



ANNUAL STATEMENT

For the Year Ended December 31, 2016

of the Condition and Affairs of the

Affinity Mutual Insurance Company

NAIC Group Code..... 0, 0
(Current Period) (Prior Period)

NAIC Company Code..... 16748

Employer's ID Number..... 34-4317240

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... December 17, 1934

Commenced Business..... May 1, 1935

Statutory Home Office

722 North Cable Road..... Lima OH US 45805-1795
(Street and Number) (City or Town, State, Country and Zip Code)

419-227-6604

(Area Code) (Telephone Number)

Main Administrative Office

722 North Cable Road..... Lima OH US..... 45805-1795
(Street and Number) (City or Town, State, Country and Zip Code)

Mail Address

722 North Cable Road..... Lima OH US 45805-1795
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

722 North Cable Road..... Lima OH US 45805-1795
(Street and Number) (City or Town, State, Country and Zip Code)

419-227-6604

(Area Code) (Telephone Number)

Internet Web Site Address

www.affinity-mutual.com

Statutory Statement Contact

Brent A. Helmke

419-227-6604

(Name)

bhelmke@affinity-mutual.com

419-224-4874

(E-Mail Address)

(Fax Number)

OFFICERS

Name

Title

Name

Title

1. Jack L. Brinkman
3. Brent A. Helmke

President
Treasurer

2. Jack L. Brinkman
4.

Secretary

Eldon M. Helmke

Chairman

David W. Seemann

Vice Chairman

OTHER

DIRECTORS OR TRUSTEES

Daniel R. Combs
Scott W. Boulis
Brent R. Petersen

David W. Seemann
Eldon M. Helmke

Alvin J. King
Dale N. Hirschfeld

Fred G. Bunke
Gary L. Luginbill

State of..... Ohio
County of.... Allen

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

(Signature)
Jack L. Brinkman
1. (Printed Name)
President
(Title)

(Signature)
Jack L. Brinkman
2. (Printed Name)
Secretary
(Title)

(Signature)
Brent A. Helmke
3. (Printed Name)
Treasurer
(Title)

Subscribed and sworn to before me

This _____ day of _____ 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

Annual Statement for the year 2016 of the **Affinity Mutual Insurance Company**
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).....	2,071,795		2,071,795	2,671,469
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	163,745
2.2 Common stocks.....	2,662,014	926	2,661,089	4,789,991
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).....	107,168		107,168	112,842
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 (\$....2,088,953, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....4,802,342, Schedule DA).....	6,891,296		6,891,296	3,175,546
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....	25,107		25,107	100,144
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).....	11,757,380	926	11,756,455	11,013,738
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	32,770		32,770	44,971
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	291,423		291,423	238,348
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	1,888,952		1,888,952	1,986,555
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	100,697		100,697	38,848
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	17,595		17,595	27,985
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.....	86,540		86,540	87,827
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	1,984		1,984	4,622
21. Furniture and equipment, including health care delivery assets (\$.....0).....	8,594	8,594	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).....	14,185,934	9,520	14,176,414	13,442,893
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	14,185,934	9,520	14,176,414	13,442,893

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. Building Permanent Improvement Pre-Payment.....			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

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	1,410,373	1,623,358
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....	.....	.....
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	347,814	287,243
4. Commissions payable, contingent commissions and other similar charges.....	613,415	651,757
5. Other expenses (excluding taxes, licenses and fees).....	97,356	116,037
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	15,660	3,785
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	.....	.....
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 \$.....399,703 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).....	3,287,019	3,367,787
10. Advance premium.....	17,774	5,275
11. Dividends declared and unpaid:		
11.1 Stockholders.....	.....	.....
11.2 Policyholders.....	.....	.....
12. Ceded reinsurance premiums payable (net of ceding commissions).....	311,211	320,451
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.....	.....	.....
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).....	6,100,623	6,375,694
27. Protected cell liabilities.....	.....	.....
28. Total liabilities (Lines 26 and 27).....	6,100,623	6,375,694
29. Aggregate write-ins for special surplus funds.....	.0	.0
30. Common capital stock.....	.....	.....
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.....	.....	.....
35. Unassigned funds (surplus).....	8,075,791	7,067,200
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).....	8,075,791	7,067,200
38. TOTAL (Page 2, Line 28, Col. 3).....	14,176,414	13,442,893

DETAILS OF WRITE-INS

2501. Line 15 from 2000 Annual Statement.....	.....	.....
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

Affinity Mutual Insurance Company

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	4,352,904	4,583,606
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7).....	1,220,896	1,806,600
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	.574,703	751,739
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	2,641,019	2,477,362
5. Aggregate write-ins for underwriting deductions.....	.0	0
6. Total underwriting deductions (Lines 2 through 5).....	4,436,619	5,035,701
7. Net income of protected cells.....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	(83,714)	(452,095)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	181,326	188,758
10. Net realized capital gains (losses) less capital gains tax of \$.....0 (Exhibit of Capital Gains (Losses)).....	75,384	(299,076)
11. Net investment gain (loss) (Lines 9 + 10).....	256,710	(110,319)
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$....2,437 amount charged off \$....2,818).....	(381)	(6,293)
13. Finance and service charges not included in premiums.....	220	327
14. Aggregate write-ins for miscellaneous income.....	(161)	(5,966)
15. Total other income (Lines 12 through 14).....	172,835	(568,380)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....		
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).....	172,835	(568,380)
19. Federal and foreign income taxes incurred.....		172
20. Net income (Line 18 minus Line 19) (to Line 22).....	172,835	(568,552)
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	7,067,200	8,572,833
22. Net income (from Line 20).....	172,835	(568,552)
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....	834,700	(688,657)
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....	(1,287)	(251,404)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....	2,344	2,979
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.....		
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).....	1,008,592	(1,505,633)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	8,075,791	7,067,200

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. Lines 23 and 29 from 2000 Annual Statement.....		
1402. Miscellaneous Income.....	220	327
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).....	220	327
3701. Lines 23 and 29 from 2000 Annual Statement.....		
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 **Affinity Mutual Insurance Company**
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	4,319,923	4,580,571
2. Net investment income.....	246,619	269,655
3. Miscellaneous income.....	(161)	(5,966)
4. Total (Lines 1 through 3).....	4,566,381	4,844,260
5. Benefit and loss related payments.....	1,485,340	1,950,575
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	.....	.....
7. Commissions, expenses paid and aggregate write-ins for deductions.....	3,190,394	3,123,741
8. Dividends paid to policyholders.....	.....	.....
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	.....	(41,533)
10. Total (Lines 5 through 9).....	4,675,734	5,032,783
11. Net cash from operations (Line 4 minus Line 10).....	(109,353)	(188,523)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:	.....	.....
12.1 Bonds.....	1,191,450	1,018,095
12.2 Stocks.....	5,061,191	2,409,743
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.....	75,037	.....
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	6,327,678	3,427,838
13. Cost of investments acquired (long-term only):	.....	.....
13.1 Bonds.....	623,242	411,970
13.2 Stocks.....	1,884,316	3,531,842
13.3 Mortgage loans.....	.....	.....
13.4 Real estate.....	.....	2,251
13.5 Other invested assets.....	.....	.....
13.6 Miscellaneous applications.....	.....	100,144
13.7 Total investments acquired (Lines 13.1 to 13.6).....	2,507,557	4,046,207
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).....	3,820,120	(618,369)
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.....	.....	.....
16.6 Other cash provided (applied).....	4,982	7,834
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	4,982	7,834
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).....	3,715,749	(799,058)
19. Cash, cash equivalents and short-term investments:	.....	.....
19.1 Beginning of year.....	3,175,546	3,974,604
19.2 End of year (Line 18 plus Line 19.1).....	6,891,295	3,175,546

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

20.0001
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Affinity Mutual 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.....	616,457	604,074	614,834	605,697
2. Allied lines.....	410,972	402,715	409,889	403,798
3. Farmowners multiple peril.....	0	0	0	0
4. Homeowners multiple peril.....	0	0	0	0
5. Commercial multiple peril.....	2,052,875	1,624,188	1,556,685	2,120,379
6. Mortgage guaranty.....	0	0	0	0
8. Ocean marine.....	0	0	0	0
9. Inland marine.....	189,904	168,424	162,219	196,109
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.....	16,884	11,062	8,201	19,744
17.2 Other liability - claims-made.....	0	0	0	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.....	0	0	0	0
19.3, 19.4 Commercial auto liability.....	596,915	392,510	372,112	617,313
21. Auto physical damage.....	368,800	153,047	152,758	369,089
22. Aircraft (all perils).....	0	0	0	0
23. Fidelity.....	5,006	5,860	4,579	6,287
24. Surety.....	12,112	4,332	4,547	11,897
26. Burglary and theft.....	2,210	1,575	1,195	2,591
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.....	4,272,136	3,367,787	3,287,019	4,352,904

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

Affinity Mutual 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.....	614,834				614,834
2. Allied lines.....	409,889				409,889
3. Farmowners multiple peril.....					0
4. Homeowners multiple peril.....					0
5. Commercial multiple peril.....	1,556,685				1,556,685
6. Mortgage guaranty.....					0
8. Ocean marine.....					0
9. Inland marine.....	162,219				162,219
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.....	8,201				8,201
17.2 Other liability - claims-made.....					0
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.....					0
19.3, 19.4 Commercial auto liability.....	372,112				372,112
21. Auto physical damage.....	152,758				152,758
22. Aircraft (all perils).....					0
23. Fidelity.....	4,579				4,579
24. Surety.....	4,547				4,547
26. Burglary and theft.....	1,195				1,195
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	0
35. TOTALS.....	3,287,019	0	0	0	3,287,019
36. Accrued retrospective premiums based on experience.....					
37. Earned but unbilled premiums.....					0
38. Balance (sum of Lines 35 through 37).....					3,287,019

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
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0

(a) State here basis of computation used in each case: Monthly Pro-Rata

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.....	1,302,237				685,780	616,457
2. Allied lines.....	868,158				457,186	410,972
3. Farmowners multiple peril.....						0
4. Homeowners multiple peril.....						0
5. Commercial multiple peril.....	3,843,334				1,790,459	2,052,875
6. Mortgage guaranty.....						0
8. Ocean marine.....						0
9. Inland marine.....	400,050				210,146	189,904
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.....	462,139				445,255	16,884
17.2 Other liability - claims-made.....						0
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.....						0
19.3, 19.4 Commercial auto liability.....	834,140				237,225	596,915
21. Auto physical damage.....	375,623				6,823	368,800
22. Aircraft (all perils).....						0
23. Fidelity.....	10,049				5,043	5,006
24. Surety.....	12,112					12,112
26. Burglary and theft.....	2,252				42	2,210
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.....	8,110,094	0	0	0	3,837,958	4,272,136

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
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	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.....	356,797		56,747	300,050	13,013	103,820	209,243	34.5
2. Allied lines.....	115,568		69,527	46,041	63,562	6,820	102,783	25.5
3. Farmowners multiple peril.....				0	0	0	0	0.0
4. Homeowners multiple peril.....				0	0	0	0	0.0
5. Commercial multiple peril.....	591,212		187,544	403,668	657,437	906,781	154,323	7.3
6. Mortgage guaranty.....				0	0	0	0	0.0
8. Ocean marine.....				0	0	0	0	0.0
9. Inland marine.....	101,387		31	101,357	34,631	17,950	118,037	60.2
10. Financial guaranty.....				0	0	0	0	0.0
11.1 Medical professional liability - occurrence.....				0	0	0	0	0.0
11.2 Medical professional liability - claims-made.....				0	0	0	0	0.0
12. Earthquake.....				0	0	0	0	0.0
13. Group accident and health.....				0	0	0	0	0.0
14. Credit accident and health (group and individual).....				0	0	0	0	0.0
15. Other accident and health.....				0	0	0	0	0.0
16. Workers' compensation.....				0	0	0	0	0.0
17.1 Other liability - occurrence.....				0	28,100	30,265	(2,165)	(11.0)
17.2 Other liability - claims-made.....				0	0	0	0	0.0
17.3 Excess workers' compensation.....				0	0	0	0	0.0
18.1 Products liability - occurrence.....				0	0	0	0	0.0
18.2 Products liability - claims-made.....				0	0	0	0	0.0
19.1, 19.2 Private passenger auto liability.....				0	0	0	0	0.0
19.3, 19.4 Commercial auto liability.....	231,877		23,913	207,964	574,016	516,471	265,508	43.0
21. Auto physical damage.....	373,981			373,981	30,198	30,478	373,701	101.2
22. Aircraft (all perils).....				0	0	0	0	0.0
23. Fidelity.....				0	0	0	0	0.0
24. Surety.....				0	9,417	8,773	.644	5.4
26. Burglary and theft.....	.821			.821	0	2,000	(1,180)	(45.5)
27. Boiler and machinery.....				0	0	0	0	0.0
28. Credit.....				0	0	0	0	0.0
29. International.....				0	0	0	0	0.0
30. Warranty.....				0	0	0	0	0.0
31. Reinsurance - nonproportional assumed property.....	XXX.			0	0	0	0	0.0
32. Reinsurance - nonproportional assumed liability.....	XXX.			0	0	0	0	0.0
33. Reinsurance - nonproportional assumed financial lines.....	XXX.			0	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.....	1,771,643	.0	.337,762	1,433,881	1,410,373	1,623,358	1,220,896	28.0

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 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire.....	370,768		370,768	0	34,303		21,290	13,013	1,441
2. Allied lines.....	.50,550			50,550	34,302		21,290	63,562	.9,301
3. Farmowners multiple peril.....				0				0	
4. Homeowners multiple peril.....				0				0	
5. Commercial multiple peril.....	1,774,926		1,364,162	.410,765	1,152,533		.905,861	.657,437	200,990
6. Mortgage guaranty.....				0				0	
8. Ocean marine.....				0				0	
9. Inland marine.....	34,631			34,631				34,631	.4,925
10. Financial guaranty.....				0				0	
11.1 Medical professional liability - occurrence.....				0				0	
11.2 Medical professional liability - claims-made.....				0				0	
12. Earthquake.....				0				0	
13. Group accident and health.....				0				(a).	0
14. Credit accident and health (group and individual).....				0				0	
15. Other accident and health.....				0				(a).	0
16. Workers' compensation.....				0				0	
17.1 Other liability - occurrence.....				0	562,027		.533,927	.28,100	.29,103
17.2 Other liability - claims-made.....				0				0	
17.3 Excess workers' compensation.....				0				0	
18.1 Products liability - occurrence.....				0				0	
18.2 Products liability - claims-made.....				0				0	
19.1, 19.2 Private passenger auto liability.....				0				0	
19.3, 19.4 Commercial auto liability.....	.692,350		.299,282	.393,068	343,629		.162,681	.574,016	.83,449
21. Auto physical damage.....	.23,500			.23,500	.6,698			.30,198	.17,032
22. Aircraft (all perils).....				0				0	
23. Fidelity.....				0				0	
24. Surety.....				0	12,336		.2,919	.9,417	.1,573
26. Burglary and theft.....				0				0	
27. Boiler and machinery.....				0				0	
28. Credit.....				0				0	
29. International.....				0				0	
30. Warranty.....				0				0	
31. Reinsurance - nonproportional assumed property.....	XXX			0	XXX			0	
32. Reinsurance - nonproportional assumed liability.....	XXX			0	XXX			0	
33. Reinsurance - nonproportional assumed financial lines.....	XXX			0	XXX			0	
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0
35. TOTALS.....	2,946,726	0	2,034,212	.912,513	2,145,828	0	1,647,968	1,410,373	347,814

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.

Annual Statement for the year 2016 of the **Affinity Mutual 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.....	1,060,188			1,060,188
1.2 Reinsurance assumed.....				0
1.3 Reinsurance ceded.....	680,330			680,330
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	379,858	0	0	379,858
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....		992,252		992,252
2.2 Reinsurance assumed, excluding contingent.....				0
2.3 Reinsurance ceded, excluding contingent.....		242,699		242,699
2.4 Contingent - direct.....		343,782		343,782
2.5 Contingent - reinsurance assumed.....				0
2.6 Contingent - reinsurance ceded.....		17,595		17,595
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	1,075,740	0	1,075,740
3. Allowances to manager and agents.....	2,977			2,977
4. Advertising.....		12,999		12,999
5. Boards, bureaus and associations.....		14,246		14,246
6. Surveys and underwriting reports.....		125,980		125,980
7. Audit of assureds' records.....				0
8. Salary and related items:				
8.1 Salaries.....	122,858	838,990	32,824	994,672
8.2 Payroll taxes.....	8,931	61,166	2,392	72,489
9. Employee relations and welfare.....	29,406	201,402	7,877	238,684
10. Insurance.....	2,425	16,609	650	19,684
11. Directors' fees.....	7,342	50,289	1,967	59,598
12. Travel and travel items.....	3,879	16,610	507	20,995
13. Rent and rent items.....	2,772	18,985	742	22,500
14. Equipment.....	4,244	29,064	1,137	34,444
15. Cost or depreciation of EDP equipment and software.....	780	5,342	209	6,331
16. Printing and stationery.....	1,704	11,673	457	13,834
17. Postage, telephone and telegraph, exchange and express.....	2,938	20,124	787	23,849
18. Legal and auditing.....	4,590	68,483	23,269	96,342
19. Totals (Lines 3 to 18).....	194,845	1,491,961	72,817	1,759,624
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....		56,536		56,536
20.2 Insurance department licenses and fees.....		11,179		11,179
20.3 Gross guaranty association assessments.....		158		158
20.4 All other (excluding federal and foreign income and real estate).....				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	67,873	0	67,873
21. Real estate expenses.....			13,232	13,232
22. Real estate taxes.....			6,601	6,601
23. Reimbursements by uninsured plans.....				0
24. Aggregate write-ins for miscellaneous expenses.....	0	5,445	0	5,445
25. Total expenses incurred.....	574,703	2,641,019	92,650	(a) 3,308,373
26. Less unpaid expenses - current year.....	339,896	403,037	15,531	758,464
27. Add unpaid expenses - prior year.....	284,977	368,693	25,437	679,106
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).....	519,785	2,606,675	102,556	3,229,015

DETAILS OF WRITE-INS

2401. Policyholder Meeting Expense.....		2,132		2,132
2402. Miscellaneous Expenses.....		3,313		3,313
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).....	0	5,445	0	5,445

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

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....2,099	.....2,724
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....54,043	.....46,143
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....9,225	.....9,225
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....209,952	.....205,025
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....15,000	.....15,000
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....1,533	.....1,533
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....291,852	.....279,650
11. Investment expenses.....	(g).....92,650	.....
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).....5,674	.....
15. Aggregate write-ins for deductions from investment income.....	.....0	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....98,324
17. Net investment income (Line 10 minus Line 16).....	.....	.....181,326

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
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....	.....0

(a) Includes \$....163 accrual of discount less \$....57,486 amortization of premium and less \$....4,152 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 \$....5,674 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.....	.....	.....	.....0	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....4,613	.....	.....4,613	.....21,244	.....
1.3 Bonds of affiliates.....	.....	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....48,090	.....	.....48,090	.....(43,348)	.....
2.11 Preferred stocks of affiliates.....	.....	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....22,681	.....	.....22,681	.....856,804	.....
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).....	.....75,384	.....0	.....75,384	.....834,700	.....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

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.....	926	926	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).....	926	926	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.....			0
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.....	8,594	10,938	2,344
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).....	9,520	11,864	2,344
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	9,520	11,864	2,344

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. Building Permanent Improvement Pre-Payment.....			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 Affinity Mutual Insurance Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance. The Ohio Department of Insurance has adopted the National Association of Insurance Commissioner's (NAIC) Accounting Practices and Procedures Manual as the permitted practice for the filing of financial statements.

	SSAP #	F/S Page	F/S Line #	2016	2015
NET INCOME					
(1) Affinity Mutual Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 172,835	\$ (568,552)
(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	\$ 172,835	\$ (568,552)
SURPLUS					
(5) Affinity Mutual Insurance Company state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 8,075,791	\$ 7,067,200
(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	\$ 8,075,791	\$ 7,067,200

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 the reported amounts of revenue and expenses during the period. Actual results could differ from those estimated.

C. Accounting Policy

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 the premiums written. Such reserves are computed on a pro-rata basis.

Expenses incurred in the connection with acquiring new insurance business, including such acquisitions costs as sales commissions, are charged to operations as incurred.

Investments are stated at amortized cost or market value based on the NAIC Accounting Practice and Procedures Manual and the Purpose and Procedures Manual of the NAIC Securities Valuation Office.

Affinity Mutual Insurance Company values Ohio Insurance Services, Inc. (non-insurance company subsidiary) using the equity method. The equity in Ohio Insurance Services, Inc. (\$926) is treated as a non-admitted asset. Since Ohio Insurance Services, Inc. is dormant, management is in discussions with the NAIC and the Ohio Department of Insurance to determine the correct required filings. As of December 31, 2016, the Sub-1 form has not been filed with the SVO.

Affinity Mutual Insurance Company does not anticipate investment income when evaluating the need for premium deficiency reserves.

Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

D. Going Concern

Based upon its evaluation of relevant conditions and events, management does not have substantial doubt about Affinity Mutual Insurance Company's ability to continue as a going concern.

Note 2 – Accounting Changes and Corrections of Errors

Not applicable.

Note 3 – Business Combinations and Goodwill

None.

Note 4 – Discontinued Operations

None.

Note 5 – Investments**D. Loan-Backed Securities**

As of December 31, 2016, individual investments were reviewed to determine if an other than temporary impairment should be recorded and after reviewing the investments and the corresponding NAIC guidance no impairment was applied.

E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

NOTES TO FINANCIAL STATEMENTS**H. Restricted Assets****(1) Restricted Assets (Including Pledged)**

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted							Current Year			
	Current Year									Percentage	
	1	2	3	4	5	6	7	8	9	10	11
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 Assets (d)	
j. On deposit with states	399,899			399,899	399,775	124		399,899	2,819	2,821	
o. Total Restricted Assets	\$ 399,899	\$	\$	\$ 399,899	\$ 399,775	\$ 124		\$ 399,899	2,819	2,821%	

I. Working Capital Finance Investments

Not applicable.

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			\$	\$	\$	\$
(2) Bonds – FV	1	1	\$ 75,375	\$ 62,250	\$ 75,375	\$ 62,250
(3) LB & SS – AC			\$	\$	\$	\$
(4) LB & SS – FV			\$	\$	\$	\$
(5) Preferred Stock – AC			\$	\$	\$	\$
(6) Preferred Stock – FV			\$	\$	\$	\$
(7) Total (1+2+3+4+5+6)	1	1	\$ 75,375	\$ 62,250	\$ 75,375	\$ 62,250

AC – Amortized Cost

FV – Fair Value

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

None.

Note 7 – Investment Income

Affinity Mutual Insurance Company has \$0 excluded investment income.

Note 8 – Derivative Instruments

None.

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	\$ 617,263	\$ 29,476	\$ 646,738	\$ 473,215	\$ 34,000	\$ 507,215	\$ 144,047	\$ (4,524)	\$ 139,523
b. Statutory valuation allowance adjustment	549,263		549,263	405,215		405,215	144,047		144,047
c. Adjusted gross deferred tax assets (1a-1b)	68,000	29,476	97,476	68,000	34,000	102,000		(4,524)	(4,524)
d. Deferred tax assets nonadmitted									
e. Subtotal net admitted deferred tax asset (1c-1d)	68,000	29,476	97,476	68,000	34,000	102,000		(4,524)	(4,524)
f. Deferred tax liabilities	10,936		10,936	14,173		14,173	(3,237)		(3,237)
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ 57,064	\$ 29,476	\$ 86,540	\$ 53,827	\$ 34,000	\$ 87,827	\$ 3,237	\$ (4,524)	\$ (1,287)

NOTES TO FINANCIAL STATEMENTS

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	\$	\$	\$	\$	\$	\$	\$	\$	\$
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:	68,000	29,476	97,476	68,000	34,000	102,000		(4,524)	(4,524)
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	68,000	29,476	97,476	68,000	34,000	102,000		(4,524)	(4,524)
Adjusted gross deferred tax assets allowed per limitation threshold			1,198,388			1,046,906			151,482
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									
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c)	\$ 68,000	\$ 29,476	\$ 97,476	\$ 68,000	\$ 34,000	\$ 102,000	\$ (4,524)	\$ (4,524)	

3. Other Admissibility Criteria

		2016	2015
a.	Ratio percentage used to determine recovery period and threshold limitation amount	15.000%	15.000%
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 7,989,251	\$ 6,979,373

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)	\$ 68,000	\$ 29,476	\$ 68,000	\$ 34,000	\$	\$ (4,524)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 68,000	\$ 29,476	\$ 68,000	\$ 34,000	\$	\$ (4,524)
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

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

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2016	2 2015	3 (Col 1-2) Change
a. Federal	\$	\$ 172	\$ (172)
b. Foreign			
c. Subtotal	\$	\$ 172	\$ (172)
d. Federal income tax on net capital gains			
e. Utilization of capital loss carry-forwards			
f. Other			
g. Federal and Foreign income taxes incurred	\$	\$ 172	\$ (172)

2. Deferred Tax Assets

	1 2016	2 2015	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$ 7,811	\$ 13,606	\$ (5,795)
2. Unearned premium reserve	224,726	229,368	(4,642)
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted			
11. Net operating loss carry-forward	384,725	230,241	154,484
12. Tax credit carry-forward			
13. Other (including items <5% of total ordinary tax assets)			
99. Subtotal	\$ 617,263	\$ 473,215	\$ 144,047
b. Statutory valuation allowance adjustment	549,263	405,215	144,047
c. Nonadmitted			
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ 68,000	\$ 68,000	\$
e. Capital:			
1. Investments	\$ 29,476	\$ 34,000	\$ (4,524)
2. Net capital loss carry-forward			
3. Real estate			
4. Other (including items <5% of total capital tax assets)			
99. Subtotal	\$ 29,476	\$ 34,000	\$ (4,524)
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)	29,476	34,000	\$ (4,524)
i. Admitted deferred tax assets (2d+2h)	\$ 97,476	\$ 102,000	\$ (4,524)

NOTES TO FINANCIAL STATEMENTS

3. Deferred Tax Liabilities

	1 2016	2 2015	3 (Col 1-2) Change
a. Ordinary:			
1. Investments	\$ 4,482	\$ 6,157	\$ (1,675)
2. Fixed assets	6,454	8,016	(1,562)
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (including items <5% of total ordinary tax liabilities)			
99. Subtotal	\$ 10,936	\$ 14,173	\$ (3,237)
b. Capital:			
1. Investments	\$	\$	\$
2. Real estate			
3. Other (including items <5% of total capital tax liabilities)			
99. Subtotal			
c. Deferred tax liabilities (3a99+3b99)	\$ 10,936	\$ 14,173	\$ (3,237)
4. Net Deferred Tax Assets (2i - 3c)	\$ 86,540	\$ 87,827	\$ (1,287)

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

At December 31, 2016, the Company has \$1,131,545 unused operating loss carryforwards available to offset against future taxable income.

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

Affinity Mutual Insurance Company owns all outstanding shares of Ohio Insurance Services, Inc. This subsidiary is valued using the equity method. The equity in Ohio Insurance Services, Inc. (\$926) is treated as a non-admitted asset.

M. All SCA Investments

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities	%			
Total SSAP No. 97 8a Entities	XXX	\$	\$	\$
b. SSAP No. 97 8b(ii) Entities	%			
Total SSAP No. 97 8b(ii) Entities	XXX	\$	\$	\$
c. SSAP No. 97 8b(iii) Entities				
Ohio Insurance Services Inc.	100.000 %	926		926
Total SSAP No. 97 8b(iii) Entities	XXX	\$ 926	\$	926
d. SSAP No. 97 8b(iv) Entities	%			
Total SSAP No. 97 8b(iv) Entities	XXX	\$	\$	\$
e. Total SSAP No. 97 8b Entities (exception 8b(i) entities) (b + c + d)	XXX	\$ 926	\$	926
f. Aggregate Total (a + e)	XXX	\$ 926	\$	926

NOTES TO FINANCIAL STATEMENTS

(2) NAIC Filing Response Information

SCA Entity (Should be the same entities as shown in M(1) above)	Type of NAIC Filing*	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Y/N	NAIC Disallowed Entities Valuation Method Resubmission Required Y/N	Code**
a. SSAP No. 97 8a Entities						
Total SSAP No. 97 8a Entities	XXX	XXX	\$	XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities						
Total SSAP No. 97 8b(ii) Entities	XXX	XXX	\$	XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities						
Ohio Insurance Services Inc.				N		I
Total SSAP No. 97 8b(iii) Entities	XXX	XXX	\$	XXX	XXX	XXX
d. SSAP No. 97 8b(iv) Entities						
Total SSAP No. 97 8b(iv) Entities	XXX	XXX	\$	XXX	XXX	XXX
e. Total SSAP No. 97 8b Entities (exception 8b(i) entities) (b + c + d)	XXX	XXX	\$	XXX	XXX	XXX
f. Aggregate Total (a + e)	XXX	XXX	\$	XXX	XXX	XXX

* S1 – Sub-1, S2 – Sub-2 or RDF – Resubmission of Disallowed Filing

** I – Immaterial or M – Material

M. All SCA Investments

The non-admitted asset investment value of Ohio Insurance Services, Inc. (100% owned subsidiary) does not depart from the NAIC statutory accounting practice and procedures. Affinity Mutual Insurance Company is in the process of reviewing the Sub-1 filing requirements. As of December 31, 2016 the Sub-1 has not been filed.

Note 11 – Debt

None.

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

E. Defined Contribution Plans

Affinity Mutual Insurance Company sponsors a 401 (k) plan covering substantially all employees of the company.

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

(10) The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses is: \$(86,693)

Note 14 – Liabilities, Contingencies and Assessments

No significant change.

Note 15 – Leases

None.

Note 16 – Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None.

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

B. Transfer and Servicing of Financial Assets

Not applicable.

C. Wash Sales

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2016 and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)
N/A			\$	\$	\$

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

Not applicable.

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

None.

NOTES TO FINANCIAL STATEMENTS**Note 20 – Fair Value Measurements**

A.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value		Level 1	Level 2	Level 3	Total
Bonds- Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations	\$ 132,351	\$	\$	\$	\$ 132,351
Common Stock - Industrial & Miscellaneous	2,661,089				2,661,089
Common Stock - Subsidiary	926				926
Total	\$ 2,794,365	\$	\$	\$	\$ 2,794,365

Liabilities at Fair Value		Level 1	Level 2	Level 3	Total
N/A	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

a. Assets	Beginning Balance at 1/1/2016	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2016
N/A	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

b. Liabilities	Beginning Balance at 1/1/2016	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2016
N/A	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
N/A	\$	\$	\$	\$	\$	\$

D.

Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
N/A	\$	%		

Note 21 – Other Items

None.

Note 22 – Events Subsequent

None.

Note 23 – Reinsurance

A. Unsecured Reinsurance Recoverables

Affinity Mutual Insurance Company does not have an unsecured aggregate recoverables for losses, paid and unpaid including IBNR, loss adjustment expenses and the unearned premium with individual reinsurers, authorized or unauthorized, that exceed approximately 3% of policyholder surplus (\$242,274).

1. Maiden Reinsurance Corporation and Affinity Mutual Insurance Company have entered into a trust agreement. Maiden Reinsurance Corporation has agreed to collateralize payments of all amounts as of December 31, 2016 owed by Maiden Reinsurance Company to Affinity Mutual Insurance Company in connection with various Reinsurance Agreements. In conjunction with the agreement, Maiden Reinsurance Company has deposited investment grade bonds and short term investments with a cost basis of \$4,429,913 with an independent trustee. The Schedule F - Part 3 Maiden Re net amount recoverable is \$4,242,369.

B. Reinsurance Recoverable in Dispute

None.

C. Reinsurance Assumed and Ceded

(1)

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$	\$	\$	\$	\$	\$
b. All Other			399,703	84,050	(399,703)	(84,050)
c. Total	\$	\$	\$ 399,703	\$ 84,050	\$ (399,703)	\$ (84,050)
d. Direct Unearned Premium Reserves		\$ 3,686,723				

NOTES TO FINANCIAL STATEMENTS

(2)

	Direct	Assumed	Ceded	Net
a. Contingent commission	\$	\$	\$ 17,595	\$ (17,595)
b. Sliding scale adjustments				
c. Other profit commission arrangements				
d. Total	\$	\$	\$ 17,595	\$ (17,595)

D. Uncollectible Reinsurance

Not applicable.

E. Commutation of Ceded Reinsurance

Not applicable.

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

Not applicable.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2015 were \$1.911 million. As of December 31, 2016, \$711 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 \$685 thousand as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore there has been \$515 thousand favorable prior year development from December 31, 2005 to December 31, 2016. This increase is generally the result from ongoing analysis of loss developmental trends. Original reserve estimates are increased and decreased as additional information becomes known regarding individual claims.

Note 26 – Intercompany Pooling Arrangements

Not applicable.

Note 27 – Structured Settlements

None.

Note 28 – Health Care Receivables

Not applicable.

Note 29 – Participating Policies

Not applicable.

Note 30 – Premium Deficiency Reserves

1. Liability carried for premium deficiency reserve:	\$0.00
2. Date of most recent evaluation of this liability:	December 31, 2016
3. Was anticipated investment income utilized in the calculation?	Yes [] No [X]

Note 31 – High Deductibles

Not applicable.

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

None.

NOTES TO FINANCIAL STATEMENTS

Note 33 – Asbestos/Environmental Reserves

None.

Note 34 – Subscriber Savings Accounts

Not Applicable.

Note 35 – Multiple Peril Crop Insurance

Not applicable.

Note 36 – Financial Guaranty Insurance

Not applicable.

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? If yes, complete Schedule Y, Parts 1, 1A and 2. Yes [X] No []

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. 12/31/2015

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. 12/31/2010

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). 09/02/2011

3.4 By what department or departments? Ohio Department of Insurance

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		

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:

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

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.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Lentol, Violet, Kienitz & Company, 2981 Blue Jacket Court, Lima, Ohio 45806

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:

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:

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:

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?
Oliver Wyman Actuarial Consulting (William Hansen), 325 John H. McConnell Blvd., Suite 350, Columbus, Ohio 43215

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 _____
12.12 Number of parcels involved _____
12.13 Total book/adjusted carrying value \$ _____ 0

12.2 If yes, provide explanation

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:

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).

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).

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

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 [X] No []								
24.02	If no, give full and complete information, relating thereto:									
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).									
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 [] No [] N/A [X]								
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 [] No [] N/A [X]								
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes [] No [] N/A [X]								
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 [] No [] N/A [X]								
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 [X] No []								
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	\$ _____ 399,899								
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:									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33.33%;">1 Nature of Restriction</th> <th style="text-align: center; width: 33.33%;">2 Description</th> <th style="text-align: center; width: 33.33%;">3 Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>	1 Nature of Restriction	2 Description	3 Amount			\$			
1 Nature of Restriction	2 Description	3 Amount								
		\$								
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes [] No [X]								
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 [] No [] N/A [X]								
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 [] No [X]								
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 [X] No []								
28.01	For all agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33.33%;">1 Name of Custodian(s)</th> <th style="text-align: center; width: 33.33%;">2 Custodian's Address</th> </tr> </thead> <tbody> <tr> <td>Fifth Third Bank</td> <td>38 Fountain Square Plaza, Cincinnati, Ohio 45263</td> </tr> <tr> <td>American Enterprise Investment Services, Inc.</td> <td>70400 Ameriprise Financial Center, Minneapolis, MN 55474</td> </tr> </tbody> </table>	1 Name of Custodian(s)	2 Custodian's Address	Fifth Third Bank	38 Fountain Square Plaza, Cincinnati, Ohio 45263	American Enterprise Investment Services, Inc.	70400 Ameriprise Financial Center, Minneapolis, MN 55474			
1 Name of Custodian(s)	2 Custodian's Address									
Fifth Third Bank	38 Fountain Square Plaza, Cincinnati, Ohio 45263									
American Enterprise Investment Services, Inc.	70400 Ameriprise Financial Center, Minneapolis, MN 55474									
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:									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33.33%;">1 Name(s)</th> <th style="text-align: center; width: 33.33%;">2 Location(s)</th> <th style="text-align: center; width: 33.33%;">3 Complete Explanation(s)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1 Name(s)	2 Location(s)	3 Complete Explanation(s)						
1 Name(s)	2 Location(s)	3 Complete Explanation(s)								
28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?	Yes [] No [X]								
28.04	If yes, give full and complete information relating thereto:									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 25%;">1 Old Custodian</th> <th style="text-align: center; width: 25%;">2 New Custodian</th> <th style="text-align: center; width: 25%;">3 Date of Change</th> <th style="text-align: center; width: 25%;">4 Reason</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason					
1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason							
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"].									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 50%;">1 Name of Firm or Individual</th> <th style="text-align: center; width: 50%;">2 Affiliation</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	1 Name of Firm or Individual	2 Affiliation							
1 Name of Firm or Individual	2 Affiliation									

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 [] 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 [] 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

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
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

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	6,874,138	6,872,633	(1,505)
30.2	Preferred Stocks	0	0	0
30.3	Totals	6,874,138	6,872,633	(1,505)

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

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:

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:

OTHER

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

\$ 139,255

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
ISO Commercial Services	\$ 99,659

34.1 Amount of payments for legal expenses, if any?

\$ 916

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
Crabbe, Brown & James LLP	\$ 710

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
	\$

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:		
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	\$ 0
2.2	Premium Denominator	\$ 4,352,904	\$ 4,583,606
2.3	Premium Ratio (2.1/2.2)		
2.4	Reserve Numerator	\$ 0	\$ 0
2.5	Reserve Denominator	\$ 5,045,206	\$ 5,278,388
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 [X]
4.2	Does the reporting entity issue non-assessable policies?	Yes [X]	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 []	N/A []
5.3	What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?	Yes []	No []
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? N/A.		
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>Catastrophic Exposure Analysis was last performed in 2015 by Maiden RE. Statistical analysis (by zip code, per square mile) was used to determine what exposures exist for Tornado/Hail, Earthquake and combined Tornado/Hail and Earthquake perils.</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>Affinity Mutual has purchased a property catastrophic reinsurance program from Maiden Re for protection from excessive losses.</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 uninsured catastrophic loss:		
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]

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

7.2	If yes, indicate the number of reinsurance contracts containing such provisions.	0	Yes [] No []
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)?		
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		
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?		Yes [] No [X]
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:		
	(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 Casualty 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 [] No [X]
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 [] No [] N/A [X]
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		
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):	\$ _____ 150,000	
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	0	

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

facilities or facultative obligatory contracts) considered in the calculation of the amount.

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:

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:

15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X]

15.2 If yes, give full information

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).....	1,296,279	1,283,550	1,573,845	1,573,266	1,406,884
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	2,948,320	2,853,787	3,258,255	3,652,167	3,159,685
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	3,843,334	3,950,017	4,427,805	4,214,232	3,723,209
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	22,161	21,518	23,197	25,818	27,963
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
6. Total (Line 35).....	8,110,094	8,108,872	9,283,102	9,465,483	8,317,741
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).....	613,798	588,737	786,541	731,978	590,440
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	1,588,345	1,518,382	1,769,113	2,128,057	1,997,401
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	2,052,875	2,083,789	2,415,189	2,476,813	2,254,290
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	17,118	15,494	15,948	25,818	27,963
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
12. Total (Line 35).....	4,272,136	4,206,402	4,986,792	5,362,666	4,870,094
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	-(83,714)	-(452,095)	(1,928,918)	(308,380)	-(824,961)
14. Net investment gain (loss) (Line 11).....	256,710	(110,319)	1,316,790	562,735	501,588
15. Total other income (Line 15).....	(161)	(5,966)	(2,171)	(2,653)	(1,214)
16. Dividends to policyholders (Line 17).....					
17. Federal and foreign income taxes incurred (Line 19).....		172	(21,952)	9,534	
18. Net income (Line 20).....	172,835	-(568,552)	(592,348)	242,168	-(324,588)
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	14,176,414	13,442,893	15,731,925	16,784,264	14,776,823
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....	291,423	238,348	347,617	387,336	392,619
20.2 Deferred and not yet due (Line 15.2).....	1,888,952	1,986,555	2,338,273	2,414,323	2,147,852
20.3 Accrued retrospective premiums (Line 15.3).....					
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	6,100,623	6,375,694	7,159,092	6,969,843	5,450,983
22. Losses (Page 3, Line 1).....	1,410,373	1,623,358	2,051,080	1,703,890	948,139
23. Loss adjustment expenses (Page 3, Line 3).....	347,814	287,243	242,822	208,960	104,975
24. Unearned premiums (Page 3, Line 9).....	3,287,019	3,367,787	3,744,991	3,918,511	3,452,453
25. Capital paid up (Page 3, Lines 30 & 31).....					
26. Surplus as regards policyholders (Page 3, Line 37).....	8,075,791	7,067,200	8,572,833	9,814,421	9,325,840
Cash Flow (Page 5)					
27. Net cash from operations (Line 11).....	-(109,353)	-(188,523)	(1,203,469)	1,634,000	-(896,490)
Risk-Based Capital Analysis					
28. Total adjusted capital.....	8,075,791	7,067,200	8,572,833	9,814,421	9,325,840
29. Authorized control level risk-based capital.....	923,098	934,146	946,493	896,787	774,610
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).....	17.6	24.3	27.4	26.6	35.5
31. Stocks (Lines 2.1 & 2.2).....	22.6	45.0	39.3	44.9	39.6
32. Mortgage loans on real estate (Lines 3.1 & 3.2).....					
33. Real estate (Lines 4.1, 4.2 & 4.3).....	0.9	1.0	0.9	0.8	0.8
34. Cash, cash equivalents and short-term investments (Line 5).....	58.6	28.8	32.4	27.7	24.1
35. Contract loans (Line 6).....					
36. Derivatives (Line 7).....					
37. Other invested assets (Line 8).....					
38. Receivables for securities (Line 9).....	0.2	0.9			
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).....	926	926	926	926	926
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.....	926	926	926	926	926
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	0.0	0.0	0.0	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).....	834,700	.....(688,657)	.....(979,525)	.....345,942	.....83,111
52. Dividends to stockholders (Line 35).....					
53. Change in surplus as regards policyholders for the year (Line 38).....	1,008,592	.....(1,505,633)	.....(1,241,588)	.....488,581	.....(234,638)
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).....	231,877	.....223,280	.....306,542	.....73,371	.....69,549
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	948,554	.....1,834,032	.....3,294,846	.....1,239,163	.....2,669,002
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	591,212	.....5,756,216	.....8,007,629	.....3,223,019	.....4,109,073
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).....	1,771,643	.....7,813,527	.....11,609,017	.....4,535,554	.....6,847,624
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).....	207,964	.....223,280	.....306,542	.....73,371	.....69,549
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	822,250	.....797,309	.....1,472,910	.....660,394	.....920,450
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	403,668	.....1,213,734	.....1,732,073	.....865,071	.....1,842,249
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).....	1,433,881	.....2,234,322	.....3,511,524	.....1,598,836	.....2,832,248
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).....	28.0	.....39.4	.....74.8	.....48.1	.....61.5
68. Loss expenses incurred (Line 3).....	13.2	.....16.4	.....12.3	.....8.9	.....5.5
69. Other underwriting expenses incurred (Line 4).....	60.7	.....54.0	.....50.3	.....49.3	.....51.4
70. Net underwriting gain (loss) (Line 8).....	(1.9)	.....(9.9)	.....(37.4)	.....(6.3)	.....(18.5)
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).....	61.8	.....59.0	.....52.1	.....45.1	.....47.2
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	41.3	.....55.8	.....87.1	.....57.0	.....67.0
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).....	52.9	.....59.5	.....58.2	.....54.6	.....52.2
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).....	(546)	.....(322)	.....434	.....(34)	.....(227)
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).....	(7.7)	.....(3.8)	.....4.4	.....(0.4)	.....(2.4)
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).....	(663)	.....400	.....7	.....(276)	.....(190)
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).....	(7.7)	.....4.1	.....0.1	.....(2.9)	.....(1.9)

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.....	.....(2)	.....1	.....1	.....1	.....1	.....1	.....(0)	....XXX.....	
2. 2007.....	....7,699	....3,417	....4,283	....7,754	....5,340	....82	....25	....348	....68	....148	....2,750	....XXX.....
3. 2008.....	....7,263	....3,331	....3,932	....2,139	....246	....47	.....	....321	....10	....27	....2,251	....XXX.....
4. 2009.....	....6,757	....3,097	....3,660	....2,844	....1,285	....122	....6	....339	....32	....28	....1,982	....XXX.....
5. 2010.....	....6,794	....3,161	....3,633	....1,474	....189	....107	....6	....257	....4	....59	....1,639	....XXX.....
6. 2011.....	....7,152	....3,208	....3,943	....3,335	....1,124	....149	....7	....381	....55	....113	....2,678	....XXX.....
7. 2012.....	....7,847	....3,381	....4,467	....9,019	....6,182	....148	....25	....453	....83	....96	....3,331	....XXX.....
8. 2013.....	....8,918	....4,021	....4,897	....4,011	....1,650	....420	....83	....367	....24	....47	....3,042	....XXX.....
9. 2014.....	....9,466	....4,306	....5,160	....13,805	....11,002	....246	....101	....504	....95	....144	....3,356	....XXX.....
10. 2015.....	....8,551	....3,967	....4,584	....3,390	....1,417	....68	....11	....292	....9	....21	....2,313	....XXX.....
11. 2016.....	....8,228	....3,875	....4,353	....1,153	....113	....11	.....	....190	....2	....20	....1,239	....XXX.....
12. Totals.....	....XXX.....	....XXX.....	....XXX.....	....48,920	....28,547	....1,401	....265	....3,453	....382	....704	....24,581	....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.....	.....	.....	.....	.....	.....1	.....	.....	.....	.....	.....	.....	.....1	....XXX.....
2. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	....XXX.....
3. 2008.....	....25	.....	.....	.....	.....	.....	.....	.....	.....2	.....	.....	....27	....XXX.....
4. 2009.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....0	....XXX.....
5. 2010.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....0	....XXX.....
6. 2011.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....0	....XXX.....
7. 2012.....	....102	....9	....75	....75	....20	....20	....15	....15	....8	....3	.....	....97	....XXX.....
8. 2013.....	....1,566	....1,453	....241	....227	....78	....68	....20	....19	....60	....39	.....	....158	....XXX.....
9. 2014.....	....139	....100	....458	....419	....30	.....	....61	....52	....105	....83	.....	....139	....XXX.....
10. 2015.....	....187	....102	....476	....330	....10	....10	....26	....19	....69	....42	.....	....264	....XXX.....
11. 2016.....	....928	....371	....896	....596	....175	....125	....120	....87	....193	....60	.....	....1,073	....XXX.....
12. Totals.....	....2,947	....2,034	....2,146	....1,648	....313	....223	....241	....192	....437	....228	....0	....1,758	....XXX.....

	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	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	....XXX.....	.....0	....1
2. 2007.....	....8,183	....5,433	....2,750	....106.3	....159.0	....64.2	.....	.....	.....	.....0	....0
3. 2008.....	....2,534	....256	....2,278	....34.9	....7.7	....57.9	.....	.....	.....	....25	....2
4. 2009.....	....3,305	....1,323	....1,982	....48.9	....42.7	....54.1	.....	.....	.....	....0	....0
5. 2010.....	....1,838	....199	....1,639	....27.0	....6.3	....45.1	.....	.....	.....	....0	....0
6. 2011.....	....3,864	....1,186	....2,678	....54.0	....37.0	....67.9	.....	.....	.....	....0	....0
7. 2012.....	....9,840	....6,412	....3,428	....125.4	....189.7	....76.7	.....	.....	.....	....93	....5
8. 2013.....	....6,762	....3,562	....3,200	....75.8	....88.6	....65.4	.....	.....	.....	....126	....32
9. 2014.....	....15,347	....11,852	....3,495	....162.1	....275.2	....67.7	.....	.....	.....	....78	....61
10. 2015.....	....4,517	....1,940	....2,577	....52.8	....48.9	....56.2	.....	.....	.....	....232	....33
11. 2016.....	....3,666	....1,354	....2,312	....44.6	....35.0	....53.1	.....	.....	.....	....857	....215
12. Totals.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0	....0	....XXX.....	....1,410	....348

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....	980	650	395	382	374	354	357	349	345	281	(64)	(67)
2. 2007....	2,928	2,714	2,476	2,474	2,471	2,470	2,470	2,470	2,470	2,470	0	0
3. 2008....	XXX....	2,144	2,007	1,971	1,981	1,975	1,965	1,965	1,965	1,965	0	0
4. 2009....	XXX....	XXX....	1,684	1,718	1,690	1,678	1,675	1,675	1,675	1,675	0	0
5. 2010....	XXX....	XXX....	XXX....	1,525	1,465	1,403	1,402	1,400	1,387	1,386	(1)	(14)
6. 2011....	XXX....	XXX....	XXX....	XXX....	2,502	2,375	2,339	2,332	2,348	2,353	4	20
7. 2012....	XXX....	XXX....	XXX....	XXX....	XXX....	2,970	2,985	3,043	3,031	3,053	22	10
8. 2013....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	2,479	2,871	2,850	2,836	(14)	(35)
9. 2014....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	3,642	3,353	3,064	(289)	(577)
10. 2015....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	2,473	2,268	(204)	XXX....
11. 2016....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,990	XXX....	XXX....
											12. Totals....	(546) (663)

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	193	234	239	279	282	283	282	281	XXX....	XXX....
2. 2007....	1,998	2,395	2,472	2,471	2,471	2,470	2,470	2,470	2,470	2,470	XXX....	XXX....
3. 2008....	XXX....	1,375	1,744	1,894	1,937	1,938	1,940	1,940	1,940	1,940	XXX....	XXX....
4. 2009....	XXX....	XXX....	1,157	1,506	1,623	1,675	1,675	1,675	1,675	1,675	XXX....	XXX....
5. 2010....	XXX....	XXX....	XXX....	1,049	1,322	1,398	1,398	1,399	1,386	1,386	XXX....	XXX....
6. 2011....	XXX....	XXX....	XXX....	XXX....	1,786	2,193	2,198	2,271	2,303	2,353	XXX....	XXX....
7. 2012....	XXX....	XXX....	XXX....	XXX....	XXX....	2,313	2,670	2,911	2,944	2,960	XXX....	XXX....
8. 2013....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,283	2,106	2,592	2,699	XXX....	XXX....
9. 2014....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	2,565	2,862	2,948	XXX....	XXX....
10. 2015....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,728	2,030	XXX....	XXX....
11. 2016....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,050	XXX....	XXX....

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	Bulk and IBNR 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....	187	76	11							
2. 2007....	311	132	4	3						
3. 2008....	XXX....	283	71	8	3					
4. 2009....	XXX....	XXX....	258	55	6	3				
5. 2010....	XXX....	XXX....	XXX....	176	90	5	4			
6. 2011....	XXX....	XXX....	XXX....	XXX....	156	69	5	4		
7. 2012....	XXX....	XXX....	XXX....	XXX....	XXX....	216	69	9	16	
8. 2013....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	238	115	18	14
9. 2014....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	381	162	47
10. 2015....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	308	153
11. 2016....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	333

Affinity Mutual 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 L.	3,027,003	3,007,942		729,797	1,251,087	2,723,603		
16. Iowa.....	IA N.								
17. Kansas.....	KS N.								
18. Kentucky.....	KY N.								
19. Louisiana.....	LA N.								
20. Maine.....	ME N.								
21. Maryland.....	MD N.								
22. Massachusetts.....	MA N.								
23. Michigan.....	MI L.	338,254	398,296		8,873	12,948	43,641		
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.	4,744,837	4,821,341		1,032,972	1,206,625	2,325,310		
37. Oklahoma.....	OK N.								
38. Oregon.....	OR N.								
39. Pennsylvania.....	PA N.								
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) 3	8,110,094	8,227,579	0	1,771,643	2,470,660	5,092,554	0	0

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.

The primary method of allocation of premiums by state is the physical location of the risk.

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

PART 1 – ORGANIZATIONAL CHART

Affinity Mutual Insurance Company (Parent)
|
Ohio Insurance Services, Inc. (Subsidiary)

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