



ANNUAL STATEMENT

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

Infinity Preferred Insurance Company

NAIC Group Code.....3495, 3495 (Current Period) (Prior Period)	NAIC Company Code..... 10195	Employer's ID Number..... 34-1785809
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... November 7, 1994		Commenced Business..... July 1, 1995
Statutory Home Office	1400 Provident Tower, One East Fourth Street..... Cincinnati OH 45202 (Street and Number) (City or Town, State, County and Zip Code)	
Main Administrative Office	2201 4th Avenue North..... Birmingham AL 35203-3863 (Street and Number) (City or Town, State, County and Zip Code)	205-870-4000 (Area Code) (Telephone Number)
Mail Address	P.O. Box 830189..... Birmingham AL 35283-0189 (Street and Number or P. O. Box) (City or Town, State, County and Zip Code)	
Primary Location of Books and Records	2201 4th Avenue North..... Birmingham AL 35203-3863 (Street and Number) (City or Town, State, County and Zip Code)	205-870-4000 (Area Code) (Telephone Number)
Internet Web Site Address	www.infinityauto.com	
Statutory Statement Contact	Rachelle Shealy Talley (Name) rachelle.talley@ipacc.com (E-Mail Address)	205-803-8326 (Area Code) (Telephone Number) (Extension) 205-803-8080 (Fax Number)

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

OFFICERS

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

OTHER

Troy Perry Ballard	Assistant Treasurer	Robert Harold Bateman Jr.	Senior Vice President & CFO
Mary Linn Clark	Assistant Treasurer	James Henry Romaker	Assistant Secretary
Mitchell Silverman	Assistant Secretary		

DIRECTORS OR TRUSTEES

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

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

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

Glen Nelson Godwin

Samuel James Simon

Amy Kay Jordan

President & CEO

Senior Vice President & Secretary

Vice President & Treasurer/Controller

Subscribed and sworn to before me

This 20th day of February, 2017

a. Is this an original filing?

Yes [X] No []

b. If no 1. State the amendment number

2. Date filed

3. Number of pages attached

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

* 1 0 1 9 5 2 0 1 6 4 3 0 5 9 1 0 0 *

NAIC Group Code....3495 NAIC Company Code....10195

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancellable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....						12,600	4,413	15,100	6,050	(7,055)	2,157	
19.2 Other private passenger auto liability.....						25,000	(25,353)	99,926	4,117	(4,562)	6,126	785
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(1,786)	(469)	(421)		(457)	.66	785
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	35,814	(21,409)	114,605	10,167	(12,074)	8,349	0	1,570

DETAILS OF WRITE-INS

3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	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	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$....48.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

* 1 0 1 9 5 2 0 1 6 4 3 0 3 6 1 0 0 *

NAIC Group Code....3495 NAIC Company Code....10195

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancellable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....												
19.2 Other private passenger auto liability.....												
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....												
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	(1,651)	(7,962)	102	0	(1,555)	875	0	614

DETAILS OF WRITE-INS

3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	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	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$....48.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

* 1 0 1 9 5 2 0 1 6 4 3 0 3 9 1 0 0 *

NAIC Group Code....3495 NAIC Company Code....10195

BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied lines.....												
2.2 Multiple peril crop.....												
2.3 Federal flood.....												
2.4 Private crop.....												
2.5 Private flood.....												
3. Farmowners multiple peril.....												
4. Homeowners multiple peril.....												
5.1 Commercial multiple peril (non-liability portion).....												
5.2 Commercial multiple peril (liability portion).....												
6. Mortgage guaranty.....												
8. Ocean marine.....												
9. Inland marine.....												
10. Financial guaranty.....												
11. Medical professional liability.....												
12. Earthquake.....												
13. Group accident and health (b).....												
14. Credit A&H (group and individual).....												
15.1 Collectively renewable A&H (b).....												
15.2 Non-cancellable A&H (b).....												
15.3 Guaranteed renewable A&H (b).....												
15.4 Non-renewable for stated reasons only (b).....												
15.5 Other accident only.....												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other A&H (b).....												
15.8 Federal employees health benefits plan premium.....												
16. Workers' compensation.....												
17.1 Other liability-occurrence.....												
17.2 Other liability-claims-made.....												
17.3 Excess workers' compensation.....												
18. Products liability.....												
19.1 Private passenger auto no-fault (personal injury protection).....						12,600	4,413	15,100	6,050	(7,055)	2,157	
19.2 Other private passenger auto liability.....						25,000	(18,560)	99,765	4,117	(3,086)	5,251	478
19.3 Commercial auto no-fault (personal injury protection).....												
19.4 Other commercial auto liability.....												
21.1 Private passenger auto physical damage.....						(135)	700	(362)		(378)	.66	478
21.2 Commercial auto physical damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and theft.....												
27. Boiler and machinery.....												
28. Credit.....												
30. Warranty.....												
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a).....	0	0	0	0	37,465	(13,447)	114,503	10,167	(10,519)	7,474	0	956

DETAILS OF WRITE-INS

3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	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	0	0	0

(a) Finance and service charges not included in Lines 1 to 35.....0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9	10 Contingent Commissions Payable	11 Assumed Premiums Receivable	12 Funds Held by or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							

Affiliates - U. S. Intercompany Pooling

31-0943862..	22268.....	Infinity Insurance Company.....	IN.....	1,392	98	283	381	1	111	612	.....	.....	.....	.....
0199999.	Affiliates - U. S. Intercompany Pooling.....	.....	.....	1,392	98	283	381	1	111	612	0	0	0	0
0899999.	Total Affiliates.....	.....	.....	1,392	98	283	381	1	111	612	0	0	0	0
9999999.	Totals.....	.....	.....	1,392	98	283	381	1	111	612	0	0	0	0

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Canceled) during Current Year

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
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NONE

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable on										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Col. 15-[16+17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			

Authorized Affiliates-U.S. Intercompany Pooling

31-0943862.	22268...	Infinity Insurance Company.....	IN.....						114	.....9	.....0	.....13				136		.....136	.....136
0199999.		Total Authorized Affiliates - U.S. Intercompany Pooling.....				.....0	.....0	.....0	114	.....9	.....0	.....13	.....0	.....0	136	.....0	.....0	.....136	.....0
0899999.		Total Authorized Affiliates.....				.....0	.....0	.....0	114	.....9	.....0	.....13	.....0	.....0	136	.....0	.....0	.....136	.....0
1399999.		Total Authorized.....				.....0	.....0	.....0	114	.....9	.....0	.....13	.....0	.....0	136	.....0	.....0	.....136	.....0
4099999.		Total Authorized, Unauthorized and Certified.....				.....0	.....0	.....0	114	.....9	.....0	.....13	.....0	.....0	136	.....0	.....0	.....136	.....0
9999999.		Totals.....				.....0	.....0	.....0	114	.....9	.....0	.....13	.....0	.....0	136	.....0	.....0	.....136	.....0

Note: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000.

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
(1)		
(2)		
(3)		
(4)		
(5)		

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B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
(1) Infinity Insurance Company.....	.....136	.....	Yes [X] No []
(2)			Yes [] No []
(3)			Yes [] No []
(4)			Yes [] No []
(5)			Yes [] No []

Sch. F - Pt. 4
NONE

Sch. F - Pt. 5
NONE

Sch. F - Pt. 6 - Sn. 1
NONE

Sch. F - Pt. 6 - Sn. 2
NONE

Sch. F - Pt. 7
NONE

Sch. F - Pt. 8
NONE

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	4,573,582		4,573,582
2. Premiums and considerations (Line 15).....	110,553		110,553
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....			0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	67,607		67,607
6. Net amount recoverable from reinsurers.....		136,287	136,287
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	4,751,742	136,287	4,888,029
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	766,231	136,286	902,517
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	27,640	1	27,641
11. Unearned premiums (Line 9).....	612,058		612,058
12. Advance premiums (Line 10).....			0
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....			0
15. Funds held by company under reinsurance treaties (Line 13).....			0
16. Amounts withheld or retained by company for account of others (Line 14).....			0
17. Provision for reinsurance (Line 16).....			0
18. Other liabilities.....	9,543		9,543
19. Total liabilities excluding protected cell business (Line 26).....	1,415,472	136,287	1,551,759
20. Protected cell liabilities (Line 27).....			0
21. Surplus as regards policyholders (Line 37).....	3,336,270	XXX	3,336,270
22. Totals (Line 38).....	4,751,742	136,287	4,888,029

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?..Yes [X] No []

If yes, give full explanation:

See Note 26 in the Notes to Financial Statements.

Sch. H - Pt. 1
NONE

Sch. H - Pt. 2
NONE

Sch. H - Pt. 3
NONE

Sch. H - Pt. 4
NONE

Sch. H - Pt. 5
NONE

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$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.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
2. 2007.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2008.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2014.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2015.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2016.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
12. Totals....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....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....	.....0	.....0	.....2	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....3	.....0
2. 2007.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2008.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2014.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2015.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2016.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
12. Totals....	....0	....0	....2	....0	....0	....0	....0	....0	....0	....0	....0	....3	....0

	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
1. Prior...	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....2	.....1
2. 2007.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
3. 2008.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
4. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
5. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
6. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
7. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
8. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
9. 2014.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
10. 2015.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
11. 2016.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
12. Totals....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....2	.....1

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	1.....	0.....	0.....	(0).....	0.....	0.....	0.....	0.....	0.....	
2. 2007.....	634.....	2.....	632.....	365.....	1.....	19.....	0.....	75.....	0.....	4.....	457.....	174.....	
3. 2008.....	553.....	2.....	551.....	322.....	0.....	19.....	0.....	70.....	0.....	4.....	411.....	151.....	
4. 2009.....	508.....	1.....	507.....	312.....	0.....	18.....	0.....	64.....	0.....	3.....	394.....	146.....	
5. 2010.....	560.....	1.....	559.....	383.....	0.....	21.....	0.....	68.....	0.....	5.....	471.....	170.....	
6. 2011.....	636.....	1.....	634.....	434.....	1.....	21.....	0.....	74.....	0.....	5.....	528.....	187.....	
7. 2012.....	750.....	1.....	749.....	511.....	0.....	20.....	0.....	85.....	0.....	5.....	616.....	216.....	
8. 2013.....	834.....	1.....	833.....	532.....	0.....	18.....	0.....	90.....	0.....	5.....	640.....	219.....	
9. 2014.....	838.....	1.....	837.....	512.....		12.....		85.....		5.....	608.....	213.....	
10. 2015.....	829.....	1.....	828.....	483.....		7.....		74.....		4.....	565.....	216.....	
11. 2016.....	835.....	1.....	834.....	289.....		2.....		48.....		3.....	339.....	200.....	
12. Totals....	XXX.....	XXX.....	XXX.....	4,143.....	3.....	156.....	1.....	733.....	0.....	43.....	5,029.....	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....	9.....	7.....	0.....		0.....				0.....			1.....	0.....
2. 2007....	0.....				0.....				0.....			0.....	0.....
3. 2008....	0.....		0.....		0.....		0.....		0.....			0.....	0.....
4. 2009....	0.....		0.....		0.....		0.....		0.....			0.....	0.....
5. 2010....	1.....		0.....		0.....		0.....		0.....			1.....	0.....
6. 2011....	1.....		0.....		0.....		0.....		0.....			3.....	0.....
7. 2012....	3.....		5.....		1.....		1.....		1.....			10.....	0.....
8. 2013....	7.....		10.....		2.....		2.....		1.....			21.....	1.....
9. 2014....	16.....		18.....		4.....		3.....		4.....			45.....	2.....
10. 2015....	47.....		36.....		7.....		5.....		18.....			112.....	.6.....
11. 2016....	124.....		165.....		8.....		10.....		38.....			345.....	27.....
12. Totals....	208.....	7.....	235.....	0.....	22.....	0.....	20.....	0.....	63.....	0.....		539.....	38.....

	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
1. Prior....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1.....	0.....
2. 2007....	459.....	2.....	457.....	72.4.....	86.5.....	72.4.....	.....	.....	0.10.....	0.....	0.....
3. 2008....	411.....	0.....	411.....	74.4.....	10.5.....	74.6.....	.....	.....	0.10.....	0.....	0.....
4. 2009....	395.....	0.....	395.....	77.6.....	8.0.....	77.7.....	.....	.....	0.10.....	0.....	0.....
5. 2010....	472.....	0.....	472.....	84.3.....	20.2.....	84.5.....	.....	.....	0.10.....	1.....	0.....
6. 2011....	531.....	1.....	531.....	83.6.....	55.1.....	83.7.....	.....	.....	0.10.....	2.....	1.....
7. 2012....	627.....	0.....	626.....	83.6.....	27.5.....	83.7.....	.....	.....	0.10.....	8.....	.3.....
8. 2013....	662.....	0.....	661.....	79.3.....	29.3.....	79.4.....	.....	.....	0.10.....	.17.....	.4.....
9. 2014....	653.....	0.....	653.....	78.0.....	0.0.....	78.1.....	.....	.....	0.10.....	.34.....	.11.....
10. 2015....	677.....	0.....	677.....	81.6.....	0.0.....	81.7.....	.....	.....	0.10.....	.83.....	.29.....
11. 2016....	684.....	0.....	684.....	81.9.....	0.0.....	82.0.....	.....	.....	0.10.....	.290.....	.55.....
12. Totals....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	435.....	104.....

SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
(\$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.....	0		0		0		0	0	XXX.....	
2. 2007.....	31	2	.29	17	1	1		0	2	0	0	19	
3. 2008.....	31	2	.29	15	2	1		0	2	0	0	16	
4. 2009.....	38	3	.35	22	2	1		0	3	0	0	.25	
5. 2010.....	45	3	.42	27	1	1		0	3	0	0	.30	
6. 2011.....	50	4	.46	27	1	2		0	3	0	0	.31	
7. 2012.....	57	5	.53	37	2	2		0	4	0	0	.40	
8. 2013.....	67	6	.62	40	3	2		0	5	0	0	.43	
9. 2014.....	80	8	.72	47	4	1		0	5	0	0	.50	
10. 2015.....	96	10	.86	51	2	1		0	5	0	0	.55	
11. 2016.....	111	7	104	29	2	0		0	3	0	0	.31	
12. Totals....	XXX.....	XXX.....	XXX.....	312	19	11	2	35	0	3	338	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....	0								0			0	0
2. 2007.....					0							0	
3. 2008.....					0							0	
4. 2009.....	0				0							0	0
5. 2010.....	0		0		0		0		0			0	0
6. 2011.....	0		0		0		0		0			0	0
7. 2012.....	0	0	1		0		0		0		0	1	0
8. 2013.....	3	1	1		0		0		0		0	4	0
9. 2014.....	8	1	2		1		0		1		0	11	0
10. 2015.....	18	3	3	0	3	0	0	0	2		0	.23	1
11. 2016.....	23	1	27	2	2	0	2	0	6		0	.57	2
12. Totals....	52	6	34	2	6	0	3	0	9	0	0	.97	3

	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
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	0	0
2. 2007.....	20	2	19	65.0	66.6	64.9			0.10	0	0
3. 2008.....	18	2	16	57.3	83.2	55.3			0.10	0	0
4. 2009.....	26	2	25	70.2	59.1	71.1			0.10	0	0
5. 2010.....	31	2	30	69.7	48.1	71.4			0.10	0	0
6. 2011.....	32	1	31	64.5	29.0	.67.7			0.10	0	0
7. 2012.....	44	2	42	77.0	52.4	79.2			0.10	1	0
8. 2013.....	51	4	47	75.3	62.9	76.4			0.10	4	1
9. 2014.....	65	5	60	81.4	66.3	83.0			0.10	8	2
10. 2015.....	83	5	78	86.3	51.8	90.3			0.10	18	.5
11. 2016.....	92	4	88	83.1	60.7	84.6			0.10	.48	.9
12. Totals....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	79	18

SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$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.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....
2. 2007.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
3. 2008.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
4. 2009.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
5. 2010.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
6. 2011.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
7. 2012.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
8. 2013.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
9. 2014.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
10. 2015.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
11. 2016.....0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
12. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....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	.....0	.....0	.....	.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2007.....0	.....0	.....0
3. 2008.....0	.....0	.....0
4. 2009.....0	.....0	.....0
5. 2010.....0	.....0	.....0
6. 2011.....0	.....0	.....0
7. 2012.....0	.....0	.....0
8. 2013.....0	.....0	.....0
9. 2014.....0	.....0	.....0
10. 2015.....0	.....0	.....0
11. 2016.....0	.....0	.....0
12. Totals....	.....1	.....1	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	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
1. Prior..	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....	.....	.....XXX.....	.....0	.....0
2. 2007.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
3. 2008.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
4. 2009.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
5. 2010.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
6. 2011.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
7. 2012.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
8. 2013.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
9. 2014.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
10. 2015.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
11. 2016.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
12. Totals....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....XXX.....	.....0	.....0

Sch. P - Pt. 1E
NONE

Sch. P - Pt. 1F - Sn. 1
NONE

Sch. P - Pt. 1F - Sn. 2
NONE

Sch. P - Pt. 1G
NONE

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
(\$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.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....
2. 2007.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2008.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2009.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2010.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2014.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2015.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2016.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
12. Totals....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....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....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2007....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2008....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2009....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2010....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2011....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2012....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2013....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2014....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2015....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2016....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
12. Totals....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	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
1. Prior....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0
2. 2007....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
3. 2008....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
4. 2009....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
5. 2010....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
6. 2011....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
7. 2012....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
8. 2013....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
9. 2014....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
10. 2015....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
11. 2016....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0.10	.....0	.....0
12. Totals....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0

SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
(\$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.....	.....	.....	.....	.....	.....	.....	.....	.....0	....XXX.....
2. 2007.....	.....	.....	0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
3. 2008.....	.....	.....	0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
4. 2009.....	.....	.....	0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
5. 2010.....	.....	.....	0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
6. 2011.....	.....	.....	0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
7. 2012.....	.....	.....	0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
8. 2013.....	.....	.....	0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
9. 2014.....	.....	.....	0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
10. 2015.....	.....	.....	0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
11. 2016.....	0	0	0	.....	.....	.....	.....	.....	.....	.....	.....0	.....
12. Totals....	XXX.....	XXX.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....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....0	.....	.....
2. 2007....0	.....	.....
3. 2008....0	.....	.....
4. 2009....0	.....	.....
5. 2010....0	.....	.....
6. 2011....0	.....	.....
7. 2012....0	.....	.....
8. 2013....0	.....	.....
9. 2014....0	.....	.....
10. 2015....0	.....	.....
11. 2016....0	.....	.....
12. Totals....	0	0	0	0	0	0	0	0	0	0	0	0	0

	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
1. Prior....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	....XXX.....	.....0	.....0
2. 2007....	0	0	0	0.0	0.0	0.0	.....	.....	0.10	0	0
3. 2008....	0	0	0	0.0	0.0	0.0	.....	.....	0.10	0	0
4. 2009....	0	0	0	0.0	0.0	0.0	.....	.....	0.10	0	0
5. 2010....	0	0	0	0.0	0.0	0.0	.....	.....	0.10	0	0
6. 2011....	0	0	0	0.0	0.0	0.0	.....	.....	0.10	0	0
7. 2012....	0	0	0	0.0	0.0	0.0	.....	.....	0.10	0	0
8. 2013....	0	0	0	0.0	0.0	0.0	.....	.....	0.10	0	0
9. 2014....	0	0	0	0.0	0.0	0.0	.....	.....	0.10	0	0
10. 2015....	0	0	0	0.0	0.0	0.0	.....	.....	0.10	0	0
11. 2016....	0	0	0	0.0	0.0	0.0	.....	.....	0.10	0	0
12. Totals....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	0	0

SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,**EARTHQUAKE, BURGLARY AND THEFT)**

(\$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.....	.....	.....	.....	.....	.....	.....	.....	.....0	....XXX.....
2. 2015.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	....XXX.....
3. 2016.....	.....	.....	.....0	.....	.....	.....	.....	.....	.....	.....	.....0	....XXX.....
4. Totals....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation	24 Total Net Losses and Expenses	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....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
2. 2015....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
3. 2016....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
4. Totals...	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0

	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
	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
1. Prior..	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	....XXX.....	.....0	.....0
2. 2015.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
3. 2016.....	.....0	.....0	.....0	.....0.0	.....0.0	.....0.0	.....	.....	.....0.10	.....0	.....0
4. Totals....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....0	.....0	....XXX.....	.....0	.....0

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE
(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	.....(1)	.....	2	.....	0	.....	3	.....1	XXX.....
2. 2015.....	436	3	433	280	.....	2	.....	.40	.....	83	321	195
3. 2016.....	458	4	454	285	0	1	0	.34	.....	51	320	183
4. Totals.....	XXX.....	XXX.....	XXX.....	564	0	4	0	.74	0	137	641	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....	.....(2)	.....	.....1	.....	0	.....	0	.....	0	.....	3	.....(1)	.....0
2. 2015....	.....(3)	.....	.....1	.....	0	.....	1	.....	0	.....	4	.....(1)	.....0
3. 2016....	.....(18)	.....	.....33	.....	0	.....	1	.....	14	.....	40	31	.....5
4. Totals....	.....(24)	.....0	.....35	.....0	0	.....0	2	0	14	.....0	.46	29	.....5

	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.....	.....(2)	.....1
2. 2015.	320	0	320	73.5	0.0	74.1	.....	.....	0.10	.....(2)	.....1
3. 2016.	351	0	351	76.6	2.5	77.3	.....	.....	0.10	15	15
4. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0	0	XXX.....	.....12	.....17

Sch. P - Pt. 1K
NONE

Sch. P - Pt. 1L
NONE

Sch. P - Pt. 1M
NONE

Sch. P - Pt. 1N
NONE

Sch. P - Pt. 1O
NONE

Sch. P - Pt. 1P
NONE

Sch. P - Pt. 1R - Sn. 1
NONE

Sch. P - Pt. 1R - Sn. 2
NONE

Sch. P - Pt. 1S
NONE

Sch. P - Pt. 1T
NONE

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

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....	.....1	.....1	.....1	.....1	.....2	.....2	.....3	.....5	.....5	.....6	.....0	.....1
2. 2007....											.....0	.....0
3. 2008....	XXX										.....0	.....0
4. 2009....	XXX	XXX									.....0	.....0
5. 2010....	XXX	XXX	XXX								.....0	.....0
6. 2011....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2012....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2013....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2014....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2015....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	XXX....
11. 2016....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX....
										12. Totals	.....0	.....1

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior....	.....217	.....178	.....147	.....134	.....128	.....127	.....127	.....125	.....125	.....125	.....0	.....(1)
2. 2007....	.....411	.....415	.....402	.....391	.....387	.....383	.....383	.....383	.....382	.....383	.....0	.....0
3. 2008....	XXX	.....370	.....365	.....349	.....345	.....343	.....343	.....342	.....341	.....341	.....(0)	.....(1)
4. 2009....	XXX	XXX	.....357	.....336	.....335	.....334	.....333	.....331	.....330	.....330	.....(0)	.....(1)
5. 2010....	XXX	XXX	XXX	.....385	.....400	.....404	.....406	.....404	.....406	.....404	.....(1)	.....(0)
6. 2011....	XXX	XXX	XXX	XXX	.....425	.....454	.....459	.....458	.....459	.....457	.....(3)	.....(1)
7. 2012....	XXX	XXX	XXX	XXX	XXX	.....523	.....542	.....543	.....543	.....540	.....(4)	.....(3)
8. 2013....	XXX	XXX	XXX	XXX	XXX	XXX	.....589	.....591	.....577	.....570	.....(7)	.....(22)
9. 2014....	XXX573	.....575	.....564	.....(11)	.....(8)						
10. 2015....	XXX586	.....585	.....(1)	XXX....							
11. 2016....	XXX598	XXX	XXX....								
										12. Totals	.....(27)	.....(36)

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior....	.....6	.....26	.....23	.....21	.....20	.....20	.....20	.....20	.....20	.....20	.....0	.....0
2. 2007....	.....22	.....20	.....19	.....18	.....17	.....17	.....17	.....17	.....17	.....17	.....(0)	.....(0)
3. 2008....	XXX	.....20	.....17	.....15	.....15	.....14	.....14	.....14	.....14	.....14	.....(0)	.....0
4. 2009....	XXX	XXX	.....30	.....27	.....26	.....24	.....22	.....22	.....22	.....22	.....(0)	.....(0)
5. 2010....	XXX	XXX	XXX	.....34	.....32	.....29	.....28	.....27	.....27	.....27	.....(0)	.....0
6. 2011....	XXX	XXX	XXX	XXX	.....33	.....32	.....29	.....28	.....28	.....28	.....(1)	.....(1)
7. 2012....	XXX	XXX	XXX	XXX	XXX	.....42	.....39	.....38	.....38	.....38	.....(1)	.....(0)
8. 2013....	XXX	XXX	XXX	XXX	XXX	XXX	.....53	.....42	.....43	.....42	.....(1)	.....(0)
9. 2014....	XXX54	.....52	.....54	.....1	.....(1)						
10. 2015....	XXX68	.....70	.....3	XXX....							
11. 2016....	XXX79	XXX	XXX....								
										12. Totals	.....2	.....(2)

**SCHEDULE P - PART 2D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior....										00
2. 2007....										00
3. 2008....	XXX									00
4. 2009....	XXX	XXX								00
5. 2010....	XXX	XXX	XXX							00
6. 2011....	XXX	XXX	XXX	XXX						00
7. 2012....	XXX	XXX	XXX	XXX	XXX					00
8. 2013....	XXX	XXX	XXX	XXX	XXX	XXX				00
9. 2014....	XXX			00						
10. 2015....	XXX		0	XXX....							
11. 2016....	XXX		XXX	XXX....								
										12. Totals00

NONE**SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL**

1. Prior....			.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. 2007....											.....0	.....0
3. 2008....	XXX										.....0	.....0
4. 2009....	XXX	XXX									.....0	.....0
5. 2010....	XXX	XXX	XXX								.....0	.....0
6. 2011....	XXX	XXX	XXX	XXX							.....0	.....0
7. 2012....	XXX	XXX	XXX	XXX	XXX						.....0	.....0
8. 2013....	XXX	XXX	XXX	XXX	XXX	XXX					.....0	.....0
9. 2014....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.....0	.....0
10. 2015....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.....0	XXX....
11. 2016....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX....
										12. Totals	.....0	.....0

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
2. 2007...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
3. 2008...	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
4. 2009...	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	0	0
5. 2010...	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	0	0
6. 2011...	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	0	0
7. 2012...	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	0	0
8. 2013...	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	0	0
9. 2014...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	0	0
10. 2015...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	0	XXX
11. 2016...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
											12. Totals	0
												0

NONE**SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior...	0	0
2. 2007...	0	0
3. 2008...	XXX	0	0
4. 2009...	XXX	XXX	0	0
5. 2010...	XXX	XXX	XXX	0	0
6. 2011...	XXX	XXX	XXX	XXX	0	0
7. 2012...	XXX	XXX	XXX	XXX	XX	0	0
8. 2013...	XXX	0	0									
9. 2014...	XXX	0	0									
10. 2015...	XXX	0	XXX									
11. 2016...	XXX	XXX										
											12. Totals	0
												0

NONE**SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER & MACHINERY)**

1. Prior...	0	0
2. 2007...	0	0
3. 2008...	XXX	0	0
4. 2009...	XXX	XXX	0	0
5. 2010...	XXX	XXX	XXX	0	0
6. 2011...	XXX	XXX	XXX	XXX	0	0
7. 2012...	XXX	XXX	XXX	XXX	XX	0	0
8. 2013...	XXX	0	0									
9. 2014...	XXX	0	0									
10. 2015...	XXX	0	XXX									
11. 2016...	XXX	XXX										
											12. Totals	0
												0

NONE**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior...	1	1	1	0	0	1	1	1	1	1	(0)	(0)
2. 2007...	0	0
3. 2008...	XXX	0	0
4. 2009...	XXX	XXX	0	0
5. 2010...	XXX	XXX	XXX	0	0
6. 2011...	XXX	XXX	XXX	XXX	XXX	0	0
7. 2012...	XXX	XXX	XXX	XXX	XX	0	0
8. 2013...	XXX	0	0									
9. 2014...	XXX	0	0									
10. 2015...	XXX	0	XXX									
11. 2016...	XXX	XXX										
											12. Totals	(0)
												(0)

NONE**SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior...	0	0
2. 2007...	0	0
3. 2008...	XXX	0	0
4. 2009...	XXX	XXX	0	0
5. 2010...	XXX	XXX	XXX	0	0
6. 2011...	XXX	XXX	XXX	XXX	XX	0	0
7. 2012...	XXX	XXX	XXX	XXX	XX	0	0
8. 2013...	XXX	0	0									
9. 2014...	XXX	0	0									
10. 2015...	XXX	0	XXX									
11. 2016...	XXX	XXX										
											12. Totals	0
												0

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

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....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0	....0	....0	....0	....(0)
2. 2015....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....0	....XXX.....
3. 2016....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....
										4. Totals	....0	....(0)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior....XXX.....2711121(15)						
2. 2015....XXX.....2772803XXX.....							
3. 2016....XXX.....303XXX.....XXX.....								
										4. Totals4(15)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior....XXX.....00000						
2. 2015....XXX.....0000XXX.....						
3. 2016....XXX.....0000XXX.....						
										4. Totals00

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior....XXX.....00000						
2. 2015....XXX.....0000XXX.....						
3. 2016....XXX.....0000XXX.....						
										4. Totals00

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior....
2. 2007....
3. 2008....XXX.....
4. 2009....XXX.....XXX.....
5. 2010....XXX.....XXX.....XXX.....
6. 2011....XXX.....						
7. 2012....XXX.....						
8. 2013....XXX.....						
9. 2014....XXX.....						
10. 2015....XXX.....XXX.....							
11. 2016....XXX.....											
										12. Totals00

Sch. P - Pt. 2N
NONE

Sch. P - Pt. 2O
NONE

Sch. P - Pt. 2P
NONE

Sch. P - Pt. 2R - Sn. 1
NONE

Sch. P - Pt. 2R - Sn. 2
NONE

Sch. P - Pt. 2S
NONE

Sch. P - Pt. 2T
NONE

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

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	.....0	.....1	.....1	.....2	.....2	.....2	.....3	.....3	.....3	.....0	.....0
2. 2007....												
3. 2008....	....XXX											
4. 2009....	....XXX	....XXX										
5. 2010....	....XXX	....XXX	....XXX									
6. 2011....	....XXX	....XXX	....XXX	....XXX								
7. 2012....	....XXX	....XXX	....XXX	....XXX	....XXX							
8. 2013....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX						
9. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX					
10. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX				
11. 2016....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX			

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior....	.....000	.....85	.....107	.....115	.....119	.....122	.....124	.....123	.....123	.....123	.....0	.....0
2. 2007....	.....178	.....325	.....361	.....374	.....379	.....380	.....381	.....382	.....382	.....382	.....95	.....79
3. 2008....	....XXX	.....164	.....284	.....318	.....332	.....337	.....340	.....340	.....341	.....341	.....83	.....68
4. 2009....	....XXX	....XXX	.....154	.....270	.....309	.....322	.....326	.....328	.....329	.....330	.....81	.....64
5. 2010....	....XXX	....XXX	....XXX	.....182	.....332	.....374	.....390	.....396	.....401	.....403	.....95	.....75
6. 2011....	....XXX	....XXX	....XXX	....XXX	.....201	.....374	.....423	.....442	.....450	.....454	.....106	.....81
7. 2012....	....XXX	....XXX	....XXX	....XXX	....XXX	.....246	.....446	.....503	.....523	.....531	.....121	.....95
8. 2013....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....272	.....478	.....531	.....550	.....123	.....96
9. 2014....	....XXX272	.....472	.....523	.....119	.....92						
10. 2015....	....XXX283	.....490	.....117	.....93							
11. 2016....	....XXX291	.....86	.....87								

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior....	.....000	.....15	.....18	.....19	.....20	.....20	.....20	.....20	.....20	.....20	.....0	.....0
2. 2007....	.....6	.....12	.....14	.....15	.....17	.....17	.....17	.....17	.....17	.....17	.....3	.....1
3. 2008....	....XXX	.....5	.....10	.....12	.....13	.....14	.....14	.....14	.....14	.....14	.....2	.....2
4. 2009....	....XXX	....XXX	.....9	.....16	.....21	.....21	.....22	.....22	.....22	.....22	.....4	.....2
5. 2010....	....XXX	....XXX	....XXX	.....10	.....19	.....23	.....26	.....26	.....27	.....27	.....5	.....3
6. 2011....	....XXX	....XXX	....XXX	....XXX	.....11	.....22	.....25	.....27	.....27	.....28	.....5	.....3
7. 2012....	....XXX	....XXX	....XXX	....XXX	....XXX	.....15	.....27	.....33	.....35	.....36	.....6	.....3
8. 2013....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....15	.....31	.....36	.....38	.....6	.....3
9. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....19	.....36	.....44	.....7	.....4
10. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....25	.....50	.....8	.....5
11. 2016....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	.....28	.....7	.....5

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior....	.....000										.....0	
2. 2007....												
3. 2008....	....XXX											
4. 2009....	....XXX	....XXX										
5. 2010....	....XXX	....XXX	....XXX									
6. 2011....	....XXX	....XXX	....XXX	....XXX								
7. 2012....	....XXX	....XXX	....XXX	....XXX	....XXX							
8. 2013....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX						
9. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX					
10. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX				
11. 2016....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX			

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior....	.....000		.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0		
2. 2007....												
3. 2008....	....XXX											
4. 2009....	....XXX	....XXX										
5. 2010....	....XXX	....XXX	....XXX									
6. 2011....	....XXX	....XXX	....XXX	....XXX								
7. 2012....	....XXX	....XXX	....XXX	....XXX	....XXX							
8. 2013....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX						
9. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX					
10. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX				
11. 2016....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX			

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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											
2. 2007....												
3. 2008....	....XXX											
4. 2009....	....XXX	....XXX										
5. 2010....	....XXX	....XXX	....XXX									
6. 2011....	....XXX	....XXX	....XXX	....XXX								
7. 2012....	....XXX	....XXX	....XXX	....XXX	....XXX							
8. 2013....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX						
9. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX					
10. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX				
11. 2016....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX			

NONE**SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior....	.....000											
2. 2007....												
3. 2008....	....XXX											
4. 2009....	....XXX	....XXX										
5. 2010....	....XXX	....XXX	....XXX									
6. 2011....	....XXX	....XXX	....XXX	....XXX								
7. 2012....	....XXX	....XXX	....XXX	....XXX	....XXX							
8. 2013....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX						
9. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX					
10. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX				
11. 2016....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX			

NONE**SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior....	.....000										....XXX	....XXX
2. 2007....											....XXX	....XXX
3. 2008....	....XXX										....XXX	....XXX
4. 2009....	....XXX	....XXX									....XXX	....XXX
5. 2010....	....XXX	....XXX	....XXX								....XXX	....XXX
6. 2011....	....XXX	....XXX	....XXX	....XXX							....XXX	....XXX
7. 2012....	....XXX	....XXX	....XXX	....XXX	....XXX						....XXX	....XXX
8. 2013....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX					....XXX	....XXX
9. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX				....XXX	....XXX
10. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX			....XXX	....XXX
11. 2016....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX		....XXX	....XXX

NONE**SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior....	.....000	.....0	.....0	.....0	.....0	.....1	.....1	.....1	.....1	.....1	.....0	.....0
2. 2007....												
3. 2008....	....XXX											
4. 2009....	....XXX	....XXX										
5. 2010....	....XXX	....XXX	....XXX									
6. 2011....	....XXX	....XXX	....XXX	....XXX								
7. 2012....	....XXX	....XXX	....XXX	....XXX	....XXX							
8. 2013....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX						
9. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX					
10. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX				
11. 2016....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX			

NONE**SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior....	.....000											
2. 2007....												
3. 2008....	....XXX											
4. 2009....	....XXX	....XXX										
5. 2010....	....XXX	....XXX	....XXX									
6. 2011....	....XXX	....XXX	....XXX	....XXX								
7. 2012....	....XXX	....XXX	....XXX	....XXX	....XXX							
8. 2013....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX						
9. 2014....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX					
10. 2015....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX				
11. 2016....	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX	....XXX			

SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and 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....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....000.....	.....0	.....0	....XXX.....	....XXX.....
2. 2015....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	....XXX.....	....XXX.....
3. 2016....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	....XXX.....	....XXX.....

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior....XXX.....000.....12130(0)						
2. 2015....XXX.....26728112471							
3. 2016....XXX.....28611167							

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior....XXX.....000.....XXX.....XXX.....						
2. 2015....XXX.....XXX.....XXX.....							
3. 2016....XXX.....XXX.....XXX.....							

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior....XXX.....000.....XXX.....XXX.....						
2. 2015....XXX.....XXX.....XXX.....							
3. 2016....XXX.....XXX.....XXX.....							

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior....	....000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
2. 2007....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
3. 2008....	....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
4. 2009....	....XXX.....	....XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
5. 2010....	....XXX.....	....XXX.....	....XXX.....	.....	.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
6. 2011....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
7. 2012....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	.....	.....	.....	....XXX.....	....XXX.....
8. 2013....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	.....	.....	.....	.....	....XXX.....	....XXX.....
9. 2014....	....XXX.....	....XXX.....	....XXX.....						
10. 2015....	....XXX.....	....XXX.....	....XXX.....							
11. 2016....XXX.....	.....	....XXX.....	....XXX.....								

Sch. P - Pt. 3N
NONE

Sch. P - Pt. 3O
NONE

Sch. P - Pt. 3P
NONE

Sch. P - Pt. 3R - Sn. 1
NONE

Sch. P - Pt. 3R - Sn. 2
NONE

Sch. P - Pt. 3S
NONE

Sch. P - Pt. 3T
NONE

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

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.....	.....0	0	0					1	2	2
2. 2007.....										
3. 2008.....	XXX.....									
4. 2009.....	XXX.....	XXX.....								
5. 2010.....	XXX.....	XXX.....	XXX.....							
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	90	47	20	9	2	1	1	0	0	0
2. 2007.....	100	45	22	9	5	1	1	0		
3. 2008.....	XXX.....	94	44	14	7	4	2	1	0	0
4. 2009.....	XXX.....	XXX.....	97	27	9	5	3	1	0	0
5. 2010.....	XXX.....	XXX.....	XXX.....	85	28	9	6	2	2	0
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	102	33	13	5	4	1
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	142	40	16	10	6
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	178	54	23	12
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	165	49	21
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	168	40
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	175

SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....	12	5	3	1	0	0	0			
2. 2007.....	11	4	2	1	0	0	0			
3. 2008.....	XXX.....	10	4	1	1	0	0			
4. 2009.....	XXX.....	XXX.....	13	4	3	1	0	0		
5. 2010.....	XXX.....	XXX.....	XXX.....	15	6	2	1	0	0	0
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	14	4	1	0	1	0
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	16	2	1	1	1
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	22	2	2	1
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	18	3	2
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	22	3
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	28

**SCHEDULE P - PART 4D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX.....									
4. 2009.....	XXX.....	XXX.....								
5. 2010.....	XXX.....	XXX.....	XXX.....							
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2014.....	XXX.....									
10. 2015.....	XXX.....									
11. 2016.....	XXX.....									

NONE**SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX.....									
4. 2009.....	XXX.....	XXX.....								
5. 2010.....	XXX.....	XXX.....	XXX.....							
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2014.....	XXX.....									
10. 2015.....	XXX.....									
11. 2016.....	XXX.....									

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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.....										
2. 2007.....										
3. 2008.....	XXX.....									
4. 2009.....	XXX.....	XXX.....								
5. 2010.....	XXX.....	XXX.....	XXX.....							
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

NONE**SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX.....									
4. 2009.....	XXX.....	XXX.....								
5. 2010.....	XXX.....	XXX.....	XXX.....							
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2014.....	XXX.....									
10. 2015.....	XXX.....									
11. 2016.....	XXX.....									

**SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE,
AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX.....									
4. 2009.....	XXX.....	XXX.....								
5. 2010.....	XXX.....	XXX.....	XXX.....							
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2014.....	XXX.....									
10. 2015.....	XXX.....									
11. 2016.....	XXX.....									

NONE**SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior.....	1	0	0	0	0	0	0	0		
2. 2007.....										
3. 2008.....	XXX.....									
4. 2009.....	XXX.....	XXX.....								
5. 2010.....	XXX.....	XXX.....	XXX.....							
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2014.....	XXX.....									
10. 2015.....	XXX.....									
11. 2016.....	XXX.....									

NONE**SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX.....									
4. 2009.....	XXX.....	XXX.....								
5. 2010.....	XXX.....	XXX.....	XXX.....							
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....						
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
9. 2014.....	XXX.....									
10. 2015.....	XXX.....									
11. 2016.....	XXX.....									

SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

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.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....
2. 2015.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....
3. 2016.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....	....XXX.....

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior.....XXX.....4131							
2. 2015.....XXX.....27272							
3. 2016.....XXX.....35									

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior.....XXX.....							
2. 2015.....XXX.....							
3. 2016.....XXX.....										

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....XXX.....							
2. 2015.....XXX.....									
3. 2016.....XXX.....										

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior.....
2. 2007.....
3. 2008.....XXX.....
4. 2009.....XXX.....XXX.....
5. 2010.....XXX.....XXX.....XXX.....
6. 2011.....XXX.....XXX.....XXX.....XXX.....
7. 2012.....XXX.....XXX.....XXX.....XXX.....XXX.....
8. 2013.....XXX.....XXX.....XXX.....XXX.....XXX.....XXX.....
9. 2014.....XXX.....						
10. 2015.....XXX.....							
11. 2016.....XXX.....										

Sch. P - Pt. 4N
NONE

Sch. P - Pt. 4O
NONE

Sch. P - Pt. 4P
NONE

Sch. P - Pt. 4R - Sn. 1
NONE

Sch. P - Pt. 4R - Sn. 2
NONE

Sch. P - Pt. 4S
NONE

Sch. P - Pt. 4T
NONE

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	0	(0)	0	0	0	0	0	0	0	
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	31	6	2	1	0	0	0	0	0	0
2. 2007.....	61	89	93	94	95	95	95	95	95	95
3. 2008.....	XXX	55	78	82	83	83	83	83	83	83
4. 2009.....	XXX	XXX	53	75	80	81	81	81	81	81
5. 2010.....	XXX	XXX	XXX	61	88	93	93	94	94	95
6. 2011.....	XXX	XXX	XXX	XXX	70	99	104	105	105	106
7. 2012.....	XXX	XXX	XXX	XXX	XXX	82	113	118	120	121
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	85	115	121	123
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83	114	119
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	117
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	86

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	8	2	1	0	0	0	0	0	0	0
2. 2007.....	28	5	2	1	0	0	0	0	0	0
3. 2008.....	XXX	24	4	1	0	0	0	0	0	0
4. 2009.....	XXX	XXX	22	4	1	0	0	0	0	0
5. 2010.....	XXX	XXX	XXX	26	4	2	1	1	1	0
6. 2011.....	XXX	XXX	XXX	XXX	26	5	2	1	1	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	27	6	2	1	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	28	6	3	1
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	6	2
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	6
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	13	2	0	1	0	0	0	0	0	0
2. 2007.....	159	173	174	174	174	174	174	174	174	174
3. 2008.....	XXX	140	150	151	151	151	151	151	151	151
4. 2009.....	XXX	XXX	134	145	145	146	146	146	146	146
5. 2010.....	XXX	XXX	XXX	155	168	169	169	169	170	170
6. 2011.....	XXX	XXX	XXX	XXX	173	186	187	187	187	187
7. 2012.....	XXX	XXX	XXX	XXX	XXX	200	215	216	216	216
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	204	218	219	219
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	196	212	213
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	201	216
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	200

SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	1.....0	0.....0	0.....(0)	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0
2. 2007.....	2.....2	2.....3	3.....3	3.....3	3.....3	3.....3	3.....3	3.....3	3.....3	3.....3
3. 2008.....	XXX.....	2.....2	2.....2	2.....2	2.....2	2.....2	2.....2	2.....2	2.....2	2.....2
4. 2009.....	XXX.....	XXX.....	2.....2	3.....3	4.....4	4.....4	4.....4	4.....4	4.....4	4.....4
5. 2010.....	XXX.....	XXX.....	XXX.....	3.....3	4.....4	4.....4	4.....4	5.....5	5.....5	5.....5
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	3.....3	4.....4	5.....5	5.....5	5.....5	5.....5
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4.....4	5.....5	5.....5	6.....6	6.....6
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4.....4	6.....6	6.....6	6.....6
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	5.....5	7.....7	7.....7
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	6.....6	8.....8
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	7.....7

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0
2. 2007.....	1.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0
3. 2008.....	XXX.....	1.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0
4. 2009.....	XXX.....	XXX.....	1.....1	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0
5. 2010.....	XXX.....	XXX.....	XXX.....	1.....1	0.....0	0.....0	0.....0	0.....0	0.....0	0.....0
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	1.....1	0.....0	0.....0	0.....0	0.....0	0.....0
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1.....1	0.....0	0.....0	0.....0	0.....0
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1.....1	0.....0	0.....0	0.....0
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2.....1	1.....0	0.....0
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2.....1	1.....0
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2.....2

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	0.....0	0.....0	0.....0	0.....(0)	0.....0	0.....0	0.....0	0.....0	0.....(0)	0.....0
2. 2007.....	4.....4	4.....4	4.....4	4.....4	4.....4	4.....4	4.....4	4.....4	4.....4	4.....4
3. 2008.....	XXX.....	4.....4	4.....4	4.....4	4.....4	4.....4	4.....4	4.....4	4.....4	4.....4
4. 2009.....	XXX.....	XXX.....	5.....5	6.....6	6.....6	6.....6	6.....6	6.....6	6.....6	6.....6
5. 2010.....	XXX.....	XXX.....	XXX.....	7.....7	7.....7	7.....7	7.....7	7.....7	7.....7	7.....7
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	7.....7	8.....8	8.....8	8.....8	8.....8	8.....8
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	8.....8	9.....9	9.....9	9.....9	9.....9
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	9.....9	10.....10	10.....10	10.....10
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	10.....11	11.....11	11.....11
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	13.....13	14.....14	14.....14
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	14.....14

**SCHEDULE P - PART 5D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	0	0		0	0	0	0			0
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....							0			
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Sch. P - Pt. 5E - Sn. 1
NONE

Sch. P - Pt. 5E - Sn. 2
NONE

Sch. P - Pt. 5E - Sn. 3
NONE

Sch. P - Pt. 5F - Sn. 1A
NONE

Sch. P - Pt. 5F - Sn. 2A
NONE

Sch. P - Pt. 5F - Sn. 3A
NONE

Sch. P - Pt. 5F - Sn. 1B
NONE

Sch. P - Pt. 5F - Sn. 2B
NONE

Sch. P - Pt. 5F - Sn. 3B
NONE

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Closed with Loss Payment Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	0	0						0	0	0
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Number of Claims Outstanding Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....		0					0	0	0	0
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Number of Claims Reported Direct and Assumed at Year End									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	(0)	0	(0)					0	0	0
2. 2007.....										
3. 2008.....	XXX									
4. 2009.....	XXX	XXX								
5. 2010.....	XXX	XXX	XXX							
6. 2011.....	XXX	XXX	XXX	XXX						
7. 2012.....	XXX	XXX	XXX	XXX	XXX					
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Sch. P - Pt. 5H - Sn. 1B
NONE

Sch. P - Pt. 5H - Sn. 2B
NONE

Sch. P - Pt. 5H - Sn. 3B
NONE

Sch. P - Pt. 5R - Sn. 1A
NONE

Sch. P - Pt. 5R - Sn. 2A
NONE

Sch. P - Pt. 5R - Sn. 3A
NONE

Sch. P - Pt. 5R - Sn. 1B
NONE

Sch. P - Pt. 5R - Sn. 2B
NONE

Sch. P - Pt. 5R - Sn. 3B
NONE

Sch. P - Pt. 5T - Sn. 1
NONE

Sch. P - Pt. 5T - Sn. 2
NONE

Sch. P - Pt. 5T - Sn. 3
NONE

SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											.0
2. 2007.....	31	31	31	31	31	31	31	31	31	31	31
3. 2008.....	XXX	XXX	31	31	31	31	31	31	31	31	31
4. 2009.....	XXX	XXX	38	38	38	38	38	38	38	38	38
5. 2010.....	XXX	XXX	XXX	45	45	45	45	45	45	45	45
6. 2011.....	XXX	XXX	XXX	50	50	50	50	50	50	50	50
7. 2012.....	XXX	XXX	XXX	XXX	57	57	57	57	57	57	57
8. 2013.....	XXX	XXX	XXX	XXX	XXX	67	67	67	67	67	67
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80	80	80	80
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	96	96	96
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	111	111
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	111
13. Earned Prem.(P-Pt 1)	31	31	38	45	50	57	67	80	96	111	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											.0
2. 2007.....	2	2	2	2	2	2	2	2	2	2	2
3. 2008.....	XXX	2	2	2	2	2	2	2	2	2	2
4. 2009.....	XXX	XXX	3	3	3	3	3	3	3	3	3
5. 2010.....	XXX	XXX	XXX	3	3	3	3	3	3	3	3
6. 2011.....	XXX	XXX	XXX	XXX	4	4	4	4	4	4	4
7. 2012.....	XXX	XXX	XXX	XXX	XXX	5	5	5	5	5	5
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	6	6	6	6	6
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	8	8	8
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	10	10
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7
13. Earned Prem.(P-Pt 1)	2	2	3	3	4	5	6	8	10	7	XXX

**SCHEDULE P - PART 6D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)****SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											.0
2. 2007.....											.0
3. 2008.....	XXX										.0
4. 2009.....	XXX	XXX									.0
5. 2010.....	XXX	XXX	XXX								.0
6. 2011.....	XXX	XXX	XXX	XXX							.0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13. Earned Prem.(P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											.0
2. 2007.....											.0
3. 2008.....	XXX										.0
4. 2009.....	XXX	XXX									.0
5. 2010.....	XXX	XXX	XXX								.0
6. 2011.....	XXX	XXX	XXX	XXX							.0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						.0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					.0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				.0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1)											XXX

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											0
2. 2007.....											0
3. 2008.....	XXX										0
4. 2009.....	XXX	XXX									0
5. 2010.....	XXX	XXX	XXX								0
6. 2011.....	XXX	XXX	XXX	XXX							0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											0
2. 2007.....											0
3. 2008.....	XXX										0
4. 2009.....	XXX	XXX									0
5. 2010.....	XXX	XXX	XXX								0
6. 2011.....	XXX	XXX	XXX	XXX							0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1)											XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											0
2. 2007.....	0	0	0	0	0	0	0	0	0	0	0
3. 2008.....	XXX		0	0	0	0	0	0	0	0	0
4. 2009.....	XXX	XXX									0
5. 2010.....	XXX	XXX	XXX								0
6. 2011.....	XXX	XXX	XXX	XXX							0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1)	0	0	0								XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											0
2. 2007.....	0	0	0	0	0	0	0	0	0	0	0
3. 2008.....	XXX		0	0	0	0	0	0	0	0	0
4. 2009.....	XXX	XXX									0
5. 2010.....	XXX	XXX	XXX								0
6. 2011.....	XXX	XXX	XXX	XXX							0
7. 2012.....	XXX	XXX	XXX	XXX	XXX						0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1)	0	0	0								XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
2. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
3. 2008.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
4. 2009.....	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	0
5. 2010.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	0
6. 2011.....	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
2. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
3. 2008.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
4. 2009.....	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	0
5. 2010.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	0
6. 2011.....	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 6M - INTERNATIONAL**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Direct and Assumed at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
2. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
3. 2008.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
4. 2009.....	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	0
5. 2010.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	0
6. 2011.....	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	Cumulative Premiums Earned Ceded at Year End (\$000 omitted)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
2. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
3. 2008.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	0
4. 2009.....	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	.....	0
5. 2010.....	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	.....	0
6. 2011.....	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	.....	0
7. 2012.....	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	.....	0
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	.....	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	.....	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	.....	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.....	0
12. Total.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Prem.(P-Pt 1).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Sch. P - Pt. 6N - Sn. 1

NONE

Sch. P - Pt. 6N - Sn. 2

NONE

Sch. P - Pt. 6O - Sn. 1

NONE

Sch. P - Pt. 6O - Sn. 2

NONE

Sch. P - Pt. 6R - Sn. 1A

NONE

Sch. P - Pt. 6R - Sn. 2A

NONE

Sch. P - Pt. 6R - Sn. 1B

NONE

Sch. P - Pt. 6R - Sn. 2B

NONE

Sch. P - Pt. 7A - Sn. 1

NONE

Sch. P - Pt. 7A - Sn. 2

NONE

Sch. P - Pt. 7A - Sn. 3

NONE

Sch. P - Pt. 7A - Sn. 4

NONE

Sch. P - Pt. 7A - Sn. 5

NONE

Sch. P - Pt. 7B - Sn. 1

NONE

Sch. P - Pt. 7B - Sn. 2

NONE

Sch. P - Pt. 7B - Sn. 3

NONE

Sch. P - Pt. 7B - Sn. 4

NONE

Sch. P - Pt. 7B - Sn. 5

NONE

Sch. P - Pt. 7B - Sn. 6

NONE

Sch. P - Pt. 7B - Sn. 7

NONE

Infinity Preferred Insurance Company

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims-Made insurance policies. EREs provided for reasons other than DDR are not be included.

1.1 Does the company issue Medical Professional Liability Claims-Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]

If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions.

1.2 What is the total amount of the reserve for that provision (DDR reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? Yes [] No []

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No []

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No []

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A []

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior.....
1.602 2007.....
1.603 2008.....
1.604 2009.....
1.605 2010.....
1.606 2011.....
1.607 2012.....
1.608 2013.....
1.609 2014.....
1.610 2015.....
1.611 2016.....
1.612 Totals.....	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this statement? Yes [X] No []

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for: (in thousands of dollars)

5.1 Fidelity
5.2 Surety
.....

6. Claim count information is reported per claim or per claimant. (Indicate which). PER CLAIMANT
If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]

7.2 An extended statement may be attached.

.....

SCHEDULE T - PART 2**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	Direct Business Only					6 Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama.....AL						0
2. Alaska.....AK						0
3. Arizona.....AZ						0
4. Arkansas.....AR						0
5. California.....CA						0
6. Colorado.....CO						0
7. Connecticut.....CT						0
8. Delaware.....DE						0
9. District of Columbia.....DC						0
10. Florida.....FL						0
11. Georgia.....GA						0
12. Hawaii.....HI						0
13. Idaho.....ID						0
14. Illinois.....IL						0
15. Indiana.....IN						0
16. Iowa.....IA						0
17. Kansas.....KS						0
18. Kentucky.....KY						0
19. Louisiana.....LA						0
20. Maine.....ME						0
21. Maryland.....MD						0
22. Massachusetts.....MA						0
23. Michigan.....MI						0
24. Minnesota.....MN						0
25. Mississippi.....MS						0
26. Missouri.....MO						0
27. Montana.....MT						0
28. Nebraska.....NE						0
29. Nevada.....NV						0
30. New Hampshire.....NH						0
31. New Jersey.....NJ						0
32. New Mexico.....NM						0
33. New York.....NY						0
34. North Carolina.....NC						0
35. North Dakota.....ND						0
36. Ohio.....OH						0
37. Oklahoma.....OK						0
38. Oregon.....OR						0
39. Pennsylvania.....PA						0
40. Rhode Island.....RI						0
41. South Carolina.....SC						0
42. South Dakota.....SD						0
43. Tennessee.....TN						0
44. Texas.....TX						0
45. Utah.....UT						0
46. Vermont.....VT						0
47. Virginia.....VA						0
48. Washington.....WA						0
49. West Virginia.....WV						0
50. Wisconsin.....WI						0
51. Wyoming.....WY						0
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN						0
58. Aggregate Other Alien.....OT						0
59. Totals.....	.0	0	0	.0	.0	0

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *	
Members																
	Infinity Property and Casualty Corporation	00000...	03-0483872...		0001195933	NASDAQ.....	Infinity Property and Casualty Corporation.....	OH.....	UIP.....					Infinity Property and Casualty Corporation.....	N.....	
3495	Infinity Property and Casualty Corporation	10068...	31-1358834...				Hillstar Insurance Company.....	IN.....	IA.....	Infinity Property and Casualty Corporation.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
	Infinity Property and Casualty Corporation	00000...	20-4363792...				Infinity Financial Centers, LLC.....	DE.....	NIA.....	Infinity Property and Casualty Corporation.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
3495	Infinity Property and Casualty Corporation	22268...	31-0943862...				Infinity Insurance Company.....	IN.....	UDP.....	Infinity Property and Casualty Corporation.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
	Infinity Property and Casualty Corporation	00000...	74-2641866...				Infinity Agency of Texas.....	TX.....	NIA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
3495	Infinity Property and Casualty Corporation	39497...	75-1227771...				Infinity Assurance Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
3495	Infinity Property and Casualty Corporation	11738...	34-0927698...				Infinity Auto Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
	Infinity Property and Casualty Corporation	00000...	75-2280915...				Leader Mananging General Agency, Inc.....	TX.....	NIA.....	Infinity Auto Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
	Infinity Property and Casualty Corporation	00000...	34-1852743...				Leader Group, Inc.....	OH.....	NIA.....	Infinity Auto Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
3495	Infinity Property and Casualty Corporation	21792...	58-1132392...				Infinity Casualty Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
	Infinity Property and Casualty Corporation	00000...	58-1293110...				Infinity Insurance Agency, Inc.....	GA.....	NIA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
3495	Infinity Property and Casualty Corporation	10061...	34-1767787...				Infinity Indemnity Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
3495	Infinity Property and Casualty Corporation	10195...	34-1785809...				Infinity Preferred Insurance Company.....	OH.....	RE.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
	Infinity Property and Casualty Corporation	00000...	31-1627506...				Infinity Reserve Insurance Company.....	OH.....	NIA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
3495	Infinity Property and Casualty Corporation	16802...	73-0772113...				Infinity Safeguard Insurance Company.....	OH.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
3495	Infinity Property and Casualty Corporation	38873...	58-1806192...				Infinity Security Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
3495	Infinity Property and Casualty Corporation	20260...	31-1333017...				Infinity Select Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
3495	Infinity Property and Casualty Corporation	12599...	58-1806189...				Infinity Standard Insurance Company.....	IN.....	IA.....	Infinity Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		
	Infinity Property and Casualty Corporation	00000...	58-1080659...				Infinity Property and Casualty Services, Inc.....	GA.....	NIA.....	Infinity Standard Insurance Company.....	Ownership.....	100.000	Infinity Property and Casualty Corporation.....	N.....		

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
3495	Infinity Property and Casualty Corporation	00000...	58-0642684..	.....	.....	.....	Casualty Underwriters, Inc.....	GA.....	NIA.....	Infinity Property and Casualty Services, Inc.....	Ownership.....	....100.000	Infinity Property and Casualty Corporation.....	.....N.....	.....
	Infinity Property and Casualty Corporation	13820...	43-6030348..	.....	.....	.....	Infinity County Mutual Insurance Company.....	TX.....	IA.....	Infinity Insurance Company.....	Management.....	.....	Infinity Property and Casualty Corporation.....	.....N.....	.....
	Infinity Property and Casualty Corporation	00000...	31-1357130..	.....	.....	.....	The Infinity Group, Inc.....	IN.....	NIA.....	Infinity Insurance Company.....	Ownership.....	....100.000	Infinity Property and Casualty Corporation.....	.....N.....	.....

SCHEDULE Y**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
10068	03-0483872.	Infinity Property and Casualty Corporation.....	60,000,000	(1,105,442)								58,894,558
31-1358834.	31-1358834.	Hillstar Insurance Company.....										0
39497	75-1227771.	Infinity Assurance Insurance Company.....	(100,000)									(100,000)
11738	34-0927698.	Infinity Auto Insurance Company.....	(70,000)									(70,000)
21792	58-1132392.	Infinity Casualty Insurance Company.....										0
13820	43-6030348.	Infinity County Mutual Insurance Company.....										(86,060,821)
10061	34-1767787.	Infinity Indemnity Insurance Company.....	(125,000)									87,555,000
22268	31-0943862.	Infinity Insurance Company.....	(59,525,000)	1,630,442								(44,400,330)
10195	34-1785809.	Infinity Preferred Insurance Company.....	(180,000)									(2,192,179)
16802	73-0772113.	Infinity Safeguard Insurance Company.....	(200,000)									(200,000)
38873	58-1806192.	Infinity Security Insurance Company.....	(125,000)	(200,000)								(325,000)
20260	31-1333017.	Infinity Select Insurance Company.....										0
12599	58-1806189.	Infinity Standard Insurance Company.....										0
9999999.	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

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Pooling Information

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

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will an actuarial opinion be filed by March 1?
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

APRIL FILING

5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?
6. Will the Management's Discussion and Analysis be filed by April 1?
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

MAY FILING

8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?

JUNE FILING

9. Will an audited financial report be filed by June 1?
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

AUGUST FILING

11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO

APRIL FILING

29. Will the Credit Insurance Experience Exhibit be filed with state of domicile and the NAIC by April 1?
30. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
33. Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?

AUGUST FILING

35. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

Annual Statement for the year 2016 of the **Infinity Preferred Insurance Company**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

EXPLANATIONS:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

12. The data for this supplement is not required to be filed.

13. The data for this supplement is not required to be filed.

14. The data for this supplement is not required to be filed.

15. The data for this supplement is not required to be filed.

16. The data for this supplement is not required to be filed.

17. The data for this supplement is not required to be filed.

18. The data for this supplement is not required to be filed.

19. The data for this supplement is not required to be filed.

20.

21. The data for this supplement is not required to be filed.

22. The data for this supplement is not required to be filed.

23. The data for this supplement is not required to be filed.

24. The data for this supplement is not required to be filed.

25. The data for this supplement is not required to be filed.

26. The data for this supplement is not required to be filed.

27. The data for this supplement is not required to be filed.

28. The data for this supplement is not required to be filed.

29. The data for this supplement is not required to be filed.

30. The data for this supplement is not required to be filed.

31. The data for this supplement is not required to be filed.

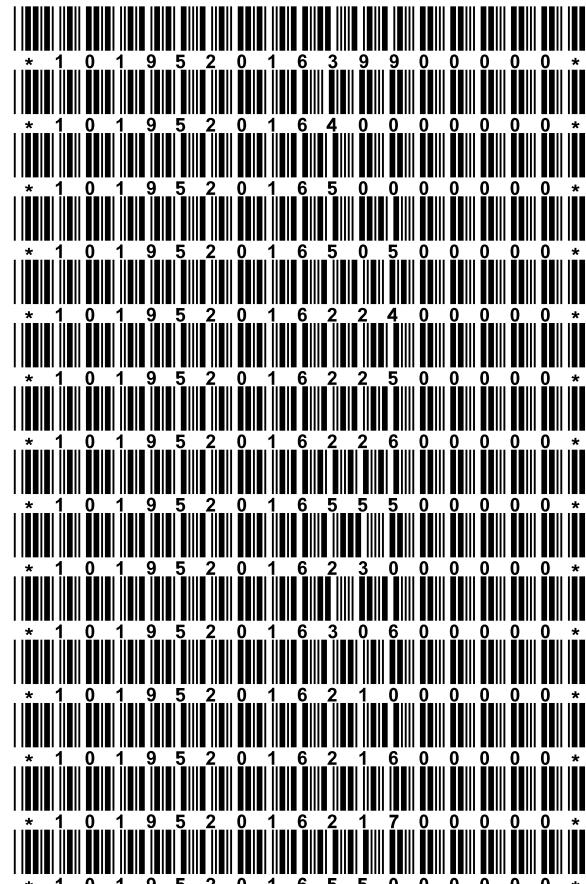
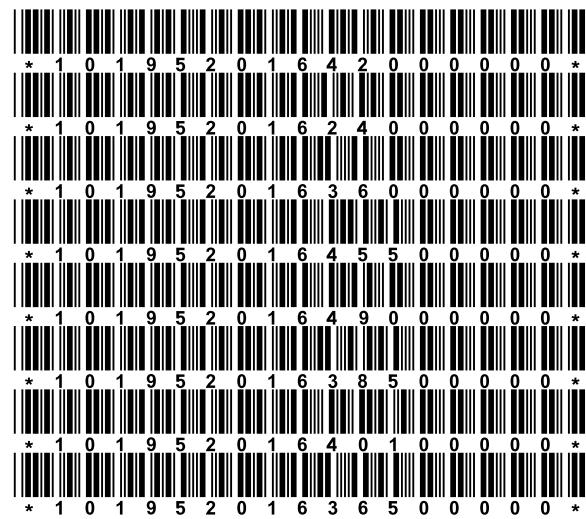
32. The data for this supplement is not required to be filed.

33. The data for this supplement is not required to be filed.

34. The data for this supplement is not required to be filed.

35.

BAR CODE:



Overflow Page
NONE

Overflow Page
NONE

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