



# QUARTERLY STATEMENT

As of June 30, 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, County and Zip Code)	
Main Administrative Office	2201 4th Avenue North..... Birmingham .... AL ..... 35203-3863 (Street and Number) (City or Town, State, County 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, County and Zip Code)	
Primary Location of Books and Records	2201 4th Avenue North..... Birmingham .... AL ..... 35203-3863 (Street and Number) (City or Town, State, County and Zip Code)	205-870-4000 (Area Code) (Telephone Number)
Internet Web Site Address	www.infinityauto.com	
Statutory Statement Contact	Rachelle Shealy Talley (Name) rachelle.talley@ipacc.com (E-Mail Address)	205-803-8326 (Area Code) (Telephone Number) (Extension) 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 5th day of August, 2016

a. Is this an original filing?  
b. If no: 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes [ X ] No [ ]



**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.....	9,271,159		9,271,159	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 (\$....47,704).....	47,704		47,704	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).....	9,320,567	1,704	9,318,863	9,255,837
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	65,148		65,148	65,370
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	208,739		208,739	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.....	4,120		4,120	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.....	54,477	1,155	53,322	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).....	9,653,051	2,859	9,650,192	9,536,180
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	9,653,051	2,859	9,650,192	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 \$....230,119)	509,461	.513,023
2. Reinsurance payable on paid losses and loss adjustment expenses	.88,396	.85,018
3. Loss adjustment expenses	138,124	142,031
4. Commissions payable, contingent commissions and other similar charges	1,849	4,028
5. Other expenses (excluding taxes, licenses and fees)	15,284	18,826
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	1,594	.860
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses))	.897	.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 \$....181,737,761 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)	643,094	.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)	.95,781	.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	418,646	.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	103,966	.80,976
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	2,017,092	.1,961,659
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	2,017,092	.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)	133,100	.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)	7,633,100	.7,574,521
38. Totals (Page 2, Line 28, Col. 3)	9,650,192	.9,536,180

**DETAILS OF WRITE-INS**

2501. Accounts payable and other liabilities	103,966	.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)	103,966	.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
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct..... (written \$....178,184,439).....	170,410,751	158,965,077	320,510,159
1.2 Assumed..... (written \$....50,604,726).....	43,162,117	39,134,780	76,863,723
1.3 Ceded..... (written \$....228,080,435).....	212,895,968	197,427,247	396,027,318
1.4 Net..... (written \$....708,730).....	676,900	672,610	1,346,564
DEDUCTIONS:			
2. Losses incurred (current accident year \$....464,291):			
2.1 Direct.....	107,672,457	111,097,503	219,252,193
2.2 Assumed.....	32,751,248	27,013,079	50,152,678
2.3 Ceded.....	139,970,342	137,668,638	268,512,660
2.4 Net.....	453,363	441,944	892,211
3. Loss adjustment expenses incurred.....	76,659	77,774	145,964
4. Other underwriting expenses incurred.....	167,512	170,994	323,490
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	697,534	690,712	1,361,665
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(20,634)	(18,102)	(15,101)
<b>INVESTMENT INCOME</b>			
9. Net investment income earned.....	65,291	68,736	130,873
10. Net realized capital gains (losses) less capital gains tax of \$....0.....			7,566
11. Net investment gain (loss) (Lines 9 + 10).....	65,291	68,736	138,439
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$....1,937 amount charged off \$....10,134).....	(8,197)	(8,794)	(19,013)
13. Finance and service charges not included in premiums.....	31,844	32,689	63,637
14. Aggregate write-ins for miscellaneous income.....	15,500	13,237	26,717
15. Total other income (Lines 12 through 14).....	39,147	37,132	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).....	83,804	87,766	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).....	83,804	87,766	194,679
19. Federal and foreign income taxes incurred.....	26,767	22,430	51,664
20. Net income (Line 18 minus Line 19) (to Line 22).....	57,037	65,336	143,015
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year.....	7,574,521	7,582,402	7,582,402
22. Net income (from Line 20).....	57,037	65,336	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.....	879	1,192	5,921
27. Change in nonadmitted assets.....	663	(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).....	58,579	66,523	(7,881)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	7,633,100	7,648,925	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.....	15,702	13,340	27,016
1402. Miscellaneous income or (expense).....	(202)	(103)	(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).....	15,500	13,237	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

# Infinity Auto Insurance Company

## CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	695,375	714,864	1,365,892
2. Net investment income.....	99,578	123,081	215,674
3. Miscellaneous income.....	39,147	37,132	71,341
4. Total (Lines 1 through 3).....	834,100	875,077	1,652,907
5. Benefit and loss related payments.....	452,169	408,375	857,715
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	252,982	256,606	485,513
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	30,000	30,000	71,046
10. Total (Lines 5 through 9).....	735,151	694,981	1,414,274
11. Net cash from operations (Line 4 minus Line 10).....	98,949	180,096	238,633
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....		1,700,000	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	1,730,498	6,130,375
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	99,953	1,873,586	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).....	99,953	1,873,586	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).....	(99,953)	(143,088)	(42,743)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
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).....	(1,775)	(12,847)	(10,385)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(1,775)	(12,847)	(165,385)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(2,779)	24,161	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).....	47,704	44,139	50,483

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

20.0001 .....	.....	.....
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**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
<b>NET INCOME</b>			
(1) Infinity Auto Insurance Company state basis (Page 4, Line 20, Columns 1 & 3)	OH	\$ 57,037	\$ 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	\$ 57,037	\$ 143,015
<b>SURPLUS</b>			
(5) Infinity Auto Insurance Company state basis (Page 3, line 37, Columns 1 & 2)	OH	\$ 7,633,100	\$ 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	\$ 7,633,100	\$ 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**

	Gross Amount Recognized	Amount Offset	Net Amount Presented on Financial Statements
(1) Assets 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.

**NOTES TO FINANCIAL STATEMENTS****Note 11 – Debt**

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

**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	\$ 91	\$ 234	\$ 0	\$ 0
b.	Interest cost	0	0	65	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	(56)	(5)	0	0
f.	Prior service cost or credit	0	0	35	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	\$ 135	\$ 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.

**NOTES TO FINANCIAL STATEMENTS**

## 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 June 30, 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	\$ 9,557,183	\$ 9,318,862	\$ 7,335,323	\$ 2,221,860	\$ 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 loss adjustment expense reserves net of reinsurance recoverables (in thousands):

	June 30, 2016	June 30, 2015
Balance at beginning of period	655	654
Loss and LAE incurred:		
Current accident year	547	532
Prior accident years	(17)	(12)
	530	520
Loss and LAE payments made for:		
Current accident year	(264)	(248)
Prior accident years	(273)	(259)
	(537)	(507)
Balance at end of period	648	667

Reserves as of December 31, 2015 were \$655,000. As of June 30, 2016, \$273,000 has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$365,000 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 \$17,000 favorable development during the six months ended June 30, 2016 as compared to \$12,000 favorable development during the six months ended June 30, 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.

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## NOTES TO FINANCIAL STATEMENTS

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### **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	2 NAIC Company Code	3 State of Domicile
Name of Entity  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? Yes [ ] No [X] N/A [ ]  
If yes, attach an explanation.  
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:

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

1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
1,704	1,704
0	0
0	0
0	0
\$ 1,704	\$ 1,704
\$ 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 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
	0.000	0.000	0	0	0	0	0	0	0	
Total	XXX	XXX	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

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	.....L...	662,305	.....1,027,386	.....650,472	.....1,187,274	.....1,226,374
2. Alaska.....	.AK	.....N...			.....(5,430)	.....(480)	.....(6)
3. Arizona.....	.AZ	.....L...	2,145,677	.....1,733,898	.....1,078,973	.....728,291	.....1,947,631
4. Arkansas.....	.AR	.....N...					
5. California.....	.CA	.....L...	1,616,323	.....766,250	.....709,053	.....611,873	.....829,723
6. Colorado.....	.CO	.....N...					
7. Connecticut.....	.CT	.....N...					
8. Delaware.....	.DE	.....N...					
9. District of Columbia.....	.DC	.....N...					
10. Florida.....	.FL	.....L...	166,053,355	.....152,300,538	.....100,078,750	.....90,555,776	.....127,514,850
11. Georgia.....	.GA	.....L...	4,099,480	.....5,815,445	.....3,431,964	.....5,081,579	.....4,089,302
12. Hawaii.....	.HI	.....N...					
13. Idaho.....	.ID	.....N...					
14. Illinois.....	.IL	.....L...	59	.....(1,608)	.....116,081	.....545,838	.....922,540
15. Indiana.....	.IN	.....N...		.....10			.....(30)
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...		.....49,156	.....26,925	.....679,630	.....748,754
24. Minnesota.....	.MN	.....N...					
25. Mississippi.....	.MS	.....N...		.....(333)	.....(200)	.....19	.....134
26. Missouri.....	.MO	.....L...			.....(1,433)	.....146	.....14,914
27. Montana.....	.MT	.....N...					
28. Nebraska.....	.NE	.....N...					
29. Nevada.....	.NV	.....L...	3,574,692	.....4,964,737	.....3,503,077	.....4,707,899	.....4,694,699
30. New Hampshire.....	.NH	.....N...					
31. New Jersey.....	.NJ	.....N...					
32. New Mexico.....	.NM	.....N...					
33. New York.....	.NY	.....L...	104,691	.....120,541	.....44,277	.....160,239	.....199,418
34. North Carolina.....	.NC	.....N...					
35. North Dakota.....	.ND	.....N...					
36. Ohio.....	.OH	.....L...		.....(125)	.....(150)	.....665	.....4,187
37. Oklahoma.....	.OK	.....N...					
38. Oregon.....	.OR	.....N...				.....295	.....484
39. Pennsylvania.....	.PA	.....L...	(72,143)	.....1,391,794	.....688,497	.....1,535,096	.....4,020,845
40. Rhode Island.....	.RI	.....N...					
41. South Carolina.....	.SC	.....L...		.....(408)	.....214,754	.....366,899	.....548,946
42. South Dakota.....	.SD	.....N...					
43. Tennessee.....	.TN	.....L...		.....(61)	.....97,113	.....95,587	.....44,182
44. Texas.....	.TX	.....L...				.....418	
45. Utah.....	.UT	.....N...					.....1,207
46. Vermont.....	.VT	.....N...					
47. Virginia.....	.VA	.....N...				.....(25)	
48. Washington.....	.WA	.....N...					
49. West Virginia.....	.WV	.....N...					
50. Wisconsin.....	.WI	.....N...					.....(7)
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
59. Totals.....		(a)....15	178,184,439	168,118,930	110,441,117	105,449,261	146,537,182
							147,006,026

## 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 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

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INFINITY PROPERTY AND CASUALTY CORPORATION	FEIN Number	NAIC Co. Code	Domiciliary State
Hillstar Insurance Company*	03-0483872		
Infinity Financial Centers, LLC	31-1358834	10068	IN
Infinity Insurance Company*	20-4363792		
Infinity Insurance Agency, Inc.	31-0943862	22268	IN
Infinity Agency of Texas	58-1293110		
Infinity Assurance Insurance Company*	74-2641866		
Infinity Auto Insurance Company*	75-1227771	39497	OH
Leader Managing General Agency, Inc.	34-0927698	11738	OH
Leader Group, Inc.	75-2280915		
Infinity Casualty Insurance Company*	34-1852743		
Infinity County Mutual Insurance Company*@	58-1132392	21792	OH
Infinity Indemnity Insurance Company*	43-6030348	13820	TX
Infinity Preferred Insurance Company*	34-1767787	10061	IN
Infinity Reserve Insurance Company	34-1785809	10195	OH
Infinity Safeguard Insurance Company*	31-1627506		
Infinity Security Insurance Company*	73-0772113	16802	OH
Infinity Select Insurance Company*	58-1806192	38873	IN
Infinity Standard Insurance Company*	31-1333017	20260	IN
Infinity Property and Casualty Services, Inc.	58-1806189	12599	IN
Casualty Underwriters, Inc.	58-1080659		
The Infinity Group, Inc.	58-0642684		
	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 Locatio n	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
<b>Members</b>														
	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.....	
3495..	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.....	
	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.....	
3495..	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.....	100.000	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.....	

**Infinity Auto Insurance Company**  
**PART 1 - LOSS EXPERIENCE**

Lines 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.....			.00	
2. Allied lines.....			.00	
3. Farmowners multiple peril.....			.00	
4. Homeowners multiple peril.....			.00	
5. Commercial multiple peril.....			.00	
6. Mortgage guaranty.....			.00	
8. Ocean marine.....			.00	
9. Inland marine.....			.00	
10. Financial guaranty.....			.00	
11.1 Medical professional liability - occurrence.....			.00	
11.2 Medical professional liability - claims-made.....			.00	
12. Earthquake.....			.00	
13. Group accident and health.....			.00	
14. Credit accident and health.....			.00	
15. Other accident and health.....			.00	
16. Workers' compensation.....			.00	
17.1 Other liability-occurrence.....			.00	
17.2 Other liability-claims made.....			.00	
17.3 Excess workers' compensation.....			.00	
18.1 Products liability-occurrence.....			.00	
18.2 Products liability-claims made.....			.00	
19.1, 19.2 Private passenger auto liability.....	115,995,584	69,597,586	60.0	.70.1
19.3, 19.4 Commercial auto liability.....	14,364,254	11,722,884	81.6	.96.2
21. Auto physical damage.....	40,050,913	26,351,987	65.8	.59.2
22. Aircraft (all perils).....			.00	
23. Fidelity.....			.00	
24. Surety.....			.00	
26. Burglary and theft.....			.00	
27. Boiler and machinery.....			.00	
28. Credit.....			.00	
29. International.....			.00	
30. Warranty.....			.00	
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	.00	
35. Totals.....	170,410,751	107,672,457	63.2	.69.9

**DETAILS OF WRITE-INS**

3401. ....			.00	
3402. ....			.00	
3403. ....			.00	
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	.00	XXX.....
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	.00	

**PART 2 - DIRECT PREMIUMS WRITTEN**

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year 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.....	55,170,061	120,713,548	115,762,648
19.3, 19.4 Commercial auto liability.....	6,607,283	14,032,531	14,837,711
21. Auto physical damage.....	20,470,282	43,438,360	37,518,571
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.....	82,247,626	178,184,439	168,118,930

**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**

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	4 2016 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2016 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2016 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2013 + Prior.....	.....62	.....50	.....112	.....29	.....2	.....31	.....31	.....4	.....35	.....70	.....(2)	.....(9)	.....(11)
2. 2014.....	.....73	.....62	.....135	.....37	.....2	.....39	.....44	.....3	.....39	.....86	.....8	.....(18)	.....(10)
3. Subtotals 2014 + Prior.....	.....135	.....112	.....247	.....66	.....4	.....70	.....75	.....7	.....74	.....156	.....6	.....(27)	.....(21)
4. 2015.....	.....150	.....258	.....408	.....163	.....41	.....204	.....94	.....24	.....90	.....208	.....107	.....(103)	.....4
5. Subtotals 2015 + Prior.....	.....285	.....370	.....655	.....229	.....45	.....274	.....169	.....31	.....164	.....364	.....113	.....(130)	.....(17)
6. 2016.....	.....XXX	.....XXX	.....XXX	.....XXX	.....264	.....264	.....XXX	.....82	.....201	.....283	.....XXX	.....XXX	.....XXX
7. Totals.....	.....285	.....370	.....655	.....229	.....309	.....538	.....169	.....113	.....365	.....647	.....113	.....(130)	.....(17)
8. Prior Year-End's 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. .....39.6 %	2. .....(35.1)%	3. .....(2.6)%
												Col. 13, Line 7 Line 8	
													4. .....(0.2)%

**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:**

**Infinity Auto Insurance Company**  
**Overflow Page for Write-Ins**

**NONE**

Statement for June 30, 2016 of the **Infinity Auto Insurance Company**  
**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

**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

**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

**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.....	.....99,953	.....6,173,118
3. Accrual of discount.....	.....2,795	.....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.....	.....36,943	.....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).....	.....9,272,863	.....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).....	.....9,271,159	.....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
<b>BONDS</b>								
1. NAIC 1 (a).....	9,317,961	150,557	132,523	(17,132)	9,317,961	9,318,862		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.....	9,317,961	150,557	132,523	(17,132)	9,317,961	9,318,862	0	9,255,839
<b>PREFERRED STOCK</b>								
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.....	9,317,961	150,557	132,523	(17,132)	9,317,961	9,318,862	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 \$....47,704; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

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**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.....	.....47,704	.....XXX	.....47,704	.....5	.....

**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.....	.....135,919	.....4,437,614
3. Accrual of discount.....	.....	.....
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	.....138,701	.....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).....	.....47,704	.....50,486
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	.....47,704	.....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**

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Government</b>									
912828 R5 1	UNITED STATES TREASURY.....		06/01/2016...	Citigroup (SSB).....		99,953	100,000	.5	1.....
0599999.	Total Bonds - U.S Government.....					99,953	100,000		.5
8399997.	Total Bonds - Part 3.....					99,953	100,000		XXX
8399999.	Total Bonds.....					99,953	100,000		XXX
9999999.	Total Bonds, Preferred and Common Stocks.....					99,953	XXX		5

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

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**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 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	

**Open Depositories**

The Bank of New York Mellon.....	New York, New York.....							XXX
0199999. Total Open Depositories.....		XXX	XXX	.....0	.....0	.....0	.....0	XXX
0399999. Total Cash on Deposit.....		XXX	XXX	.....0	.....0	.....0	.....0	XXX
0599999. Total Cash.....		XXX	XXX	.....0	.....0	.....0	.....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
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**NONE**