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QUARTERLY STATEMENT

As of March 31, 2016

of the Condition and Affairs of the

Infinity Auto Insurance Company

NAIC Group Code.....3495, 3495 (Current Period) (Prior Period)	NAIC Company Code..... 11738	Employer's ID Number..... 34-0927698
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... March 20, 1963		Commenced Business..... December 1, 1963

Statutory Home Office	1400 Provident Tower, One East Fourth Street….. Cincinnati ..... OH .... 45202 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	3700 Colonnade Parkway, Suite 600….. Birmingham ..... AL .... 35243-3216 (Street and Number) (City or Town, State, Country and Zip Code)	205-870-4000 (Area Code) (Telephone Number)
Mail Address	P.O. Box 830189….. Birmingham ..... AL .... 35283-0189 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	3700 Colonnade Parkway, Suite 600….. Birmingham ..... AL .... 35243-3216 (Street and Number) (City or Town, State, Country and Zip Code)	205-870-4000 (Area Code) (Telephone Number)
Internet Web Site Address	www.infinityauto.com	
Statutory Statement Contact	Rachelle Shealy Talley (Name)	205-803-8326 (Area Code) (Telephone Number) (Extension)
	rachelle.talley@ipacc.com (E-Mail Address)	205-803-8080 (Fax Number)

POLICYHOLDER SERVICES AND CLAIM REPORTING: 1-800-477-5056

OFFICERS

Name	Title	Name	Title
Glen Nelson Godwin	President & CEO	Samuel James Simon	Senior Vice President & Secretary
Amy Kay Jordan	Vice President & Treasurer/Controller		

OTHER

Troy Perry Ballard	Assistant Treasurer	Robert Harold Bateman Jr.	Senior Vice President & CFO
Mary Linn Clark	Assistant Treasurer	Ralph Allen Gravelle	Senior Vice President & CIO
Timothy Michael Kelly	Assistant Treasurer	James Henry Romaker	Assistant Secretary
Mitchell Silverman	Assistant Secretary		

DIRECTORS OR TRUSTEES

Robert Harold Bateman Jr.	James Randall Gober	Glen Nelson Godwin	Amy Kay Jordan
Scott Christopher Pitrone	James Henry Romaker	Samuel James Simon	

State of........ Alabama
County of..... Jefferson

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.

Glen Nelson Godwin	Samuel James Simon	Amy Kay Jordan
President & CEO	Senior Vice President & Secretary	Vice President & Treasurer/Controller

Subscribed and sworn to before me
This 9th day of May, 2016

My Commission Expires April 15, 2017

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

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	9,188,338		9,188,338	9,205,354
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks	1,704	1,704	0	
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate:				
4.1 Properties occupied by the company (less $..........0 encumbrances)			0	
4.2 Properties held for the production of income (less $..........0 encumbrances)			0	
4.3 Properties held for sale (less $..........0 encumbrances)			0	
5. Cash ($..........0), cash equivalents ($..........0) and short-term investments ($.....129,623)	129,623		129,623	50,483
6. Contract loans (including $..........0 premium notes)			0	
7. Derivatives			0	
8. Other invested assets			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	9,319,665	1,704	9,317,961	9,255,837
13. Title plants less $..........0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	45,085		45,085	65,370
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	42,280		42,280	157,695
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $..........0 earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums ($..........0) and contracts subject to redetermination ($..........0)			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	2,697		2,697	5,498
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	55,761	1,779	53,982	51,780
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($..........0)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	
24. Health care ($..........0) and other amounts receivable			0	
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	9,465,488	3,483	9,462,005	9,536,180
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	9,465,488	3,483	9,462,005	9,536,180

DETAILS OF WRITE-INS

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

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31 Prior Year
1.	Losses (current accident year $.....147,800)	514,316	513,023
2.	Reinsurance payable on paid losses and loss adjustment expenses	90,738	85,018
3.	Loss adjustment expenses	141,199	142,031
4.	Commissions payable, contingent commissions and other similar charges	1,890	4,028
5.	Other expenses (excluding taxes, licenses and fees)	13,742	18,826
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	1,303	860
7.1	Current federal and foreign income taxes (including $..........0 on realized capital gains (losses))	13,261	4,130
7.2	Net deferred tax liability		
8.	Borrowed money $..........0 and interest thereon $..........0		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of $.....183,211,425 and including warranty reserves of $..........0 and accrued accident and health experience rating refunds including $..........0 for medical loss ratio rebate per the Public Health Service Act)	646,791	611,263
10.	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	(92,480)	58,093
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including $..........0 certified)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates	480,635	443,411
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes $..........0 and interest thereon $..........0		
25.	Aggregate write-ins for liabilities	50,563	80,976
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	1,861,958	1,961,659
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	1,861,958	1,961,659
29.	Aggregate write-ins for special surplus funds	0	0
30.	Common capital stock	3,000,000	3,000,000
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds	0	0
33.	Surplus notes		
34.	Gross paid in and contributed surplus	4,500,000	4,500,000
35.	Unassigned funds (surplus)	100,047	74,521
36.	Less treasury stock, at cost:		
	36.1 ....0.000 shares common (value included in Line 30 $..........0)		
	36.2 ....0.000 shares preferred (value included in Line 31 $..........0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	7,600,047	7,574,521
38.	Totals (Page 2, Line 28, Col. 3)	9,462,005	9,536,180

DETAILS OF WRITE-INS

2501.	Accounts payable and other liabilities	50,563	80,976
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0
2599.	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	50,563	80,976
2901.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0
3201.			
3202.			
3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page	0	0
3299.	Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above)	0	0

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 $.....95,936,813)	84,009,004	79,221,924	320,510,159
1.2 Assumed (written $.....24,908,720)	20,142,870	19,740,813	76,863,723
1.3 Ceded (written $.....120,473,821)	103,815,689	98,630,630	396,027,318
1.4 Net (written $.....371,712)	336,185	332,107	1,346,564
DEDUCTIONS:			
2. Losses incurred (current accident year $.....229,381):			
2.1 Direct	56,716,244	52,662,722	219,252,193
2.2 Assumed	13,265,079	12,605,218	50,152,678
2.3 Ceded	69,755,209	65,050,542	268,512,660
2.4 Net	226,114	217,398	892,211
3. Loss adjustment expenses incurred	39,672	38,847	145,964
4. Other underwriting expenses incurred	86,695	90,166	323,490
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	352,481	346,411	1,361,665
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(16,296)	(14,304)	(15,101)
INVESTMENT INCOME			
9. Net investment income earned	32,585	35,023	130,873
10. Net realized capital gains (losses) less capital gains tax of $..........0			7,566
11. Net investment gain (loss) (Lines 9 + 10)	32,585	35,023	138,439
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered $.....1,064 amount charged off $.....4,461)	(3,397)	(4,242)	(19,013)
13. Finance and service charges not included in premiums	15,786	16,382	63,637
14. Aggregate write-ins for miscellaneous income	7,777	6,557	26,717
15. Total other income (Lines 12 through 14)	20,166	18,697	71,341
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	36,455	39,416	194,679
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)	36,455	39,416	194,679
19. Federal and foreign income taxes incurred	13,131	11,095	51,664
20. Net income (Line 18 minus Line 19) (to Line 22)	23,324	28,321	143,015
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	7,574,521	7,582,402	7,582,402
22. Net income (from Line 20)	23,324	28,321	143,015
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or (losses) less capital gains tax of $..........0			
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	2,163	2,705	5,921
27. Change in nonadmitted assets	39	(5)	(1,817)
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			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			(155,000)
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	25,526	31,021	(7,881)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	7,600,047	7,613,423	7,574,521

DETAILS OF WRITE-INS

0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0
1401. Other fee income	7,809	6,590	27,016
1402. Miscellaneous income or (expense)	(32)	(33)	(299)
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	7,777	6,557	26,717
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above)	0	0	0

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	336,555	338,021	1,365,892
2. Net investment income	69,837	64,371	215,674
3. Miscellaneous income	20,166	18,697	71,341
4. Total (Lines 1 through 3)	426,558	421,089	1,652,907
5. Benefit and loss related payments	216,300	154,591	857,715
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	133,929	133,017	485,513
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of $..........0 tax on capital gains (losses)	4,000	9,000	71,046
10. Total (Lines 5 through 9)	354,229	296,608	1,414,274
11. Net cash from operations (Line 4 minus Line 10)	72,329	124,481	238,633
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			6,099,877
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			
12.7 Miscellaneous proceeds		30,498	30,498
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	30,498	6,130,375
13. Cost of investments acquired (long-term only):			
13.1 Bonds		49,869	6,173,118
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	49,869	6,173,118
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)	0	(19,371)	(42,743)
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			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			155,000
16.6 Other cash provided (applied)	6,811	(32,053)	(10,385)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	6,811	(32,053)	(165,385)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	79,140	73,057	30,505
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	50,483	19,978	19,978
19.2 End of period (Line 18 plus Line 19.1)	129,623	93,035	50,483

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

20.0001			

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GOING CONCERN

A. Accounting Practices

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

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for purposes of determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual has been adopted as a component of prescribed or permitted practices by the state of Ohio.

	State of Domicile	Current Period	Prior Year
NET INCOME			
(1) Infinity Auto Insurance Company state basis (Page 4, Line 20, Columns 1 & 3)	OH	$ 23,324	$ 143,015
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	OH	$ 23,324	$ 143,015
SURPLUS			
(5) Infinity Auto Insurance Company state basis (Page 3, line 37, Columns 1 & 2)	OH	$ 7,600,047	$ 7,574,521
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	OH	$ 7,600,047	$ 7,574,521

C. Accounting Policy - The Company does not invest in loan-backed securities.

D. Going Concern - Not applicable.

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

No significant change.

NOTE 3 –BUSINESS COMBINATIONS AND GOODWILL

No significant change.

NOTE 4 – DISCONTINUED OPERATIONS

No significant change.

NOTE 5 – INVESTMENTS

D. Loan-Backed Securities - The Company does not invest in loan-backed securities.

E. Repurchase Agreements and/or Securities Lending Transactions - The Company does not participate in repurchase agreements or securities lending transactions.

I. Working Capital Finance Investments - Not applicable.

J. Offsetting and Netting of Assets and Liabilities

(1) Assets	Gross Amount Recognized	Amount Offset	Net Amount Presented on Financial Statements
NONE	$ 0	$ 0	$ 0
(2) Liabilities			
NONE	$ 0	$ 0	$ 0

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

No significant change.

NOTE 7 – INVESTMENT INCOME

No significant change.

NOTE 8 – DERIVATIVE INSTRUMENTS

No significant change.

NOTE 9 – INCOME TAXES

No significant change.

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

No significant change.

NOTE 11 – DEBT

B. The Company does not have any Federal Home Loan Bank agreements.

NOTES TO FINANCIAL STATEMENTS

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

A. Defined Benefit Plan

(4)	Components of net periodic benefit cost		Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
			Current Period	Prior Year	Current Period	Prior Year	Current Period	Prior Year
	a.	Service cost	$ 0	$ 0	$ 45	$ 234	$ 0	$ 0
	b.	Interest cost	0	0	33	146	0	0
	c.	Expected return on plan assets	0	0	0	0	0	0
	d.	Transition asset or obligation	0	0	0	0	0	0
	e.	Gains and losses	0	0	(28)	(5)	0	0
	f.	Prior service cost or credit	0	0	17	71	0	0
	g.	Gain or loss recognized due to a settlement curtailment	0	0	0	0	0	0
	h.	Total net periodic benefit cost	$ 0	$ 0	$ 67	$ 446	$ 0	$ 0

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

No significant change.

NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS

No significant change.

NOTE 15 – LEASES

No significant change.

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

No significant change.

NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

B. Transfer and Servicing of Financial Assets - Not applicable.

C. Wash Sales - The Company was not involved in any wash sale transactions during 2016.

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

No significant change.

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

No significant change.

NOTE 20 – FAIR VALUE MEASUREMENTS

A. Inputs Used for Assets and Liabilities Measured at Fair Value

(1) Fair Value Measurement by Level 1, 2 and 3 - The Company values all assets and liabilities at amortized cost.

(2) Rollforward of Level 3 Items – Not Applicable.

(3) Policy on Transfers Into and Out of Level 3 - Not Applicable.

(4) Inputs and Techniques Used for Level 2 and Level 3 Fair Values

Fair values are based on prices quoted in the most active market for each security. If quoted prices are not available, fair values are estimated based on the fair value of comparable securities, discounted cash flow models or similar methods.

(5) Derivative Fair Values – Not applicable.

B. Other Fair Value Disclosures – Not applicable.

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

The Company has categorized its assets and liabilities into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity in the valuation method by which fair value was determined. The three levels are defined as follows:

Level 1 - Fair value measurements are based on quoted prices in active markets for identical assets. This category includes U.S. Treasury securities.

Level 2 - Fair value measurements are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations in which all significant techniques are observable in active markets. This category includes municipal bonds.

Level 3 - Fair value measurements are based on valuations derived from valuation techniques in which one or more significant inputs are unobservable in the marketplace. This category includes bonds for which there is no active or inactive market for similar instruments, bonds whose fair value is determined based on unobservable inputs and bonds, other than those backed by the U.S. Government, that are not rated by a nationally recognized statistical rating organization.

Aggregate fair value measurements for all financial instruments at March 31, 2016, are as follows:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Assets						
Bonds	$ 9,473,418	$ 9,317,961	$ 7,241,878	$ 2,231,540	$ 0	$ 0

D. Not Practicable to Estimate Fair Value - Not applicable.

NOTE 21 – OTHER ITEMS

No significant change.

NOTE 22 – EVENTS SUBSEQUENT

None.

NOTE 23 – REINSURANCE

No significant change.

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDETERMINATION

F. Risk Sharing Provisions of the Affordable Care Act - Not applicable.

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

The following table provides an analysis of the change in loss and LAE reserves net of reinsurance recoverables (in thousands):

	March 31, 2016	March 31, 2015
Balance at beginning of period	655	654
Loss and LAE incurred:		
Current accident year	271	258
Prior accident years	(5)	(2)
	266	256
Loss and LAE payments made for:		
Current accident year	(89)	(82)
Prior accident years	(176)	(166)
	(265)	(248)
Balance at end of period	656	662

Reserves as of December 31, 2015 were $655,000. As of March 31, 2016, $176,000 has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $474,000 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Private Passenger and Commercial automobile lines of insurance. As a result there has been $5,000 favorable development during the three months ended March 31, 2016 as compared to $2,000 favorable development during the three months ended March 31, 2015. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding loss experience.

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS

No significant change.

NOTE 27 – STRUCTURED SETTLEMENTS

No significant change.

NOTE 28 – HEALTH CARE RECEIVABLES

No significant change.

NOTE 29 – PARTICIPATING POLICIES

No significant change.

NOTES TO FINANCIAL STATEMENTS

NOTE 30 – PREMIUM DEFICIENCY RESERVES

No significant change.

NOTE 31 – HIGH DEDUCTIBLES

No significant change.

NOTE 32 – DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

No significant change.

NOTE 33 – ASBESTOS/ENVIRONMENTAL RESERVES

No significant change.

NOTE 34 – SUBSCRIBER SAVINGS ACCOUNTS

No significant change.

NOTE 35 – MULTIPLE PERIL CROP INSURANCE

No significant change.

NOTE 36 – FINANCIAL GUARANTY INSURANCE

The Company does not write financial guaranty insurance.

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? Yes [X] No [ ]
If yes, complete Schedule Y, Parts 1 and 1A.

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.

Not Applicable

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

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
Not Applicable		

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 [X] N/A [ ]

Not Applicable

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). 05/08/2013

6.4 By what department or departments?

Ohio

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:

Not Applicable

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

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

Not Applicable

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

8.4 If the 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
Not Applicable					

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? Yes [X] No [ ]

(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.

9.11 If the response to 9.1 is No, please explain:

Not Applicable

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).

Not Applicable

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).

Not Applicable

FINANCIAL

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

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:
Not Applicable

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [X] No [ ]

14.2 If yes, please complete the following:

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds	$ 0	$ 0
14.22	Preferred Stock	0	0
14.23	Common Stock	1,704	1,704
14.24	Short-Term Investments	0	0
14.25	Mortgage Loans on Real Estate	0	0
14.26	All Other	0	0
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$ 1,704	$ 1,704
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above	$ 0	$ 0

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? Yes [ ] No [ ]

If no, attach a description with this statement.
Not Applicable

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: $ 0

16.3 Total payable for securities lending reported on the liability page: $ 0

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
The Bank of New York Mellon	One Wall Street, New York, New York 10286

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)
Not Applicable		

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 and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
Not Applicable			

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

1 Central Registration Depository	2 Name(s)	3 Address
Not Applicable	Wellington Management Company	280 Congress Street, Boston, MA 02210

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:
Not Applicable

GENERAL INTERROGATORIES (continued)

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

   If yes, attach an explanation.

   Not Applicable

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? Yes [ ] No [X]

   If yes, attach an explanation.

   Not Applicable

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:

   Not Applicable

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:

1	2	3	Total Discount				Discount Taken During Period			
			4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Disc. Rate	Unpaid Losses	Unpaid LAE	IBNR	Total	Unpaid Losses	Unpaid LAE	IBNR	Total
	0.000	0.000	0	0	0	0	0	0	0	0
Total	XXX	XXX	0	0	0	0	0	0	0	0

5.1 Operating Percentages:

5.1 A&H loss percent 0.000%

5.2 A&H cost containment percent 0.000%

5.3 A&H expense percent excluding cost containment expenses 0.000%

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. $ 0

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

6.4 If yes, please provide the amount of funds administered as of the reporting date. $ 0

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

		1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2	3	4	5	6	7
	States, Etc.	Active Status	Current Year to Date	Prior Year to Date	Current Year to Date	Prior Year to Date	Current Year to Date	Prior Year to Date
1.	Alabama.....AL	L	324,137	551,222	390,884	594,674	1,461,621	1,967,887
2.	Alaska.....AK	N			(1,278)	(252)	3,488	3,441
3.	Arizona.....AZ	L	1,099,363	934,819	465,350	423,481	1,849,544	904,852
4.	Arkansas.....AR	N						
5.	California.....CA	L	796,517	378,291	390,008	470,061	715,580	485,268
6.	Colorado.....CO	N						
7.	Connecticut.....CT	N						
8.	Delaware.....DE	N						
9.	District of Columbia.....DC	N						
10.	Florida.....FL	L	89,700,413	81,162,703	49,358,119	43,651,721	130,244,253	118,003,259
11.	Georgia.....GA	L	2,235,814	3,288,649	1,848,729	2,716,683	4,623,161	7,316,581
12.	Hawaii.....HI	N						
13.	Idaho.....ID	N						
14.	Illinois.....IL	L	33	(1,502)	51,188	268,918	1,025,741	799,746
15.	Indiana.....IN	N					(79)	
16.	Iowa.....IA	N						
17.	Kansas.....KS	N						
18.	Kentucky.....KY	N						
19.	Louisiana.....LA	N						
20.	Maine.....ME	N						
21.	Maryland.....MD	N						
22.	Massachusetts.....MA	N						
23.	Michigan.....MI	L			27,190	9,475	701,596	766,204
24.	Minnesota.....MN	N						
25.	Mississippi.....MS	N			(333)	(200)	(34)	
26.	Missouri.....MO	L				(1,433)	(366)	12,304
27.	Montana.....MT	N						
28.	Nebraska.....NE	N						
29.	Nevada.....NV	L	1,799,849	2,525,707	1,993,203	2,369,474	5,056,250	6,889,980
30.	New Hampshire.....NH	N						
31.	New Jersey.....NJ	N						
32.	New Mexico.....NM	N						
33.	New York.....NY	L	47,405	48,133	32,347	56,973	178,111	364,796
34.	North Carolina.....NC	N						
35.	North Dakota.....ND	N						
36.	Ohio.....OH	L			(125)		1,143	
37.	Oklahoma.....OK	N						
38.	Oregon.....OR	N					80	
39.	Pennsylvania.....PA	L	(66,718)	636,712	359,933	742,008	4,668,097	4,395,186
40.	Rhode Island.....RI	N						
41.	South Carolina.....SC	L			(98)	101,547	388,903	440,766
42.	South Dakota.....SD	N						
43.	Tennessee.....TN	L		(61)	34,248	(12,133)	155,631	279,240
44.	Texas.....TX	L						
45.	Utah.....UT	N						
46.	Vermont.....VT	N						
47.	Virginia.....VA	N						
48.	Washington.....WA	N						
49.	West Virginia.....WV	N						
50.	Wisconsin.....WI	N						
51.	Wyoming.....WY	N						
52.	American Samoa.....AS	N						
53.	Guam.....GU	N						
54.	Puerto Rico.....PR	N						
55.	US Virgin Islands.....VI	N						
56.	Northern Mariana Islands.....MP	N						
57.	Canada.....CAN	N						
58.	Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0
59.	Totals	(a) 15	95,936,813	89,524,673	54,949,365	51,390,997	151,072,720	142,629,510

DETAILS OF WRITE-INS

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

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domicilied 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

	FEIN Number	NAIC Co. Code	Domiciliary State
INFINITY PROPERTY AND CASUALTY CORPORATION	03-0483872		
Hillstar Insurance Company*	31-1358834	10068	IN
Infinity Financial Centers, LLC	20-4363792		
Infinity Insurance Company*	31-0943862	22268	IN
Infinity Insurance Agency, Inc.	58-1293110		
Infinity Agency of Texas	74-2641866		
Infinity Assurance Insurance Company*	75-1227771	39497	OH
Infinity Auto Insurance Company*	34-0927698	11738	OH
Leader Managing General Agency, Inc.	75-2280915		
Leader Group, Inc.	34-1852743		
Infinity Casualty Insurance Company*	58-1132392	21792	OH
Infinity County Mutual Insurance Company*@	43-6030348	13820	TX
Infinity Indemnity Insurance Company*	34-1767787	10061	IN
Infinity Preferred Insurance Company*	34-1785809	10195	OH
Infinity Reserve Insurance Company	31-1627506		
Infinity Safeguard Insurance Company*	73-0772113	16802	OH
Infinity Security Insurance Company*	58-1806192	38873	IN
Infinity Select Insurance Company*	31-1333017	20260	IN
Infinity Standard Insurance Company*	58-1806189	12599	IN
Infinity Property and Casualty Services, Inc.	58-1080659		
Casualty Underwriters, Inc.	58-0642684		
The Infinity Group, Inc.	31-1357130		

*Denotes Insurer
@ Denotes company which is affiliated but not owned

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Public Traded (U.S. or International)	8 Name of Parent, Subsidiaries or Affiliates	9 Domi-ciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
....	Infinity Property and Casualty Corporation	00000.....	03-0483872..	....	0001195933	NASDAQ...........	Infinity Property and Casualty Corporation.....	OH.......	UIP............	....	....	....	Infinity Property and Casualty Corporation.....	....
3495..	Infinity Property and Casualty Corporation	10068.....	31-1358834..	....	....	....	Hillstar Insurance Company..........................	IN.........	IA...............	Infinity Property and Casualty Corporation.....	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
....	Infinity Property and Casualty Corporation	00000.....	20-4363792..	....	....	....	Infinity Financial Centers, LLC......................	DE.......	NIA............	Infinity Property and Casualty Corporation.....	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
3495..	Infinity Property and Casualty Corporation	22268.....	31-0943862..	....	....	....	Infinity Insurance Company...........................	IN.........	UDP............	Infinity Property and Casualty Corporation.....	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
....	Infinity Property and Casualty Corporation	00000.....	74-2641866..	....	....	....	Infinity Agency of Texas...............................	TX........	NIA............	Infinity Insurance Company...........................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
3495..	Infinity Property and Casualty Corporation	39497.....	75-1227771..	....	....	....	Infinity Assurance Insurance Company..........	OH.......	IA...............	Infinity Insurance Company...........................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
3495..	Infinity Property and Casualty Corporation	11738.....	34-0927698..	....	....	....	Infinity Auto Insurance Company..................	OH.......	RE.............	Infinity Insurance Company...........................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
....	Infinity Property and Casualty Corporation	00000.....	75-2280915..	....	....	....	Leader Mananging General Agency, Inc........	TX........	DS.............	Infinity Auto Insurance Company..................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
....	Infinity Property and Casualty Corporation	00000.....	34-1852743..	....	....	....	Leader Group, Inc..	OH.......	DS.............	Infinity Auto Insurance Company..................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
3495..	Infinity Property and Casualty Corporation	21792.....	58-1132392..	....	....	....	Infinity Casualty Insurance Company............	OH.......	IA...............	Infinity Insurance Company...........................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
....	Infinity Property and Casualty Corporation	00000.....	58-1293110..	....	....	....	Infinity Insurance Agency, Inc.......................	GA.......	NIA............	Infinity Insurance Company...........................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
3495..	Infinity Property and Casualty Corporation	10061.....	34-1767787..	....	....	....	Infinity Indemnity Insurance Company..........	IN.........	IA...............	Infinity Insurance Company...........................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
3495..	Infinity Property and Casualty Corporation	10195.....	34-1785809..	....	....	....	Infinity Preferred Insurance Company...........	OH.......	IA...............	Infinity Insurance Company...........................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
....	Infinity Property and Casualty Corporation	00000.....	31-1627506..	....	....	....	Infinity Reserve Insurance Company............	OH.......	NIA............	Infinity Insurance Company...........................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
3495..	Infinity Property and Casualty Corporation	16802.....	73-0772113..	....	....	....	Infinity Safeguard Insurance Company..........	OH.......	IA...............	Infinity Insurance Company...........................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
3495..	Infinity Property and Casualty Corporation	38873.....	58-1806192..	....	....	....	Infinity Security Insurance Company.............	IN.........	IA...............	Infinity Insurance Company...........................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
3495..	Infinity Property and Casualty Corporation	20260.....	31-1333017..	....	....	....	Infinity Select Insurance Company................	IN.........	IA...............	Infinity Insurance Company...........................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
3495..	Infinity Property and Casualty Corporation	12599.....	58-1806189..	....	....	....	Infinity Standard Insurance Company...........	IN.........	IA...............	Infinity Insurance Company...........................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
....	Infinity Property and Casualty Corporation	00000.....	58-1080659..	....	....	....	Infinity Property and Casualty Services, Inc...	GA.......	NIA............	Infinity Standard Insurance Company...........	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....
....	Infinity Property and Casualty Corporation	00000.....	58-0642684..	....	....	....	Casualty Underwriters, Inc............................	GA.......	NIA............	Infinity Property and Casualty Services, Inc...	Ownership.........	......51.000	Infinity Property and Casualty Corporation.....	....
3495..	Infinity Property and Casualty Corporation	13820.....	43-6030348..	....	....	....	Infinity County Mutual Insurance Company....	TX........	IA...............	Infinity Insurance Company...........................	Management......	....	Infinity Property and Casualty Corporation.....	....
....	Infinity Property and Casualty Corporation	00000.....	31-1357130..	....	....	....	The Infinity Group, Inc..................................	IN.........	NIA............	Infinity Insurance Company...........................	Ownership.........	....100.000	Infinity Property and Casualty Corporation.....	....

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date 1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	4 Prior Year to Date Direct Loss Percentage
1. Fire			0.0	
2. Allied lines			0.0	
3. Farmowners multiple peril			0.0	
4. Homeowners multiple peril			0.0	
5. Commercial multiple peril			0.0	
6. Mortgage guaranty			0.0	
8. Ocean marine			0.0	
9. Inland marine			0.0	
10. Financial guaranty			0.0	
11.1. Medical professional liability - occurrence			0.0	
11.2. Medical professional liability - claims-made			0.0	
12. Earthquake			0.0	
13. Group accident and health			0.0	
14. Credit accident and health			0.0	
15. Other accident and health			0.0	
16. Workers' compensation			0.0	
17.1 Other liability-occurrence			0.0	
17.2 Other liability-claims made			0.0	
17.3 Excess workers' compensation			0.0	
18.1 Products liability-occurrence			0.0	
18.2 Products liability-claims made			0.0	
19.1, 19.2 Private passenger auto liability	57,325,206	36,011,356	62.8	69.0
19.3, 19.4 Commercial auto liability	7,164,954	7,146,766	99.7	65.9
21. Auto physical damage	19,518,844	13,558,122	69.5	58.6
22. Aircraft (all perils)			0.0	
23. Fidelity			0.0	
24. Surety			0.0	
26. Burglary and theft			0.0	
27. Boiler and machinery			0.0	
28. Credit			0.0	
29. International			0.0	
30. Warranty			0.0	
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	0	0	0.0	
35. Totals	84,009,004	56,716,244	67.5	66.5

DETAILS OF WRITE-INS

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

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire			
2. Allied lines			
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril			
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine			
10. Financial guaranty			
11.1 Medical professional liability - occurrence			
11.2 Medical professional liability - claims made			
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability-occurrence			
17.2 Other liability-claims made			
17.3 Excess workers' compensation			
18.1 Products liability-occurrence			
18.2 Products liability-claims made			
19.1 19.2 Private passenger auto liability	65,543,487	65,543,487	62,451,149
19.3 19.4 Commercial auto liability	7,425,248	7,425,248	7,483,882
21. Auto physical damage	22,968,078	22,968,078	19,589,642
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft			
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	0	0	0
35. Totals	95,936,813	95,936,813	89,524,673

DETAILS OF WRITE-INS

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

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	62	50	112	17	1	18	40	3	43	86	(5)	(3)	(8)
2. 2014	73	62	135	21	1	22	55	2	51	108	3	(8)	(5)
3. Subtotals 2014 + Prior	135	112	247	38	2	40	95	5	94	194	(2)	(11)	(13)
4. 2015	150	258	408	109	27	136	117	20	143	280	76	(68)	8
5. Subtotals 2015 + Prior	285	370	655	147	29	176	212	25	237	474	74	(79)	(5)
6. 2016	XXX	XXX	XXX	XXX	89	89	XXX	46	136	182	XXX	XXX	XXX
7. Totals	285	370	655	147	118	265	212	71	373	656	74	(79)	(5)
8. Prior Year-End's Surplus As Regards Policyholders	7,575												

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. 26.0 %	2. (21.4)%	3. (0.8)%

Col. 13, Line 7 Line 8
4. (0.1)%

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?	NO

Explanation:

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.

Bar Code:

* 1 1 7 3 8 2 0 1 6 4 9 0 0 0 0 0 1 *

* 1 1 7 3 8 2 0 1 6 4 5 5 0 0 0 0 1 *

* 1 1 7 3 8 2 0 1 6 3 6 5 0 0 0 0 1 *

* 1 1 7 3 8 2 0 1 6 5 0 5 0 0 0 0 1 *

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	
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 end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
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 points 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)	0	0
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	
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)	0	0
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	9,207,058	9,195,205
2. Cost of bonds and stocks acquired		6,173,118
3. Accrual of discount	1,403	6,427
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		22,406
6. Deduct consideration for bonds and stocks disposed of		6,099,877
7. Deduct amortization of premium	18,419	90,221
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)	9,190,041	9,207,058
11. Deduct total nonadmitted amounts	1,704	1,704
12. Statement value at end of current period (Line 10 minus Line 11)	9,188,337	9,205,354

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)	9,255,839	85,315	6,178	(17,016)	9,317,961			9,255,839
2. NAIC 2 (a)					0			
3. NAIC 3 (a)					0			
4. NAIC 4 (a)					0			
5. NAIC 5 (a)					0			
6. NAIC 6 (a)					0			
7. Total Bonds	9,255,839	85,315	6,178	(17,016)	9,317,961	0	0	9,255,839
PREFERRED STOCK								
8. NAIC 1					0			
9. NAIC 2					0			
10. NAIC 3					0			
11. NAIC 4					0			
12. NAIC 5					0			
13. NAIC 6					0			
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	9,255,839	85,315	6,178	(17,016)	9,317,961	0	0	9,255,839

(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 $.....129,623; NAIC 2 $..........0; NAIC 3 $..........0; NAIC 4 $..........0; NAIC 5 $..........0; NAIC 6 $..........0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	129,623	XXX	129,623	17	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	50,486	20,010
2. Cost of short-term investments acquired	85,315	4,437,614
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	6,178	4,407,139
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)	129,623	50,486
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	129,623	50,486

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

Sch. DB - Pt. C - Sn. 1
NONE

Sch. DB - Pt. C - Sn. 2
NONE

Sch. DB - Verification
NONE

Sch. E - Verification
NONE

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

Sch. D - Pt. 3
NONE

Sch. D - Pt. 4
NONE

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

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	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
The Bank of New York Mellon........ New York, New York........						18,281		XXX
U. S. Bank, NA........ Homewood, Alabama........						1,610		XXX
0199999. Total Open Depositories	XXX	XXX	0	0	0	19,891	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	0	19,891	0	XXX
0599999. Total Cash	XXX	XXX	0	0	0	19,891	0	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year

NONE