	102	102	102	102	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	175	175	175	175	175	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	320	320	320	320	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	561	561	561	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	851	849	(2)
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,398	1,398
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,396
13. Earned Premiums (Sch P-Pt. 1)	313	230	78	23	102	175	321	561	851	1,396	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....	313	311	311	311	311	311	311	311	311	311	
3. 2007.....	XXX	232	231	231	231	231	231	231	231	231	
4. 2008.....	XXX	XXX	79	79	79	79	79	79	79	79	
5. 2009.....	XXX	XXX	XXX	23	23	23	23	23	23	23	
6. 2010.....	XXX	XXX	XXX	XXX	102	102	102	102	102	102	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	175	175	175	175	175	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	320	320	320	320	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	561	561	561	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	851	849	(2)
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,398	1,398
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,396
13. Earned Premiums (Sch P-Pt. 1)	313	230	78	23	102	175	321	561	851	1,396	XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX	14	12	12	12	12	12	12	
6. 2010.....	XXX	XXX	XXX	XXX	88	86	85	85	85	85	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	50	50	50	50	50	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	118	119	119	119	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	309	309	322	13
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	681	780	99
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,949	1,949
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,061
13. Earned Premiums (Sch P-Pt. 1)				14	43	49	118	309	681	2,062	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX	14	12	12	12	12	12	12	
6. 2010.....	XXX	XXX	XXX	XXX	88	86	85	85	85	85	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	98	99	99	99	99	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	118	236	236	236	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	309	618	631	13
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	681	780	99
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,949	1,949
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,061
13. Earned Premiums (Sch P-Pt. 1)				14	43	49	118	309	681	2,062	XXX

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SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	(8)										
2. 2006.....	680		666	666	666	666	666	666	666	666	
3. 2007.....	XXX	481	467	467	467	467	467	467	467	467	
4. 2008.....	XXX	XXX	342	323	323	323	323	323	323	323	
5. 2009.....	XXX	XXX	XXX	265	265	265	265	265	265	265	
6. 2010.....	XXX	XXX	XXX	XXX	747	742	742	742	742	742	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,389	1,391	1,391	1,391	1,391	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2,728	2,734	2,734	2,735	1
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,190	5,190	5,198	8
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,529	7,551	22
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,882	10,882
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,913
13. Earned Premiums (Sch P-Pt. 1)	672	467	328	246	747	1,384	2,730	5,196	7,530	10,913	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	(8)										
2. 2006.....	680		666	666	666	666	666	666	666	666	
3. 2007.....	XXX	481	467	467	467	467	467	467	467	467	
4. 2008.....	XXX	XXX	342	323	323	323	323	323	323	323	
5. 2009.....	XXX	XXX	XXX	265	265	265	265	265	265	265	
6. 2010.....	XXX	XXX	XXX	XXX	747	742	742	742	742	742	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,389	1,391	1,391	1,391	1,391	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2,728	2,734	2,734	2,735	1
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,190	5,190	5,198	8
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,529	7,551	22
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,882	10,882
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,913
13. Earned Premiums (Sch P-Pt. 1)	672	467	328	246	747	1,384	2,730	5,196	7,530	10,913	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	(2)										
2. 2006.....	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	
3. 2007.....	XXX	1,379	1,379	1,379	1,379	1,379	1,379	1,379	1,379	1,379	
4. 2008.....	XXX	XXX	1,753	1,749	1,749	1,749	1,749	1,749	1,749	1,749	
5. 2009.....	XXX	XXX	XXX	1,879	1,879	1,879	1,879	1,879	1,879	1,879	
6. 2010.....	XXX	XXX	XXX	XXX	1,965	1,965	1,965	1,965	1,965	1,965	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,916	1,922	1,922	1,922	1,922	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2,023	2,027	2,027	2,027	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,287	2,290	2,292	2
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,496	2,515	19
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,752	2,752
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,773
13. Earned Premiums (Sch P-Pt. 1)	1,098	1,379	1,753	1,875	1,965	1,916	2,029	2,291	2,499	2,774	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....	(2)										
2. 2006.....	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	
3. 2007.....	XXX	1,379	1,379	1,379	1,379	1,379	1,379	1,379	1,379	1,379	
4. 2008.....	XXX	XXX	1,753	1,749	1,749	1,749	1,749	1,749	1,749	1,749	
5. 2009.....	XXX	XXX	XXX	1,879	1,879	1,879	1,879	1,879	1,879	1,879	
6. 2010.....	XXX	XXX	XXX	XXX	1,965	1,965	1,965	1,965	1,965	1,965	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,916	1,922	1,922	1,922	1,922	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2,023	2,027	2,027	2,027	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,287	2,290	2,292	2
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,496	2,515	19
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,752	2,752
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,773
13. Earned Premiums (Sch P-Pt. 1)	1,098	1,379	1,753	1,875	1,965	1,916	2,029	2,291	2,499	2,774	XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

N O N E

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SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	4	5	5	5	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	6	6	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	8	2
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	10
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12
13. Earned Premiums (Sch P-Pt. 1)						1	4	6	7	12	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	4	5	5	5	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	6	6	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	8	2
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	10
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12
13. Earned Premiums (Sch P-Pt. 1)						1	4	6	7	12	XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

N O N E

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or “ERE”) benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?\$
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A [X]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior		
1.602	2006		
1.603	2007		
1.604	2008		
1.605	2009		
1.606	2010		
1.607	2011		
1.608	2012		
1.609	2013		
1.610	2014		
1.611	2015		
1.612	Totals		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as “ Defense and Cost Containment” and “Adjusting and Other”) reported in compliance with these definitions in this statement? Yes [X] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:
(in thousands of dollars)

5.1 Fidelity
5.2 Surety
6. Claim count information is reported per claim or per claimant (Indicate which).per claim.....
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]
- 7.2 (An extended statement may be attached.)
.....

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only				
		1	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama	AL				
2.	Alaska	AK				
3.	Arizona	AZ				
4.	Arkansas	AR				
5.	California	CA				
6.	Colorado	CO				
7.	Connecticut	CT				
8.	Delaware	DE				
9.	District of Columbia	DC				
10.	Florida	FL				
11.	Georgia	GA				
12.	Hawaii	HI				
13.	Idaho	ID				
14.	Illinois	IL				
15.	Indiana	IN				
16.	Iowa	IA				
17.	Kansas	KS				
18.	Kentucky	KY				
19.	Louisiana	LA				
20.	Maine	ME				
21.	Maryland	MD				
22.	Massachusetts	MA				
23.	Michigan	MI				
24.	Minnesota	MN				
25.	Mississippi	MS				
26.	Missouri	MO				
27.	Montana	MT				
28.	Nebraska	NE				
29.	Nevada	NV				
30.	New Hampshire	NH				
31.	New Jersey	NJ				
32.	New Mexico	NM				
33.	New York	NY				
34.	North Carolina	NC				
35.	North Dakota	ND				
36.	Ohio	OH				
37.	Oklahoma	OK				
38.	Oregon	OR				
39.	Pennsylvania	PA				
40.	Rhode Island	RI				
41.	South Carolina	SC				
42.	South Dakota	SD				
43.	Tennessee	TN				
44.	Texas	TX				
45.	Utah	UT				
46.	Vermont	VT				
47.	Virginia	VA				
48.	Washington	WA				
49.	West Virginia	WV				
50.	Wisconsin	WI				
51.	Wyoming	WY				
52.	American Samoa	AS				
53.	Guam	GU				
54.	Puerto Rico	PR				
55.	U.S. Virgin Islands	VI				
56.	Northern Mariana Islands	MP				
57.	Canada	CAN				
58.	Aggregate Other Alien	OT				
59.	Total					

NONE

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
..0473	American Family Insurance Group .....	..19275	39-0273710	.....	.....	.....	American Family Mutual Insurance Company .....	..WI	..UIP	American Family Mutual Insurance Company - Board of Directors	Board of Directors.....	..0.000	American Family Mutual Insurance Company - Board of Directors .....	.....
			39-1508124	.....	.....	.....	American Family Brokerage, Inc. ....	..WI	..NIA	American Family Mutual Insurance Company	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			39-1391393	.....	.....	.....	AMFAM, Inc. ....	..WI	..UDP	American Family Mutual Insurance Company	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			46-3538161	.....	.....	.....	The AssureStart Insurance Agency, LLC .....	..WI	..NIA	American Family Mutual Insurance Company	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	American Family Insurance Group .....	..19283	39-6040366	.....	.....	.....	American Standard Insurance Co. of WI .....	..WI	..IA	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	American Family Insurance Group .....	..10386	39-1835307	.....	.....	.....	American Family Insurance Company .....	..OH	..RE	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	American Family Insurance Group .....	..10387	39-1835305	.....	.....	.....	American Standard Insurance Co. of OH .....	..OH	..IA	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	American Family Insurance Group .....	..60399	39-6040365	.....	.....	.....	American Family Life Insurance Co. ....	..WI	..IA	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	American Family Insurance Group .....	..27138	36-2705935	.....	.....	.....	Midvale Indemnity Company .....	..IL	..IA	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			39-6040596	.....	.....	.....	American Family Financial Services, Inc. ....	..WI	..NIA	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			36-4681910	.....	.....	.....	New Ventures, LLC .....	..WI	..NIA	AMFAM, Inc.	Ownership.....	..99.000	American Family Mutual Insurance Company .....	.....
			36-4681910	.....	.....	.....	New Ventures, LLC .....	..WI	..NIA	American Family Life Insurance Co.	Ownership.....	..1.000	American Family Mutual Insurance Company .....	.....
			86-1101013	.....	.....	.....	PGC Holdings Corporation .....	..DE	..NIA	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			42-6653388	.....	.....	.....	PGC Holdings Statutory Trust 1 .....	..DE	..NIA	PGC Holdings Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			20-1980130	.....	.....	.....	PGC Holdings Statutory Trust 2 .....	..DE	..NIA	PGC Holdings Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	Permanent General Holdings .....	..22906	62-1482846	.....	.....	.....	PGAC of Ohio .....	..OH	..IA	PGC Holdings Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	Permanent General Holdings .....	..37648	13-2960609	.....	.....	.....	Permanent General Assurance Corporation .....	..OH	..IA	Permanent General Companies, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1336831	.....	.....	.....	Permanent General Companies, Inc. ....	..TN	..NIA	PGC Holdings Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1383711	.....	.....	.....	PGA Service Corporation .....	..TN	..NIA	Permanent General Assurance Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1684228	.....	.....	.....	The General Auto Insurance Services of Ohio, Inc. ....	..OH	..NIA	PGA Service Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1684225	.....	.....	.....	The General Auto Insurance Services of California, Inc. ....	..CA	..NIA	PGA Service Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1758317	.....	.....	.....	The General Auto Insurance Services of Louisiana, Inc. ....	..LA	..NIA	PGA Service Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	Permanent General Holdings .....	..13703	26-2465659	.....	.....	.....	The General Automobile Insurance Company, Inc. ....	..OH	..IA	PGAC of Ohio	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1820203	.....	.....	.....	The General Auto Insurance Services of Georgia, Inc. ....	..GA	..NIA	PGA Service Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1812273	.....	.....	.....	The General Auto Insurance Services of Texas, Inc. ....	..TX	..NIA	PGA Service Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
			04-3361207				Homesite Group Incorporated	DE	NIA	AMFAM, Inc.	Ownership	100.000	American Family Mutual Insurance Company	
			04-3441403				Homesite Securities Company LLC	DE	NIA	Homesite Group Incorporated	Ownership	100.000	American Family Mutual Insurance Company	
0473	American Family Insurance Group	13927	45-0282873				Homesite Insurance Company of the Midwest	ND	IA	Homesite Securities Company LLC	Ownership	100.000	American Family Mutual Insurance Company	
0473	American Family Insurance Group	17221	06-1125462				Homesite Insurance Company	CT	IA	Homesite Securities Company LLC	Ownership	100.000	American Family Mutual Insurance Company	
0473	American Family Insurance Group	20419	48-1156645				Homesite Indemnity Company	KS	IA	Homesite Group Incorporated	Ownership	100.000	American Family Mutual Insurance Company	
0473	American Family Insurance Group	11005	68-0426201				Homesite Insurance Company of California	CA	IA	Homesite Securities Company LLC	Ownership	100.000	American Family Mutual Insurance Company	
0473	American Family Insurance Group	10986	16-1559926				Homesite Insurance Company of New York	NY	IA	Homesite Securities Company LLC	Ownership	100.000	American Family Mutual Insurance Company	
0473	American Family Insurance Group	10745	23-2980263				Homesite Insurance Company of Georgia	GA	IA	Homesite Securities Company LLC	Ownership	100.000	American Family Mutual Insurance Company	
0473	American Family Insurance Group	11016	52-2176786				Homesite Insurance Company of Illinois	IL	IA	Homesite Securities Company LLC	Ownership	100.000	American Family Mutual Insurance Company	
0473	American Family Insurance Group	11156	04-3489719				Homesite Insurance Company of Florida	IL	IA	Homesite Securities Company LLC	Ownership	100.000	American Family Mutual Insurance Company	
0473	American Family Insurance Group	11237	74-2987795				Homesite Lloyd's of Texas	TX	IA	Texas-South of Homesite, Inc.	Attorney-In-Fact	0.000	American Family Mutual Insurance Company	
			23-3011415				Homesite Insurance Agency, Inc.	MA	NIA	Homesite Securities Company LLC	Ownership	100.000	American Family Mutual Insurance Company	
			04-3506712				Texas-South of Homesite, Inc.	TX	NIA	Homesite Securities Company LLC	Ownership	100.000	American Family Mutual Insurance Company	
			46-5039052				Homesite General Agent LLC	DE	NIA	Homesite Group Incorporated	Ownership	100.000	American Family Mutual Insurance Company	
			47-4532240				Midvale Life Insurance Company of New York	NY	IA	AMFAM, Inc.	Ownership	100.000	American Family Mutual Insurance Company	
			45-3695870				MoveIn, Inc.	WI	OTH	New Ventures, LLC	Ownership	17.200	MoveIn, Inc.	0000001
			46-1991111				Quietyme, Inc.	WI	OTH	New Ventures, LLC	Ownership	20.300	Quietyme, Inc.	0000001
			47-4493142				American Family Insurance Dreams Foundation, Inc	WI	OTH	American Family Mutual Insurance Company	Board of Directors	0.000	American Family Insurance Dreams Foundation, Inc	0000002
			45-5384507				Review Trackers, Inc.	DE	OTH	New Ventures, LLC	Ownership	16.500	Review Trackers, Inc.	0000001
			47-4384551				Functor Reality, Inc.	DE	OTH	New Ventures, LLC	Ownership	43.800	Functor Reality, Inc.	0000001

Asterisk	Explanation
0000001	Investments held by New Ventures, LLC where a controlling interest is presumed to exist due to a greater than 10% ownership interest
0000002	501(c)(3) organization with greater than 50% board of director control

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

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
19275	39-0273710	American Family Mutual Insurance Company		69,638,000			336,309,630	20,591,821			426,539,451	(1,392,872,000)
19283	39-6040366	American Standard Insurance Co. of WI					(67,322,143)	6,051,180			(61,270,963)	378,982,000
60399	39-6040365	American Family Life Insurance Co.		165,000			(121,768,163)	5,408,870			(116,194,293)	
	39-6040596	American Family Financial Services, Inc.					(38,580)				(38,580)	
	39-1508124	American Family Brokerage, Inc.					(7,934,367)				(7,934,367)	
10386	39-1835307	American Family Insurance Company					(106,868,284)	53,026,116			(53,842,168)	305,732,000
10387	39-1835305	American Standard Insurance Co. of OH					(12,736,918)	10,678,965			(2,057,953)	34,064,000
	39-1391393	AMFAM, Inc.		(51,803,000)			2,946,485				(48,856,515)	
27138	36-2705935	Midvale Indemnity Company					(27,230,250)	29,672,232			2,441,982	1,575,000
	46-3538161	The AssureStart Insurance Agency, LLC		(18,000,000)							(18,000,000)	
	36-4681910	New Ventures, LLC										
	86-1101013	PGC Holdings Corporation	1,000,000	(30,000,000)			535,714				(28,464,286)	
	42-6653388	PGC Holdings Statutory Trust 1										
	20-1980130	PGC Holdings Statutory Trust 2										
22906	62-1482846	PGAC of Ohio	(1,000,000)	7,500,000			17,369,585		*		23,869,585	19,387,774
37648	13-2960609	Permanent General Assurance Corporation		17,400,000			22,786,441		*		40,186,441	(32,797,144)
	62-1336831	Permanent General Companies, Inc.					(65,988,922)				(65,988,922)	
	62-1383711	PGA Service Corporation					752,287				752,287	
	62-1684228	The General Auto Insurance Services of Ohio, Inc.					(490,437)				(490,437)	
	62-1684225	The General Auto Insurance Services of California, Inc.					(203,130)				(203,130)	
	62-1758317	The General Auto Insurance Services of Louisiana, Inc.					(44,691)				(44,691)	
13703	26-2465659	The General Automobile Insurance Company, Inc.		5,100,000			17,844,924		*		22,944,924	13,409,370
	62-1820203	The General Auto Insurance Services of Georgia, Inc.					966,399				966,399	
	62-1812273	The General Auto Insurance Services of Texas, Inc.										
	04-3361207	Homesite Group Incorporated		(5,000,000)			169,309,786				164,309,786	
	04-3441403	Homesite Securities Company LLC										
13927	45-0282873	Homesite Insurance Company of the Midwest					(45,837,811)	(35,720,379)			(81,558,190)	236,295,000
17221	06-1125462	Homesite Insurance Company					(57,035,712)	(40,837,844)			(97,873,556)	225,245,000
20419	48-1156645	Homesite Indemnity Company					(17,023,878)	(25,452,899)			(42,476,777)	56,619,000
11005	68-0426201	Homesite Insurance Company of California					(11,808,276)	(684,535)			(12,492,811)	51,418,000
10986	16-1559926	Homesite Insurance Company of New York					(9,922,675)	(7,541,766)			(17,464,441)	40,098,000
10745	23-2980263	Homesite Insurance Company of Georgia					(3,670,923)	(1,280,550)			(4,951,473)	14,852,000
11016	52-2176786	Homesite Insurance Company of Illinois					(3,669,571)	(4,919,898)			(8,589,469)	13,811,000
11156	04-3489719	Homesite Insurance Company of Florida					(408,840)	1,474,263			1,065,423	3,449,000
11237	74-2987795	Homesite Lloyd's of Texas		5,000,000			(7,365,578)	(10,465,576)			(12,831,154)	30,732,000
	23-3011415	Homesite Insurance Agency, Inc.					(1,452,102)				(1,452,102)	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....	04-3506712	Texas-South of Homesite, Inc.										
9999999	Control Totals								XXX			

* PGC Group intercompany pooling arrangement: Permanent General Assurance Corporation - 59%, Permanent General Assurance Corporation of Ohio - 33%, The General Automobile Insurance Company, Inc. - 8%.

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES












The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	YES
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?.....	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
34.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
12.		
13.		
15.		
16.		
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31.		
32.		
33.		

Bar Codes:

12.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 0 3 8 6 2 0 1 5 4 2 0 0 0 0 0 0
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	 1 0 3 8 6 2 0 1 5 2 4 0 0 0 0 0 0
15.	Supplement A to Schedule T [Document Identifier 455]	 1 0 3 8 6 2 0 1 5 4 5 5 0 0 0 0 0
16.	Trusteed Surplus Statement [Document Identifier 490]	 1 0 3 8 6 2 0 1 5 4 9 0 0 0 0 0 0
17.	Premiums Attributed to Protected Cells [Document Identifier 385]	 1 0 3 8 6 2 0 1 5 3 8 5 0 0 0 0 0
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	 1 0 3 8 6 2 0 1 5 4 0 1 0 0 0 0 0
19.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 3 8 6 2 0 1 5 3 6 5 0 0 0 0 0
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 0 3 8 6 2 0 1 5 4 0 0 0 0 0 0 0
23.	Bail Bond Supplement [Document Identifier 500]	 1 0 3 8 6 2 0 1 5 5 0 0 0 0 0 0 0
25.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 0 3 8 6 2 0 1 5 2 2 4 0 0 0 0 0
26.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 0 3 8 6 2 0 1 5 2 2 5 0 0 0 0 0

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27. Relief from the Requirements for Audit Committees [Document Identifier 226]



28. Credit Insurance Experience Exhibit [Document Identifier 230]



31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



32. Supplemental Health Care Exhibit's Expense Allocation Report
[Document Identifier 217]



33. Cybersecurity and Identity Theft Insurance Coverage Supplement
[Document Identifier 550]



OVERFLOW PAGE FOR WRITE-INS

NONE

360.00



SUPPLEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....
NAIC Group Code 0473..... NAIC Company Code 10386.....
ADDRESS (City, State and Zip Code) Des Moines , IA 50306-0010.....
Person Completing This Exhibit Chris Aasland.....
Title Vice President..... Telephone Number 515-245-2225.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013; 2014; 2015			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	Incurred Claims		14	15	Incurred Claims		18
										Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
YES	H65	A	NO	0034000	01/24/1996		08/29/2000	03/16/2009									
YES	H65	C	NO	0034000	01/24/1996		08/29/2000	03/16/2009									
YES	H65	D	NO	0034000	08/29/2000			03/16/2009		291,633	224,233	76.9	80				
YES	H65	F	NO	0034000	01/24/1996		08/29/2000	03/16/2009									
YES	H65	G	NO	0034000	08/29/2000			03/16/2009		61,530	52,343	85.1	16				
0199999. Total Experience on Individual Policies										353,163	276,576	78.3	96				

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: P.O. Box 10 Des Moines , IA 50306-0010

2.2 Contact Person and Phone Number: Shelley Dodd 515-245-2249
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: P.O. Box 10 Des Moines , IA 50306-0010

3.2 Contact Person and Phone Number: Shelley Dodd 515-245-2249
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2015
(To Be Filed by March 1)

NAIC Group Code0473NAIC Company Code10386

Company NameAMERICAN FAMILY INSURANCE COMPANY

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

1. Monoline Policies

Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$ 41,009	\$ 33,582	\$	\$ 15,333	\$	\$ 9,583	%	%

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [] No [X]

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [] No [X]

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

2.31 Amount quantified:\$

2.32 Amount estimated using reasonable assumptions:\$

2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$	\$	\$	\$	%	%

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Schedule BA - Part 3 E09

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Schedule D - Part 1A - Section 1 SI05

Schedule D - Part 1A - Section 2 SI08

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