



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE
MICO Insurance Company

| | | | | | | |
|---------------------------------------|--|-----------------|-------------------|--|------------------------------------|------------|
| NAIC Group Code | 0291 (Current) | 0291 (Prior) | NAIC Company Code | 40932 | Employer's ID Number | 31-1022150 |
| Organized under the Laws of | Ohio | | | | State of Domicile or Port of Entry | OH |
| Country of Domicile | United States of America | | | | | |
| Incorporated/Organized | 11/30/1981 | | | Commenced Business | 12/03/1981 | |
| Statutory Home Office | 471 East Broad Street (Street and Number) | | | Columbus , OH, US 43215 (City or Town, State, Country and Zip Code) | | |
| Main Administrative Office | 471 East Broad Street (Street and Number) | | | Columbus , OH, US 43215 (City or Town, State, Country and Zip Code) | | |
| | Columbus , OH, US 43215 (City or Town, State, Country and Zip Code) | | | 614-225-8211 (Area Code) (Telephone Number) | | |
| Mail Address | 471 East Broad Street (Street and Number or P.O. Box) | | | Columbus , OH, US 43215 (City or Town, State, Country and Zip Code) | | |
| Primary Location of Books and Records | 471 East Broad Street (Street and Number) | | | Columbus , OH, US 43215 (City or Town, State, Country and Zip Code) | | |
| | Columbus , OH, US 43215 (City or Town, State, Country and Zip Code) | | | 614-225-8211 (Area Code) (Telephone Number) | | |
| Internet Website Address | MotoristsGroup.com | | | | | |
| Statutory Statement Contact | Joel B. Kratzer (Name) | | | 614-225-8327 (Area Code) (Telephone Number) | | |
| | Accounting@MotoristsGroup.com (E-mail Address) | | | 614-225-8330 (FAX Number) | | |

OFFICERS

| | | | |
|-----------------|--------------------|-----------------|-----------------------|
| President & CEO | David Lynn Kaufman | Treasurer & CFO | Susan Elizabeth Haack |
| Secretary | Anne Bridges King | | |

OTHER

| | | |
|-----------------------|--------------------|--|
| | | |
| Susan Elizabeth Haack | David Lynn Kaufman | |

State of Ohio SS:
County of Franklin

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

| | | |
|--|---------------------------|--|
| David L. Kaufman Chief Executive Officer | Anne B. King Secretary | Susan E. Haack Treasurer |
| Subscribed and sworn to before me this 17th day of February, 2016 | | a. Is this an original filing? b. If no, 1. State the amendment number..... 2. Date filed 3. Number of pages attached..... |
| | | Yes [X] No [] |



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MICO INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2015 NAIC Company Code 40932

| 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 | | | | | (1,282) | (1,282) | | | 28,119 | | | |
| 19.3 | Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 | Other commercial auto liability | | | | | | | | | | | | |
| 21.1 | Private passenger auto physical damage | | | | | (267) | (267) | | | | | | |
| 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 | | | | | | | | | | | | 2,015 |
| 35. | TOTALS (a) | | | | | (1,548) | (1,548) | | | 28,119 | | | 2,015 |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | |
| 3401. | No applicable line of business | | | | | | | | | | | | 2,015 |
| 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) | | | | | | | | | | | | 2,015 |

(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 MICO INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2015 NAIC Company Code 40932

| 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) | | | | | | | | | | | | 11 |
| 19.2 Other private passenger auto liability | | | | | | 327 | 20,926 | 780 | 1,494 | 8,412 | | |
| 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 | | | | | | | | | | | | (599) |
| 35. TOTALS (a) | | | | | | 327 | 20,926 | 780 | 1,494 | 8,412 | | (588) |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 3401. No applicable line of business | | | | | | | | | | | | (599) |
| 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) | | | | | | | | | | | | (599) |

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

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MICO INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2015 NAIC Company Code 40932

| 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) | | | | | | | | 0 | 0 | | | |
| 19.2 Other private passenger auto liability | | | | | (16,562) | (37,978) | 29,866 | 42,156 | 35,339 | 9,482 | | |
| 19.3 Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 Other commercial auto liability | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage | | | | | (1,408) | (1,413) | | | (5) | | | |
| 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 | | | | | | | | | | | | 1,110 |
| 35. TOTALS (a) | | | | | (17,970) | (39,391) | 29,866 | 42,156 | 35,334 | 9,482 | | 1,110 |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 3401. No applicable line of business | | | | | | | | | | | | 1,110 |
| 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) | | | | | | | | | | | | 1,110 |

(a) Finance and service charges not included in Lines 1 to 35 \$31
(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 MICO INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2015 NAIC Company Code 40932

| Line of Business | | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----------------------|---|---|------------------------|--|----------------------------------|--|------------------------|----------------------|--|--|--|------------------------------------|--------------------------|
| | | 1 | 2 | | | | | | | | | | |
| | | Direct Premiums Written | Direct Premiums Earned | Dividends Paid or Credited to Policyholders on Direct Business | Direct Unearned Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses Incurred | Direct Losses Unpaid | Direct Defense and Cost Containment Expense Paid | Direct Defense and Cost Containment Expense Incurred | Direct Defense and Cost Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
| 1. | Fire | | | | | | | | | | | | |
| 2.1 | Allied lines | | | | | | | | | | | | |
| 2.2 | Multiple peril crop | | | | | | | | | | | | |
| 2.3 | Federal flood | | | | | | | | | | | | |
| 2.4 | Private crop | | | | | | | | | | | | |
| 3. | Farmowners multiple peril | | | | | | | | | | | | |
| 4. | Homeowners multiple peril | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | 1,250 |
| 35. | TOTALS (a) | | | | | | | | | | | | 1,250 |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | |
| 3401. | No applicable line of business | | | | | | | | | | | | 1,250 |
| 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) | | | | | | | | | | | | 1,250 |

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

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MICO INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2015 NAIC Company Code 40932

| 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 | | | | | 500 | (90,229) | 926 | (5,526) | (39,405) | 372 | | |
| 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 | | | | | | | | | | | | 4,914 |
| 35. | TOTALS (a) | | | | | 500 | (90,229) | 926 | (5,526) | (39,405) | 372 | | 4,914 |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | |
| 3401. | No applicable line of business | | | | | | | | | | | | 4,914 |
| 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) | | | | | | | | | | | | 4,914 |

(a) Finance and service charges not included in Lines 1 to 35 \$(6)
(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 MICO INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2015 NAIC Company Code 40932

| Line of Business | | Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----------------------|---|---|------------------------|--|----------------------------------|--|------------------------|----------------------|--|--|--|------------------------------------|--------------------------|
| | | 1 | 2 | | | | | | | | | | |
| | | Direct Premiums Written | Direct Premiums Earned | Dividends Paid or Credited to Policyholders on Direct Business | Direct Unearned Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses Incurred | Direct Losses Unpaid | Direct Defense and Cost Containment Expense Paid | Direct Defense and Cost Containment Expense Incurred | Direct Defense and Cost Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
| 1. | Fire | | | | | | | | | | | | |
| 2.1 | Allied lines | | | | | | | | | | | | |
| 2.2 | Multiple peril crop | | | | | | | | | | | | |
| 2.3 | Federal flood | | | | | | | | | | | | |
| 2.4 | Private crop | | | | | | | | | | | | |
| 3. | Farmowners multiple peril | | | | | | | | | | | | |
| 4. | Homeowners multiple peril | | | | | | | | | | | | |
| 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) | | | | | | | | 0 | 0 | | | 11 |
| 19.2 | Other private passenger auto liability | | | | | (17,343) | (129,162) | 51,718 | 37,409 | 25,547 | 18,266 | | |
| 19.3 | Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 | Other commercial auto liability | | | | | | | | | | | | |
| 21.1 | Private passenger auto physical damage | | | | | (1,675) | (1,680) | | | (5) | | | |
| 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 | | | | | | | | | | | | 8,690 |
| 35. | TOTALS (a) | | | | | (19,018) | (130,841) | 51,718 | 37,410 | 25,542 | 18,266 | | 8,701 |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | |
| 3401. | No applicable line of business | | | | | | | | | | | | 8,690 |
| 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) | | | | | | | | | | | | 8,690 |

(a) Finance and service charges not included in Lines 1 to 35 \$ 25
(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

Schedule F - Part 1

N O N E

Schedule F - Part 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MICO INSURANCE COMPANY

SCHEDULE F - PART 3

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

| 1 | 2 | 3 | 4 | 5 | 6 | Reinsurance Recoverable On | | | | | | | | | Reinsurance Payable | | 18 | 19 |
|--|------------------------------|--|-----------------------------|---|----------------------------------|----------------------------|-------------------|---|---|---------------------------------|--------------------------------|--------------------------------|--|--|--|--|--|--|
| ID Number | NAIC Com- pany Code | Name of Reinsurer | Domiciliary Jurisdiction | Reinsurance Contracts Ceding 75% or More of Direct Premiums Written | Reinsurance Premiums Ceded | 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 | Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17] | Funds Held By Company Under Reinsurance Treaties |
| 31-4259550 | 14621 | Motorists Mutual Insurance Company | OH | | | 2 | | 48 | | 4 | 26 | | | 80 | 0 | | 80 | 0 |
| 0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling | | | | | | 2 | | 48 | | 4 | 26 | | | 80 | 0 | | 80 | 0 |
| 0499999. Total Authorized - Affiliates - U.S. Non-Pool | | | | | | | | | | | | | | | | | | |
| 0799999. Total Authorized - Affiliates - Other (Non-U.S.) | | | | | | | | | | | | | | | | | | |
| 0899999. Total Authorized - Affiliates | | | | | | 2 | | 48 | | 4 | 26 | | | 80 | 0 | | 80 | 0 |
| 06-1182357 | 22730 | Allied World Reinsurance Company | NH | | | | | | | | | | | | 0 | | 0 | |
| 36-2661954 | 10103 | American Agricultural Insurance Company | IN | | | | | | | | | | | | 0 | | 0 | |
| 06-1430254 | 10348 | Arch Reinsurance Company | DE | | | | | | | | | | | | 0 | | 0 | |
| 42-0234980 | 21415 | Employers Mutual Casualty Company | IA | | | | | | | | | | | | 0 | | 0 | |
| 38-1316179 | 21555 | Farm Bureau Mutual Ins Company Of Michigan | MI | | | | | | | | | | | | 0 | | 0 | |
| 13-4924125 | 10227 | Munich Reinsurance America, Inc | DE | | | | | | | | | | | | 0 | | 0 | |
| 23-1641984 | 10219 | QBE Reinsurance Corporation | PA | | | | | | | | | | | | 0 | | 0 | |
| 43-0613000 | 23388 | Shelter Mutual Insurance Company | MO | | | | | | | | | | | | 0 | | 0 | |
| 13-5616275 | 19453 | Transatlantic Reinsurance Company | NY | | | | | | | | | | | | 0 | | 0 | |
| 0999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000) | | | | | | | | | | | | | | | | | | |
| 0999999. Total Authorized - Other U.S. Unaffiliated Insurers | | | | | | | | | | | | | | | 0 | | 0 | |
| 1099999. Total Authorized - Pools - Mandatory Pools | | | | | | | | | | | | | | | | | | |
| AA-9995035 | 00000 | Mutual Reinsurance Bureau | IL | | | | | | | | | | | | 0 | | 0 | |
| 1199999. Total Authorized - Pools - Voluntary Pools | | | | | | | | | | | | | | | 0 | | 0 | |
| AA-1320035 | 00000 | Colisee Re | FRA | | | | | | | | | | | | 0 | | 0 | |
| AA-3194122 | 00000 | DaVinci Reinsurance Ltd | BMU | | | | | | | | | | | | 0 | | 0 | |
| AA-1340125 | 00000 | Hannover Ruckversicherungs AG | DEU | | | | | | | | | | | | 0 | | 0 | |
| AA-1126382 | 00000 | Lloyd's Syndicate Number 0382 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1126510 | 00000 | Lloyd's Syndicate Number 0510 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1126566 | 00000 | Lloyd's Syndicate Number 0566 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1126570 | 00000 | Lloyd's Syndicate Number 0570 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1126626 | 00000 | Lloyd's Syndicate Number 0626 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1126727 | 00000 | Lloyd's Syndicate Number 0727 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1126780 | 00000 | Lloyd's Syndicate Number 0780 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1126958 | 00000 | Lloyd's Syndicate Number 0958 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1127084 | 00000 | Lloyd's Syndicate Number 1084 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1127414 | 00000 | Lloyd's Syndicate Number 1414 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1120102 | 00000 | Lloyd's Syndicate Number 1458 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1120096 | 00000 | Lloyd's Syndicate Number 1880 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1128001 | 00000 | Lloyd's Syndicate Number 2001 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1120071 | 00000 | Lloyd's Syndicate Number 2007 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1128010 | 00000 | Lloyd's Syndicate Number 2010 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1128791 | 00000 | Lloyd's Syndicate Number 2791 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1128987 | 00000 | Lloyd's Syndicate Number 2987 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1129000 | 00000 | Lloyd's Syndicate Number 3000 | GBR | | | | | | | | | | | | 0 | | 0 | |
| AA-1840000 | 00000 | Mapfre Re Compania de Reaseguros SA | ESP | | | | | | | | | | | | 0 | | 0 | |
| AA-3190829 | 00000 | Markel Bermuda Ltd | BMU | | | | | | | | | | | | 0 | | 0 | |
| AA-3190339 | 00000 | Renaissance Reinsurance Ltd | BMU | | | | | | | | | | | | 0 | | 0 | |
| 1299998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000) | | | | | | | | | | | | | | | | | | |
| 1299999. Total Authorized - Other Non-U.S. Insurers | | | | | | | | | | | | | | | 0 | | 0 | |
| 1399999. Total Authorized | | | | | | 2 | | 48 | | 4 | 26 | | | 80 | 0 | | 80 | 0 |
| 1499999. Total Unauthorized - Affiliates - U.S. Intercompany Pooling | | | | | | | | | | | | | | | | | | |
| 1799999. Total Unauthorized - Affiliates - U.S. Non-Pool | | | | | | | | | | | | | | | | | | |
| 2099999. Total Unauthorized - Affiliates - Other (Non-U.S.) | | | | | | | | | | | | | | | | | | |
| 2199999. Total Unauthorized - Affiliates | | | | | | | | | | | | | | | | | | |
| 43-1424791 | 26557 | Shelter Reinsurance Company | MO | | | | | | | | | | | | 0 | | 0 | |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MICO INSURANCE COMPANY

SCHEDULE F - PART 3

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

| 1 ID Number | 2 NAIC Com- pany Code | 3 Name of Reinsurer | 4 Domiciliary Jurisdiction | 5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written | 6 Reinsurance Premiums Ceded | Reinsurance Recoverable On | | | | | | | | | Reinsurance Payable | | 18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17] | 19 Funds Held By Company Under Reinsurance Treaties |
|--|---------------------------------------|-------------------------------------|--------------------------------------|--|---|----------------------------|----------|--------------------------------|-------------------------------|-----------------------|----------------------|----------------------|--------------------------------|--------------------------------|------------------------------|--|--|--|
| | | | | | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | |
| | | | | | | Paid Losses | Paid LAE | Known Case Loss Reserves | Known Case LAE Reserves | IBNR Loss Reserves | IBNR LAE Reserves | Unearned Premiums | Contingent Commis- sions | Columns 7 thru 14 Totals | Ceded Balances Payable | Other Amounts Due to Reinsurers | | |
| 2299998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000) | | | | | | | | | | | | | | | | | | |
| 2299999. Total Unauthorized - Other U.S. Unaffiliated Insurers | | | | | | | | | | | | | | | 0 | | 0 | |
| 2399999. Total Unauthorized - Pools - Mandatory Pools | | | | | | | | | | | | | | | | | | |
| AA-3190770 | ..00000 | Ace Tempest Reinsurance Company Ltd | BMU | | | | | | | | | | | | 0 | | 0 | |
| AA-1460019 | ..00000 | Amlin AG | CHE | | | | | | | | | | | | 0 | | 0 | |
| AA-3190932 | ..00000 | Argo Re Ltd | BMU | | | | | | | | | | | | 0 | | 0 | |
| AA-3190873 | ..00000 | Ariel Reinsurance Company Ltd | BMU | | | | | | | | | | | | 0 | | 0 | |
| AA-3190877 | ..00000 | Flagstone Reinsurance Ltd | BMU | | | | | | | | | | | | 0 | | 0 | |
| AA-1320034 | ..00000 | Paris Re SA | FRA | | | | | | | | | | | | 0 | | 0 | |
| AA-3190870 | ..00000 | Validus Reinsurance Ltd | BMU | | | | | | | | | | | | 0 | | 0 | |
| AA-3190757 | ..00000 | XL Re Ltd | BMU | | | | | | | | | | | | 0 | | 0 | |
| 2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000) | | | | | | | | | | | | | | | | | | |
| 2599999. Total Unauthorized - Other Non-U.S. Insurers | | | | | | | | | | | | | | | 0 | | 0 | |
| 2699999. Total Unauthorized | | | | | | | | | | | | | | | 0 | | 0 | |
| 2799999. Total Certified - Affiliates - U.S. Intercompany Pooling | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | 2 | | 48 | | 4 | 26 | | | 80 | 0 | | 80 | 0 |
| 4199999. Total Protected Cells | | | | | | | | | | | | | | | | | | |
| 9999999 Totals | | | | | | 2 | | 48 | | 4 | 26 | | | 80 | 0 | | 80 | 0 |

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. | Motorists Mutual Insurance Company | 80 | | Yes [X] No [] |
| 2. | | | | Yes [] No [] |
| 3. | | | | Yes [] No [] |
| 4. | | | | Yes [] No [] |
| 5. | | | | Yes [] No [] |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MICO INSURANCE COMPANY

SCHEDULE F - PART 4

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

| 1 ID Number | 2 NAIC Com- pany Code | 3 Name of Reinsurer | 4 Domiciliary Jurisdiction | Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses | | | | | | | 12 Percentage Overdue Col. 10/Col. 11 | 13 Percentage More Than 120 Days Overdue Col. 9/Col. 11 |
|--|---------------------------------------|------------------------------------|--|--|-----------------------|------------------------|-------------------------|------------------------|--|-------------------------------------|--|---|
| | | | | 5 Current | Overdue | | | | | 11 Total Due Cols. 5 + 10 | | |
| | | | | | 6 1 to 29 Days | 7 30 to 90 Days | 8 91 to 120 Days | 9 Over 120 Days | 10 Total Overdue Cols. 6 + 7 + 8 + 9 | | | |
| 31-4259550 | 14621 | Motorists Mutual Insurance Company | OH | 2 | | | | | | 2 | | |
| 0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling | | | | 2 | | | | | | 2 | | |
| 0499999. Total Authorized - Affiliates - U.S. Non-Pool | | | | | | | | | | | | |
| 0799999. Total Authorized - Affiliates - Other (Non-U.S.) | | | | | | | | | | | | |
| 0899999. Total Authorized - Affiliates | | | | 2 | | | | | | 2 | | |
| 1399999. Total Authorized | | | | 2 | | | | | | 2 | | |
| 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 | | | | 2 | | | | | | 2 | | |
| 4199999. Total Protected Cells | | | | | | | | | | | | |
| 9999999 Totals | | | | 2 | | | | | | 2 | | |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MICO INSURANCE COMPANY

SCHEDULE F - PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 OMITTED)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|------------------------------|-------------------------------------|---------------------------------------|---|--|----------------------|---|------------------------------|--------------------------------------|---|---|---|--|--------------------------------|---|---|--|
| ID Number | NAIC Com- pany Code | Name of Reinsurer | Domi- ciliary Juris- diction | Reinsurance Recoverable all Items Schedule F Part 3, Col. 15 | Funds Held By Company Under Reinsurance Treaties | Letters of Credit | Issuing or Confirming Bank Reference Number (a) | Ceded Balances Payable | Miscellaneous Balances Payable | Trust Funds and Other Allowed Offset Items | Total Collateral and Offsets Allowed (Cols. 6+7+9+10 +11 but not in Excess of Col. 5) | Provision for Unauthorized Reinsurance (Col. 5 Minus Col. 12) | Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute | 20% of Amount in Col. 14 | 20% of Amount in Dispute Included in Column 5 | Provision for Overdue Reinsurance (Col 15 plus Col. 16) | Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 plus Col. 17 but not in Excess of Col. 5) |
| 0499999. Total - U.S. Non-Pool | | | | | | | XXX | | | | | | | | | | |
| 0799999. Total - Other (Non-U.S.) | | | | | | | XXX | | | | | | | | | | |
| 0899999. Total - Affiliates | | | | | | | XXX | | | | | | | | | | |
| 43-1424791 | 26557 | Shelter Reinsurance Company | MO | | | | | 0 | | | | | | | | | |
| 0999999. Total Other U.S. Unaffiliated Insurers | | | | | | | XXX | 0 | | | | | | | | | |
| AA-3190770 | 00000 | Ace Tempest Reinsurance Company Ltd | BMJ | | | | | 0 | | | 0 | 0 | | | | | |
| AA-1460019 | 00000 | Amlin AG | CHE | | | | | 0 | | | 0 | 0 | | | | | |
| AA-3190932 | 00000 | Argo Re Ltd | BMJ | | | | | 0 | | | | | | | | | |
| AA-3190873 | 00000 | Ariel Reinsurance Company Ltd | BMJ | | | | | 0 | | | | | | | | | |
| AA-3190877 | 00000 | Flagstone Reinsurance Ltd | BMJ | | | | | 0 | | | | | | | | | |
| AA-1320034 | 00000 | Paris Re SA | FRA | | | | | 0 | | | | | | | | | |
| AA-3190870 | 00000 | Validus Reinsurance Ltd | BMJ | | | | | 0 | | | 0 | 0 | | | | | |
| AA-3190757 | 00000 | XL Re Ltd | BMJ | | | | | 0 | | | | | | | | | |
| 1299999. Total Other Non-U.S. Insurers | | | | | | | XXX | 0 | | | 0 | 0 | | | | | |
| 1399999. Total Affiliates and Others | | | | | | | XXX | 0 | | | 0 | 0 | | | | | |
| 1499999. Total Protected Cells | | | | | | | XXX | | | | | | | | | | |
| 9999999 Totals | | | | | | | XXX | 0 | | | 0 | 0 | | | | | |

1. Amounts in dispute totaling \$ are included in Column 5.
2. Amounts in dispute totaling \$ are excluded from Column 14.

| | | | | | |
|-----|---|---------------------------------|--|---------------------------------|-----------------------------|
| (a) | Issuing or Confirming Bank Reference Number | Letters of Credit Code | American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Letters of Credit Amount |
| | | | | | |

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 MICO 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) | 11,886,262 | | 11,886,262 |
| 2. Premiums and considerations (Line 15) | | | |
| 3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) | 2,305 | (2,305) | |
| 4. Funds held by or deposited with reinsured companies (Line 16.2) | | | |
| 5. Other assets | 62,378 | (2,141) | 60,236 |
| 6. Net amount recoverable from reinsurers | | 89,430 | 89,430 |
| 7. Protected cell assets (Line 27) | | | |
| 8. Totals (Line 28) | 11,950,945 | 84,983 | 12,035,928 |
| LIABILITIES (Page 3) | | | |
| 9. Losses and loss adjustment expenses (Lines 1 through 3) | | 77,438 | 77,438 |
| 10. Taxes, expenses, and other obligations (Lines 4 through 8) | 86,099 | 7,755 | 93,854 |
| 11. Unearned premiums (Line 9) | | | |
| 12. Advance premiums (Line 10) | | | |
| 13. Dividends declared and unpaid (Line 11.1 and 11.2) | 1,172,729 | | 1,172,729 |
| 14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) | 175 | (175) | |
| 15. Funds held by company under reinsurance treaties (Line 13) | 35 | (35) | |
| 16. Amounts withheld or retained by company for account of others (Line 14) | | | |
| 17. Provision for reinsurance (Line 16) | | | |
| 18. Other liabilities | 14,522 | | 14,522 |
| 19. Total liabilities excluding protected cell business (Line 26) | 1,273,560 | 84,983 | 1,358,543 |
| 20. Protected cell liabilities (Line 27) | | | |
| 21. Surplus as regards policyholders (Line 37) | 10,677,385 | XXX | 10,677,385 |
| 22. Totals (Line 38) | 11,950,945 | 84,983 | 12,035,928 |

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?

Yes [X] No []

If yes, give full explanation: The company cedes to its affiliate, Motorists Mutual Insurance Company, through a 100% intercompany pooling arrangement. Reference Note 26 in the Notes to Financial Statements for more information.

Schedule H - Part 1

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

Schedule H - Part 3 - Prior Year's Claim Reserves and Liabilities

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

Schedule P - Part 1A - Homeowners/Farmowners

NONE

Schedule P - Part 1B - Private Passenger Auto Liability/Medical

NONE

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

NONE

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

Schedule P - Part 1E - Commercial Multiple Peril

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

NONE

Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

NONE

Schedule P - Part 1J - Auto Physical Damage

NONE

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 1M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 2A - Homeowners/Farmowners

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2E - Commercial Multiple Peril

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 2I - Special Property

NONE

Schedule P - Part 2J - Auto Physical Damage

NONE

Schedule P - Part 2K - Fidelity/Surety

NONE

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

NONE

Schedule P - Part 2M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 4T - Warranty

NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

NONE

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 1

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 2

NONE

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 3

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

NONE

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

NONE

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

NONE

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

NONE

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

NONE

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

NONE

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

NONE

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule P - Part 5T - Warranty - Section 1

NONE

Schedule P - Part 5T - Warranty - Section 2

NONE

Schedule P - Part 5T - Warranty - Section 3

NONE

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

NONE

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

NONE

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

N O N E

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

N O N E

Schedule P - Part 6E - Commercial Multiple Peril - Section 1

N O N E

Schedule P - Part 6E - Commercial Multiple Peril - Section 2

N O N E

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

N O N E

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

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

NONE

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

NONE

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

NONE

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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 MICO 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 Fidelity0
5.2 Surety0
6. Claim count information is reported per claim or per claimant (Indicate which).per claimant.....
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]
- 7.2 (An extended statement may be attached.)
.....

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

Allocated by States and Territories

| States, Etc. | | Direct Business Only | | | | | |
|--------------|--------------------------------|--------------------------------|-------------------------------------|--|---|---------------------------|--------|
| | | 1 | 2 | 3 | 4 | 5 | 6 |
| | | Life (Group and Individual) | Annuities (Group and Individual) | Disability Income (Group and Individual) | Long-Term Care (Group and Individual) | Deposit-Type Contracts | 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 MICO INSURANCE COMPANY

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|---------------------------|-------------------|------------|--------------|-----|--|---|------------------------|-----------------------------------|--|--|---|--|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domi-ciliary Loca-tion | Relation-ship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percen-tage | Ultimate Controlling Entity(ies)/Person(s) | * |
| | | | 31-1783451 | | | | Broad Street Brokerage Insurance Agency, LLC | OH | NIA | Motorists Life Insurance Company | Ownership | 100.000 | Motorists Mutual Insurance Company | 2 |
| 0291 | Motorists Insurance Group | 10204 | 62-1545799 | | | | Consumers Insurance Group, Inc. | TN | NIA | Motorists Mutual Insurance Company | Ownership | 100.000 | Motorists Mutual Insurance Company | 2 |
| | | | 62-1590861 | | | | Consumers Insurance USA, Inc. | TN | IA | Motorists Mutual Insurance Company | Ownership | 100.000 | Motorists Mutual Insurance Company | 2 |
| | | | 42-1496478 | | | | IMARC, LLC | IA | NIA | Iowa Mutual Insurance Company | Ownership | 90.000 | Motorists Mutual Insurance Company | 2 |
| 0291 | Motorists Insurance Group | 31577 | 42-1019089 | | | | Iowa American Insurance Company | IA | IA | Iowa Mutual Insurance Company | Ownership | 100.000 | Motorists Mutual Insurance Company | 2 |
| 0291 | Motorists Insurance Group | 14338 | 42-0333120 | | | | Iowa Mutual Insurance Company | IA | IA | | | | Motorists Mutual Insurance Company | 1 |
| | | | 41-1563134 | | | | MCM Insurance Agency, Inc. | MN | NIA | Motorists Commercial Mutual Insurance Company | Ownership | 100.000 | Motorists Mutual Insurance Company | 2 |
| 0291 | Motorists Insurance Group | 40932 | 31-1022150 | | | | MICO Insurance Company | OH | RE | Motorists Mutual Insurance Company | Ownership | 100.000 | Motorists Mutual Insurance Company | 2 |
| | | | | | | | Motorists Commercial Mutual Insurance Company | OH | IA | | | | Motorists Mutual Insurance Company | 1 |
| 0291 | Motorists Insurance Group | 13331 | 41-0299900 | | | | Motorists Life Insurance Company | OH | IA | Motorists Mutual Insurance Company | Ownership | 70.000 | Motorists Mutual Insurance Company | 2 |
| 0291 | Motorists Insurance Group | 66311 | 31-0717055 | | | | Motorists Mutual Insurance Company | OH | UDP | | | | | |
| 0291 | Motorists Insurance Group | 14621 | 31-4259550 | | | | Motorists Service Corporation | OH | NIA | Motorists Mutual Insurance Company | Ownership | 100.000 | Motorists Mutual Insurance Company | 2 |
| 0291 | Motorists Insurance Group | 23175 | 02-0178290 | | | | Phenix Mutual Fire Insurance Company | NH | IA | | | | Motorists Mutual Insurance Company | 1 |
| 0291 | Motorists Insurance Group | 19950 | 39-0739760 | | | | Wilson Mutual Insurance Company | WI | IA | | | | Motorists Mutual Insurance Company | 1 |

| Asterisk | Explanation |
|----------|--|
| 1 | The company is a mutual property/casualty insurer and an affiliate of The Motorists Insurance Group. Motorists Mutual Insurance Company is the ultimate controlling entity of The Group through an interlocking board of directors. |
| 2 | The entity in Column 8 is a subsidiary of an insurer that is an affiliate of The Motorists Insurance Group. Motorists Mutual Insurance Company is the ultimate controlling entity of The Group through an interlocking board of directors. |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MICO INSURANCE COMPANY

SCHEDULE Y

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











| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------------|--------------|---|--------------------------|--------------------------|---|---|---|---|-----|--|-------------|---|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| | 41-1563134 | MCM Insurance Agency, Inc. | | 75,000 | | | 35,658 | | | | 110,658 | |
| 13331 | 41-0299900 | Motorists Commercial Mutual Insurance Co. | | (75,000) | | | (2,724,730) | | * | | (2,799,730) | (71,689,859) |
| | 31-1783451 | Broad Street Brokerage Ins. Agency, LLC | | | | | | | | | | |
| | 62-1545799 | Consumers Insurance Group | | | | | 178,645 | | | | 178,645 | |
| 10204 | 62-1590891 | Consumers Insurance USA, Inc. | | | | | 216,772 | | * | | 216,772 | 6,692,051 |
| | 42-1496478 | IMARC, LLC | (85,000) | | | | | | | | (85,000) | |
| 31577 | 42-1019089 | Iowa American Insurance Company | 8,500 | | | | (71,391) | | * | | (62,891) | 10,891,465 |
| 14338 | 42-0333120 | Iowa Mutual Insurance Company | 76,500 | | | | (6,831,839) | | * | | (6,755,339) | 59,831,351 |
| 40932 | 31-1022150 | MICO Insurance Company | (1,172,729) | | | | (131,671) | | * | | (1,304,400) | 79,743 |
| 66311 | 31-0717055 | Motorists Life Insurance Company | | | | | | | * | | | |
| 14621 | 31-4259550 | Motorists Mutual Insurance Company | 1,172,729 | (10,000,000) | | | (3,129,266) | | * | 17,949,895 | 5,993,358 | (95,758,818) |
| | 31-0851906 | Motorists Service Corporation | | 10,000,000 | | | 23,212,614 | | | (17,949,895) | 15,262,719 | |
| 23175 | 02-0178290 | Phenix Mutual Fire Insurance Company | | | | | (2,128,228) | | * | | (2,128,228) | (3,261,176) |
| 19950 | 39-0739760 | Wilson Mutual Insurance Company | | | | | (8,626,563) | | * | | (8,626,563) | 93,215,244 |
| 9999999 Control Totals | | | | | | | | | XXX | | | |

14621 Motorists Mutual Insurance Company 68.5%
13331 Motorists Commercial Mutual Insurance Company 18.5%
10204 Consumers' Insurance USA, Inc. 3.0%
14338 Iowa Mutual Insurance Company 3.0%
23175 Phenix Mutual Fire Insurance Company 3.0%
19950 Wilson Mutual Insurance Company 3.0%
31577 Iowa American Insurance Company 1.0%
40932 MICO Insurance Company 0.0%

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MICO 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?..... | NO |
| 15. | Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? | NO |
| 16. | Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 17. | Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? | NO |
| 18. | Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? | NO |
| 19. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?..... | NO |
| 20. | Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?..... | YES |
| 21. | Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | YES |
| 22. | Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | NO |
| 23. | Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 24. | Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 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? | NO |
| 30. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? | NO |
| 31. | Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | NO |
| 32. | Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? | NO |
| 33. | Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? | NO |
| AUGUST FILING | | |
| 34. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | YES |
| Explanations: | | |
| 12. | | |
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| 32. | | |
| 33. | | |
| Bar Codes: | | |
| 12. | SIS Stockholder Information Supplement [Document Identifier 420] |  |
| 13. | Financial Guaranty Insurance Exhibit [Document Identifier 240] |  |
| 14. | Medicare Supplement Insurance Experience Exhibit [Document Identifier 360] |  |
| 15. | Supplement A to Schedule T [Document Identifier 455] |  |
| 16. | Trusteed Surplus Statement [Document Identifier 490] |  |
| 17. | Premiums Attributed to Protected Cells [Document Identifier 385] |  |
| 18. | Reinsurance Summary Supplemental Filing [Document Identifier 401] |  |
| 19. | Medicare Part D Coverage Supplement [Document Identifier 365] |  |
| 22. | Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400] |  |
| 23. | Bail Bond Supplement [Document Identifier 500] |  |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MICO INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

| | | |
|-----|---|--|
| 24. | Director and Officer Insurance Coverage Supplement [Document Identifier 505] |  <div>409322015505000000</div> |
| 25. | Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224] |  <div>409322015224000000</div> |
| 26. | Relief from the one-year cooling off period for independent CPA [Document Identifier 225] |  <div>409322015225000000</div> |
| 27. | Relief from the Requirements for Audit Committees [Document Identifier 226] |  <div>409322015226000000</div> |
| 28. | Credit Insurance Experience Exhibit [Document Identifier 230] |  <div>409322015230000000</div> |
| 29. | Long-Term Care Experience Reporting Forms [Document Identifier 306] |  <div>409322015306000000</div> |
| 30. | Accident and Health Policy Experience Exhibit [Document Identifier 210] |  <div>409322015210000000</div> |
| 31. | Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216] |  <div>409322015216000000</div> |
| 32. | Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217] |  <div>409322015217000000</div> |
| 33. | Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550] |  <div>409322015550000000</div> |

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NONE

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