



ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the

Infinity Preferred Insurance Company

NAIC Group Code.....3495, 3495 (Current Period) (Prior Period)	NAIC Company Code.....10195	Employer's ID Number.....34-1785809
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... November 7, 1994		Commenced Business..... July 1, 1995
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	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 20th day of February, 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 Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	4,517,227		4,517,227	4,616,825
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
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, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....56,355, Schedule DA).....	56,355		56,355	70,354
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	4,573,582	0	4,573,582	4,687,179
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	15,981		15,981	17,255
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	110,553		110,553	99,602
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.....			0	
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.....	52,139	513	51,626	50,786
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 to 25).....	4,752,255	513	4,751,742	4,854,822
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	4,752,255	513	4,751,742	4,854,822

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 through 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 through 2503 plus 2598) (Line 25 above).....	0	0	0	0

Infinity Preferred Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	527,996	513,023
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....	98,239	85,018
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	139,996	142,031
4. Commissions payable, contingent commissions and other similar charges.....	3,307	4,028
5. Other expenses (excluding taxes, licenses and fees).....	19,017	18,165
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	1,267	860
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	4,049	2,628
7.2 Net deferred tax liability.....		
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....0 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).....	612,058	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).....		
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19).....		
14. Amounts withheld or retained by company for account of others.....		
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 8).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....	9,543	16,069
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.....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	1,415,472	1,393,085
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	1,415,472	1,393,085
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	1,500,000	1,500,000
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.....	1,500,000	1,500,000
35. Unassigned funds (surplus).....	336,270	461,737
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) (Page 4, Line 39).....	3,336,270	3,461,737
38. TOTAL (Page 2, Line 28, Col. 3).....	4,751,742	4,854,822

DETAILS OF WRITE-INS

2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 through 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 through 3203 plus 3298) (Line 32 above).....	0	0

Annual Statement for the year 2016 of the **Infinity Preferred Insurance Company**
STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	1,391,664	1,346,564
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7).....	940,503	892,211
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	158,869	145,964
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	326,267	323,490
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	1,425,639	1,361,665
7. Net income of protected cells.....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	(33,975)	(15,101)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	39,187	58,544
10. Net realized capital gains (losses) less capital gains tax of \$....4,320 (Exhibit of Capital Gains (Losses)).....	(4,339)	(3,606)
11. Net investment gain (loss) (Lines 9 + 10).....	34,848	54,938
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$....3,791 amount charged off \$....20,775).....	(16,984)	(19,013)
13. Finance and service charges not included in premiums.....	65,170	63,637
14. Aggregate write-ins for miscellaneous income.....	33,863	26,719
15. Total other income (Lines 12 through 14).....	82,049	71,343
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	82,922	111,180
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).....	82,922	111,180
19. Federal and foreign income taxes incurred.....	29,229	42,539
20. Net income (Line 18 minus Line 19) (to Line 22).....	53,693	68,641
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	3,461,737	3,639,488
22. Net income (from Line 20).....	53,693	68,641
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.....	1,353	3,607
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....	(513)	1
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....		
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.....	(180,000)	(250,000)
35. Dividends to stockholders.....		
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....		
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	(125,467)	(177,751)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	3,336,270	3,461,737

DETAILS OF WRITE-INS

0501.....		
0502.....		
0503.....		
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....	0	0
1401. Other fee income.....	34,181	27,018
1402. Miscellaneous income or (expense).....	(318)	(299)
1403.....		
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	33,863	26,719
3701.....		
3702.....		
3703.....		
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above).....	0	0

Annual Statement for the year 2016 of the **Infinity Preferred Insurance Company**
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	1,381,508	1,365,892
2. Net investment income.....	42,092	54,467
3. Miscellaneous income.....	82,049	71,343
4. Total (Lines 1 through 3).....	1,505,649	1,491,702
5. Benefit and loss related payments.....	912,309	867,326
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....	.....
7. Commissions, expenses paid and aggregate write-ins for deductions.....	486,567	485,513
8. Dividends paid to policyholders.....	.....	.....
9. Federal and foreign income taxes paid (recovered) net of \$....4,320 tax on capital gains (losses).....	32,128	47,985
10. Total (Lines 5 through 9).....	1,431,004	1,400,824
11. Net cash from operations (Line 4 minus Line 10).....	74,645	90,878
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	1,852,019	658,396
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.....	.....	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,852,019	658,396
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	1,754,137	475,525
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).....	1,754,137	475,525
14. Net increase (decrease) in contract loans and premium notes.....	.....	.....
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	97,882	182,871
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.....	180,000	250,000
16.6 Other cash provided (applied).....	(6,526)	(665)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(186,526)	(250,665)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(13,999)	23,084
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	70,354	47,270
19.2 End of year (Line 18 plus Line 19.1).....	56,355	70,354

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

20.0001
---------------	-------	-------

Infinity Preferred Insurance Company
UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums December 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums December 31 Current Year- per Col. 5, Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire.....	0	0	0	0
2. Allied lines.....	0	0	0	0
3. Farmowners multiple peril.....	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0
5. Commercial multiple peril.....	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0
8. Ocean marine.....	0	0	0	0
9. Inland marine.....	0	0	0	0
10. Financial guaranty.....	0	0	0	0
11.1 Medical professional liability - occurrence.....	0	0	0	0
11.2 Medical professional liability - claims-made.....	0	0	0	0
12. Earthquake.....	0	0	0	0
13. Group accident and health.....	0	0	0	0
14. Credit accident and health (group and individual).....	0	0	0	0
15. Other accident and health.....	0	0	0	0
16. Workers' compensation.....	0	0	0	0
17.1 Other liability - occurrence.....	0	0	0	0
17.2 Other liability - claims-made.....	2	2	2	0
17.3 Excess workers' compensation.....	0	0	0	0
18.1 Products liability - occurrence.....	0	0	0	0
18.2 Products liability - claims-made.....	0	0	0	0
19.1, 19.2 Private passenger auto liability.....	827,772	359,268	353,042	833,998
19.3, 19.4 Commercial auto liability.....	112,797	47,314	56,271	103,840
21. Auto physical damage.....	451,888	204,681	202,743	453,826
22. Aircraft (all perils).....	0	0	0	0
23. Fidelity.....	0	0	0	0
24. Surety.....	0	0	0	0
26. Burglary and theft.....	0	0	0	0
27. Boiler and machinery.....	0	0	0	0
28. Credit.....	0	0	0	0
29. International.....	0	0	0	0
30. Warranty.....	0	0	0	0
31. Reinsurance - nonproportional assumed property.....	0	0	0	0
32. Reinsurance - nonproportional assumed liability.....	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines.....	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0
35. TOTALS.....	1,392,459	611,263	612,058	1,391,664

DETAILS OF WRITE-INS

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

Infinity Preferred Insurance Company
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire.....					0
2. Allied lines.....					0
3. Farmowners multiple peril.....					0
4. Homeowners multiple peril.....					0
5. Commercial multiple peril.....					0
6. Mortgage guaranty.....					0
8. Ocean marine.....					0
9. Inland marine.....					0
10. Financial guaranty.....					0
11.1 Medical professional liability - occurrence.....					0
11.2 Medical professional liability - claims-made.....					0
12. Earthquake.....					0
13. Group accident and health.....					0
14. Credit accident and health (group and individual).....					0
15. Other accident and health.....					0
16. Workers' compensation.....					0
17.1 Other liability - occurrence.....					0
17.2 Other liability - claims-made.....	2				2
17.3 Excess workers' compensation.....					0
18.1 Products liability - occurrence.....					0
18.2 Products liability - claims-made.....					0
19.1, 19.2 Private passenger auto liability.....	353,042				353,042
19.3, 19.4 Commercial auto liability.....	56,271				56,271
21. Auto physical damage.....	202,743				202,743
22. Aircraft (all perils).....					0
23. Fidelity.....					0
24. Surety.....					0
26. Burglary and theft.....					0
27. Boiler and machinery.....					0
28. Credit.....					0
29. International.....					0
30. Warranty.....					0
31. Reinsurance - nonproportional assumed property.....					0
32. Reinsurance - nonproportional assumed liability.....					0
33. Reinsurance - nonproportional assumed financial lines.....					0
34. Aggregate write-ins for other lines of business.....	0	0	0		0
35. TOTALS.....	612,058	0	0		612,058
36. Accrued retrospective premiums based on experience.....					
37. Earned but unbilled premiums.....					0
38. Balance (sum of Lines 35 through 37).....					612,058

DETAILS OF WRITE-INS

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

(a) State here basis of computation used in each case: Daily Pro-rata

Infinity Preferred Insurance Company
UNDERWRITING AND INVESTMENT EXHIBIT
PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5)
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire.....						0
2. Allied lines.....						0
3. Farmowners multiple peril.....						0
4. Homeowners multiple peril.....						0
5. Commercial multiple peril.....						0
6. Mortgage guaranty.....						0
8. Ocean marine.....						0
9. Inland marine.....						0
10. Financial guaranty.....						0
11.1 Medical professional liability - occurrence.....						0
11.2 Medical professional liability - claims-made.....						0
12. Earthquake.....						0
13. Group accident and health.....						0
14. Credit accident and health (group and individual).....						0
15. Other accident and health.....						0
16. Workers' compensation.....						0
17.1 Other liability - occurrence.....						0
17.2 Other liability - claims-made.....		2				2
17.3 Excess workers' compensation.....						0
18.1 Products liability - occurrence.....						0
18.2 Products liability - claims-made.....						0
19.1, 19.2 Private passenger auto liability.....		827,772				827,772
19.3, 19.4 Commercial auto liability.....		112,797				112,797
21. Auto physical damage.....		451,888				451,888
22. Aircraft (all perils).....						0
23. Fidelity.....						0
24. Surety.....						0
26. Burglary and theft.....						0
27. Boiler and machinery.....						0
28. Credit.....						0
29. International.....						0
30. Warranty.....						0
31. Reinsurance - nonproportional assumed property.....	XXX					0
32. Reinsurance - nonproportional assumed liability.....	XXX					0
33. Reinsurance - nonproportional assumed financial lines	XXX					0
34. Aggregate write-ins for other lines of business.....	.0	0	0	0	0	0
35. TOTALS.....	.0	1,392,459	0	0	0	1,392,459

DETAILS OF WRITE-INS

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

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]

If yes: 1. The amount of such installment premiums \$.....0.

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.....0.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2 - LOSSES PAID AND INCURRED**

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire.....				0	0		0	0.0
2. Allied lines.....				0	0		0	0.0
3. Farmowners multiple peril.....				0	0		0	0.0
4. Homeowners multiple peril.....		291		291	2,293	2,214	370	0.0
5. Commercial multiple peril.....				0	0		0	0.0
6. Mortgage guaranty.....				0	0		0	0.0
8. Ocean marine.....				0	0		0	0.0
9. Inland marine.....				0	0		0	0.0
10. Financial guaranty.....				0	0		0	0.0
11.1 Medical professional liability - occurrence.....				0	0		0	0.0
11.2 Medical professional liability - claims-made.....				0	0		0	0.0
12. Earthquake.....				0	0		0	0.0
13. Group accident and health.....				0	0		0	0.0
14. Credit accident and health (group and individual).....				0	0		0	0.0
15. Other accident and health.....				0	0		0	0.0
16. Workers' compensation.....				0	0		0	0.0
17.1 Other liability - occurrence.....		10		10	8	.65	(47)	0.0
17.2 Other liability - claims-made.....				0	0		0	0.0
17.3 Excess workers' compensation.....				0	0		0	0.0
18.1 Products liability - occurrence.....				0	0		0	0.0
18.2 Products liability - claims-made.....				0	0		0	0.0
19.1, 19.2 Private passenger auto liability.....	37,600	566,008	37,600	566,008	435,217	442,705	558,520	67.0
19.3, 19.4 Commercial auto liability.....		61,971		61,971	78,728	63,829	76,870	74.0
21. Auto physical damage.....	(1,786)	297,250	(1,786)	297,250	11,750	4,210	304,790	67.2
22. Aircraft (all perils).....				0	0		0	0.0
23. Fidelity.....				0	0		0	0.0
24. Surety.....				0	0		0	0.0
26. Burglary and theft.....				0	0		0	0.0
27. Boiler and machinery.....				0	0		0	0.0
28. Credit.....				0	0		0	0.0
29. International.....				0	0		0	0.0
30. Warranty.....				0	0		0	0.0
31. Reinsurance - nonproportional assumed property.....	XXX.			0	0		0	0.0
32. Reinsurance - nonproportional assumed liability.....	XXX.			0	0		0	0.0
33. Reinsurance - nonproportional assumed financial lines.....	XXX.			0	0		0	0.0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0.0
35. TOTALS.....	35,814	925,530	35,814	925,530	527,996	513,023	940,503	67.6
DETAILS OF WRITE-INS								
3401.				0	0		0	0.0
3402.				0	0		0	0.0
3403.				0	0		0	0.0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	XXX.
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1	2	3	4	5	6	7		
	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1. Fire.....				0				0	0
2. Allied lines.....				0				0	0
3. Farmowners multiple peril.....				0				0	0
4. Homeowners multiple peril.....		393		393			1,900		2,293
5. Commercial multiple peril.....				0				0	0
6. Mortgage guaranty.....				0				0	0
8. Ocean marine.....				0				0	0
9. Inland marine.....				0				0	0
10. Financial guaranty.....				0				0	0
11.1 Medical professional liability - occurrence.....				0				0	0
11.2 Medical professional liability - claims-made.....				0				0	0
12. Earthquake.....				0				0	0
13. Group accident and health.....				0				(a).	0
14. Credit accident and health (group and individual).....				0				0	0
15. Other accident and health.....				0				(a).	0
16. Workers' compensation.....				0				0	0
17.1 Other liability - occurrence.....		8		8				8	8
17.2 Other liability - claims-made.....				0				0	0
17.3 Excess workers' compensation.....				0				0	0
18.1 Products liability - occurrence.....				0				0	0
18.2 Products liability - claims-made.....				0				0	0
19.1, 19.2 Private passenger auto liability.....	114,770	200,585	114,770	200,585	.256	.234,632	.256	435,217	104,260
19.3, 19.4 Commercial auto liability.....		46,438		46,438				78,728	17,874
21. Auto physical damage.....	(424)	(23,503)	(424)	(23,503)	3	32,290	3	11,750	17,320
22. Aircraft (all perils).....				0				0	0
23. Fidelity.....				0				0	0
24. Surety.....				0				0	0
26. Burglary and theft.....				0				0	0
27. Boiler and machinery.....				0				0	0
28. Credit.....				0				0	0
29. International.....				0				0	0
30. Warranty.....				0				0	0
31. Reinsurance - nonproportional assumed property.....	XXX			0	XXX			0	0
32. Reinsurance - nonproportional assumed liability.....	XXX			0	XXX			0	0
33. Reinsurance - nonproportional assumed financial lines.....	XXX			0	XXX			0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0
35. TOTALS.....	114,346	223,921	114,346	223,921	.259	.304,075	.259	527,996	139,996

DETAILS OF WRITE-INS

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

(a) Including \$.....0 for present value of life indemnity claims.

Infinity Preferred Insurance Company
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct.....	(16,914)			(16,914)
1.2 Reinsurance assumed.....	14,395			14,395
1.3 Reinsurance ceded.....	(16,914)			(16,914)
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	14,395	0	0	14,395
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....				0
2.2 Reinsurance assumed, excluding contingent.....		165,462		165,462
2.3 Reinsurance ceded, excluding contingent.....				0
2.4 Contingent - direct.....				0
2.5 Contingent - reinsurance assumed.....		744		744
2.6 Contingent - reinsurance ceded.....				0
2.7 Policy and membership fees.....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	166,206	0	166,206
3. Allowances to manager and agents.....		2,848		2,848
4. Advertising.....		9,689		9,689
5. Boards, bureaus and associations.....	(1)	1,794		1,793
6. Surveys and underwriting reports.....	3,279	11,415		14,694
7. Audit of assureds' records.....				0
8. Salary and related items:				
8.1 Salaries.....	81,869	53,013		134,882
8.2 Payroll taxes.....	6,559	3,947		10,506
9. Employee relations and welfare.....	13,079	9,670		22,749
10. Insurance.....	545	226		771
11. Directors' fees.....		2		2
12. Travel and travel items.....	2,489	1,097		3,586
13. Rent and rent items.....	8,062	3,899		11,961
14. Equipment.....	2,191	2,418		4,609
15. Cost or depreciation of EDP equipment and software.....	15,397	14,161		29,558
16. Printing and stationery.....	296	1,243		1,539
17. Postage, telephone and telegraph, exchange and express.....	5,894	9,059		14,953
18. Legal and auditing.....	820	1,747		2,567
19. Totals (Lines 3 to 18).....	140,479	126,228	0	266,707
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....		22,916		22,916
20.2 Insurance department licenses and fees.....	92	2,521		2,613
20.3 Gross guaranty association assessments.....		4		4
20.4 All other (excluding federal and foreign income and real estate).....	265	411		676
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	357	25,852	0	26,209
21. Real estate expenses.....				0
22. Real estate taxes.....				0
23. Reimbursements by uninsured plans.....				0
24. Aggregate write-ins for miscellaneous expenses.....	3,638	7,981	5,680	17,299
25. Total expenses incurred.....	158,869	326,267	5,680	(a).....490,816
26. Less unpaid expenses - current year.....	139,996	22,765	826	163,587
27. Add unpaid expenses - prior year.....	142,031	22,161	892	165,084
28. Amounts receivable relating to uninsured plans, prior year.....				0
29. Amounts receivable relating to uninsured plans, current year.....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	160,904	325,663	5,746	492,313

DETAILS OF WRITE-INS

2401. Other expenses.....	3,638	7,981		11,619
2402. Investment expenses.....			5,680	5,680
2403.....				0
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above).....	3,638	7,981	5,680	17,299

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

Infinity Preferred Insurance Company

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....45,924	44,633
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....217	234
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	0	0
10. Total gross investment income.....	46,141	44,867
11. Investment expenses.....	(g).....5,680	.....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....	.....
13. Interest expense.....	(h).....	.....
14. Depreciation on real estate and other invested assets.....	(i).....0	0
15. Aggregate write-ins for deductions from investment income.....	.....0	0
16. Total deductions (Lines 11 through 15).....	.....	5,680
17. Net investment income (Line 10 minus Line 16).....	.....	39,187

DETAILS OF WRITE-INS

0901.....	.....	.....
0902.....	.....	.....
0903.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0
1501.....	.....	.....
1502.....	.....	.....
1503.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	0	0

- (a) Includes \$....1,752 accrual of discount less \$....3,449 amortization of premium and less \$....1,020 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	(19)	.....	(19)	.....	.....
1.1 Bonds exempt from U.S. tax.....	0	.....	.....
1.2 Other bonds (unaffiliated).....	0	.....	.....
1.3 Bonds of affiliates.....	0	.....	.....
2.1 Preferred stocks (unaffiliated).....	0	.....	.....
2.11 Preferred stocks of affiliates.....	0	.....	.....
2.2 Common stocks (unaffiliated).....	0	.....	.....
2.21 Common stocks of affiliates.....	0	.....	.....
3. Mortgage loans.....	0	.....	.....
4. Real estate.....	0	.....	.....
5. Contract loans.....	0	.....	.....
6. Cash, cash equivalents and short-term investments.....	0	.....	.....
7. Derivative instruments.....	0	.....	.....
8. Other invested assets.....	0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	(19)	0	(19)	0	0

DETAILS OF WRITE-INS

0901.....	.....	.....	0	.....	.....
0902.....	.....	.....	0	.....	.....
0903.....	.....	.....	0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

Infinity Preferred Insurance Company
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			0
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			0
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			0
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			0
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			0
16.1 Amounts recoverable from reinsurers.....			0
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.....	513		(513)
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
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	513	0	(513)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	513	0	(513)

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

NOTES TO FINANCIAL STATEMENTS**Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

The financial statements of Infinity Preferred 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.

	SSAP #	F/S Page	F/S Line #	2016	2015
NET INCOME					
(1) Infinity Preferred Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 53,693	\$ 68,641
(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)	XXX	XXX	XXX	\$ 53,693	\$ 68,641
SURPLUS					
(5) Infinity Preferred Insurance Company state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 3,336,270	\$ 3,461,737
(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)	XXX	XXX	XXX	\$ 3,336,270	\$ 3,461,737

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

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

C. Accounting Policy

Invested asset values are generally stated as follows:

Bonds are stated at amortized cost using the interest method.

Short-term investments are stated at amortized cost.

Unpaid Losses and Loss Adjustment Expense Reserves - The net liabilities stated for unpaid claims and for expenses of investigation and adjustment of unpaid claims are based upon (a) the accumulation of case estimates for losses reported prior to the close of the accounting period on the direct business written; (b) estimates received from ceding reinsurers and insurance pools and associations; (c) estimates of unreported losses and development on reported losses based on past experience net of salvage and subrogation recoveries; and (d) estimates based on experience of expenses for investigating and adjusting claims. The total of these factors is reduced for portions ceded to other insurers. All such estimates are based on the current state of the law and coverage litigation, which could change substantially by the time claims are settled. These liabilities are subject to the impact of changes in claim amounts, frequency and other factors. In spite of the variability inherent in such estimates, management believes that the liabilities for unpaid losses and loss adjustment expenses ("LAE") are adequate. Changes in estimates of the liabilities for losses and LAE are reflected in the statement of income in the period in which determined.

Premium Deficiency Reserve - The Company uses anticipated investment income as a factor in the premium deficiency calculation.

Premium Recognition - Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Underwriting Expense Recognition - Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

D. Going Concern - Not applicable.**Note 2 – Accounting Changes and Corrections of Errors**

The Company did not have any material changes in accounting principles and/or corrections of errors during 2016.

Note 3 – Business Combinations and Goodwill

- A. Statutory Purchase Method - The Company does not have any unamortized goodwill reported as a component of an investment.
- B. Statutory Merger - The Company was not a party to any merger transactions during 2016.
- C. Impairment Loss - Not applicable.

Note 4 – Discontinued Operations

The Company did not have any discontinued operations during 2016.

Note 5 – Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - The Company does not have any investment in mortgage loans.
- B. Debt Restructuring - The Company does not hold any investments involved in debt restructuring.
- C. Reverse Mortgages - The Company does not invest in reverse mortgages.
- D. Loan-Backed Securities - The Company does not invest in loan-backed securities.

NOTES TO FINANCIAL STATEMENTS

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

F. Real Estate - The Company does not have any real estate investments.

G. Investments in Low-Income Housing Trade Credits (LIHTC) - The Company does not have investments in low-income housing tax credits.

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted							Current Year			
	Current Year							Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)	
	1	2	3	4	5	6	7				
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.000	0.000
b. Collateral held under security lending arrangements	0	0	0	0	0	0	0	0	0	0.000	0.000
c. Subject to repurchase agreements	0	0	0	0	0	0	0	0	0	0.000	0.000
d. Subject to reverse repurchase agreements	0	0	0	0	0	0	0	0	0	0.000	0.000
e. Subject to dollar repurchase agreements	0	0	0	0	0	0	0	0	0	0.000	0.000
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0	0	0	0	0.000	0.000
g. Placed under option contracts	0	0	0	0	0	0	0	0	0	0.000	0.000
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	0	0	0	0	0	0	0	0	0	0.000	0.000
i. FHLB capital stock	0	0	0	0	0	0	0	0	0	0.000	0.000
j. On deposit with states	0	0	0	0	0	0	0	0	0	0.000	0.000
k. On deposit with other regulatory bodies	0	0	0	0	0	0	0	0	0	0.000	0.000
l. Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0	0	0	0	0.000	0.000
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0	0	0	0	0.000	0.000
n. Other restricted assets	0	0	0	0	0	0	0	0	0	0.000	0.000
o. Total Restricted Assets	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.000	0.000

(a) Subset of column 1
 (b) Subset of column 3
 (c) Column 5 divided by Asset Page, Column 1, Line 28
 (d) Column 9 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)

Description of Assets	Gross (Admitted & Nonadmitted) Restricted							Total Current Year Admitted Restricted	Percentage		
	Current Year								9	10	
	1	2	3	4	5	6	7				
Description of Assets	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets	Admitted Restricted to Total Admitted Assets	
Total (c)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.000	0.000	

(a) Subset of column 1
 (b) Subset of column 3
 (c) Total Line for Columns 1 through 7 should equal 5H(1)m Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5H(1)m Columns 9 through 11 respectively.

NOTES TO FINANCIAL STATEMENTS

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)

Description of Assets	Gross (Admitted & Nonadmitted) Restricted						8	Percentage					
	Current Year				5	6		9	10				
	1	2	3	4				Total (1 plus 3)	Total From Prior Year	Increase/(Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.000	0.000
Total (c)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.000	0.000

(a) Subset of column 1

(b) Subset of column 3

(c) Total Line for Columns 1 through 7 should equal 5H(1)n Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5H(1)n Columns 9 through 11 respectively.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Collateral Assets	1 Book/Adjusted Carrying Value (BACV)	2 Fair Value	3	4
			% of BACV to Total Assets (Admitted and Nonadmitted)*	% of BACV to Total Admitted Assets**
a. Cash	\$ 0	\$ 0	0.000	0.000
b. Schedule D, Part 1		0	0.000	0.000
c. Schedule D, Part 2, Sec. 1		0	0.000	0.000
d. Schedule D, Part 2, Sec. 2		0	0.000	0.000
e. Schedule B		0	0.000	0.000
f. Schedule A		0	0.000	0.000
g. Schedule BA, Part 1		0	0.000	0.000
h. Schedule DL, Part 1		0	0.000	0.000
i. Other	0	0	0.000	0.000
j. Total Collateral Assets (a+b+c+d+e+f+g+i)	\$ 0	\$ 0	0.000	0.000

* Column 1 divided by Asset Page, Line 26 (Column 1)

** Column 1 divided by Asset Page, Line 26 (Column 3)

	1	2
	Amount	% of Liability to Total Liabilities
k. Recognized Obligation to Return Collateral Asset	\$ 0	0.000

* Column 1 divided by Liability Page, Line 26 (Column 1)

I. Working Capital Finance Investments - The Company does not have any working capital finance investments.

J. Offsetting and Netting of Assets and Liabilities - Not applicable.

K. Structured Notes - The Company does not have any investments in structured notes.

L. 5* Securities

Investment	Number of 5* Securities		Aggregate BACV		Aggregate Fair Value	
	Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
(1) Bonds - AC	0	0	\$ 0	\$ 0	\$ 0	\$ 0
(2) Bonds - FV	0	0	0	0	0	0
(3) LB & SS - AC	0	0	0	0	0	0
(4) LB & SS - FV	0	0	0	0	0	0
(5) Preferred Stock - AC	0	0	0	0	0	0
(6) Preferred Stock - FV	0	0	0	0	0	0
(7) Total (1+2+3+4+5+6)	0	0	\$ 0	\$ 0	\$ 0	\$ 0

AC - Amortized Cost

FV - Fair Value

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

B. Impairment - Not applicable.

Note 7 – Investment Income

The Company did not exclude any due and accrued income from surplus at December 31, 2016.

Note 8 – Derivative Instruments

The Company's investment objectives do not include holding or issuing derivative financial instruments.

NOTES TO FINANCIAL STATEMENTS**Note 9 – Income Taxes**

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

	2016			2015			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	\$ 54,807	\$ 0	\$ 54,807	\$ 54,912	\$ 1,315	\$ 56,227	\$ (105)	\$ (1,315)	\$ (1,420)
b. Statutory valuation allowance adjustment	0	0	0	0	0	0	0	0	0
c. Adjusted gross deferred tax assets (1a-1b)	54,807	0	54,807	54,912	1,315	56,227	(105)	(1,315)	(1,420)
d. Deferred tax assets nonadmitted	513	0	513	0	0	0	513	0	513
e. Subtotal net admitted deferred tax asset (1c-1d)	54,294	0	54,294	54,912	1,315	56,227	(618)	(1,315)	(1,933)
f. Deferred tax liabilities	2,376	292	2,668	5,441	0	5,441	(3,065)	292	(2,773)
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ 51,918	\$ (292)	\$ 51,626	\$ 49,471	\$ 1,315	\$ 50,786	\$ 2,447	\$ (1,607)	\$ 840

2. Admission Calculation Components

	2016			2015			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 50,949	\$ 0	\$ 50,949	\$ 50,949	\$ 0	\$ 50,949	\$ 0	\$ 0	\$ 0
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:	677	0	677	830	0	830	(153)	0	(153)
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	677	0	677	830	0	830	(153)	0	(153)
Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	492,697	XXX	XXX	511,643	XXX	XXX	(18,946)
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	2,668	0	2,668	4,448	0	4,448	(1,780)	0	(1,780)
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c))	\$ 54,294	\$ 0	\$ 54,294	\$ 56,227	\$ 0	\$ 56,227	\$ (1,933)	\$ 0	\$ (1,933)

3. Other Admissibility Criteria

		2016	2015
a. Ratio percentage used to determine recovery period and threshold limitation amount		4,707,000	5,013,000
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above		\$ 3,284,644	\$ 3,410,951

NOTES TO FINANCIAL STATEMENTS

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/2016		12/31/2015		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 54,807	\$ 0	\$ 54,912	\$ 1,315	\$ (105)	\$ (1,315)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.000 %	0.000 %	0.000 %	0.000 %	0.000 %	0.000 %
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 54,294	\$ 0	\$ 54,912	\$ 1,315	\$ (618)	\$ (1,315)
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.000 %	0.000 %	0.000 %	0.000 %	0.000 %	0.000 %

(b) Does the company's tax planning strategies include the use of reinsurance? NO

B. The Company has recognized all deferred tax liabilities.

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2016	2 2015	3 (Col 1-2) Change
a. Federal	\$ 31,729	\$ 42,166	\$ (10,437)
b. Foreign	0	0	0
c. Subtotal	\$ 31,729	\$ 42,166	\$ (10,437)
d. Federal income tax on net capital gains	4,320	2,462	1,858
e. Utilization of capital loss carry-forwards	0	0	0
f. Other	(2,500)	373	(2,873)
g. Federal and Foreign income taxes incurred	\$ 33,549	\$ 45,001	\$ (11,452)

2. Deferred Tax Assets

	1 2016	2 2015	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$ 5,071	\$ 5,576	\$ (505)
2. Unearned premium reserve	42,844	42,789	55
3. Policyholder reserves	0	0	0
4. Investments	0	0	0
5. Deferred acquisition costs	0	0	0
6. Policyholder dividends accrual	0	0	0
7. Fixed assets	0	0	0
8. Compensation and benefits accrual	5,044	4,783	261
9. Pension accrual	0	0	0
10. Receivables - nonadmitted	0	0	0
11. Net operating loss carry-forward	0	0	0
12. Tax credit carry-forward	0	0	0
13. Other (including items <5% of total ordinary tax assets)	1,848	1,764	84
99. Subtotal	\$ 54,807	\$ 54,912	\$ (105)
b. Statutory valuation allowance adjustment	0	0	0
c. Nonadmitted	513	0	513
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ 54,294	\$ 54,912	\$ (618)
e. Capital:			
1. Investments	\$ 0	\$ 1,315	\$ (1,315)
2. Net capital loss carry-forward	0	0	0
3. Real estate	0	0	0
4. Other (including items <5% of total capital tax assets)	0	0	0
99. Subtotal	\$ 0	\$ 1,315	\$ (1,315)
f. Statutory valuation allowance adjustment	0	0	0
g. Nonadmitted	0	0	0
h. Admitted capital deferred tax assets (2e99-2f-2g)	0	1,315	(1,315)
i. Admitted deferred tax assets (2d+2h)	\$ 54,294	\$ 56,227	\$ (1,933)

3. Deferred Tax Liabilities

	1 2016	2 2015	3 (Col 1-2) Change
a. Ordinary:			
1. Investments	\$ 2,115	\$ 5,172	\$ (3,057)
2. Fixed assets	0	0	0
3. Deferred and uncollected premium	0	0	0
4. Policyholder reserves	0	0	0
5. Other (including items <5% of total ordinary tax liabilities)	261	269	(8)
99. Subtotal	\$ 2,376	\$ 5,441	\$ (3,065)
b. Capital:			
1. Investments	\$ 292	0	\$ 292
2. Real estate	0	0	0
3. Other (including items <5% of total capital tax liabilities)	0	0	0
99. Subtotal	\$ 292	0	\$ 292
c. Deferred tax liabilities (3a99+3b99)	\$ 2,668	\$ 5,441	\$ (2,773)
4. Net Deferred Tax Assets (2i - 3c)	\$ 51,626	\$ 50,786	\$ 840

NOTES TO FINANCIAL STATEMENTS**D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate** Among the more significant book to tax adjustments were the following:

The Company's income tax expense and change in deferred income taxes differs from the amount obtained by applying the federal statutory rate of 35% to net income after dividends to policyholders. The significant items causing this difference are as follows:

	Amount	Effective Tax Rate (%)
Income taxes at the statutory rate	\$ 30,535	35.0 %
(Over) under accrual of prior year tax	33	0.0 %
Non-admitted assets	0	0.0 %
Tax exempt interest deduction	0	0.0 %
Valuation allowance for capital loss carryforward	0	0.0 %
Other	1,628	1.9 %
Securities	0	0.0 %
Total	\$ 32,196	36.9 %
 Federal and foreign income taxes incurred	 29,229	 33.5 %
Current taxes on realized capital gains	4,320	5.0 %
Change in net deferred income taxes excluding unrealized	(1,353)	(1.6 %)
Total statutory income taxes	\$ 32,196	36.9 %

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

At December 31, 2016, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.

The following is income tax expense for 2016 and 2015 that is available for recoupment in the event of future net losses:

Year	Amount
2016	\$ 36,049
2015	\$ 42,128

The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with the following entities:

Casualty Underwriters, Inc.	Hillstar Insurance Company
Infinity Agency of Texas, Inc.	Infinity Assurance Insurance Company
Infinity Auto Insurance Company	Infinity Casualty Insurance Company
Infinity Group, Inc. (The)	Infinity Indemnity Insurance Company
Infinity Insurance Agency, Inc.	Infinity Insurance Company
Infinity Preferred Insurance Company	Infinity Property and Casualty Corporation
Infinity Property and Casualty Services, Inc.	Infinity Reserve Insurance Company
Infinity Safeguard Insurance Company	Infinity Security Insurance Company
Infinity Select Insurance Company	Infinity Standard Insurance Company
Leader Group, Inc.	Leader Managing General Agency, Inc.

2. The Company is included in the consolidated federal income tax return filed by Infinity Property and Casualty Corporation ("IPCC").

The method of allocation among the affiliated companies is subject to a written agreement that covers all periods in which the companies are included in the consolidated federal income tax return filed by IPCC. The agreement states that each subsidiary agrees to pay IPCC an amount of tax equal to its allocated share of the consolidated federal income tax liability based on the rules provided by the Internal Revenue Code of 1986, as amended. IPCC agrees to pay each subsidiary for the tax benefit, if any, of losses that are utilized by other members included in the consolidated federal income tax return.

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. The Company is an indirect wholly owned subsidiary of IPCC; 100% of the outstanding stock of the Company is directly owned by Infinity Insurance Company ("Infinity"). See Schedule Y, Part 1, Organizational Chart.

B. Detail of Transactions Greater Than 1/2% of Admitted Assets

The Company paid an ordinary dividend in the amount of \$250,000 to Infinity in cash on December 30, 2015. The Company paid an ordinary dividend in the amount of \$180,000 to Infinity in cash on December 19, 2016.

C. Change in Terms of Intercompany Arrangements - None.

D. Amounts Due To or From Related Parties

At December 31, 2016 and December 31, 2015, the Company had payables due to Infinity of \$9,543 and \$16,069, respectively. Each balance was as a result of the intercompany reinsurance pooling agreement described in Note 26.

E. Guarantees or Contingencies for Related Parties

The Company has not made any guarantees or undertakings for the benefit of an affiliate or related party that result in a material contingent exposure of the Company's or any related party's assets or liabilities.

F. Certain administrative, management, accounting, data processing, underwriting, claim and collection services are provided under agreements between the Company and affiliates at charges not unfavorable to the Company or its affiliates.

G. All outstanding shares of the Company are owned by Infinity.

H. The Company owns no shares, either directly or indirectly, of an upstream intermediate or ultimate parent.

I. The Company has no investment in a subsidiary, controlled or affiliated company.

J. Impairment - Not applicable.

NOTES TO FINANCIAL STATEMENTS

- K. Investment in Foreign Insurance Subsidiary - Not applicable.
- L. Investment in Downstream Non-Insurance Holding Company - Not applicable.
- M. All SCA Investments - Not applicable.
- N. Investment in Insurance SCAs - Not applicable.

Note 11 – Debt

- A. The Company does not have any 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

Change in Benefit Obligation		Overfunded		Underfunded	
		2016	2015	2016	2015
a. Pension Benefits	Benefit obligation at beginning of year	\$ 0	\$ 0	\$ 0	\$ 0
	Service cost	0	0	0	0
	Interest cost	0	0	0	0
	Continuation by plan participants	0	0	0	0
	Actuarial gain (loss)	0	0	0	0
	Foreign currency exchange rate changes	0	0	0	0
	Benefits paid	0	0	0	0
	Plan amendments	0	0	0	0
	Business combinations, divestitures, curtailments, settlements and special termination benefits	0	0	0	0
	Benefit obligation at end of year	\$ 0	\$ 0	\$ 0	\$ 0
		Overfunded		Underfunded	
b. Postretirement Benefits	Benefit obligation at beginning of year	\$ 0	\$ 0	\$ 3,729	\$ 4,313
	Service cost	0	0	183	234
	Interest cost	0	0	132	146
	Continuation by plan participants	0	0	37	30
	Actuarial gain (loss)	0	0	(176)	(425)
	Foreign currency exchange rate changes	0	0	0	0
	Benefits paid	0	0	338	289
	Plan amendments	0	0	(44)	280
	Business combinations, divestitures, curtailments, settlements and special termination benefits	0	0	0	0
	Benefit obligation at end of year	\$ 0	\$ 0	\$ 3,613	\$ 3,729
		Overfunded		Underfunded	
c. Special or Contractual Benefits per SSAP No. 11	Benefit obligation at beginning of year	\$ 0	\$ 0	\$ 0	\$ 0
	Service cost	0	0	0	0
	Interest cost	0	0	0	0
	Continuation by plan participants	0	0	0	0
	Actuarial gain (loss)	0	0	0	0
	Foreign currency exchange rate changes	0	0	0	0
	Benefits paid	0	0	0	0
	Plan amendments	0	0	0	0
	Business combinations, divestitures, curtailments, settlements and special termination benefits	0	0	0	0
	Benefit obligation at end of year	\$ 0	\$ 0	\$ 0	\$ 0

(2)	Change in plan assets	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
		2016	2015	2016	2015	2016	2015
a.	Fair value of plan assets at beginning of year	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
b.	Actual return on plan assets	0	0	0	0	0	0
c.	Foreign currency exchange rate changes	0	0	0	0	0	0
d.	Reporting entity contribution	0	0	301	259	0	0
e.	Plan participants' contributions	0	0	37	30	0	0
f.	Benefits paid	0	0	338	289	0	0
g.	Business combinations, divestitures and settlements	0	0	0	0	0	0
h.	Fair value of plan assets at end of year	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

(3)	Funded status	Pension Benefits			Postretirement Benefits		
		2016	2015	2016	2015		
a.	Assets (nonadmitted)						
1.	Prepaid benefit costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2.	Overfunded plans assets	0	0	0	0	0	0
3.	Total assets (nonadmitted)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Underfunded:							
b.	Liabilities recognized						
1.	Accrued benefits costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2.	Liability for pension benefits	0	0	0	0	0	0
3.	Total liabilities recognized	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c.	Unrecognized liabilities	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

NOTES TO FINANCIAL STATEMENTS

(4)	Components of net periodic benefit cost	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
		2016	2015	2016	2015	2016	2015
a.	Service cost	\$ 0	\$ 0	\$ 183	\$ 234	\$ 0	\$ 0
b.	Interest cost	0	0	132	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	(114)	(5)	0	0
f.	Prior service cost or credit	0	0	71	71	0	0
g.	Gain or loss recognized due to a settlements curtailment	0	0	0	0	0	0
h.	Total net periodic benefit cost	\$ 0	\$ 0	\$ 272	\$ 446	\$ 0	\$ 0

(5)	Amounts in unassigned funds (surplus) recognized as components of net periodic benefit cost	Pension Benefits		Postretirement Benefits	
		2016	2015	2016	2015
a.	Items not yet recognized as a component of net periodic cost – prior year	\$ 0	\$ 0	\$ 0	\$ 0
b.	Net transition asset or obligation recognized	0	0	0	0
c.	Net prior service cost or credit arising during the period	0	0	0	0
d.	Net prior service cost or credit recognized	0	0	0	0
e.	Net gain and loss arising during the period	0	0	0	0
f.	Net gain and loss recognized	0	0	0	0
g.	Items not yet recognized as a component of net periodic cost – current year	\$ 0	\$ 0	\$ 0	\$ 0

(6)	Amounts in unassigned funds (surplus) expected to be recognized in the next fiscal year as components of net periodic benefit cost	Pension Benefits		Postretirement Benefits	
		2016	2015	2016	2015
a.	Net transition asset or obligations	\$ 0	\$ 0	\$ 0	\$ 0
b.	Net prior service cost or credit	0	0	0	0
c.	Net recognized gains and losses	\$ 0	\$ 0	\$ 0	\$ 0

(7)	Amounts in unassigned funds (surplus) that have not yet been recognized as components of net periodic benefit cost	Pension Benefits		Postretirement Benefits	
		2016	2015	2016	2015
a.	Net transition asset or obligations	\$ 0	\$ 0	\$ 0	\$ 0
b.	Net prior service cost or credit	0	0	0	0
c.	Net recognized gains and losses	\$ 0	\$ 0	\$ 0	\$ 0

(8)	Weighted-average assumptions used to determine net periodic benefit cost as of December 31	Pension Benefits		Postretirement Benefits	
		2016	2015	2016	2015
a.	Weighted-average discount rate			3.600%	3.700%
b.	Expected long-term rate of return on plan assets			0.000%	0.000%
c.	Rate of compensation increase			0.000%	0.000%
	Weighted-average assumptions used to determine projected benefit obligations as of December 31				
d.	Weighted-average discount rate			3.600%	3.700%
e.	Rate of compensation increase			0.000%	0.000%

(9) The Company does not have any defined benefit pension plans.

(10) For measurement purposes, health care trend rates are assumed to increase at a rate of 8.0% for 2017, 7.5% for 2018, 7.0% for 2019 followed by a declining rate of increase.

(11)	Assumed health care cost trend rates have a significant effect on the amounts reported for the health care plans. A one-percentage point change in assumed health care cost trend rates would have the following effects:	1 Percentage Point Increase		1 Percentage Point Decrease	
		\$ 40	\$ (34)	\$ 184	\$ (162)
a.	Effect on total of service and interest cost components	\$ 40	\$ (34)	\$ 184	\$ (162)
b.	Effect on postretirement benefit obligation				

(12) The following estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the year indicated:

	Year(s)	Amount
a.	2017	\$ 295
b.	2018	\$ 287
c.	2019	\$ 289
d.	2020	\$ 281
e.	2021	\$ 283
f.	2022 through 2026	\$ 1,549

(13) The Company's best estimate of contributions expected to be paid to the plan during the fiscal year beginning January 1, 2017 is \$295.

B. Investment Policies and Strategies - Not applicable.

C. Fair Value of Plan Assets - Not applicable.

D. Basis Used to Determine Expected Long-Term Rate-of-Return - Not applicable.

E. Defined Contribution Plans - The Company does not have any defined contribution plans.

F. Multiemployer Plans - The Company does not have any multiemployer plans.

NOTES TO FINANCIAL STATEMENTS**G. Consolidated/Holding Company Plans****Employee Retirement Plan**

All employees meeting minimum requirements regarding service are eligible to participate in the Infinity Property and Casualty Corporation's ("Parent") 401(k) Retirement Plan ("the Plan") for the benefit of employees of the Parent and its participating subsidiaries. The Plan is a defined contribution plan in which participating employees are entitled to share in contributions made by the Company on their behalf. The Plan has two types of contributions, including 401(k) Contributions made by participating employees and Contributions made by the Company. Participating employees are permitted to make 401(k) Contributions to the Plan. Matching Contributions may be made by the Company based on the amount of 401(k) Contributions made by the participating employees. The Parent also has a Supplemental Executive Retirement Plan ("SERP") for a select group of management or highly compensated employees. The SERP enables eligible employees to receive additional retirement contributions from the Company that are precluded by law due to limitations of a qualified retirement plan. SERP costs are funded as they accrue and vested benefits are fully funded. Matching Contributions to the SERP are subject to the discretion of the Parent, and the Company has no liability for future contributions to the SERP. The Company's share of the expense for the Plan and the SERP during 2016 was \$5,085.

Postretirement Benefit Plan

The Company provides postretirement benefits to employees based on date of retirement, age, and service requirements. The retiree medical care plan is a contributory plan. Some employees pay the full cost of retiree medical coverage as outlined by the plan. The Company paid the full cost of life insurance coverage in 2016 for retirees eligible for this coverage. The Company has the right to modify or terminate either of these plans in the future.

H. Postemployment Benefits and Compensated Absences

The Company has accrued for postemployment benefits and compensated absences in accordance with SSAP No. 11.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

IPCC has determined that the benefits provided under the plan described in Note 12G are actuarially equivalent to those benefits provided by the Medicare Prescription Drug, Improvement and Modernization Act of 2003 ("MMA"). IPCC did not reflect the government subsidy provided by the MMA in the calculation of the APBO as of December 31, 2016 other than as reflected in the insured over 65 rates going forward.

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has 25,000 shares of common stock authorized, of which 12,000 are issued and outstanding with a par value of \$125 per share.
- (2) The Company has no preferred stock outstanding.
- (3) The maximum amount of dividends or distributions which may be paid to stockholders by property/casualty insurance companies domiciled in the state of Ohio without (i) prior approval or (ii) expiration of a 30 day waiting period without disapproval of the Commissioner of Insurance, is the greater of net income or 10% of policyholders' surplus as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31. The maximum amount of ordinary dividends or distributions which may be paid in 2016 based on policyholder surplus is \$333,627.
- (4) The Company paid an ordinary dividend in the amount of \$180,000 to Infinity in cash on December 19, 2016.
- (5) Within the limitations of (3) above, there are no specific restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There are no restrictions on the unassigned funds of the Company other than those described above in paragraphs (3) and (5). These unassigned funds are held for the benefit of the owner and policyholders.
- (7) Mutual Surplus Advance - Not applicable.
- (8) No stock of the Company or its affiliates is held by the Company for special purposes.
- (9) Special Surplus Funds - The Company does not have any special surplus funds as of December 31, 2016.
- (10) The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses is: \$ 0
- (11) The Company does not have any surplus debentures or similar obligations.
- (12) Quasi-Reorganizations - Not applicable.

Note 14 – Liabilities, Contingencies and Assessments**A. Contingent Commitments**

- (1) The Company does not have any contingent commitments.
- (2) Detail of other contingent commitments

Nature and Circumstances of Guarantee and Key Attributes, Including Date and Duration of Agreement	Liability Recognition of Guarantee, (Including Amount Recognized at Inception. If no Initial Recognition, Document Exception Allowed Under SSAP No. 5R)	Ultimate Financial Statement Impact if Action under the Guarantee is Required	Maximum Potential Amount of Future Payments (Undiscounted) the Guarantor could be Required to make under the Guarantee. If unable to Develop an Estimate, this Should be Specifically Noted	Current Status of Payment or Performance Risk of Guarantee. Also Provide Additional Discussion as Warranted
		NONE		
Total		XXX		XXX

NOTES TO FINANCIAL STATEMENTS

(3)

a.	Aggregate maximum potential of future payments of all guarantees (undiscounted) the guarantor could be required to make under guarantees. (Should equal the total of column 4 for (2) above.)	\$ 0
b.	Current liability recognized in F/S	
1.	Noncontingent liabilities	\$ 0
2.	Contingent liabilities	\$ 0
c.	Ultimate financial statement impact if action under the guarantee is required	
1.	Investments in SCA	\$ 0
2.	Joint Venture	\$ 0
3.	Dividends to stockholders (capital contribution)	\$ 0
4.	Expense	\$ 0
5.	Other	\$ 0
6.	Total (should equal (3)a)	\$ 0

B. Assessments

The Company receives notification of insolvency of other insurance companies from state insurance departments or guaranty funds. These insolvencies could result in future assessments against the Company. At this time the Company is unable to estimate the possible amounts, if any, of such assessments. Accordingly, the Company is unable to determine the impact, if any, such assessments may have on the Company's financial position or results of operations.

C. Gain Contingencies - The Company does not have any gain contingencies.**D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits - None.****E. Product Warranties - Not applicable.****F. Joint and Several Liabilities - Not applicable.****G. All Other Contingencies**

1. Various lawsuits against the Company have arisen in the ordinary course of the Company's business. The Company's management believes that contingent liabilities arising from such litigation and other matters will not have a material effect on the financial position or results of operations of the Company.

Note 15 – Leases**A. Lessee Operating Lease - Not applicable.****B. Revenue, Net Income or Assets with Respect to Leases - Not applicable.****Note 16 – Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

The Company does not have any financial instruments with off-balance sheet risk or concentrations of credit risk.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**A. Transfers of Receivables Reported as Sales - The Company did not sell any receivable balances during 2016.****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**

The Company does not serve as an administrator for uninsured accident and health plans or uninsured portions of partially insured plans.

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company did not have any direct premium written by a managing general agent or third party administrator.

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.

NOTES TO FINANCIAL STATEMENTS

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 December 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	\$ 4,561,195	\$ 4,573,582	\$ 4,561,195	\$ 0	\$ 0	\$ 0

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

Note 21 – Other Items

- A. Unusual or Infrequent Items - Not applicable.
- B. Troubled Debt Restructuring Debtors - Not applicable.
- C. Other Disclosures - None.
- D. Business Interruption Insurance Recoveries - Not applicable.
- E. State Transferable and Non-Transferable Tax Credits - Not applicable.
- F. Subprime Mortgage Related Risk Exposure
 - (1) The Company does not have any subprime mortgage related risk exposure.
 - (2) Direct Exposure Through Investments in Subprime Mortgage Loans - The Company does not have any risk exposure through direct investment in subprime mortgage loans.
 - (3) Direct Exposure Through Other Investments - The Company does not have direct exposure to subprime mortgage related risk through any other type investments.
 - (4) Underwriting Exposure to Subprime Mortgage Risk Through Mortgage Guaranty or Financial Guaranty Insurance Coverage - The Company does not write Mortgage Guaranty or Financial Guaranty insurance coverage.
- G. Insurance-Linked Securities (ILS) Contracts - Not applicable.

Note 22 – Events Subsequent

Subsequent events have been considered through February 20, 2017 for the statutory statement issued on December 31, 2016. There have not been any subsequent events which may have a material effect on the financial condition of the Company.

A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?

Yes [] No [X]

A.	ACA fee assessment payable for the upcoming year	\$ 0	\$ 0
C.	ACA fee assessment paid	0	0
D.	Premium written subject to ACA 9010 assessment	0	0
E.	Total adjusted capital before surplus adjustment (Five-Year Historical Line 28)	3,336,270	
F.	Total adjusted capital (Five-Year Historical Line 28 minus 22B above)	3,336,270	
G.	Authorized control level (Five-Year Historical Line 29)	\$ 69,782	

H. Would reporting the ACA assessment as of December 31, 2016 have triggered an RBC action level (YES/NO)?

Yes [] No []

Note 23 – Reinsurance

A. Unsecured Reinsurance Recoverables

The Company's unsecured aggregate reinsurance recoverables from any individual reinsurer that exceeds 3% of its policyholder surplus are as follows:

Company	NAIC Group Code	Federal FEIN or ISI Identification Number	Amount
Infinity Insurance Company*	3495	31-0943862	\$ 136,287

*The result of an intercompany reinsurance pooling agreement (see Note 26)

B. Reinsurance Recoverable in Dispute - The Company does not have any reinsurance recoverable on losses in dispute that individually exceed 5% or in the aggregate exceed 10% of its policyholder surplus.

C. Reinsurance Assumed and Ceded

(1) The Company's maximum amount of return commission due as a result of cancellation as of December 31, 2016, of all reinsurance agreements is as follows:

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$ 612,059	\$ 71,427	\$ 0	\$ 0	\$ 612,059	\$ 71,427
b. All Other	0	0	0	0	0	0
c. Total	\$ 612,059	\$ 71,427	\$ 0	\$ 0	\$ 612,059	\$ 71,427
d. Direct Unearned Premium Reserves			\$ 0			

NOTES TO FINANCIAL STATEMENTS

(2) Certain agency agreements and ceded reinsurance contracts provide for additional or return commissions based on the actual loss experience of the produced or reinsured business. Amounts accrued at the end of the current year are as follows:

	Direct	Assumed	Ceded	Net
a. Contingent commission	\$ 0	\$ 1,124	\$ 0	\$ 1,124
b. Sliding scale adjustments	0	0	0	0
c. Other profit commission arrangements	0	0	0	0
d. Total	\$ 0	\$ 1,124	\$ 0	\$ 1,124

(3) The Company does not use protected cells as an alternative to traditional reinsurance.

D. Uncollectible Reinsurance - None.

E. Commutation of Ceded Reinsurance - The Company did not commute any ceded reinsurance treaties during 2016.

F. Retroactive Reinsurance - Not applicable.

G. Reinsurance Accounted for as a Deposit - Not applicable.

H. Disclosures for the Transfer of Property and Casualty Run-off Agreements - Not applicable.

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - Not applicable.

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation - Not applicable.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

The Company does not have any retrospective reinsurance agreements in force.

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):

	2016	2015
Balance at beginning of period	\$ 655	\$ 654
Loss and LAE incurred:		
Current accident year	1,122	1,066
Prior accident years	(23)	(28)
	1,099	1,038
Loss and LAE payments made for:		
Current accident year	(689)	(658)
Prior accident years	(397)	(379)
	(1,086)	(1,037)
Balance at end of period	\$ 668	\$ 655

Reserves as of December 31, 2015 were \$655 thousand. As of December 31, 2016, \$397 thousand has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$235 thousand 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 a \$23 thousand favorable prior year development during 2016 as compared to a \$28 thousand favorable development during 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

The Company maintains an intercompany reinsurance pooling agreement with certain subsidiaries and an affiliate. The effect is to transfer all direct insurance liabilities of the pool members to the Company and to cede specified percentages of the net underwriting results of the Company to the participating pool members as follows:

Company	NAIC Company Code	Participation Percentage
Infinity Insurance Company	22268	99.10%
Infinity Assurance Insurance Company	39497	0.10%
Infinity Auto Insurance Company	11738	0.10%
Infinity Casualty Insurance Company	21792	0.10%
Infinity Indemnity Insurance Company	10061	0.10%
Infinity Preferred Insurance Company	10195	0.10%
Infinity Safeguard Insurance Company	16802	0.10%
Infinity Security Insurance Company	38873	0.10%
Infinity Select Insurance Company	20260	0.10%
Infinity Standard Insurance Company	12599	0.10%

The Company's net underwriting results are determined after making cessions to various other non-affiliated reinsurers under terms of other reinsurance agreements. These cessions are made subsequent to the pooling of business from the pool members to the Company. There are no discrepancies between entries regarding pooled business on the assumed and ceded reinsurance schedules of the Company and the corresponding entries on the assumed and ceded reinsurance schedules of other pool participants. The Provision for Reinsurance (Schedule F, Part 7), if any, is recorded by the Company and is not shared with the other pool participants. Uncollectible reinsurance balances which are written off are subject to the terms of the pooling agreement.

Amounts due between the Company and all affiliated entities participating in the intercompany pooling arrangement in accordance with SSAP 63 as of December 31, 2016 are as follows:

Company	Reinsurance Recoverable	Reinsurance Payable
Infinity Insurance Company	\$ 0	\$ 918,013
Infinity Assurance Insurance Company	10,678	0
Infinity Auto Insurance Company	655,995	0
Infinity Casualty Insurance Company	0	707
Infinity Indemnity Insurance Company	56,348	0
Infinity Preferred Insurance Company	12,313	0
Infinity Safeguard Insurance Company	20,770	0
Infinity Security Insurance Company	12,313	0
Infinity Select Insurance Company	12,789	0
Infinity Standard Insurance Company	137,514	0

NOTES TO FINANCIAL STATEMENTS

Note 27 – Structured Settlements

- A. The Company has not purchased any annuities under which it is owner and payee to fund future payments that are fixed.
- B. Not applicable.

Note 28 – Health Care Receivables

Not applicable.

Note 29 – Participating Policies

Not applicable.

Note 30 – Premium Deficiency Reserves

The Company does not have any premium deficiency reserves. The Company uses anticipated investment income as a factor in the premium deficiency calculation. The need for a premium deficiency reserve was evaluated on January 31, 2017.

Note 31 – High Deductibles

The Company does not write any high deductible policies.

Note 32 – Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

The Company does not discount liabilities for unpaid losses or unpaid LAE.

Note 33 – Asbestos/Environmental Reserves

The Company does not have any material exposure for asbestos or environmental claims.

Note 34 – Subscriber Savings Accounts

The Company is not a reciprocal exchange, and accordingly, has nothing to report.

Note 35 – Multiple Peril Crop Insurance

The Company does not write multiple peril crop insurance.

Note 36 – Financial Guaranty Insurance

The Company does not write financial guaranty insurance.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 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, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []

1.3 State regulating? Ohio

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 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2016

3.2 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

3.3 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

3.4 By what department or departments? Ohio

3.5 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]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [] No [X]

4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [] No [X]

4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide the 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		

6.1 Has the 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]

6.2 If yes, give full information:
Not Applicable

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,

7.21 State the percentage of foreign control %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
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 locations (city and state of the main office) of any affiliates regulated by a federal financial 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. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young LLP, 1901 Sixth Avenue North - Suite 1200, Birmingham, Alabama 35203

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:
Not Applicable

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:
Not Applicable

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain:
Not Applicable

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Wayne Blackburn, FCAS, MAAA, CERA, Principal and Consulting Actuary of Milliman, 3 Garret Mountain Plaza, Suite 101, Woodland Park, NJ 07424

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company Not Applicable

12.12 Number of parcels involved _____ 0

12.13 Total book/adjusted carrying value \$ _____ 0

12.2 If yes, provide explanation
Not Applicable

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 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.

14.11 If the response to 14.1 is no, please explain:
Not Applicable

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
Not Applicable

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
Not Applicable

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
	Not Applicable		

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \$ _____ 0

20.12 To stockholders not officers \$ _____ 0

20.13 Trustees, supreme or grand (Fraternal only) \$ _____ 0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers \$ _____ 0

20.22 To stockholders not officers \$ _____ 0

20.23 Trustees, supreme or grand (Fraternal only) \$ _____ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others \$ _____

21.22 Borrowed from others \$ _____

21.23 Leased from others \$ _____

21.24 Other \$ _____

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ _____

22.22 Amount paid as expenses \$ _____

22.23 Other amounts paid \$ _____

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

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

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****INVESTMENT**

24.01	Were all of stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
24.02	If no, give full and complete information, relating thereto: <u>Not Applicable</u>			
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided). <u>The Company does not have any security lending programs.</u>			
24.04	Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$ _____		
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$ _____		
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
24.09.	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
24.10	For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:			
24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ _____ 0		
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ _____ 0		
24.103	Total payable for securities lending reported on the liability page:	\$ _____ 0		
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
25.2	If yes, state the amount thereof at December 31 of the current year:			
25.21	Subject to repurchase agreements	\$ _____ 0		
25.22	Subject to reverse repurchase agreements	\$ _____ 0		
25.23	Subject to dollar repurchase agreements	\$ _____ 0		
25.24	Subject to reverse dollar repurchase agreements	\$ _____ 0		
25.25	Placed under option agreements	\$ _____ 0		
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$ _____ 0		
25.27	FHLB Capital Stock	\$ _____ 0		
25.28	On deposit with states	\$ _____ 0		
25.29	On deposit with other regulatory bodies	\$ _____ 0		
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$ _____ 0		
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$ _____ 0		
25.32	Other	\$ _____ 0		
25.3	For category (25.26) provide the following:			
	1 Nature of Restriction	2 Description	3 Amount	
	Not Applicable		\$ _____	
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
27.2	If yes, state the amount thereof at December 31 of the current year:	\$ _____		
28.	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 <i>Financial Condition Examiners Handbook</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
28.01	For all agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:			
	1 Name of Custodian(s)	2 Custodian's Address		
	The Bank of New York Mellon	One Wall Street, New York, New York 10286		
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation			
	1 Name(s)	2 Location(s)	3 Complete Explanation(s)	
	Not Applicable			
28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
28.04	If yes, give full and complete information relating thereto:			
	1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
	Not Applicable			
28.05	Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].			
	1 Name of Firm or Individual	2 Affiliation		
	Wellington Management Company LLP	U		

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes [X] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [X] No []

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
106595	Wellington Management Company LLP	549300YHP12TEZNLCX41	SEC	NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
	Not Applicable	
29.2999 TOTAL		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
Not Applicable			

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	4,573,582	4,561,195	(12,387)
30.2 Preferred Stocks	0	0	0
30.3 Totals	4,573,582	4,561,195	(12,387)

30.4 Describe the sources or methods utilized in determining the fair values:

Market values for publicly traded bonds are obtained from Interactive Data Corporation (IDC), a global provider of financial market data and related services to financial institutions. Should IDC not price a bond, the market value is obtained from S&P Capital IQ, or Infinity's investment managers, custodial bank, Bloomberg, or calculated by Infinity using available market data.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
Not Applicable

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

32.2 If no, list exceptions:

Not Applicable

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 1,711

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
None	\$

34.1 Amount of payments for legal expenses, if any? \$ 399

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Baker Donelson Bearman Caldwell	\$ 123
Keating Muething & Klekamp LLP	119

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Not Applicable	\$

GENERAL INTERROGATORIES**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes []	No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0
1.31	Reason for excluding: <u>Not Applicable</u>		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$	0
1.62	Total incurred claims	\$	0
1.63	Number of covered lives		0
	All years prior to most current three years:		
1.64	Total premium earned	\$	0
1.65	Total incurred claims	\$	0
1.66	Number of covered lives		0
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	0
1.72	Total incurred claims	\$	0
1.73	Number of covered lives		0
	All years prior to most current three years:		
1.74	Total premium earned	\$	0
1.75	Total incurred claims	\$	0
1.76	Number of covered lives		0
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$	0
2.2	Premium Denominator	\$	0
2.3	Premium Ratio (2.1/2.2)		
2.4	Reserve Numerator	\$	0
2.5	Reserve Denominator	\$	0
2.6	Reserve Ratio (2.4/2.5)		
3.1	Does the reporting entity issue both participating and non-participating policies?	Yes []	No [X]
3.2	If yes, state the amount of calendar year premiums written on:		
3.21	Participating policies	\$	0
3.22	Non-participating policies	\$	0
4.	FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:		
4.1	Does the reporting entity issue assessable policies?	Yes []	No []
4.2	Does the reporting entity issue non-assessable policies?	Yes []	No []
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders?		%
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.	\$	0
5.	FOR RECIPROCAL EXCHANGES ONLY:		
5.1	Does the exchange appoint local agents?	Yes []	No []
5.2	If yes, is the commission paid:		
5.21	Out of Attorney's-in-fact compensation	Yes []	No []
5.22	As a direct expense of the exchange	Yes []	No []
5.3	What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?		N/A []
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?	Yes []	No []
5.5	If yes, give full information:		
6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss? <u>Not Applicable - Line of Business Written</u>		
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: <u>The Company utilizes historical catastrophe loss data to estimate the Company's probable maximum loss (PML) in areas where there is a concentration of automobiles insured. The Company's PML is limited since auto comprehensive is the primary property coverage sold. The Company used Risklink version 16.0 and AIR Touchstone Version 4.0 to estimate its PML.</u>		
6.3	What provision has this reporting entity made (such as catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? <u>The Company, as a wholly owned subsidiary of Infinity Insurance Company, was covered under a catastrophe reinsurance agreement that provided \$95 million of coverage in excess of the first \$5 million of loss for an event (with the first \$10 million of coverage reinsured at 50%). See Note 26 in the Notes to Financial Statements for information regarding the intercompany pooling agreement.</u>		
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes [X]	No []
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss: <u>Not Applicable</u>		

GENERAL INTERROGATORIES**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	Yes [] No [X]
7.2	If yes, indicate the number of reinsurance contracts containing such provisions.	0
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes [] No []
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?	Yes [] No [X]
8.2	If yes, give full information <u>Not Applicable</u>	
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:	
	(a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;	
	(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;	
	(c) Aggregate stop loss reinsurance coverage;	
	(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;	
	(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or	
	(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?	
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:	Yes [] No [X]
	(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or	
	(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.	Yes [] No [X]
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:	
	(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;	
	(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and	
	(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.	
9.4	Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, <i>Property and Casually Reinsurance</i> , has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:	
	(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or	
	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes [] No [X]
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.	
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:	
	(a) The entity does not utilize reinsurance; or	Yes [] No [X]
	(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or	Yes [] No [X]
	(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.	Yes [X] No []
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?	Yes [X] No [] N/A []
11.1	Has the reporting entity guaranteed policies issued by any other entity and now in force?	Yes [] No [X]
11.2	If yes, give full information <u>Not Applicable</u>	
12.1	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:	
12.11	Unpaid losses	\$ _____ 0
12.12	Unpaid underwriting expenses (including loss adjustment expenses)	\$ _____ 0
12.2	Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	\$ _____ 0
12.3	If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?	Yes [] No [] N/A [X]
12.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement:	
12.41	From	% _____
12.42	To	% _____
12.5	Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?	Yes [] No [X]
12.6	If yes, state the amount thereof at December 31 of current year:	
12.61	Letters of Credit	\$ _____ 0
12.62	Collateral and other funds	\$ _____ 0
13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$ _____ 1,200

GENERAL INTERROGATORIES**PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

13.2	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?					Yes []	No [X]
13.3	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.					1	
14.1	Is the reporting entity a cedant in a multiple cedant reinsurance contract?					Yes []	No [X]
14.2	If yes, please describe the method of allocating and recording reinsurance among the cedants: <u>Not Applicable</u>						
14.3	If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?					Yes []	No []
14.4	If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?					Yes []	No []
14.5	If the answer to 14.4 is no, please explain: <u>Not Applicable</u>						
15.1	Has the reporting entity guaranteed any financed premium accounts?					Yes []	No [X]
15.2	If yes, give full information <u>Not Applicable</u>						
16.1	Does the reporting entity write any warranty business?					Yes []	No [X]
If yes, disclose the following information for each of the following types of warranty coverage:							
	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned		
16.11	Home	\$ 0 \$	0 \$	0 \$	0 \$	0	
16.12	Products	\$ 0 \$	0 \$	0 \$	0 \$	0	
16.13	Automobile	\$ 0 \$	0 \$	0 \$	0 \$	0	
16.14	Other*	\$ 0 \$	0 \$	0 \$	0 \$	0	
* Disclose type of coverage:							
17.1	Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that it excludes from Schedule F-Part 5.					Yes []	No [X]
Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F-Part 5. Provide the following information for this exemption:							
17.11	Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5					\$ 0	
17.12	Unfunded portion of Interrogatory 17.11					\$ 0	
17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11					\$ 0	
17.14	Case reserves portion of Interrogatory 17.11					\$ 0	
17.15	Incurred but not reported portion of Interrogatory 17.11					\$ 0	
17.16	Unearned premium portion of Interrogatory 17.11					\$ 0	
17.17	Contingent commission portion of Interrogatory 17.11					\$ 0	
Provide the following information for all other amounts included in Schedule F-Part 3 and excluded from Schedule F-Part 5, not included above.							
17.18	Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5					\$ 0	
17.19	Unfunded portion of Interrogatory 17.18					\$ 0	
17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18					\$ 0	
17.21	Case reserves portion of Interrogatory 17.18					\$ 0	
17.22	Incurred but not reported portion of Interrogatory 17.18					\$ 0	
17.23	Unearned premium portion of Interrogatory 17.18					\$ 0	
17.24	Contingent commission portion of Interrogatory 17.18					\$ 0	
18.1	Do you act as a custodian for health savings accounts?					Yes []	No [X]
18.2	If yes, please provide the amount of custodial funds held as of the reporting date.					\$ 0	
18.3	Do you act as an administrator for health savings accounts?					Yes []	No [X]
18.4	If yes, please provide the balance of the funds administered as of the reporting date.					\$ 0	

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2016	2 2015	3 2014	4 2013	5 2012
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	940,571	926,791	922,283	917,128	849,853
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	451,888	446,496	425,269	412,763	396,968
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
6. Total (Line 35).....	1,392,459	1,373,287	1,347,552	1,329,891	1,246,821
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	940,571	926,791	922,335	917,128	849,522
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	451,888	446,496	425,269	412,763	397,676
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
12. Total (Line 35).....	1,392,459	1,373,287	1,347,604	1,329,891	1,247,198
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	(33,975)	(15,101)	(7,077)	(46,048)	(84,665)
14. Net investment gain (loss) (Line 11).....	34,848	54,938	64,318	61,785	69,564
15. Total other income (Line 15).....	82,049	71,343	68,149	70,493	70,761
16. Dividends to policyholders (Line 17).....					
17. Federal and foreign income taxes incurred (Line 19).....	29,229	42,539	44,366	29,808	23,331
18. Net income (Line 20).....	53,693	68,641	81,024	56,422	32,329
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	4,751,742	4,854,822	5,000,724	5,119,777	5,359,914
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....	110,553	99,602	92,207	94,004	90,543
20.2 Deferred and not yet due (Line 15.2).....					
20.3 Accrued retrospective premiums (Line 15.3).....					
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	1,415,472	1,393,085	1,361,236	1,311,747	1,283,167
22. Losses (Page 3, Line 1).....	527,996	513,023	498,302	470,008	410,624
23. Loss adjustment expenses (Page 3, Line 3).....	139,996	142,031	155,371	162,128	148,394
24. Unearned premiums (Page 3, Line 9).....	612,058	611,263	584,540	562,871	535,505
25. Capital paid up (Page 3, Lines 30 & 31).....	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
26. Surplus as regards policyholders (Page 3, Line 37).....	3,336,270	3,461,737	3,639,488	3,808,030	4,076,747
Cash Flow (Page 5)					
27. Net cash from operations (Line 11).....	74,645	90,878	129,863	208,242	111,026
Risk-Based Capital Analysis					
28. Total adjusted capital.....	3,336,270	3,461,737	3,639,488	3,808,030	4,076,747
29. Authorized control level risk-based capital.....	69,782	68,040	71,038	76,274	75,401
Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1).....	98.8	98.5	99.0	99.0	99.0
31. Stocks (Lines 2.1 & 2.2).....					
32. Mortgage loans on real estate (Lines 3.1 & 3.2).....					
33. Real estate (Lines 4.1, 4.2 & 4.3).....					
34. Cash, cash equivalents and short-term investments (Line 5).....	1.2	1.5	1.0	1.0	1.0
35. Contract loans (Line 6).....					
36. Derivatives (Line 7).....					
37. Other invested assets (Line 8).....					
38. Receivables for securities (Line 9).....					
39. Securities lending reinvested collateral assets (Line 10).....					
40. Aggregate write-ins for invested assets (Line 11).....					
41. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1).....					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1).....					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1).....					
45. Affiliated short-term investments (subtotals included in Schedule DA, Verification, Column 5, Line 10).....					
46. Affiliated mortgage loans on real estate.....					
47. All other affiliated.....					
48. Total of above lines 42 to 47.....	0	0	0	0	0
49. Total investment in parent included in Lines 42 to 47 above.....					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0).....	0.0				

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2016	2 2015	3 2014	4 2013	5 2012
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24).....					
52. Dividends to stockholders (Line 35).....	.....(180,000)	.....(250,000)	.....(250,000)	.....(325,000)	.....(350,000)
53. Change in surplus as regards policyholders for the year (Line 38).....	.....(125,467)	.....(177,751)	.....(168,542)	.....(268,717)	.....451,668
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	.....665,589	.....611,030	.....727,694	.....1,161,551	.....923,980
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	.....295,464	.....275,014	.....231,879	.....223,709	.....226,182
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	.....291	.....223	.....240	.....182	.....257
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
59. Total (Line 35).....	.....961,344	.....886,267	.....959,813	.....1,385,442	.....1,150,419
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	.....627,989	.....600,865	.....584,069	.....560,576	.....494,422
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	.....297,250	.....276,402	.....235,045	.....228,193	.....222,645
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	.....291	.....223	.....240	.....182	.....257
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
65. Total (Line 35).....	.....925,530	.....877,490	.....819,354	.....788,951	.....717,324
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1).....	.....100.0	.....100.0	.....100.0	.....100.0	.....100.0
67. Losses incurred (Line 2).....	.....67.6	.....66.3	.....63.9	.....65.1	.....66.1
68. Loss expenses incurred (Line 3).....	.....11.4	.....10.8	.....11.7	.....13.1	.....13.6
69. Other underwriting expenses incurred (Line 4).....	.....23.4	.....24.0	.....24.9	.....25.3	.....27.5
70. Net underwriting gain (loss) (Line 8).....	.....(2.4)	.....(1.1)	.....(0.5)	.....(3.5)	.....(7.2)
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....	.....17.5	.....18.4	.....19.4	.....19.5	.....20.4
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	.....79.0	.....77.1	.....75.7	.....78.2	.....79.7
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....	.....41.7	.....39.7	.....37.0	.....34.9	.....30.6
One Year Loss Development (000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	.....(21)	.....(26)	.....(17)	.....9	.....13
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year-end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100).....	.....(0.6)	.....(0.7)	.....(0.4)	.....0.2	.....0.3
Two Year Loss Development (000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....	.....(52)	.....(30)	.....2	.....15	.....(15)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior-year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0).....	.....(1.4)	.....(0.8)	.....0.1	.....0.4	.....(0.4)

If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, *Accounting Changes and Correction of Errors*?

Yes No

If no, please explain:

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES**SCHEDULE P - PART 1 - SUMMARY**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	.....1	.....1	.....0	.....0	.....0	.....0	.....0	.....1	....XXX.....
2. 2007.....	....1,035	.....7	....1,027	....583	.....3	....23	.....1	....107	.....0	....46	....708	....XXX.....
3. 2008.....	....924	.....5	....919	....512	.....2	....22	.....0	....101	.....0	....41	....633	....XXX.....
4. 2009.....	....850	.....5	....845	....479	.....2	....27	.....0	....91	.....0	....41	....596	....XXX.....
5. 2010.....	....907	.....5	....902	....570	.....2	....24	.....0	....98	.....0	....50	....690	....XXX.....
6. 2011.....	....1,021	.....6	....1,015	....650	.....1	....26	.....0	....108	.....0	....57	....781	....XXX.....
7. 2012.....	....1,190	.....8	....1,182	....771	.....2	....24	.....0	....126	.....0	....66	....918	....XXX.....
8. 2013.....	....1,311	.....9	....1,301	....799	.....3	....22	.....0	....133	.....0	....73	....951	....XXX.....
9. 2014.....	....1,338	.....12	....1,326	....798	.....4	....14	.....0	....130	.....0	....80	....938	....XXX.....
10. 2015.....	....1,360	.....14	....1,347	....813	.....2	....10	.....0	....119	.....0	....87	....941	....XXX.....
11. 2016.....	....1,404	.....12	....1,392	....603	.....2	....3	.....0	....85	.....0	....54	....689	....XXX.....
12. Totals.....	....XXX.....	....XXX.....	....XXX.....	....6,578	.....23	....196	.....2	....1,098	.....0	....595	....7,847	....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....	....10	.....9	....2	....0	.....0	.....0	.....0	.....0	.....1	.....0	.....4	....XXX.....
2. 2007.....	....0				.....0				.....0		....0	....XXX.....
3. 2008.....	....0		....0		.....0		.....0		.....0		....0	....XXX.....
4. 2009.....	....0		....0		.....0		.....0		.....0		....0	....XXX.....
5. 2010.....	....0		....0		.....0		.....0		.....0		....1	....XXX.....
6. 2011.....	....1		....0		.....0		.....0		.....0		....3	....XXX.....
7. 2012.....	....3	....0	....6		....1		....1		....1		....11	....XXX.....
8. 2013.....	....10	....1	....11		....2		....2		....2		....26	....XXX.....
9. 2014.....	....23	....1	....21		....5		....3		....5		....56	....XXX.....
10. 2015.....	....62	....3	....40		....0	....10	....0	....6	....0	....20	....134	....XXX.....
11. 2016.....1301226	21001305742433XXX.....
12. Totals.....23814306	22802508750668XXX.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	Loss	Loss Expense		26 Direct and Assumed	27 Ceded
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....			....XXX.....	....4	....1
2. 2007.....	....712	....4	....708	....68.8	....52.8	....68.9			....0.10	....0	....0
3. 2008.....	....635	....2	....633	....68.8	....38.4	....68.9			....0.10	....0	....0
4. 2009.....	....598	....2	....596	....70.3	....35.0	....70.5			....0.10	....0	....0
5. 2010.....	....693	....2	....691	....76.4	....34.3	....76.6			....0.10	....0	....0
6. 2011.....	....786	....2	....784	....77.0	....30.4	....77.2			....0.10	....2	....1
7. 2012.....	....932	....3	....930	....78.4	....37.5	....78.6			....0.10	....8	....3
8. 2013.....	....981	....4	....977	....74.8	....41.5	....75.1			....0.10	....20	....5
9. 2014.....	....999	....5	....994	....74.7	....43.1	....74.9			....0.10	....42	....14
10. 2015.....	....1,080	....5	....1,075	....79.4	....37.0	....79.8			....0.10	....98	....36
11. 2016.....	....1,127	....4	....1,122	....80.3	....36.5	....80.6			....0.10	....353	....80
12. Totals.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0	....0	....XXX.....	....528	....140

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of

Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										DEVELOPMENT	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior....	223	204	171	155	150	149	150	149	149	149	0	0
2. 2007....	628	639	623	610	606	602	602	601	601	601	0	0
3. 2008....	XXX....	575	559	541	537	535	535	533	532	532	(0)	(1)
4. 2009....	XXX....	XXX....	537	509	508	504	503	504	504	505	0	1
5. 2010....	XXX....	XXX....	XXX....	584	596	596	596	593	595	593	(2)	(0)
6. 2011....	XXX....	XXX....	XXX....	XXX....	654	678	680	678	679	676	(3)	(2)
7. 2012....	XXX....	XXX....	XXX....	XXX....	XXX....	800	806	807	807	803	(4)	(4)
8. 2013....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	875	865	849	842	(7)	(23)
9. 2014....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	882	868	859	(10)	(23)
10. 2015....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	930	935	5	XXX....
11. 2016....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	980	XXX....	XXX....
											12. Totals....	(21)
												(52)

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior....	000....	100	124	134	139	142	145	144	145	145	XXX....	XXX....
2. 2007....	371	541	577	591	597	599	600	601	601	601	XXX....	XXX....
3. 2008....	XXX....	334	472	507	522	528	531	532	532	532	XXX....	XXX....
4. 2009....	XXX....	XXX....	302	434	477	491	496	501	503	504	XXX....	XXX....
5. 2010....	XXX....	XXX....	XXX....	344	514	560	578	585	590	592	XXX....	XXX....
6. 2011....	XXX....	XXX....	XXX....	XXX....	395	588	640	661	670	674	XXX....	XXX....
7. 2012....	XXX....	XXX....	XXX....	XXX....	XXX....	479	699	762	784	793	XXX....	XXX....
8. 2013....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	510	739	797	818	XXX....	XXX....
9. 2014....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	520	750	808	XXX....	XXX....
10. 2015....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	575	821	XXX....	XXX....
11. 2016....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	604	XXX....	XXX....

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	Bulk and IBSR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior....	106	56	26	11	4	3	2	2	2	2
2. 2007....	121	53	25	10	5	1	1	0		
3. 2008....	XXX....	128	50	16	8	4	2	1	0	0
4. 2009....	XXX....	XXX....	128	33	13	6	4	1	0	0
5. 2010....	XXX....	XXX....	XXX....	118	35	12	7	3	2	0
6. 2011....	XXX....	XXX....	XXX....	XXX....	136	39	15	6	4	1
7. 2012....	XXX....	XXX....	XXX....	XXX....	XXX....	181	44	18	11	6
8. 2013....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	222	60	25	13
9. 2014....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	219	53	24
10. 2015....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	218	45
11. 2016....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	237

Infinity Preferred Insurance Company
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....	AL	N.....							
2. Alaska.....	AK	N.....							
3. Arizona.....	AZ	N.....							
4. Arkansas.....	AR	N.....							
5. California.....	CA	N.....							
6. Colorado.....	CO	N.....							
7. Connecticut.....	CT	N.....							
8. Delaware.....	DE	N.....							
9. District of Columbia.....	DC	N.....							
10. Florida.....	FL	N.....							
11. Georgia.....	GA	N.....							
12. Hawaii.....	HI	N.....							
13. Idaho.....	ID	N.....							
14. Illinois.....	IL	N.....							
15. Indiana.....	IN	N.....							
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	N.....							
24. Minnesota.....	MN	N.....							
25. Mississippi.....	MS	N.....							
26. Missouri.....	MO	N.....							
27. Montana.....	MT	N.....							
28. Nebraska.....	NE	N.....							
29. Nevada.....	NV	N.....							
30. New Hampshire.....	NH	N.....							
31. New Jersey.....	NJ	N.....							
32. New Mexico.....	NM	N.....							
33. New York.....	NY	N.....							
34. North Carolina.....	NC	N.....							
35. North Dakota.....	ND	N.....							
36. Ohio.....	OH	L.....				(1,651)	(7,962)	102	48
37. Oklahoma.....	OK	N.....							
38. Oregon.....	OR	N.....							
39. Pennsylvania.....	PA	L.....				37,465	(13,447)	114,503	
40. Rhode Island.....	RI	N.....							
41. South Carolina.....	SC	N.....							
42. South Dakota.....	SD	N.....							
43. Tennessee.....	TN	N.....							
44. Texas.....	TX	N.....							
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	0	0
59. Totals.....		(a) 2	0	0	0	35,814	(21,409)	114,605	48

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	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)	XXX.....0		0	0	0	0	0	0	0

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

(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.

Explanation of Basis of Allocation of Premiums by States, etc.

Auto Liability and Auto Physical Damage - Location of principal garage of insured.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

	<u>FEIN Number</u>	<u>NAIC Co. Code</u>	<u>Domiciliary State</u>
INFINITY PROPERTY AND CASUALTY CORPORATION			
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

2016 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

Assets	2	Schedule P-Part 2G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	58
Cash Flow	5	Schedule P-Part 2H-Section 1-Other Liability-Occurrence	58
Exhibit of Capital Gains (Losses)	12	Schedule P-Part 2H-Section 2-Other Liability-Claims-Made	58
Exhibit of Net Investment Income	12	Schedule P-Part 2I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)	59
Exhibit of Nonadmitted Assets	13	Schedule P-Part 2J-Auto Physical Damage	59
Exhibit of Premiums and Losses (State Page)	19	Schedule P-Part 2K-Fidelity, Surety	59
Five-Year Historical Data	17	Schedule P-Part 2L-Other (Including Credit, Accident and Health)	59
General Interrogatories	15	Schedule P-Part 2M-International	59
Jurat Page	1	Schedule P-Part 2N-Reinsurance – Nonproportional Assumed Property	60
Liabilities, Surplus and Other Funds	3	Schedule P-Part 2O-Reinsurance – Nonproportional Assumed Liability	60
Notes To Financial Statements	14	Schedule P-Part 2P-Reinsurance – Nonproportional Assumed Financial Lines	60
Overflow Page For Write-ins	100	Schedule P-Part 2R-Section 1-Products Liability-Occurrence	61
Schedule A-Part 1	E01	Schedule P-Part 2R-Section 2-Products Liability-Claims-Made	61
Schedule A-Part 2	E02	Schedule P-Part 2S-Financial Guaranty/Mortgage Guaranty	61
Schedule A-Part 3	E03	Schedule P-Part 2T-Warranty	61
Schedule A-Verification Between Years	SI02	Schedule P-Part 3A-Homeowners/Farmowners	62
Schedule B-Part 1	E04	Schedule P-Part 3B-Private Passenger Auto Liability/Medical	62
Schedule B-Part 2	E05	Schedule P-Part 3C-Commercial Auto/Truck Liability/Medical	62
Schedule B-Part 3	E06	Schedule P-Part 3D-Workers' Compensation (Excluding Excess Workers Compensation)	62
Schedule B-Verification Between Years	SI02	Schedule P-Part 3E-Commercial Multiple Peril	62
Schedule BA-Part 1	E07	Schedule P-Part 3F-Section 1-Medical Professional Liability-Occurrence	63
Schedule BA-Part 2	E08	Schedule P-Part 3F-Section 2-Medical Professional Liability-Claims-Made	63
Schedule BA-Part 3	E09	Schedule P-Part 3G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	63
Schedule BA-Verification Between Years	SI03	Schedule P-Part 3H-Section 1-Other Liability-Occurrence	63
Schedule D-Part 1	E10	Schedule P-Part 3H-Section 2-Other Liability-Claims-Made	63
Schedule D-Part 1A-Section 1	SI05	Schedule P-Part 3I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)	64
Schedule D-Part 1A-Section 2	SI08	Schedule P-Part 3J-Auto Physical Damage	64
Schedule D-Part 2-Section 1	E11	Schedule P-Part 3K-Fidelity/Surety	64
Schedule D-Part 2-Section 2	E12	Schedule P-Part 3L-Other (Including Credit, Accident and Health)	64
Schedule D-Part 3	E13	Schedule P-Part 3M-International	64
Schedule D-Part 4	E14	Schedule P-Part 3N-Reinsurance – Nonproportional Assumed Property	65
Schedule D-Part 5	E15	Schedule P-Part 3O-Reinsurance – Nonproportional Assumed Liability	65
Schedule D-Part 6-Section 1	E16	Schedule P-Part 3P-Reinsurance – Nonproportional Assumed Financial Lines	65
Schedule D-Part 6-Section 2	E16	Schedule P-Part 3R-Section 1-Products Liability-Occurrence	66
Schedule D-Summary By Country	SI04	Schedule P-Part 3R-Section 2-Products Liability-Claims-Made	66
Schedule D-Verification Between Years	SI03	Schedule P-Part 3S-Financial Guaranty/Mortgage Guaranty	66
Schedule DA-Part 1	E17	Schedule P-Part 3T-Warranty	66
Schedule DA-Verification Between Years	SI10	Schedule P-Part 4A-Homeowners/Farmowners	67
Schedule DB-Part A-Section 1	E18	Schedule P-Part 4B-Private Passenger Auto Liability/Medical	67
Schedule DB-Part A-Section 2	E19	Schedule P-Part 4C-Commercial Auto/Truck Liability/Medical	67
Schedule DB-Part A-Verification Between Years	SI11	Schedule P-Part 4D-Workers' Compensation (Excluding Excess Workers Compensation)	67
Schedule DB-Part B-Section 1	E20	Schedule P-Part 4E-Commercial Multiple Peril	67
Schedule DB-Part B-Section 2	E21	Schedule P-Part 4F-Section 1-Medical Professional Liability-Occurrence	68
Schedule DB-Part B-Verification Between Years	SI11	Schedule P-Part 4F-Section 2-Medical Professional Liability-Claims-Made	68
Schedule DB-Part C-Section 1	SI12	Schedule P-Part 4G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	68
Schedule DB-Part C-Section 2	SI13	Schedule P-Part 4H-Section 1-Other Liability-Occurrence	68
Schedule DB-Part D-Section 1	E22	Schedule P-Part 4H-Section 2-Other Liability-Claims-Made	68
Schedule DB-Part D-Section 2	E23	Schedule P-Part 4I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	69
Schedule DB-Verification	SI14	Schedule P-Part 4J-Auto Physical Damage	69
Schedule DL-Part 1	E24	Schedule P-Part 4K-Fidelity/Surety	69
Schedule DL-Part 2	E25	Schedule P-Part 4L-Other (Including Credit, Accident and Health)	69
Schedule E-Part 1-Cash	E26	Schedule P-Part 4M-International	69
Schedule E-Part 2-Cash Equivalents	E27	Schedule P-Part 4N-Reinsurance – Nonproportional Assumed Property	70
Schedule E-Part 3-Special Deposits	E28	Schedule P-Part 4O-Reinsurance – Nonproportional Assumed Liability	70
Schedule E-Verification Between Years	SI15	Schedule P-Part 4P-Reinsurance – Nonproportional Assumed Financial Lines	70
Schedule F-Part 1	20	Schedule P-Part 4R-Section 1-Products Liability-Occurrence	71
Schedule F-Part 2	21	Schedule P-Part 4R-Section 2-Products Liability-Claims-Made	71
Schedule F-Part 3	22	Schedule P-Part 4S-Financial Guaranty/Mortgage Guaranty	71
Schedule F-Part 4	23	Schedule P-Part 4T-Warranty	71
Schedule F-Part 5	24	Schedule P-Part 5A-Homeowners/Farmowners	72
Schedule F-Part 6-Section 1	25	Schedule P-Part 5B-Private Passenger Auto Liability/Medical	73
Schedule F-Part 6-Section 2	26	Schedule P-Part 5C-Commercial Auto/Truck Liability/Medical	74
Schedule F-Part 7	27	Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers Compensation)	75
Schedule F-Part 8	28	Schedule P-Part 5E-Commercial Multiple Peril	76
Schedule F-Part 9	29	Schedule P-Part 5F-Medical Professional Liability-Claims-Made	78
Schedule H-Accident and Health Exhibit-Part 1	30	Schedule P-Part 5F-Medical Professional Liability-Occurrence	77
Schedule H-Part 2, Part 3 and Part 4	31	Schedule P-Part 5H-Other Liability-Claims-Made	80
Schedule H-Part 5-Health Claims	32	Schedule P-Part 5H-Other Liability-Occurrence	79
Schedule P-Part 1-Summary	33	Schedule P-Part 5R-Products Liability-Claims-Made	82
Schedule P-Part 1A-Homeowners/Farmowners	35	Schedule P-Part 5R-Products Liability-Occurrence	81
Schedule P-Part 1B-Private Passenger Auto Liability/Medical	36	Schedule P-Part 5T-Warranty	83
Schedule P-Part 1C-Commercial Auto/Truck Liability/Medical	37	Schedule P-Part 6C-Commercial Auto/Truck Liability/Medical	84
Schedule P-Part 1D-Workers' Compensation (Excluding Excess Workers Compensation)	38	Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers Compensation)	84
Schedule P-Part 1E-Commercial Multiple Peril	39	Schedule P-Part 6E-Commercial Multiple Peril	85
Schedule P-Part 1F-Section 1-Medical Professional Liability-Occurrence	40	Schedule P-Part 6H-Other Liability-Claims-Made	86
Schedule P-Part 1F-Section 2-Medical Professional Liability-Claims-Made	41	Schedule P-Part 6H-Other Liability-Occurrence	85
Schedule P-Part 1G-Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler & Machinery)	42	Schedule P-Part 6M-International	86
Schedule P-Part 1H-Section 1-Other Liability-Occurrence	43	Schedule P-Part 6N-Reinsurance – Nonproportional Assumed Property	87
Schedule P-Part 1H-Section 2-Other Liability-Claims-Made	44	Schedule P-Part 6O-Reinsurance – Nonproportional Assumed Liability	87
Schedule P-Part 1I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45	Schedule P-Part 6R-Products Liability-Claims-Made	88
Schedule P-Part 1J-Auto Physical Damage	46	Schedule P-Part 6R-Products Liability-Occurrence	88
Schedule P-Part 1K-Fidelity/Surety	47	Schedule P-Part 7A-Primary Loss Sensitive Contracts	89
Schedule P-Part 1L-Other (Including Credit, Accident and Health)	48	Schedule P-Part 7B-Reinsurance Loss Sensitive Contracts	91
Schedule P-Part 1M-International	49	Schedule P-Interrogatories	93
Schedule P-Part 1N-Reinsurance – Nonproportional Assumed Property	50	Schedule T-Exhibit of Premiums Written	94
Schedule P-Part 1O-Reinsurance – Nonproportional Assumed Liability	51	Schedule T-Part 2-Interstate Compact	95
Schedule P-Part 1P-Reinsurance – Nonproportional Assumed Financial Lines	52	Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule P-Part 1R-Section 1-Products Liability-Occurrence	53	Schedule Y-Detail of Insurance Holding Company System	97
Schedule P-Part 1R-Section 2-Products Liability-Claims-Made	54	Schedule Y-Part 2-Summary of Insurer's Transactions With Any Affiliates	98
Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty	55	Statement of Income	4
Schedule P-Part 1T-Warranty	56	Summary Investment Schedule	SI01
Schedule P-Part 2, Part 3 and Part 4 - Summary	34	Supplemental Exhibits and Schedules Interrogatories	99
Schedule P-Part 2A-Homeowners/Farmowners	57	Underwriting and Investment Exhibit Part 1	6
Schedule P-Part 2B-Private Passenger Auto Liability/Medical	57	Underwriting and Investment Exhibit Part 1A	7
Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical	57	Underwriting and Investment Exhibit Part 1B	8
Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation)	57	Underwriting and Investment Exhibit Part 2	9
Schedule P-Part 2E-Commercial Multiple Peril	57	Underwriting and Investment Exhibit Part 2A	10
Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence	58	Underwriting and Investment Exhibit Part 3	11
Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made	58		