



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)												2
19.4 Other commercial auto liability												
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 \$

(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 .....				.46,584								
2.3 Federal flood .....	.88,838	.86,034										
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
19.1 Private passenger auto no-fault (personal injury protection) .....												.375
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
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
22. Aircraft (all perils)												
23. Fidelity .....	.6,879	.5,403			.3,334							.1,210
24. Surety .....												.209
26. Burglary and theft .....	.8,487	.5,898			.4,094							.1,006
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 \$

(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								
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					
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					
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					
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 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 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	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 \$

(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
17.1 Other Liability - occurrence												332
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
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 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
17.1 Other Liability - occurrence													160
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
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 \$

(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)												
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
17.1 Other Liability - occurrence												2,525
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
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 \$

(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 \$

(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
2.1 Allied lines	33,937	35,184		15,326	5,593	5,505	1,113			.32	.40	182
2.2 Multiple peril crop												579
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												(1,156)
4. Homeowners multiple peril	51,702,893	51,323,756	(2)	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)					(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												
21.1 Private passenger auto physical damage	41,327,107	40,948,446		11,423,640	21,701,466	21,915,089	(40)	(40)		.18	.30	
21.2 Commercial auto physical damage	92,976	90,666		44,716	37,003	37,003		580,567	.60,036	.59,107	.23,122	3,536,356
22. Aircraft (all perils)												639,416
23. Fidelity												8,023
24. Surety												1,439
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 \$

(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
17.1 Other Liability - occurrence												26
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
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 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 \$

(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 \$

(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)												
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)												
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)												
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 Grand Total

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	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												30,589
12. Earthquake	219,315	173,511		116,006								
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	65,888
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. Aircraft (all perils)												
23. Fidelity	6,879	5,403		3,334								1,210
24. Surety												209
26. Burglary and theft	8,487	5,898		4,094								1,006
27. Boiler and machinery												257
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 \$

(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	9	10	11	12	13	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 (Cancelled) during Current Year

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 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										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		
.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.)					363,658	811	4,374	61,884		63,050	22,396	153,217		305,732	(8,558)	314,290	
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)					174	39				15		36		90	34	56	
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										18 Reinsurance Payable	19 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																		
99999999 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 Name of Reinsurer	2 Commission Rate	3 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 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 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						11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11	
				5 Current	Overdue								
					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.)		5,185						5,185			
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

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

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 [] 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		Non-Cancelable		Guaranteed Renewable		Other Individual Contracts					
													13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %						
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 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 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								
2. Premiums earned	241,606								
3. Incurred claims	534,723								
4. Commissions	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	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 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.	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 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
	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(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 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.	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 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
	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
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 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
	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									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 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
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 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006											
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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.			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 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
	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.			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 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
	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									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 Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006											
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 1I - 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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	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 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	
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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
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 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		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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX					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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior			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 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	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....									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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....													
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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2006.....											
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

N O N E

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

N O N E

Schedule P - Part 1T - Warranty

N O N E

Schedule P - Part 2A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2I - Special Property

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 3T - Warranty

N O N E

Schedule P - Part 4A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4G - Special Liability

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4I - Special Property

N O N E

Schedule P - Part 4J - Auto Physical Damage

N O N E

Schedule P - Part 4K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 4M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY
**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY
**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

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

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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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		78	91	.92	94	.94
8. 2012	XXX	XXX	XXX	XXX		XXX	102	.131	133	.133
9. 2013	XXX	XXX	XXX	XXX		XXX		274	.323	.338
10. 2014	XXX	XXX	XXX	XXX		XXX			.324	.380
11. 2015	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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		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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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		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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	1	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

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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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....	(8)										
2. 2006.....	680	666	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	
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....	(8)										
2. 2006.....	680	666	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	
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	
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

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

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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	5	6	6	6	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	5	6	6	6	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	5	6	6	6	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	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)											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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	5	6	6	6	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	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)											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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMERICAN FAMILY INSURANCE COMPANY
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 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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	Domiciliary Location	Relationship 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	AMFAM, Inc.	WI	UIP	American Family Mutual Insurance Company	Board of Directors	0.000	American Family Mutual Insurance	
			39-1508124			American Family Brokerage, Inc.		WI	NIA	American Family Mutual Insurance Company	Ownership	100.000	Company	
			39-1391393			AMFAM, Inc.		WI	UDP	American Family Mutual Insurance Company	Ownership	100.000	American Family Mutual Insurance	
			46-3538161			The AssureStart Insurance Agency, LLC		WI	NIA	American Family Mutual Insurance Company	Ownership	100.000	American Family Mutual Insurance	
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	
0473	American Family Insurance Group	10386	39-1835307			American Family Insurance Company		OH	RE	AMFAM, Inc.	Ownership	100.000	American Family Mutual Insurance	
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	
0473	American Family Insurance Group	60399	39-6040365			American Family Life Insurance Co.		WI	IA	AMFAM, Inc.	Ownership	100.000	American Family Mutual Insurance	
0473	American Family Insurance Group	27138	36-2705935			Midvale Indemnity Company		IL	IA	AMFAM, Inc.	Ownership	100.000	Company	
			39-6040596			American Family Financial Services, Inc.		WI	NIA	AMFAM, Inc.	Ownership	100.000	American Family Mutual Insurance	
			36-4681910			New Ventures, LLC		WI	NIA	AMFAM, Inc.	Ownership	99.000	Company	
			36-4681910			New Ventures, LLC		WI	NIA	American Family Life Insurance Co.	Ownership	1.000	American Family Mutual Insurance	
			86-1101013			PGC Holdings Corporation		DE	NIA	AMFAM, Inc.	Ownership	100.000	Company	
			42-6653388			PGC Holdings Statutory Trust 1		DE	NIA	PGC Holdings Corporation	Ownership	100.000	American Family Mutual Insurance	
			20-1980130			PGC Holdings Statutory Trust 2		DE	NIA	PGC Holdings Corporation	Ownership	100.000	American Family Mutual Insurance	
0473	Permanent General Holdings	22906	62-1482846			PGAC of Ohio		OH	IA	PGC Holdings Corporation	Ownership	100.000	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	
			62-1336831			Permanent General Companies, Inc.		TN	NIA	PGC Holdings Corporation	Ownership	100.000	American Family Mutual Insurance	
			62-1383711			PGA Service Corporation		TN	NIA	Permanent General Assurance Corporation	Ownership	100.000	Company	
			62-1684228			The General Auto Insurance Services of Ohio, Inc.		OH	NIA	PGA Service Corporation	Ownership	100.000	American Family Mutual Insurance	
			62-1684225			The General Auto Insurance Services of California, Inc.		CA	NIA	PGA Service Corporation	Ownership	100.000	American Family Mutual Insurance	
			62-1758317			The General Auto Insurance Services of Louisiana, Inc.		LA	NIA	PGA Service Corporation	Ownership	100.000	American Family Mutual Insurance	
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	
			62-1820203			The General Auto Insurance Services of Georgia, Inc.		GA	NIA	PGA Service Corporation	Ownership	100.000	American Family Mutual Insurance	
			62-1812273			The General Auto Insurance Services of Texas, Inc.		TX	NIA	PGA Service Corporation	Ownership	100.000	American Family Mutual Insurance	

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

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic- ciliary Loca- tion	10 Relation- ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- centage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
			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.	0.000001		
			46-1991111			QuietMye, Inc.	WI.....OTH.....	New Ventures, LLC	Ownership.....	20.300	QuietMye, Inc.	0.000001		
			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.			
			45-5384507			Review Trackers, Inc.	DE.....OTH.....	New Ventures, LLC	Ownership.....	16.500	Review Trackers, Inc.	0.000001		
			47-4384551			Functor Reality, Inc.	DE.....OTH.....	New Ventures, LLC	Ownership.....	43.800	Functor Reality, Inc.	0.000001		

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 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 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)	

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 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 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 Trusted 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
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.	
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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. Trusted 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 4 0 0 0 0 0 0 0
22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 0 3 8 6 2 0 1 5 3 6 5 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]



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

NONE



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				
										11	Incurred Claims		14	15	Incurred Claims		18
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	Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
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					
YES	H65	F.	NO	0034000	01/24/1996	08/29/2000	03/16/2009			61,530	52,343	85.1					
YES	H65	G.	NO	0034000	08/29/2000		03/16/2009			353,163	276,576	78.3					
0199999. Total Experience on Individual Policies																	

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 Code 0473

NAIC Company Code 10386

Company Name AMERICAN 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
\$	\$	\$	\$ % %

ALPHABETICAL INDEX

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