



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

# ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

# Root Insurance Company

NAIC Group Code	0000 (Current)	NAIC Company Code	10974	Employer's ID Number	31-1631404
Organized under the Laws of Country of Domicile	Ohio			State of Domicile or Port of Entry United States of America OH	
Incorporated/Organized	12/11/1998		Commenced Business 04/29/1999		
Statutory Home Office	34 W. Gay St, Ste. 2A (Street and Number)		Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)		
Main Administrative Office	34 W. Gay St, Ste. 2A (Street and Number)		Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)		
Mail Address	34 W. Gay St, Ste. 2A (Street and Number or P.O. Box)		Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	34 W. Gay St, Ste. 2A (Street and Number)		Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)		
Internet Website Address	www.joinroot.com				
Statutory Statement Contact	Travis Ryan Harrison (Name)		989-944-1195 (Area Code) (Telephone Number)		
	travis@trh-cpa.com (E-mail Address)		989-885-5908 (FAX Number)		

## OFFICERS

President Alexander Edward Timm # Vice President Daniel Craig Manges #  
Secretary Christopher George Olsen # Vice President David Royce Martin #

**OTHER**

**DIRECTORS OR TRUSTEES**

Alexander Edward Timm # Christopher George Olsen # Cynthia Ann Powell #  
Lawrence Allen Hilsheimer # David Matthew McMullen #

State of Ohio SS: \_\_\_\_\_  
County of Franklin \_\_\_\_\_

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.

Alexander Edward Timm  
President

Christopher George Olsen  
Secretary

Daniel Craig Manges  
Vice President

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0000	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2016							NAIC Company Code	10974	
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 accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancellable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(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 accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
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 .....	23,302	9,507			13,795		.719	.719					337
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....	9,432	3,644			5,787	392	5,987	5,595					136
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
35. TOTALS (a) .....	32,734	13,151	0		19,582	2,642	(6,904)	6,314	0	0	0	0	473
<b>DETAILS OF WRITE-INS</b>													
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 thru 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 \$ .....

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0000	BUSINESS IN THE STATE OF		Grand Total	DURING THE YEAR						NAIC Company Code	10974	
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 .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2.5 Private flood .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b) .....	0	0	0	0	0	2,250	(13,610)	0	0	0	0	0	0
14. Credit accident and health (group and individual) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancellable accident and health(b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation .....	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability .....	23,302	9,507	0	0	13,795	0	719	719	0	0	0	0	337
19.3 Commercial auto no-fault (personal injury protection) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability .....	0	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage .....	9,432	3,644	0	0	5,787	392	5,987	5,595	0	0	0	0	136
21.2 Commercial auto physical damage .....	0	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft .....	0	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery .....	0	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a) .....	32,734	13,151	0	0	19,582	2,642	(6,904)	6,314	0	0	0	0	473
<b>DETAILS OF WRITE-INS</b>													
3401. ....	0	0	0	0	0	0	0	0	0	0	0	0	0
3402. ....	0	0	0	0	0	0	0	0	0	0	0	0	0
3403. ....	0	0	0	0	0	0	0	0	0	0	0	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	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

**N O N E**

Schedule F - Part 2

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company

## SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Com- pany 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 Cols. 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 Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
0499999. Total Authorized - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0899999. Total Authorized - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
43-1898350 .. 11054 .. Maiden Re .....	MO		5		0		1	0	0	0	0	3	4	(31)		35			
47-0698507 .. 23680 .. Odyssey Re .....	CT		6		0		1	0	0	0	0	4	5	(39)		44			
13-4924125 .. 10227 .. Munich Re .....	DE		5		0		1	0	0	0	0	3	4	(34)		38			
0999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)														0		0		0	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					16	0	0	3	0	0	0	10	0	13	(104)	0	117	0	
1099999. Total Authorized - Pools - Mandatory Pools					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1299998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)														0		0		0	
1299999. Total Authorized - Other Non-U.S. Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1399999. Total Authorized			16		0		3	0	0	0	0	10	0	13	(104)	0	117	0	
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool			0		0		0	0	0	0	0	0	0	0	0	0	0	0	
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)			0		0		0	0	0	0	0	0	0	0	0	0	0	0	
2199999. Total Unauthorized - Affiliates			0		0		0	0	0	0	0	0	0	0	0	0	0	0	
2299998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)														0		0		0	
2299999. Total Unauthorized - Other U.S. Unaffiliated Insurers			0		0		0	0	0	0	0	0	0	0	0	0	0	0	
2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)														0		0		0	
2599999. Total Unauthorized - Other Non-U.S. Insurers			0		0		0	0	0	0	0	0	0	0	0	0	0	0	
2699999. Total Unauthorized			0		0		0	0	0	0	0	0	0	0	0	0	0	0	
3099999. Total Certified - Affiliates - U.S. Non-Pool			0		0		0	0	0	0	0	0	0	0	0	0	0	0	
3399999. Total Certified - Affiliates - Other (Non-U.S.)			0		0		0	0	0	0	0	0	0	0	0	0	0	0	
3499999. Total Certified - Affiliates			0		0		0	0	0	0	0	0	0	0	0	0	0	0	
3599998. Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)													0		0		0	0	
3599999. Total Certified - Other U.S. Unaffiliated Insurers			0		0		0	0	0	0	0	0	0	0	0	0	0	0	
3899998. Total Certified - Other Non-U.S. Insurers (Under \$100,000)														0		0		0	
3899999. Total Certified - Other Non-U.S. Insurers			0		0		0	0	0	0	0	0	0	0	0	0	0	0	
3999999. Total Certified			0		0		0	0	0	0	0	0	0	0	0	0	0	0	
4099999. Total Authorized, Unauthorized and Certified			16		0		0	3	0	0	0	10	0	13	(104)	0	117	0	
4199999. Total Protected Cells														0		0		0	
9999999 Totals					16	0	0	3	0	0	0	10	0	13	(104)	0	117	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. ....		

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. ....			Yes [ ] No [ ]
2. ....			Yes [ ] No [ ]
3. ....			Yes [ ] No [ ]
4. ....			Yes [ ] No [ ]
5. ....			Yes [ ] No [ ]

Schedule F - Part 4

**N O N E**

Schedule F - Part 5

**N O N E**

Schedule F - Part 5 - Bank Footnote

**N O N E**

Schedule F - Part 6 - Section 1 - Provision for Reinsurance Ceded to Certified Reinsurers

**N O N E**

Schedule F - Part 6 - Section 1 - Bank Footnote

**N O N E**

Schedule F - Part 6 - Section 2 - Provision for Overdue Reinsurance Ceded to Certified Reinsurers

**N O N E**

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

**N O N E**

Schedule F - Part 8 - Provision for Overdue Reinsurance

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	3,296,252		3,296,252
2. Premiums and considerations (Line 15) .....	12,637		12,637
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	196		196
4. Funds held by or deposited with reinsured companies (Line 16.2) .....	0		0
5. Other assets .....	1,018,157		1,018,157
6. Net amount recoverable from reinsurers .....		14,374	14,374
7. Protected cell assets (Line 27) .....	0		0
8. <b>Totals (Line 28)</b> .....	<b>4,327,242</b>	<b>14,374</b>	<b>4,341,616</b>
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	3,881	3,881	7,762
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	289,893		289,893
11. Unearned premiums (Line 9) .....	9,089	10,493	19,582
12. Advance premiums (Line 10) .....			0
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....	(104,052)		(104,052)
15. Funds held by company under reinsurance treaties (Line 13) .....	0		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 .....	0		0
19. Total liabilities excluding protected cell business (Line 26) .....	198,811	14,374	213,185
20. Protected cell liabilities (Line 27) .....			0
21. Surplus as regards policyholders (Line 37)	4,128,431	XXX	4,128,431
22. <b>Totals (Line 38)</b>	<b>4,327,242</b>	<b>14,374</b>	<b>4,341,616</b>

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? \_\_\_\_\_

Yes [ ] No [ X ]

If yes, give full explanation: \_\_\_\_\_

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company  
**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts										
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other		
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	
<b>PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS</b>																			
1. Premiums written .....		.0	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned .....		0	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims .....	(13,610)	0.0	(13,610)	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
4. Cost containment expenses .....		.0	0.0		.0	0.0		.0											
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....	(13,610)	0.0	(13,610)	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
6. Increase in contract reserves .....		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0	
7. Commissions (a) .....		0	0.0		.0	0.0		.0											
8. Other general insurance expenses .....		.0	0.0		.0	0.0		.0											
9. Taxes, licenses and fees .....		.0	0.0		.0	0.0		.0											
10. Total other expenses incurred .....		0	0.0		.0	0.0		0	0.0		0	0.0		0	0.0		0	0.0	
11. Aggregate write-ins for deductions .....		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0	
12. Gain from underwriting before dividends or refunds .....		13,610	0.0		13,610	0.0		0	0.0		0	0.0		0	0.0		0	0.0	
13. Dividends or refunds .....		0	0.0		.0	0.0		.0											
14. Gain from underwriting after dividends or refunds .....		13,610	0.0		13,610	0.0		0	0.0		0	0.0		0	0.0		0	0.0	
<b>DETAILS OF WRITE-INS</b>																			
1101. ....																			
1102. ....																			
1103. ....																			
1198. Summary of remaining write-ins for Line 11 from overflow page .....		.0	0.0		.0	0.0		0	0.0		0	0.0		0	0.0		0	0.0	
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0	

(a) Includes \$ ..... reported as "Contract, membership and other fees retained by agents."

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
<b>PART 2. - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums .....	0	0	0						
2. Advance premiums .....	0								
3. Reserve for rate credits .....	0								
4. Total premium reserves, current year .....	0	0	0	0	0	0	0	0	0
5. Total premium reserves, prior year .....	0	0	0	0	0	0	0	0	0
6. Increase in total premium reserves .....	0	0	0	0	0	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a) .....	0								
2. Reserve for future contingent benefits .....	0								
3. Total contract reserves, current year .....	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year .....	0	0	0	0	0	0	0	0	0
5. Increase in contract reserves .....	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year .....	0	0	0	0	0	0	0	0	0
2. Total prior year .....	15,860	15,860	0	0	0	0	0	0	0
3. Increase .....	(15,860)	(15,860)	0	0	0	0	0	0	0

<b>PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year .....	2,250	2,250							
1.2 On claims incurred during current year .....	0	0							
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year .....	0	0							
2.2 On claims incurred during current year .....	0	0							
3. Test:									
3.1 Line 1.1 and 2.1 .....	2,250	2,250	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year .....	15,860	15,860	0	0	0	0	0	0	0
3.3 Line 3.1 minus Line 3.2 .....	(13,610)	(13,610)	0	0	0	0	0	0	0

<b>PART 4. - REINSURANCE</b>									
A. Reinsurance Assumed:									
1. Premiums written .....									
2. Premiums earned .....									
3. Incurred claims .....									
4. Commissions .....									
B. Reinsurance Ceded:									
1. Premiums written .....									
2. Premiums earned .....									
3. Incurred claims .....									
4. Commissions .....									

NONE

(a) Includes \$ ..... premium deficiency reserve.

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company**  
**SCHEDULE H - PART 5 - HEALTH CLAIMS**

	1 Medical	2 Dental	3 Other	4 Total
<b>A. Direct:</b>				
1. Incurred Claims .....			(13,610)	(13,610)
2. Beginning claim reserves and liabilities .....			15,860	15,860
3. Ending claim reserves and liabilities .....			0	0
4. Claims paid	0	0	2,250	2,250
<b>B. Assumed Reinsurance:</b>				
5. Incurred Claims.....				0
6. Beginning claim reserves and liabilities .....				0
7. Ending claim reserves and liabilities .....				0
8. Claims paid	0	0	0	0
<b>C. Ceded Reinsurance:</b>				
9. Incurred Claims.....				0
10. Beginning claim reserves and liabilities .....				0
11. Ending claim reserves and liabilities .....				0
12. Claims paid	0	0	0	0
<b>D. Net:</b>				
13. Incurred Claims.....	0	0	(13,610)	(13,610)
14. Beginning claim reserves and liabilities .....	0	0	15,860	15,860
15. Ending claim reserves and liabilities .....	0	0	0	0
16. Claims paid	0	0	2,250	2,250
<b>E. Net Incurred Claims and Cost Containment Expenses:</b>				
17. Incurred claims and cost containment expenses .....			(13,610)	(13,610)
18. Beginning reserves and liabilities .....			15,860	15,860
19. Ending reserves and liabilities .....				0
20. Paid claims and cost containment expenses	0	0	2,250	2,250

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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. 2007													
3. 2008													
4. 2009													
5. 2010													
6. 2011													
7. 2012													
8. 2013													
9. 2014													
10. 2015													
11. 2016													
12. Totals													

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company**  
**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 (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	277	0	277	264	0	0	0	13	0	9	277	0	
3. 2008	425	0	425	403	0	0	0	24	0	8	427	0	
4. 2009	264	0	264	201	50	0	0	11	0	7	162	0	
5. 2010	54	0	54	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	10	4	6	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	868	50	0	0	48	0	24	866	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	1	0	0	0	1	1	0	0	1	0	0
12. Totals	0	0	1	0	0	0	1	1	0	0	1	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
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2007	277	0	277	100.0	0.0	100.0	0	0	0.0	0	0
3. 2008	427	0	427	100.5	0.0	100.5	0	0	0.0	0	0
4. 2009	212	50	162	80.3	0.0	61.4	0	0	0.0	0	0
5. 2010	0	0	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	0	0
7. 2012	0	0	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	0	0
9. 2014	0	0	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	0	0
11. 2016	2	1	1	20.6	27.0	16.7	0	0	0.0	0	1
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	1

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical  
**N O N E**

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)  
**N O N E**

Schedule P - Part 1E - Commercial Multiple Peril  
**N O N E**

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence  
**N O N E**

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made  
**N O N E**

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)  
**N O N E**

Schedule P - Part 1H - Section 1 - Other Liability - Occurrence  
**N O N E**

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made  
**N O N E**

Schedule P - Part 1I - Special Property (Fire, Allied Lines...)  
**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company**

**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 (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. 2015	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2016	4	2	2	0	0	0	0	0	0	0	0	8	
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 Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2016	6	3	0	0	0	0	0	0	0	0	0	3	5			
4. Totals	6	3	0	0	0	0	0	0	0	0	0	3	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
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2015	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2016	6	3	3	170.0	204.1	145.6	0	0	0.0	3	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	3	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company

**SCHEDULE P - PART 1K - FIDELITY/SURETY**

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2015																
3. 2016																
4. Totals																

	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					
2. 2015											
3. 2016											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company  
**SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**  
(\$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 (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. 2015	319	0	319	12	0	0	0	70	0	0	82	XXX	
3. 2016	0	0	0	2	0	0	0	0	0	0	2	XXX	
4. Totals	XXX	XXX	XXX	14	0	0	0	70	0	0	84	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2016	0	0	0	0	0	0	0	0	0	0	0	0	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
	1. Prior	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2015	82	0	82	25.7	0.0	25.7	0	0	0.0	0	0
3. 2016	2	0	2	0.0	0.0	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1M - International

**N O N E**

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 1T - Warranty

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company  
**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												
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	XX	XX							
8. 2013	XXX	XXX	XXX	XX	XX	XX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

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

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

SCHEDUI E P - PART 2E - COMMERCIAL MUI TIPI E PERBII

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

**N O N E**

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company

**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	XXX	XXX	XXX		
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
											4. Totals	

**NONE**

**SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE**

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

**SCHEDULE P - PART 2K - FIDELITY/SURETY**

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

**NONE**

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

1. Prior	XXX	79	67	65	(2)	(14)						
2. 2015	XXX	26	12	(14)	XXX							
3. 2016	XXX	2	XXX	XXX								
											4. Totals	(16) (14)

**SCHEDULE P - PART 2M - 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	XX							
8. 2013	XXX	XXX	XXX	XX	XX	XX						
9. 2014	XXX	XXX	XXX	XXX	XX	XX	XX					
10. 2015	XXX				XXX							
11. 2016	XXX		XXX	XXX								
											12. Totals	

**NONE**

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property  
**N O N E**

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability  
**N O N E**

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines  
**N O N E**

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence  
**N O N E**

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made  
**N O N E**

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty  
**N O N E**

Schedule P - Part 2T - Warranty  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company  
**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											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XX								
7. 2012	XXX	XXX	XXX	XX	XX							
8. 2013	XXX	XXX	XXX	XXX	XXX	XX	XX					
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**NONE**

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

1. Prior	.000	30	30	35	35	35	35	35	35	35	35	.0
2. 2007	72	204	250	256	264	264	264	264	264	264	264	.0
3. 2008	XXX	135	317	364	398	403	403	403	403	403	403	.0
4. 2009	XXX	XXX	56	85	135	150	151	151	151	151	151	.0
5. 2010	XXX	XXX	XXX						0	0	0	.0
6. 2011	XXX	XXX	XXX	XXX					0	0	0	.0
7. 2012	XXX	XXX	XXX	XXX	XXX				0	0	0	.0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0	.0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0	.0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	.0
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

**NONE**

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

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								
8. 2013	XXX	XXX	XXX	XXX	XX	XX	XX	XX				
9. 2014	XXX	XXX	XXX	XXX	XX	XX	XX	XX				
10. 2015	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 3D - WORKERS' COMPENSATION  
 (EXCLUDING EXCESS WORKERS' COMPENSATION)**

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								
8. 2013	XXX	XXX	XXX	XXX	XX	XX	XX	XX				
9. 2014	XXX	XXX	XXX	XXX	XX	XX	XX	XX				
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**NONE**

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

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								
8. 2013	XXX	XXX	XXX	XXX	XX	XX	XX	XX				
9. 2014	XXX	XXX	XXX	XXX	XX	XX	XX	XX				
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 3G - Special Liability

**N O N E**

Schedule P - Part 3H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company

**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 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	XXX	XXX	XXX	XX	XX	XX	XX	000			XXX	XXX
2. 2015	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	0	0								
2. 2015	XXX	0	0	0	0							
3. 2016	XXX	0	3	0								

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

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

**NONE****SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior	XXX	000	65	65	XXX	XXX						
2. 2015	XXX	12	12	XXX	XXX							
3. 2016	XXX	2	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	XX	XX						XXX	XXX
8. 2013	XXX	XXX	XXX	XX	XX	XX					XXX	XXX
9. 2014	XXX				XXX	XXX						
10. 2015	XXX			XXX	XXX							
11. 2016	XXX		XXX	XXX								

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property  
**N O N E**

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability  
**N O N E**

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines  
**N O N E**

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence  
**N O N E**

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made  
**N O N E**

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty  
**N O N E**

Schedule P - Part 3T - Warranty  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company  
**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	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	2016
1. Prior											
2. 2007											
3. 2008	XXX										
4. 2009	XXX	XXX									
5. 2010	XXX	XXX	XX								
6. 2011	XXX	XXX	XX								
7. 2012	XXX	XXX	XX								
8. 2013	XXX	XXX	XX								
9. 2014	XXX	XXX	XX								
10. 2015	XXX	XXX	XX								
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

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

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2007	45									
3. 2008	XXX		(17)							
4. 2009	XXX	XXX		(3)						
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	1

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

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	XX	XXX	XX					
8. 2013	XXX	XXX	XX	XXX	XX	XX				
9. 2014	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2015	XXX	XXX	XX	XXX	XX	XX	XXX			
11. 2016	XXX									

**NONE**

**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	XX	XXX	XX					
8. 2013	XXX	XXX	XX	XXX	XX	XX				
9. 2014	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2015	XXX	XXX	XX	XXX	XX	XX	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	XX	XXX	XX					
8. 2013	XXX	XXX	XX	XXX	XX	XX				
9. 2014	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2015	XXX	XXX	XX	XXX	XX	XX	XXX			
11. 2016	XXX									

**NONE**

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 4G - Special Liability

**N O N E**

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company

**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	XX	XXX	XX	X	XXX			
2. 2015	XXX	XXX	XX	XXX	XXX	X	XX	XXX		
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE****SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	.0	0	0						
2. 2015	XXX	0	0							
3. 2016	XXX	0								

**SCHEDULE P - PART 4K - FIDELITY/SURETY**

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

**NONE****SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior	XXX	.21	0	0						
2. 2015	XXX	.6	0							
3. 2016	XXX	0								

**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	XX	XXX						
7. 2012	XXX	XXX	XX	XXX	XX					
8. 2013	XXX	XXX	XX	XXX	XX	X				
9. 2014	XXX	XXX	XX	XXX	XXX	X	X			
10. 2015	XXX									
11. 2016	XXX									

**NONE**

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property  
**NONE**

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability  
**NONE**

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines  
**NONE**

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence  
**NONE**

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made  
**NONE**

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty  
**NONE**

Schedule P - Part 4T - Warranty  
**NONE**

Schedule P - Part 5A - Homeowners/Farmowners - Section 1  
**NONE**

Schedule P - Part 5A - Homeowners/Farmowners - Section 2  
**NONE**

Schedule P - Part 5A - Homeowners/Farmowners - Section 3  
**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company**  
**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	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
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	0

**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
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

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5T - Warranty - Section 1

**N O N E**

Schedule P - Part 5T - Warranty - Section 2

**N O N E**

Schedule P - Part 5T - Warranty - Section 3

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P - Part 6E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 6E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 6M - International - Section 1

**N O N E**

Schedule P - Part 6M - International - Section 2

**N O N E**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

**N O N E**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

**N O N E**

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company**  
**SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (\$000 OMITTED)**  
**SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....			0.0	0		0.0
2. Private Passenger Auto Liability/ Medical .....	1		0.0	12		0.0
3. Commercial Auto/Truck Liability/ Medical .....			0.0	0		0.0
4. Workers' Compensation .....			0.0	0		0.0
5. Commercial Multiple Peril .....			0.0	0		0.0
6. Medical Professional Liability - Occurrence .....			0.0	0		0.0
7. Medical Professional Liability - Claims - Made .....			0.0	0		0.0
8. Special Liability .....			0.0	0		0.0
9. Other Liability - Occurrence .....			0.0	0		0.0
10. Other Liability - Claims-Made .....			0.0	0		0.0
11. Special Property .....			0.0	0		0.0
12. Auto Physical Damage .....	3		0.0	5		0.0
13. Fidelity/Surety .....			0.0	0		0.0
14. Other .....	0		0.0	0		0.0
15. International .....			0.0	0		0.0
16. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability - Occurrence .....			0.0	0		0.0
20. Products Liability - Claims-Made .....			0.0	0		0.0
21. Financial Guaranty/Mortgage Guaranty .....			0.0	0		0.0
22. Warranty .....			0.0	0		0.0
23. Totals .....	4	0	0.0	17	0	0.0

**SECTION 2**

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										
	1 2007	2	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	2016
1. Prior .....											
2. 2007 .....											
3. 2008 .....	XXX										
4. 2009 .....	XXX	XXX									
5. 2010 .....	XXX	XXX	XX								
6. 2011 .....	XXX	XXX	XX	XX							
7. 2012 .....	XXX	XXX	XX	XX	XX						
8. 2013 .....	XXX	XXX	XX	XXX	XXX	XX					
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 Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)										
	1 2007	2	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	2016
1. Prior .....											
2. 2007 .....											
3. 2008 .....	XXX										
4. 2009 .....	XXX	XXX									
5. 2010 .....	XXX	XXX	XX								
6. 2011 .....	XXX	XXX	XX	XX							
7. 2012 .....	XXX	XXX	XX	XX	XX						
8. 2013 .....	XXX	XXX	XX	XXX	XXX	XX					
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 7A - Section 4 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company  
**SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)**  
**SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....			0.0	0		0.0
2. Private Passenger Auto Liability/Medical .....	1		0.0	12		0.0
3. Commercial Auto/Truck Liability/Medical .....			0.0	0		0.0
4. Workers' Compensation .....			0.0	0		0.0
5. Commercial Multiple Peril .....			0.0	0		0.0
6. Medical Professional Liability - Occurrence .....			0.0	0		0.0
7. Medical Professional Liability - Claims - Made .....			0.0	0		0.0
8. Special Liability .....			0.0	0		0.0
9. Other Liability - Occurrence .....			0.0	0		0.0
10. Other Liability - Claims-Made .....			0.0	0		0.0
11. Special Property .....			0.0	0		0.0
12. Auto Physical Damage .....	3		0.0	5		0.0
13. Fidelity/Surety .....			0.0	0		0.0
14. Other .....	0		0.0	0		0.0
15. International .....			0.0	0		0.0
16. Reinsurance - Nonproportional Assumed Property .....			0.0	0		0.0
17. Reinsurance - Nonproportional Assumed Liability .....			0.0	0		0.0
18. Reinsurance - Nonproportional Assumed Financial Lines .....			0.0	0		0.0
19. Products Liability - Occurrence .....			0.0	0		0.0
20. Products Liability - Claims-Made .....			0.0	0		0.0
21. Financial Guaranty/Mortgage Guaranty .....			0.0	0		0.0
22. Warranty .....			0.0	0		0.0
23. Totals .....	4	0	0.0	17	0	0.0

**SECTION 2**

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2007	2	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	XX							
6. 2011 .....	XXX	XXX	XX	XX						
7. 2012 .....	XXX	XXX	XX	XX	XX					
8. 2013 .....	XXX	XXX	XX	XXX	XXX	XX				
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 Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1 2007	2	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	XX							
6. 2011 .....	XXX	XXX	XX	XX						
7. 2012 .....	XXX	XXX	XX	XX	XX					
8. 2013 .....	XXX	XXX	XX	XXX	XXX	XX				
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 7B - Section 4 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root 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 to 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)? ..... \$ .....

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

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

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 [ X ]

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

NONE

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company

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

# NON

Asterisk

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company

## **SCHEDULE Y**

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root 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.

		Responses
	MARCH FILING	
1.	Will an actuarial opinion be filed by March 1? .....	WAIVED
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? .....	YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? .....	YES
6.	Will Management's Discussion and Analysis be filed by April 1? .....	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1? .....	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	SEE EXPLANATION
	JUNE FILING	
9.	Will an audited financial report be filed by June 1? .....	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

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? .....

YES

The following supplemental reports are required to be filed as part of your annual 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 supplemental 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? .....

13. Will the Financial Guaranty Insurance Exhibit be filed by March 1? .....

14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....

15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? .....

16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....

17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? .....

18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? .....

19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....

20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? .....

21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? .....

22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? .....

23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? .....

24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....

25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....

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? .....

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? .....

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? .....

SEE EXPLANATION

APRIL FILING

29. Will the Credit Insurance Experience Exhibit be filed with the 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? .....

Explanations:

8. Non applicable

12.

13.

14.

15.

16.

17.

19.

20. Waiver obtained for 2016

23.

24.

25.

26.

27.

28.

29.

30.

32.

33.

34.

Bar Codes:

1. Actuarial Opinion [Document Identifier 440]

12. SIS Stockholder Information Supplement [Document Identifier 420]

13. Financial Guaranty Insurance Exhibit [Document Identifier 240]

14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

15. Supplement A to Schedule T [Document Identifier 455]

16. Trusteed Surplus Statement [Document Identifier 490]

17. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]

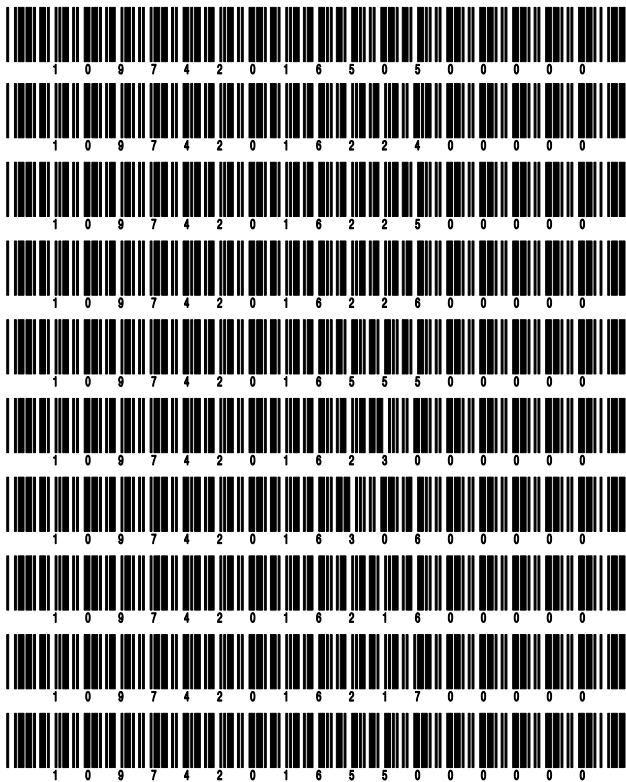
19. Medicare Part D Coverage Supplement [Document Identifier 365]

23. Bail Bond Supplement [Document Identifier 500]



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

- 24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]
- 25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 27. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 28. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]
- 29. Credit Insurance Experience Exhibit [Document Identifier 230]
- 30. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 32. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 33. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 34. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Root Insurance Company  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 24

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
2404. Other Expenses .....		43,386		43,386
2497. Summary of remaining write-ins for Line 24 from overflow page	0	43,386	0	43,386



SUPPLEMENT FOR THE YEAR 2016 OF THE Root Insurance Company  
REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

**For The Year Ended December 31, 2016**

To Be Filed by March 1

### (A) Financial Impact

	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets .....	4,327,242		4,327,242
A02. Liabilities .....	198,811		198,811
A03. Surplus as regards to policyholders .....	4,128,431		4,128,431
A04. Income before taxes	(1,757,185)		(1,757,185)

(B) Summary of Reinsurance Contract Terms	(C) Management's Objectives

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.

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