



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT
AS OF MARCH 31, 2016
OF THE CONDITION AND AFFAIRS OF THE
American Family Insurance Company

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

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

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

STATUTORY HOME OFFICE:
1900 Polaris Parkway, Suite 200 A&B, Columbus, Ohio 43240

MAIN ADMINISTRATIVE OFFICE, MAILING ADDRESS, AND PRIMARY LOCATION OF BOOKS AND RECORDS:
6000 American Parkway, Madison, Wisconsin 53783-0001
Telephone: 608-249-2111
Internet Website Address: www.amfam.com

STATUTORY STATEMENT CONTACT: Michael J. Nitka
Telephone: 608-249-2111, Ext. 31017; Fax: 877-571-4803; E-Mail: cnitka@amfam.com

OFFICERS

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

DIRECTORS OR TRUSTEES

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

State of Wisconsin
County of Dane

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

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

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

.....

My Commission Expires:

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

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

STATEMENT AS OF MARCH 31, 2016 OF THE AMERICAN FAMILY INSURANCE COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	23,978,335		23,978,335	23,991,850
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$4,210,904), cash equivalents (\$) and short-term investments (\$3,707,059)	7,917,963		7,917,963	5,283,743
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities	839		839	1,811
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	31,897,137		31,897,137	29,277,404
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	255,181		255,181	291,633
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	12,317		12,317	(4,901)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$204,181 earned but unbilled premiums)	249,270	20,418	228,852	229,722
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	(8,820,876)		(8,820,876)	5,224,242
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	15,392		15,392	47,015
18.2 Net deferred tax asset	2,543		2,543	2,762
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	5,839,079		5,839,079	
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	29,450,043	20,418	29,429,625	35,067,877
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	29,450,043	20,418	29,429,625	35,067,877
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				

STATEMENT AS OF MARCH 31, 2016 OF THE AMERICAN FAMILY INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		
2. Reinsurance payable on paid losses and loss adjustment expenses	8,924	8,537
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)		
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		
7.2 Net deferred tax liability		
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$184,133,094 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)		
10. Advance premium	3,127,298	1,585,722
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	(529,375)	(8,524,829)
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	(125)	18,996
15. Remittances and items not allocated	(4,990)	(18,772)
16. Provision for reinsurance (including \$ certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding	3,183,088	4,954,577
19. Payable to parent, subsidiaries and affiliates		13,528,689
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities	463,839	493,909
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	6,248,659	12,046,829
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	6,248,659	12,046,829
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	3,000,000	3,000,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	7,241,335	7,241,335
35. Unassigned funds (surplus)	12,939,631	12,779,713
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		
36.2 shares preferred (value included in Line 31 \$)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	23,180,966	23,021,048
38. Totals (Page 2, Line 28, Col. 3)	29,429,625	35,067,877
DETAILS OF WRITE-INS		
2501. All Other Liabilities	463,839	493,909
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	463,839	493,909
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 135,773,410)	104,941,504	67,590,744	312,164,130
1.2 Assumed (written \$ 18,433)	17,210		54,504
1.3 Ceded (written \$ 135,791,843)	104,958,714	67,590,744	312,218,634
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 0):			
2.1 Direct	72,200,680	42,146,846	205,328,154
2.2 Assumed	16,147		94,907
2.3 Ceded	72,216,827	42,146,846	205,423,061
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)			
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)			
INVESTMENT INCOME			
9. Net investment income earned	144,745	223,613	778,789
10. Net realized capital gains (losses) less capital gains tax of \$ 0			(369)
11. Net investment gain (loss) (Lines 9 + 10)	144,745	223,613	778,420
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0)			68
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			
15. Total other income (Lines 12 through 14)			68
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	144,745	223,613	778,488
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	144,745	223,613	778,488
19. Federal and foreign income taxes incurred	(15,392)	143,191	(46,824)
20. Net income (Line 18 minus Line 19)(to Line 22)	160,137	80,422	825,312
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	23,021,048	17,205,409	17,205,409
22. Net income (from Line 20)	160,137	80,422	825,312
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0			
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(219)	130,052	(55,283)
27. Change in nonadmitted assets		58,045	45,610
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in		2,000,000	2,000,000
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in		3,000,000	3,000,000
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	159,918	5,268,519	5,815,639
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	23,180,966	22,473,928	23,021,048
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Other Income			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)			
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

STATEMENT AS OF MARCH 31, 2016 OF THE AMERICAN FAMILY INSURANCE COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	9,520,682	17,269,263	327,667
2. Net investment income	192,114	253,268	771,394
3. Miscellaneous income			68
4. Total (Lines 1 to 3)	9,712,796	17,522,531	1,099,129
5. Benefit and loss related payments	(14,045,505)	13,056,156	5,314,732
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions			
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	(47,015)	585	585
10. Total (Lines 5 through 9)	(14,092,520)	13,056,741	5,315,317
11. Net cash from operations (Line 4 minus Line 10)	23,805,316	4,465,790	(4,216,188)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	250,000		
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			(560)
12.7 Miscellaneous proceeds	972	1,532	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	250,972	1,532	(560)
13. Cost of investments acquired (long-term only):			
13.1 Bonds	247,402	119,677	1,000,453
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			4
13.7 Total investments acquired (Lines 13.1 to 13.6)	247,402	119,677	1,000,457
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	3,570	(118,145)	(1,001,017)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock		5,000,000	5,000,000
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(21,174,666)	(5,862,241)	4,696,454
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(21,174,666)	(862,241)	9,696,454
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	2,634,220	3,485,404	4,479,249
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	5,283,743	804,494	804,494
19.2 End of period (Line 18 plus Line 19.1)	7,917,963	4,289,898	5,283,743

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

20.0001.			
---------------	--	--	--

STATEMENT AS OF MARCH 31, 2016 OF THE AMERICAN FAMILY INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

A. Accounting Practices

American Family Insurance Company (the Company) prepares its statutory financial statements in accordance with accounting practices prescribed or permitted by the Office of the Commissioner of Insurance of the State of Ohio (OCI). Prescribed statutory accounting practices include the National Association of Insurance Commissioners’ (NAIC) “Accounting Practices and Procedures Manual”, as well as state laws, regulations, and general administrative rules applicable to all insurance enterprises domiciled in a particular state. In addition, the OCI has a right to permit other specific practices that may deviate from prescribed practices. No permitted differences in statutory accounting practices between the OCI and the NAIC are used in the preparation of these statutory financial statements.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

NET INCOME	State of Domicile	2016	2015
(1) State Basis (Page 4, Line 20, Columns 1 & 3)	OH	\$ 160,137	\$ 825,312
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	OH	-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	OH	-	-
(4) NAIC SAP (1-2-3=4)	OH	\$ 160,137	\$ 825,312
SURPLUS			
(5) State Basis (Page 3, Line 37, Columns 1 & 2)	OH	\$ 23,180,966	\$ 23,021,048
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	OH	-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	OH	-	-
(8) NAIC SAP (5-6-7=8)	OH	\$ 23,180,966	\$ 23,021,048

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

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

C. Accounting Policy

Premiums, reserves and expenses are accounted for in accordance with the NAIC Accounting Practices and Procedures manual, subject to deviations prescribed or permitted by the State of Ohio as described above.

In addition, the Company uses the following accounting policies:

- (1)

Investments in short-term bonds rated “1” (highest quality) or “2” (high quality) by the Securities Valuation Office (“SVO”) of the NAIC are reported in the financial statements at amortized cost. Bonds rated “3” (medium quality), “4” (low quality), “5” (lower quality), or “6” (lowest quality) by the SVO are reported at the lower of amortized cost or fair value. The interest method is used to amortize any purchase premium or discount, including estimates of future prepayments obtained from independent sources. Money market mutual funds are recorded at amortized cost, which approximates fair market value.
- (2)

Investments in bonds rated “1” (highest quality) or “2” (high quality) by the Securities Valuation Office (“SVO”) of the NAIC are reported in the financial statements at amortized cost. Bonds rated “3” (medium quality), “4” (low quality), “5” (lower quality), or “6” (lowest quality) by the SVO are reported at the lower of amortized cost or fair value.
- (3)

The Company holds no common stocks.
- (4)

The Company holds no preferred stocks.
- (5)

The Company holds no mortgage loans.
- (6)

The Company holds no loan-backed securities.
- (7)

Investments in subsidiary, controlled and affiliated companies are stated as follows:

The Company is wholly owned by AMFAM Inc., a holding company, which is wholly owned by American Family Mutual Insurance Company (AFMIC).
- (8)

The Company has no investments in joint ventures, partnerships and limited liability companies.
- (9)

The Company holds no derivatives.

NOTES TO FINANCIAL STATEMENTS

- (10) The Company anticipates investment income as a factor in premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts – Premiums.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amounts are adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) The Company does not have pharmaceutical rebate receivables.

D. Going Concern – Not applicable

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

Not applicable

3. BUSINESS COMBINATIONS AND GOODWILL

Not applicable

4. DISCONTINUED OPERATIONS

Not applicable

5. INVESTMENTS

- D. Loan-Backed Securities – Not applicable
- E. Repurchase Agreements and/or Securities Lending Transactions
- (3) Not applicable
- H. Restricted Assets (Including Pledged)

- (1) The following summarizes the carrying value of the Company’s restricted assets, including pledged assets, as of March 31, 2016.

Restricted Asset Category	Gross Restricted							8	Percentage	
	Current Year					6	7		9	10
	1	2	3	4	5					
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0.0%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-	-	0.0%	0.0%
c. Subject to repurchase agreements	-	-	-	-	-	-	-	-	0.0%	0.0%
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-	-	0.0%	0.0%
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-	-	0.0%	0.0%
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-	-	0.0%	0.0%
g. Placed under option contracts	-	-	-	-	-	-	-	-	0.0%	0.0%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	-	-	-	0.0%	0.0%
i. FHLB capital stock	-	-	-	-	-	-	-	-	0.0%	0.0%
j. On deposit with states	2,985,772	-	-	-	2,985,772	2,987,232	(1460)	2,985,772	10.1%	10.1%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-	-	0.0%	0.0%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-	-	0.0%	0.0%
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-	-	0.0%	0.0%
n. Other restricted assets	-	-	-	-	-	-	-	-	0.0%	0.0%
o. Total Restricted Assets	\$ 2,985,772	\$ -	\$ -	\$ -	\$ 2,985,772	\$ 2,987,232	\$ (1460)	\$ 2,985,772	10.1%	10.1%

(a) Subset of column 1
(b) Subset of column 3

- I. Working Capital Finance Investments
- (2) Not applicable
- (3) Not applicable
- J. Offsetting and Netting of Assets and Liabilities – Not applicable

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

Not applicable

7. INVESTMENT INCOME

No significant changes

NOTES TO FINANCIAL STATEMENTS

8. DERIVATIVE INSTRUMENTS

Not applicable

9. INCOME TAXES

No significant changes

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

D. Amounts Due to or from Related Parties

As of March 31, 2016, The Company reported \$2,452,422 due to Parent. Terms of the settlement require that these amounts be settled within 90 days.

11. DEBT

B. FHLB (Federal Home Loan Bank) Agreements – Not applicable

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

A(4). The Parent, AFMIC, sponsors a defined benefit pension plan, a postretirement health care benefit plan, and a defined contribution plan covering substantially all employees of the Company.

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

No significant changes

14. CONTINGENCIES

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

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

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

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

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

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

(f) Per Claim	X	(g) Per Claimant	
---------------	---	------------------	--

15. LEASES

Not applicable

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

Not applicable

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENT OF LIABILITIES

A. Transfers of Receivables Reported as Sales

The proceeds from the transfer for the quarters ending March 31, 2016 and March 31, 2015 are \$137,962,800 and \$74,565,174 respectively. There is no gain or loss from this transaction.

B. Transfer and Servicing of Financial Assets

(2) Servicing Assets and Servicing Liabilities – Not applicable

(4) Securitizations, Asset-Backed Financing Arrangements and Similar Transfers Accounted for as Sales When the Transferor has Continuing Involvement – Not applicable

C. Wash Sales – Not applicable

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

Not applicable

STATEMENT AS OF MARCH 31, 2016 OF THE AMERICAN FAMILY INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

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

Not applicable

20. FAIR VALUE MEASUREMENTS

A. Valuation, Techniques, and Inputs

(1) The following summarizes the Company's financial assets carried at fair value as of March 31, 2016.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Short-term investments	\$ 3,707,059	\$ -	\$ -	\$ 3,707,059
Total assets at fair value	\$ 3,707,059	\$ -	\$ -	\$ 3,707,059

There were no material transfers between Levels 1 and 2 during the first quarter of 2016.

- (2) The Company held no Level 3 assets as of March 31, 2016.
- (3) There were no material transfers into or out of Level 3 during the first quarter of 2016.
- (4) The Financial assets and financial liabilities recorded on the Balance Sheet at fair value are categorized based on the reliability of inputs to the valuation techniques as follows:

Level 1 Financial assets and financial liabilities whose values are based on unadjusted quoted prices for identical assets or liabilities in an active market that the Company can access.

Level 2 Financial assets and financial liabilities whose values are based on the following:
Quoted prices for similar assets or liabilities in active markets;
Quoted prices for identical or similar assets or liabilities in non-active markets; or
Valuation models whose inputs are observable, directly or indirectly, for substantially the full term of the asset or liability.

Level 3 Financial assets and financial liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs may reflect the Company's estimates of the assumptions that market participants would use in valuing the financial assets and financial liabilities.

The availability of observable inputs varies by instrument. In situations where fair value is based on internally developed pricing models or inputs that are unobservable in the market, the determination of fair value requires more judgment. In many instances, inputs used to measure fair value fall into different levels of the fair value hierarchy. In those instances, for disclosure purposes, the level in the fair value hierarchy within which the fair value measurement is categorized is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

The fair value guidance establishes a hierarchy for inputs used in determining fair value that maximize the use of observable inputs and minimizes the use of unobservable inputs by requiring that observable inputs be used when available.

Fair value is a market-based measure considered from the perspective of a market participant who owns an asset or owes a liability. Accordingly, when market observable data is not readily available, the Company's own assumptions are set to reflect those that market participants would be presumed to use in pricing the asset or liability at the measurement date. The Company uses prices and inputs that are current as of the measurement date, including during periods of market disruption. In periods of market disruption, the ability to observe prices and inputs may be reduced for many instruments. This condition could cause an instrument to be reclassified from Level 1 to Level 2 or from Level 2 to Level 3.

When available, the Company uses the market approach to estimate the fair value of its financial instruments, which is based on quoted prices in active markets that are readily and regularly available. Generally, these are the most liquid of the Company's holdings and valuation of these securities does not involve management judgment. Matrix pricing and other similar techniques are other examples of the market approach.

When quoted prices in active markets are not available, the Company uses the income approach, or a combination of the market and income approaches, to estimate the fair value of its financial instruments. The income approach involves using discounted cash flow and other standard valuation methodologies. The inputs in applying these market standard valuation methodologies include, but are not limited to interest rates, benchmark yields, bid/ask spreads, dealer quotes, liquidity, term to maturity, estimated future cash flows, credit risk and default projections, collateral performance, deal and tranche attributes, and general market data.

The following valuation techniques and inputs were used to estimate the fair value of each class of significant financial instruments:

Level 1 Measurements

Short-term Investments: Comprised of actively traded money market funds that have daily quoted net asset values for identical assets that the Company can access.

The Company held no Level 2 or Level 3 securities carried at fair value as of March 31, 2016.

(5) Derivative Fair Values – Not applicable

B. Other Fair Value Disclosures – Not applicable

STATEMENT AS OF MARCH 31, 2016 OF THE AMERICAN FAMILY INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

C. Valuation, Methods, and Assumptions

(1) The following summarizes the fair value of the Company’s financial assets as of March 31, 2016:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 25,849,913	\$ 23,978,335	\$ 5,545,240	\$ 20,304,673	\$ -	\$ -
Short-term investments	3,707,059	3,707,059	3,707,059	-	-	-

(2) The following valuation methods and assumptions were used to measure the fair values of each type of financial asset and financial liability:

Bonds: The fair value of Level 1 bonds, consisting of U.S. Treasury Notes, is determined using unadjusted quoted prices in an active market. The majority of the Company’s Level 2 bonds are valued using the market and income approaches by leading, nationally recognized providers of market data and analytics. When available, recent trades of identical or similar assets are used to price these securities. However, because many fixed income securities do not actively trade on a daily basis, pricing models are often used to determine security prices. The pricing models discount future cash flows at estimated market interest rates. These rates are derived by calculating the appropriate spreads over comparable U.S. Treasury securities based on credit quality, industry, and structure of the asset. Observable inputs used by the models include benchmark yields, bid/ask spreads, dealer quotes, liquidity, term to maturity, credit risk and default projections, collateral performance, deal and tranche attributes, and general market data. Inputs may vary depending on type of security.

Short-term Investments: Valuation methods and assumptions for Level 1 money market funds are discussed in Note 20A4. Valuation methods and assumptions for Level 1 U.S. Treasuries are discussed in Note 20C2.

D. Not Practical to Estimate Fair Value – Not applicable

21. OTHER ITEMS

No significant changes

22. EVENTS SUBSEQUENT

Subsequent events have been considered through May 12, 2016, the date of issuance of these financial statements.

Type I – Recognized Subsequent Events

The Company does not have any Type I events that merit recognition or disclosure in these statements.

Type II – Nonrecognized Subsequent Events

The Company does not have any Type II events that merit recognition or disclosure in these statements.

23. REINSURANCE

No significant changes

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

F. Risk-Sharing Provisions of the Affordable Care Act (ACA) – Not applicable

25. CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

Not applicable

26. INTERCOMPANY POOLING ARRANGEMENTS

Not applicable

27. STRUCTURED SETTLEMENTS

Not applicable

28. HEALTH CARE RECEIVABLES

Not applicable

29. PARTICIPATING POLICIES

Not applicable

30. PREMIUM DEFICIENCY RESERVES

No significant changes

31. HIGH DEDUCTIBLES

Not applicable

32. DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES AND UNPAID LOSS ADJUSTMENT EXPENSES

Not applicable

NOTES TO FINANCIAL STATEMENTS

33. ASBESTOS/ENVIRONMENTAL RESERVES

Not applicable

34. SUBSCRIBERS SAVINGS ACCOUNT

Not applicable

35. MULTIPLE PERIL CROP INSURANCE

Not applicable

36. FINANCIAL GUARANTY INSURANCE

B. Schedule of insured financial obligations at the end of the period – Not applicable

STATEMENT AS OF MARCH 31, 2016 OF THE AMERICAN FAMILY INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [] No []

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [X] No []

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] No [X]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [] No [] N/A [X]

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2011

6.2

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

12/31/2011

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

04/05/2013

6.4

By what department or departments?
Ohio Dept. of Insurance

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

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

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

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

Yes [X] No []
- 10.2

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

\$.....5,839,079

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....
13.

Amount of real estate and mortgages held in short-term investments:

\$.....
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:
- | | 1 | 2 |
|---|---|--|
| | Prior Year-End
Book/Adjusted
Carrying Value | Current Quarter
Book/Adjusted
Carrying Value |
| 14.21 Bonds | \$..... | \$..... |
| 14.22 Preferred Stock | \$..... | \$..... |
| 14.23 Common Stock | \$..... | \$..... |
| 14.24 Short-Term Investments | \$..... | \$..... |
| 14.25 Mortgage Loans on Real Estate | \$..... | \$..... |
| 14.26 All Other | \$..... | \$..... |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$..... | \$..... |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$..... | \$..... |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 15.2

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

Yes [] No []

STATEMENT AS OF MARCH 31, 2016 OF THE AMERICAN FAMILY INSURANCE COMPANY

GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page.
- \$

\$

\$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
- Yes [X] No []

- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
US Bank	777 E Wisconsin Ave, Milwaukee, WI 53202

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
- Yes [] No [X]

- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

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

- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation.

Yes [] No [] N/A [X]
2.

Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?
If yes, attach an explanation.

Yes [] No [X]
- 3.1

Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes [] No [X]
- 3.2

If yes, give full and complete information thereto.
- 4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero?

Yes [] No [X]
- 4.2

If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
TOTAL										

5.

Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %
- 6.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 6.2

If yes, please provide the amount of custodial funds held as of the reporting date\$.....
- 6.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 6.4

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

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

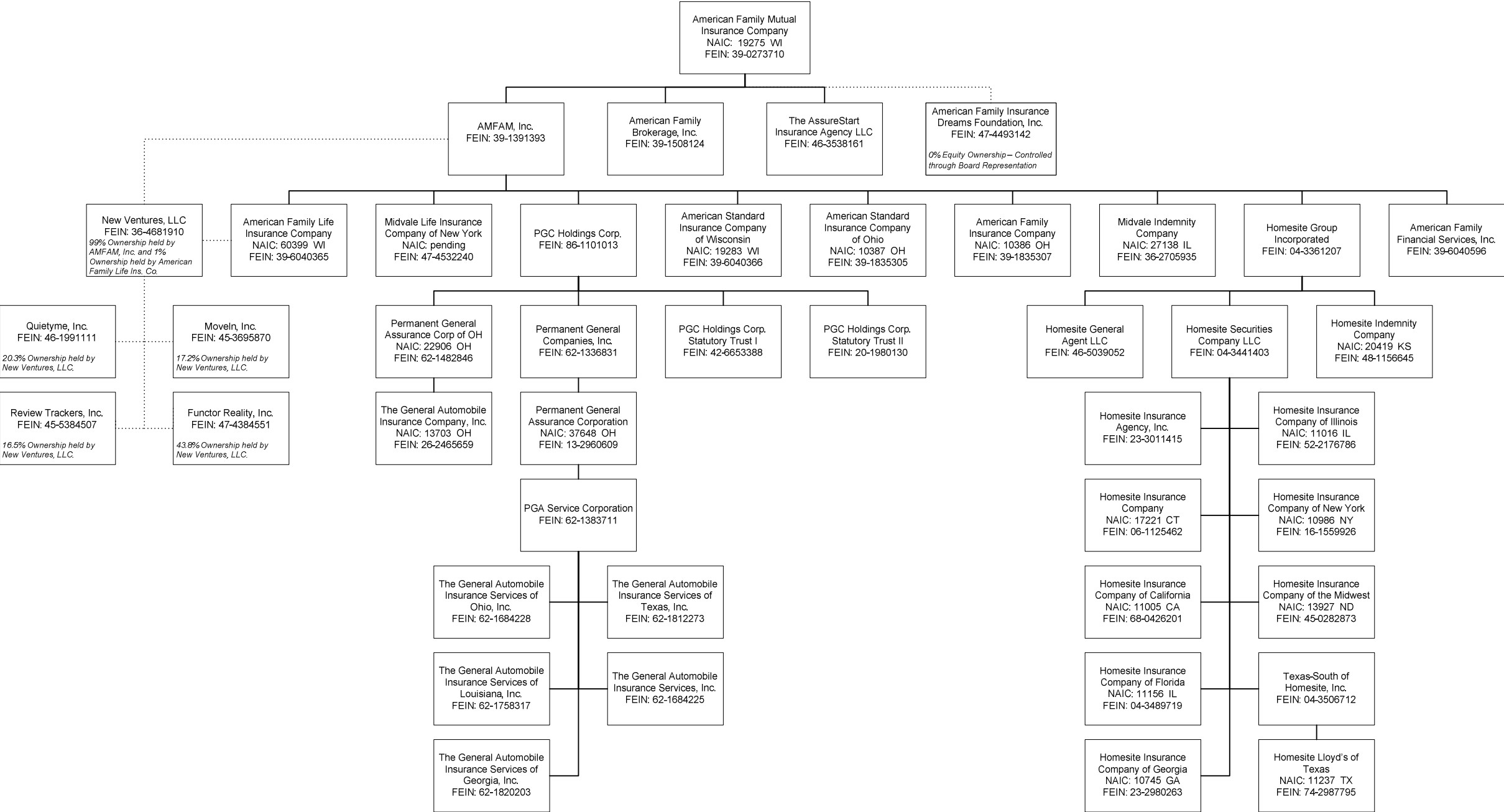
States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama.....AL	N						
2. Alaska.....AK	N						
3. Arizona.....AZ	L	7,206,986	101,153	1,238,832		2,785,555	6,750
4. Arkansas.....AR	N						
5. California.....CA	N						
6. Colorado.....CO	L	22,444,854	7,511,151	8,643,148	1,440,531	20,815,256	2,708,358
7. Connecticut.....CT	N						
8. Delaware.....DE	N						
9. District of Columbia.....DC	N						
10. Florida.....FL	N						
11. Georgia.....GA	L	29,891,940	22,394,208	16,758,331	12,797,645	48,811,823	35,297,041
12. Hawaii.....HI	N						
13. Idaho.....ID	L	1,292,103		208,512		656,690	
14. Illinois.....IL	L	7,471,725	74,148	1,035,309	782	1,564,802	16,106
15. Indiana.....IN	L	1,456		2,073		37,102	
16. Iowa.....IA	L	309,750		136		8,038	
17. Kansas.....KS	L	27,458	422	1,084		41,819	
18. Kentucky.....KY	N						
19. Louisiana.....LA	N						
20. Maine.....ME	N						
21. Maryland.....MD	N						
22. Massachusetts.....MA	N						
23. Michigan.....MI	N						
24. Minnesota.....MN	L	5,768,783		108,072		521,836	
25. Mississippi.....MS	N						
26. Missouri.....MO	L	325,548	74,153	16,673		174,868	11,626
27. Montana.....MT	N						
28. Nebraska.....NE	L	4,040,160	21,108	805,648		1,455,223	1,399
29. Nevada.....NV	L	1,667,791		74,583		318,840	
30. New Hampshire.....NH	N						
31. New Jersey.....NJ	N						
32. New Mexico.....NM	N						
33. New York.....NY	N						
34. North Carolina.....NC	N						
35. North Dakota.....ND	L						
36. Ohio.....OH	L	35,828,125	36,068,217	17,218,184	19,715,046	46,587,082	50,839,057
37. Oklahoma.....OK	N						
38. Oregon.....OR	L					2,776	
39. Pennsylvania.....PA	N						
40. Rhode Island.....RI	N						
41. South Carolina.....SC	N						
42. South Dakota.....SD	L	1,805,027		793,770		1,181,855	
43. Tennessee.....TN	N						
44. Texas.....TX	N						
45. Utah.....UT	L	11,756,834	8,830,581	6,229,506	4,133,126	14,873,081	7,121,635
46. Vermont.....VT	N						
47. Virginia.....VA	N						
48. Washington.....WA	L	5,934,870		1,086,719		3,017,224	
49. West Virginia.....WV	N						
50. Wisconsin.....WI	L						
51. Wyoming.....WY	N						
52. American Samoa.....AS	N						
53. Guam.....GU	N						
54. Puerto Rico.....PR	N						
55. U.S. Virgin Islands.....VI	N						
56. Northern Mariana Islands.....MP	N						
57. Canada.....CAN	N						
58. Aggregate Other Alien OT	XXX						
59. Totals	(a) 19	135,773,410	75,075,141	54,220,580	38,087,130	142,853,870	96,001,972
DETAILS OF WRITE-INS							
58001. write-in description 1 for line 58	XXX						
58002. write-in description 2 for line 58	XXX						
58003. write-in description 3 for line 58	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX						

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

11



STATEMENT AS OF MARCH 31, 2016 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 .....	..WI.....	..UIP.....	American Family Mutual Insurance Company - Board of Directors	Board of Directors.....	..0.000	American Family Mutual Insurance Company - Board of Directors .....	.....
			39-1508124	.....	.....	.....	American Family Brokerage, Inc. ....	..WI.....	..NIA.....	American Family Mutual Insurance Company	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			39-1391393	.....	.....	.....	AMFAM, Inc. ....	..WI.....	..UDP.....	American Family Mutual Insurance Company	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			46-3538161	.....	.....	.....	The AssureStart Insurance Agency, LLC .....	..WI.....	..NIA.....	American Family Mutual Insurance Company	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	American Family Insurance Group .....	..19283	39-6040366	.....	.....	.....	American Standard Insurance Co. of WI .....	..WI.....	..IA.....	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	American Family Insurance Group .....	..10386	39-1835307	.....	.....	.....	American Family Insurance Company .....	..OH.....	..RE.....	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	American Family Insurance Group .....	..10387	39-1835305	.....	.....	.....	American Standard Insurance Co. of OH .....	..OH.....	..IA.....	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	American Family Insurance Group .....	..60399	39-6040365	.....	.....	.....	American Family Life Insurance Co. ....	..WI.....	..IA.....	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	American Family Insurance Group .....	..27138	36-2705935	.....	.....	.....	Midvale Indemnity Company .....	..IL.....	..IA.....	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			39-6040596	.....	.....	.....	American Family Financial Services, Inc. ....	..WI.....	..NIA.....	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			36-4681910	.....	.....	.....	New Ventures, LLC .....	..WI.....	..NIA.....	AMFAM, Inc.	Ownership.....	..99.000	American Family Mutual Insurance Company .....	.....
			36-4681910	.....	.....	.....	New Ventures, LLC .....	..WI.....	..NIA.....	American Family Life Insurance Co.	Ownership.....	..1.000	American Family Mutual Insurance Company .....	.....
			86-1101013	.....	.....	.....	PGC Holdings Corporation .....	..DE.....	..NIA.....	AMFAM, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			42-6653388	.....	.....	.....	PGC Holdings Statutory Trust 1 .....	..DE.....	..NIA.....	PGC Holdings Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			20-1980130	.....	.....	.....	PGC Holdings Statutory Trust 2 .....	..DE.....	..NIA.....	PGC Holdings Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	Permanent General Holdings .....	..22906	62-1482846	.....	.....	.....	PGAC of Ohio .....	..OH.....	..IA.....	PGC Holdings Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	Permanent General Holdings .....	..37648	13-2960609	.....	.....	.....	Permanent General Assurance Corporation .....	..OH.....	..IA.....	Permanent General Companies, Inc.	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1336831	.....	.....	.....	Permanent General Companies, Inc. ....	..TN.....	..NIA.....	PGC Holdings Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1383711	.....	.....	.....	PGA Service Corporation .....	..TN.....	..NIA.....	Permanent General Assurance Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1684228	.....	.....	.....	The General Auto Insurance Services of Ohio, Inc. ....	..OH.....	..NIA.....	PGA Service Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1684225	.....	.....	.....	The General Auto Insurance Services of California, Inc. ....	..CA.....	..NIA.....	PGA Service Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1758317	.....	.....	.....	The General Auto Insurance Services of Louisiana, Inc. ....	..LA.....	..NIA.....	PGA Service Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
..0473	Permanent General Holdings .....	..13703	26-2465659	.....	.....	.....	The General Automobile Insurance Company, Inc. ....	..OH.....	..IA.....	PGAC of Ohio	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1820203	.....	.....	.....	The General Auto Insurance Services of Georgia, Inc. ....	..GA.....	..NIA.....	PGA Service Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....
			62-1812273	.....	.....	.....	The General Auto Insurance Services of Texas, Inc. ....	..TX.....	..NIA.....	PGA Service Corporation	Ownership.....	..100.000	American Family Mutual Insurance Company .....	.....

STATEMENT AS OF MARCH 31, 2016 OF THE AMERICAN FAMILY INSURANCE COMPANY

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

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

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

STATEMENT AS OF MARCH 31, 2016 OF THE AMERICAN FAMILY INSURANCE COMPANY

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire	19,306	(250)	(1.3)	233.8
2.	Allied Lines	39,722	42,180	106.2	11.5
3.	Farmowners multiple peril	40,741	7,215	17.7	6.8
4.	Homeowners multiple peril	24,473,563	8,485,967	34.7	47.4
5.	Commercial multiple peril	3,300,609	1,859,346	56.3	54.2
6.	Mortgage guaranty				
8.	Ocean marine				
9.	Inland marine	14,933	8,416	56.4	5.6
10.	Financial guaranty				
11.1	Medical professional liability - occurrence				
11.2	Medical professional liability - claims-made				
12.	Earthquake	58,056			
13.	Group accident and health				
14.	Credit accident and health				
15.	Other accident and health	68,534	105,312	153.7	273.5
16.	Workers' compensation	963,410	813,458	84.4	37.8
17.1	Other liability - occurrence	734,579	437,198	59.5	7.7
17.2	Other liability - claims-made				
17.3	Excess workers' compensation				
18.1	Products liability - occurrence	1,574			
18.2	Products liability - claims-made				
19.1,19.2	Private passenger auto liability	45,842,306	38,570,130	84.1	70.9
19.3,19.4	Commercial auto liability	603,436	814,968	135.1	312.1
21.	Auto physical damage	28,776,664	21,056,740	73.2	63.8
22.	Aircraft (all perils)				
23.	Fidelity	1,775			
24.	Surety				
26.	Burglary and theft	2,296			
27.	Boiler and machinery				
28.	Credit				
29.	International				
30.	Warranty				
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business				
35.	Totals	104,941,504	72,200,680	68.8	62.4
DETAILS OF WRITE-INS					
3401.	write-in description 1 for line 33				
3402.	write-in description 2 for line 33				
3403.	write-in description 3 for line 33				
3498.	Summary of remaining write-ins for Line 34 from overflow page				
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1	2	3
		Current Quarter	Current Year to Date	Prior Year Year to Date
1.	Fire	18,858	18,858	22,162
2.	Allied Lines	43,550	43,550	40,803
3.	Farmowners multiple peril	17,662	17,662	24,375
4.	Homeowners multiple peril	26,352,199	26,352,199	17,439,128
5.	Commercial multiple peril	4,224,314	4,224,314	3,230,900
6.	Mortgage guaranty			
8.	Ocean marine			
9.	Inland marine	21,103	21,103	17,516
10.	Financial guaranty			
11.1	Medical professional liability - occurrence			
11.2	Medical professional liability - claims-made			
12.	Earthquake	83,147	83,147	43,327
13.	Group accident and health			
14.	Credit accident and health			
15.	Other accident and health	115,354	115,354	135,453
16.	Workers' compensation	1,583,563	1,583,563	526,180
17.1	Other liability - occurrence	772,432	772,432	728,353
17.2	Other liability - claims-made			
17.3	Excess workers' compensation			
18.1	Products liability - occurrence	3	3	1,978
18.2	Products liability - claims-made			
19.1,19.2	Private passenger auto liability	63,362,518	63,362,518	31,920,966
19.3,19.4	Commercial auto liability	896,615	896,615	343,394
21.	Auto physical damage	38,275,977	38,275,977	20,597,635
22.	Aircraft (all perils)			
23.	Fidelity	3,176	3,176	1,561
24.	Surety			
26.	Burglary and theft	2,939	2,939	1,410
27.	Boiler and machinery			
28.	Credit			
29.	International			
30.	Warranty			
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business			
35.	Totals	135,773,410	135,773,410	75,075,141
DETAILS OF WRITE-INS				
3401.	write-in description 1 for line 33			
3402.	write-in description 2 for line 33			
3403.	write-in description 3 for line 33			
3498.	Summary of remaining write-ins for Line 34 from overflow page			
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

STATEMENT AS OF MARCH 31, 2016 OF THE AMERICAN FAMILY INSURANCE COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2016 Loss and LAE Payments on Claims Reported as of Prior Year-End	2016 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2016 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2013 + Prior													
2. 2014													
3. Subtotals 2014 + Prior													
4. 2015													
5. Subtotals 2015 + Prior													
6. 2016	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

STATEMENT AS OF MARCH 31, 2016 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. 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 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.

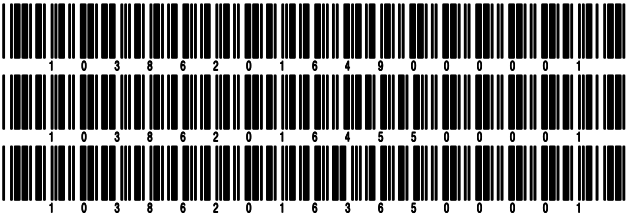
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	YES

Explanations:

1.
2.
3.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
2. Supplement A to Schedule T [Document Identifier 455]
3. Medicare Part D Coverage Supplement [Document Identifier 365]



NONE

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest point and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	23,991,850	23,004,230
2. Cost of bonds and stocks acquired	247,402	1,000,453
3. Accrual of discount	1,603	6,203
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of	250,000	
7. Deduct amortization of premium	12,520	19,036
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	23,978,335	23,991,850
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	23,978,335	23,991,850

STATEMENT AS OF MARCH 31, 2016 OF THE AMERICAN FAMILY INSURANCE COMPANY

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	27,418,301	4,135,339	3,857,414	(10,832)	27,685,394			27,418,301
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	27,418,301	4,135,339	3,857,414	(10,832)	27,685,394			27,418,301
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	27,418,301	4,135,339	3,857,414	(10,832)	27,685,394			27,418,301

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$3,707,059 ; NAIC 2 \$; NAIC 3 \$;
NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	3,707,059	xxx	3,707,059	1,362	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	3,426,451	204,585
2. Cost of short-term investments acquired	3,887,937	10,968,345
3. Accrual of discount	85	5,565
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		(560)
6. Deduct consideration received on disposals	3,607,414	7,751,484
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	3,707,059	3,426,451
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	3,707,059	3,426,451

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
N O N E

Schedule E - Verification - Cash Equivalents
N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

STATEMENT AS OF MARCH 31, 2016 OF THE AMERICAN FAMILY INSURANCE COMPANY

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

[illegible]

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

SCHEDULE D - PART 4

[illegible]

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

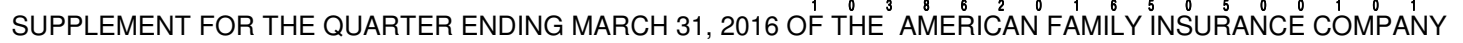
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
US Bank Madison, WI					2,656,683	3,754,207	3,998,985	XXX
Wells Fargo San Francisco, CA					199,797	206,871	211,919	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX			2,856,480	3,961,078	4,210,904	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX			2,856,480	3,961,078	4,210,904	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX			2,856,480	3,961,078	4,210,904	XXX

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

N O N E



Year To Date For The Period Ended MARCH 31, 2016

NAIC Company Code 10386

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$15,819	\$10,303	\$4,121

2.1	Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
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 [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
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, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies.	\$