



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2017

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 Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Incorporated/Organized 12/11/1998 Commenced Business 04/29/1999

Statutory Home Office 34 W. Gay St, Ste. 2A Columbus, OH, US 43215

Main Administrative Office 34 W. Gay St, Ste. 2A Columbus, OH, US 43215 866-980-9431

Mail Address 34 W. Gay St, Ste. 2A Columbus, OH, US 43215

Primary Location of Books and Records 34 W. Gay St, Ste. 2A Columbus, OH, US 43215 866-980-9431

Internet Website Address www.joinroot.com

Statutory Statement Contact Travis Ryan Harrison 989-944-1195

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 Christopher George Olsen Daniel Craig Manges
President Secretary Vice President

Subscribed and sworn to before me this day of
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.....

STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	1,503,905		1,503,905	1,504,692
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ .....995,252 ), cash equivalents (\$ .....5,465,049 ) and short-term investments (\$ .....0 ) .....	6,460,301		6,460,301	1,791,560
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	7,964,206	0	7,964,206	3,296,252
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	3,796		3,796	3,550
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	14,107		14,107	2,928
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	52,726		52,726	9,709
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	24,020		24,020	196
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	1,290,208	1,290,208	0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	43,239	43,239	0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	87,638	87,638	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	1,000,000
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	28,640	13,640	15,000	14,607
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	9,508,580	1,434,725	8,073,855	4,327,242
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	9,508,580	1,434,725	8,073,855	4,327,242
<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
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Security Deposit .....	13,640	13,640	0	0
2502. Claims Imprest Fund .....	15,000		15,000	14,607
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	28,640	13,640	15,000	14,607

STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ .....12,574 ) .....	12,825	3,158
2. Reinsurance payable on paid losses and loss adjustment expenses .....		0
3. Loss adjustment expenses .....	1,342	723
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....	160,401	289,420
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	2,149	473
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....		
7.2 Net deferred tax liability .....		
8. Borrowed money \$ ..... and interest thereon \$ .....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....53,729 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act) .....	47,536	9,089
10. Advance premium .....		
11. Dividends declared and unpaid:		
11.1 Stockholders .....		
11.2 Policyholders .....		
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	(295,804)	(104,052)
13. Funds held by company under reinsurance treaties .....		0
14. Amounts withheld or retained by company for account of others .....		
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ ..... certified) .....		0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....		
20. Derivatives .....	0	0
21. Payable for securities .....		
22. Payable for securities lending .....		
23. Liability for amounts held under uninsured plans .....		
24. Capital notes \$ ..... and interest thereon \$ .....		
25. Aggregate write-ins for liabilities .....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	(71,551)	198,811
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	(71,551)	198,811
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....	2,500,000	1,000,000
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....	0	0
33. Surplus notes .....		
34. Gross paid in and contributed surplus .....	8,740,379	4,240,379
35. Unassigned funds (surplus) .....	(3,094,972)	(1,111,948)
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) .....	8,145,407	4,128,431
38. Totals (Page 2, Line 28, Col. 3)	8,073,856	4,327,242
<b>DETAILS OF WRITE-INS</b>		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

## STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 114,751 )	33,068		13,151
1.2 Assumed (written \$ )			
1.3 Ceded (written \$ 60,846 )	17,609		5,149
1.4 Net (written \$ 53,905 )	15,459	0	8,002
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ ):			
2.1 Direct	62,554	(13,610)	(6,904)
2.2 Assumed			
2.3 Ceded	31,277		3,354
2.4 Net	31,277	(13,610)	(10,258)
3. Loss adjustment expenses incurred	2,832		723
4. Other underwriting expenses incurred	1,888,170	65,637	1,896,033
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	1,922,279	52,027	1,886,498
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(1,906,820)	(52,027)	(1,878,496)
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	3,251	14,098	10,904
10. Net realized capital gains (losses) less capital gains tax of \$		2,360	34,927
11. Net investment gain (loss) (Lines 9 + 10)	3,251	16,458	45,831
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )	0		0
13. Finance and service charges not included in premiums	1,738		480
14. Aggregate write-ins for miscellaneous income	991	45,000	75,000
15. Total other income (Lines 12 through 14)	2,729	45,000	75,480
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(1,900,840)	9,431	(1,757,185)
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(1,900,840)	9,431	(1,757,185)
19. Federal and foreign income taxes incurred		3,000	
20. Net income (Line 18 minus Line 19)(to Line 22)	(1,900,840)	6,431	(1,757,185)
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	4,128,431	3,917,632	3,917,633
22. Net income (from Line 20)	(1,900,840)	6,431	(1,757,185)
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$			
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	674,136		616,072
27. Change in nonadmitted assets	(756,320)	15,317	(663,089)
28. Change in provision for reinsurance			0
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in	1,500,000		
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in	4,500,000		2,015,000
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	4,016,976	21,748	210,798
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	8,145,407	3,939,380	4,128,431
<b>DETAILS OF WRITE-INS</b>			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401. General Administration Reimbursement		45,000	75,000
1402. Miscellaneous Income	991		
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	991	45,000	75,000
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

## STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	(192,042)		(99,596)
2. Net investment income .....	3,791	23,982	59,995
3. Miscellaneous income .....	2,729	45,000	75,480
4. Total (Lines 1 to 3) .....	(185,522)	68,982	35,879
5. Benefit and loss related payments .....	45,434	2,250	2,642
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0		0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	1,994,401	65,026	1,632,529
8. Dividends paid to policyholders .....	0		0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	3,000	0
10. Total (Lines 5 through 9) .....	2,039,835	70,276	1,635,171
11. Net cash from operations (Line 4 minus Line 10) .....	(2,225,357)	(1,294)	(1,599,292)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	248,131	4,127,213
12.2 Stocks .....	0		0
12.3 Mortgage loans .....	0		0
12.4 Real estate .....	0		0
12.5 Other invested assets .....	0		0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0		0
12.7 Miscellaneous proceeds .....	0		0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	248,131	4,127,213
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	281,950	1,947,680
13.2 Stocks .....	0		0
13.3 Mortgage loans .....	0		0
13.4 Real estate .....	0		0
13.5 Other invested assets .....	0		0
13.6 Miscellaneous applications .....	0		0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	281,950	1,947,680
14. Net increase (or decrease) in contract loans and premium notes .....	0		0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	(33,819)	2,179,533
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0		0
16.2 Capital and paid in surplus, less treasury stock .....	6,000,000		1,015,000
16.3 Borrowed funds .....	0		0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0		0
16.5 Dividends to stockholders .....	0		0
16.6 Other cash provided (applied) .....	894,098	(14,684)	(104,077)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	6,894,098	(14,684)	910,923
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	4,668,741	(49,797)	1,491,164
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	1,791,560	300,396	300,396
19.2 End of period (Line 18 plus Line 19.1) .....	6,460,301	250,599	1,791,560

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

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STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company  
**NOTES TO FINANCIAL STATEMENTS**

**NOTE 1**

**Summary of Significant Accounting Policies and Going Concern**

**A. Basis of Presentation** - The financial statements of Root Insurance Company (the "Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance. The state of Ohio requires insurance companies domiciled in the state of Ohio to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the Ohio Department of Insurance.

	SSAP #	F/S Page	F/S Line #	2017	2016
<b>NET INCOME</b>					
(1) State basis (Page 4, Line 20, Columns 1 & 2) .....	XXX	XXX	XXX	.... (1,900,840)	..... (1,757,185)
(2) State Prescribed Practices that increase/(decrease) NAIC SAP: .....					
(3) State Permitted Practices that increase/(decrease) NAIC SAP: .....					
(4) NAIC SAP (1-2-3=4) .....	XXX	XXX	XXX	.... (1,900,840)	..... (1,757,185)
<b>SURPLUS</b>					
(5) State basis (Page 3, Line 37, Columns 1 & 2) .....	XXX	XXX	XXX	..... 8,145,407	..... 4,128,431
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: .....					
(7) State Permitted Practices that increase/(decrease) NAIC SAP: .....					
(8) NAIC SAP (5-6-7=8) .....	XXX	XXX	XXX	..... 8,145,407	..... 4,128,431

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

**C. Accounting Policy** - Premiums are earned over the terms of the related insurance policies. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business.

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

Short-term investments are securities with an original maturity greater than 3 months, but less than 1 year, are stated at cost.

Bonds not backed by loans are stated at amortized cost. Premiums and discounts on bonds are amortized or accreted, respectively, over the life of the related debt security as an adjustment to the yield, using the scientific method. Interest income is recognized when it is earned.

Common stocks at market value except for its investment in uncombined subsidiaries and affiliates in which the Company has an interest of 20% or more are carried on the equity basis.

No preferred stocks are held by the Company.

No Mortgage Loans are held by the company

Loan-backed securities at amortized cost provided that the SVO designation is 1 or 2. If the SVO designation is 3 or greater, the Company states the securities at the lower of amortized cost or fair market value. The Company uses the retrospective method to make valuation adjustments when necessary.

No subsidiary controlled or affiliated investments to report.

No investments in joint ventures, partnerships, and limited liability companies to report.

The Company does not have any derivative financial instruments.

The Company does utilize anticipated investment income as a factor in premium deficiency calculations.

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

**D. Going Concern** - There are no going concern issues at this time.

**NOTE 2**

**Accounting Changes and Corrections of Errors**

The Company did not have any accounting changes during the year

**NOTE 3**

**Business Combinations and Goodwill**

Not Applicable

STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

**NOTE 4**  
**Discontinued Operations**

Not Applicable

**NOTE 5**  
**Investments**

- A. **Mortgage Loans** – Not Applicable
- B. **Trouble Debt Restructuring for Creditors** – Not Applicable
- C. **Reverse Mortgages** – Not Applicable
- D. **Loan Backed Securities** – Not Applicable
- E. **Repurchase Agreements** – Not Applicable
- F. **Write Downs for Impairment of Real Estate** – Not Applicable
- G. **Low Income Housing Tax Credits** – Not Applicable
- H. **Restricted Assets** – Not Applicable

**NOTE 6**  
**Joint Ventures, Partnerships and Limited Liability Companies**

Not Applicable

**NOTE 7**  
**Investment Income**

- A. **Accrued Investment Income** – The company does not admit accrued investment income over 90 days past due.
- B. **Amounts Non-admitted** – Not Applicable

**NOTE 8**  
**Derivative Instruments**

Not Applicable

**NOTE 9**  
**Income Taxes**  
Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

	As of End of Current Period			12/31/2016			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a)Gross Deferred Tax Assets .....	1,290,208		1,290,208	616,072		616,072	674,136		674,136
(b)Statutory Valuation Allowance Adjustment .....			0			0	0		0
(c)Adjusted Gross Deferred Tax Assets (1a - 1b) .....	1,290,208	0	1,290,208	616,072	0	616,072	674,136	0	674,136
(d)Deferred Tax Assets Nonadmitted .....	1,290,208		1,290,208	616,072		616,072	674,136		674,136
(e)Subtotal Net Admitted Deferred Tax Asset (1c - 1d) .....	0	0	0	0	0	0	0	0	0
(f)Deferred Tax Liabilities .....			0			0	0		0
(g)Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f) .....	0	0	0	0	0	0	0	0	0

2.

	As of End of Current Period			12/31/2016			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a)Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks. ....			0			0	0	0	0
(b)Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below) .....			0			0	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date. ....			0			0	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold. ....	XXX	XXX	619,265	XXX	XXX	619,265	XXX	XXX	0
(c)Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities. ....			0			0	0	0	0
(d)Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c)) .....	0	0	0	0	0	0	0	0	0

3.

	2017	2016
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount. ....	8,615.000	10,278.000
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above. ....	4,128,431	4,128,431

STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

4.

	As of End of Current Period		12/31/2016		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c) .....	1,290,208	0	616,072	0	674,136	0
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies .....					0.000	0.000
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) .....	0	0	0	0	0	0
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies .....					0.000	0.000

b. Do the Company's tax-planning strategies include the use of reinsurance? ..... Yes [ ] No [ X ]

B. DTLs Not Recognized - Not Applicable

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2016	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal .....	0	0	0
(b) Foreign .....	0	0	0
(c) Subtotal .....	0	0	0
(d) Federal income tax on net capital gains .....	0	0	0
(e) Utilization of capital loss carry-forwards .....	0	0	0
(f) Other .....	0	0	0
(g) Federal and foreign income taxes incurred .....	0	0	0
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses .....	0	0	0
(2) Unearned premium reserve .....	3,232	618	2,614
(3) Policyholder reserves .....	0	0	0
(4) Investments .....	0	0	0
(5) Deferred acquisition costs .....	0	0	0
(6) Policyholder dividends accrual .....	0	0	0
(7) Fixed Assets .....	49,136	21,193	27,943
(8) Compensation and benefits accrual .....	0	0	0
(9) Pension accrual .....	0	0	0
(10) Receivables - nonadmitted .....	0	0	0
(11) Net operating loss carry-forward .....	1,237,840	585,761	652,079
(12) Tax credit carry-forward .....	0	0	0
(13) Other (including items <5% of total ordinary tax assets) .....	0	8,500	(8,500)
(99) Subtotal .....	1,290,208	616,072	674,136
(b) Statutory valuation allowance adjustment .....	0	0	0
(c) Nonadmitted .....	1,290,208	616,072	674,136
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) .....	0	0	0
(e) Capital:			
(1) Investments .....	0	0	0
(2) Net capital loss carry-forward .....	0	0	0
(3) Real estate .....	0	0	0
(4) Other (including items <5% of total ordinary tax assets) .....	0	0	0
(99) Subtotal .....	0	0	0
(f) Statutory valuation allowance adjustment .....	0	0	0
(g) Nonadmitted .....	0	0	0
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g) .....	0	0	0
(i) Admitted deferred tax assets (2d + 2h) .....	0	0	0
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments .....	0	0	0
(2) Fixed assets .....	0	0	0
(3) Deferred and uncollected premium .....	0	0	0
(4) Policyholder reserves .....	0	0	0
(5) Other (including items <5% of total ordinary tax liabilities) .....	0	0	0
(99) Subtotal .....	0	0	0
(b) Capital:			
(1) Investments .....	0	0	0
(2) Real estate .....	0	0	0
(3) Other (including items <5% of total capital tax liabilities) .....	0	0	0
(99) Subtotal .....	0	0	0
(c) Deferred tax liabilities (3a99 + 3b99) .....	0	0	0
4. Net deferred tax assets/liabilities (2i - 3c) .....	0	0	0

STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

D. Significant Book to Tax Adjustments

	<u>2017</u>	<u>Effective Tax Rate</u>
Provision computed at statutory rate	(646,286)	34%
Nondeductible expenses	2,646	-0.1%
Other	2,563	0.1%
Change in deferred tax on non-admitted assets	(27,943)	1.5%
Totals	(674,136)	35.5%
Change in net deferred income tax	(674,136)	
Total statutory income tax	(674,136)	

E. Operating Loss & Tax Credit Carryforwards

The Company has an unused operating loss carry forward of \$1,237,840 from 2016.

F. Consolidated Federal Tax Returns

Not Applicable

**NOTE 10**

**Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

**A. Nature of Relationships**

On June 17, 2016 all of the outstanding shares of Club Insurance Company were acquired by IBOD Company Inc. from Club Holding Corporation. The Company's articles of organization were amended to change the Company's name to Root Insurance Company.

**B. Detail of Transactions Greater than ½ of Admitted Assets**

IBOD Company Inc. owns and controls 100% of the Company. On July 13, 2016, IBOD Company Inc. pledged 100% of Root Insurance Company's stock as collateral to obtain a loan of \$5,000,000 from Silicon Valley Bank. The purpose of the loan is to provide capital for the Company. The loan is interest only for 12 months and then 36 months payable at an interest rate of 0.5% below the prime rate.

**C. Changes in Terms of Intercompany Arrangements**

The previous owner Club Holding Corporation had a management, cost sharing, and tax sharing agreements in place prior to June 2016. These agreements were terminated upon transfer of ownership.

On June 20th, 2016 upon transfer of ownership IBOD Company Inc. (the Parent) also established an Administrative Services Agreement to provide certain administrative services to the Company. This included a non-transferable, non-sub licensable, nonexclusive license during the term of this agreement to use, demonstrate, display, and reproduce the Root Mobile Application to the extent necessary to exercise the right granted to make available the Root Mobile Applications to end users. The fee for this monthly agreement is \$1,000 per month. The Parent waived those fees for the entire year of 2016 and through the first quarter of 2017.

**D. Amounts Due to or from Related Parties**

The Company had a receivable from its parent IBOD Company Inc. in the amount of \$1,000,000 from an approved SSAP 72 contribution as of 12/31/2016. This was settled in full on 01/17/2017. See Note 22. There were no amounts due from IBOD Company Inc. as of 3/31/2017.

**E. Guarantees or Contingencies for Related Parties – Not Applicable**

**F. Management, Service Contracts, Cost Sharing Arrangements – Not Applicable**

**G. Nature of Relationship's that Could Affect Operations – Not Applicable**

**H. Amount Deducted for Investment in Upstream Company – Not Applicable**

**I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets – Not Applicable**

**J. Write Down for Impairments of Investments in Affiliates – Not Applicable**

**K. Foreign Insurance Subsidiary Valued Using CARVM – Not Applicable**

**L. Downstream Holding Company Valued Using Look – Through Method – Not Applicable**

**NOTE 11**

**Debt**

No Significant Change

**NOTE 12**

**Retirement Plans, Deferred Compensation, Postretirement Benefits and Compensated Absences and Other Postretirement**

The leased employees of the Company participate in a share based compensation plan sponsored by the parent holding company where parent holding company shares are issued. All of the share based payments from this holding company plan are expensed at the holding company. The Company has no legal obligation to this plan and there is no approved cost sharing agreement in place to allocate any of those costs to the Company. Thus the Company meets both requirements (a) and (b) of SSAP 104R paragraph 113 and no share based compensation expense is required to be recorded at the Company.

STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

**NOTE 13**

**Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

**A. Outstanding Shares**

The Company has 850 shares of \$10,000 par value common stock authorized and 100 shares issued and outstanding. The Company has no preferred stock authorized, issued or outstanding. On March 24, 2017 the Company issued an additional 150 shares at \$10 par for a total of \$1,500,000 to its parent IBOD Company Inc. This was done to meet certain state expansion requirements. This was approved by the Ohio Department of Insurance.

- B. Dividend Rate of Preferred Stock** – Not Applicable
- C. Dividend Restrictions** - Not Applicable
- D. Dates and Amounts of Dividends Paid** - Not Applicable
- E. Amount of Ordinary Dividends that May be Paid** - Not Applicable
- F. Restrictions on Unassigned Funds** - Not Applicable
- G. Mutual Surplus Advances** - Not Applicable
- H. Company Stock Held for Special Purposes** - Not Applicable
- I. Changes in Special Surplus Funds** - Not Applicable
- J. Changes in Unassigned Funds** - Not Applicable
- K. Surplus Notes** - Not Applicable
- L. Impact of Quasi-Reorganization** - Not Applicable
- M. Date of Quasi-Reorganizations** - Not Applicable

**NOTE 14**

**Contingencies**

- A. Contingent Commitments** – Not Applicable
- B. Guaranty Fund and Other Assessments** – Not Applicable
- C. Gain Contingencies** - Not Applicable
- D. Extra Contractual Obligations and Bad Faith Losses** - Not Applicable
- E. Product Warranties** - Not Applicable
- F. Other Contingencies** - Not Applicable

**NOTE 15**

**Leases**

**A. Lessee Operating Lease:**

(2)a. At January 1, 2017, the minimum aggregate rental commitments are as follows:

1. 2018 .....	83,700
2. 2019 .....	86,400
3. 2020 .....	88,800
4. 2021 .....	91,800
5. 2022 .....	
6. Total .....	

**B. Lessor Leases** – Not Applicable

**NOTE 16**

**Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations**

Not Applicable

**NOTE 17**

**Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A. Transfer of Receivables Reported as Sales** – Not Applicable
- B. Transfers and Servicing of Financial Assets** – Not Applicable
- C. Wash Sales** - Not Applicable

**NOTE 18**

**Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

Not Applicable

**NOTE 19**

**Direct Premium Written/Produced By Managing General Agents/Third Party Administrators**

Not Applicable

**NOTE 20**

**Fair Value Measurement**

- A. Inputs Used for Assets & Liabilities Measured at Fair Value** – Not Applicable
- B. Other Fair Value Disclosures** – Not Applicable
- C. Fair Values for All Financial Instruments by Level 1,2 and 3** - Not Applicable
- D. Financial Instruments for which Not Practicable to Determine Fair Values** – Not Applicable

**NOTE 21**

**Other Items**

- A. Extraordinary Items** – Not Applicable
- B. Troubled Debt Restructuring for Debtors** – Not Applicable
- C. Other Disclosures** - Not Applicable
- D. Business Interruption Insurance Recoveries** - Not Applicable
- E. State Transferable and non-transferable Tax Credits** - Not Applicable
- F. Subprime Mortgage Related Risk Exposure** - Not Applicable

STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

**NOTE 22**  
**Subsequent Events**

In April of 2017 the Company was admitted into the state of Arizona and is in the process of filing rate filings for that state. Several other states are still pending approval.

**NOTE 23**  
**Reinsurance**

- A. Unsecured Reinsurance Recoverable– Not Applicable
- B. Reinsurance Recoverable in Dispute – Not Applicable
- C. Reinsurance Assumed and Ceded

C. Reinsurance Assumed and Ceded

	Assumed Reinsurance		Ceded Reinsurance		Net	
	(1) Premium Reserve	(2) Commission Equity	(3) Premium Reserve	(4) Commission Equity	(5) Premium Reserve	(6) Commission Equity
a.Affiliates .....	.....	.....	.....	.....	0	0
b.All Other .....	.....	.....	53,729	8,318	(53,729)	(8,318)
c.Total .....	0	0	53,729	8,318	(53,729)	(8,318)

d.Direct Unearned Premium Reserve ..... 101,265

(2)	(1) Direct	(2) Assumed	(3) Ceded	(4) Net
a. Contingent Commission .....	.....	.....	.....	.....
b. Sliding Scale Adjustments .....	.....	.....	.....	.....
c. Other Profit Commission Arrangements .....	.....	.....	.....	.....
d. TOTAL .....	0	0	.....	.....

Effective 7/1/2016 the Company entered into an excess of loss contract that covers \$900,000 excess of \$100,000. The actual premium for the contract has a rate table based upon the underlying split limits of the individual policies but has a quarterly deposit premium of \$109,063 in anticipation of the premium growth expected in 2017. As a result of making these scheduled fixed deposit premiums the Company has a negative reinsurance payable of \$295,803. Per SSAP 62R paragraph 24 this asset balance is an admitted asset and must be reported as a contra liability on line 12 of the liabilities page in accordance with annual statement instructions. This overpayment is expected to be fully utilized through premium writings in 2017.

- D. Uncollectible Reinsurance– Not Applicable
- E. Commutation of Ceded Reinsurance – Not Applicable
- F. Retroactive Reinsurance – Not Applicable
- G. Reinsurance Accounted as Deposit– Not Applicable
- H. Disclosures for the Transfer of Property and Casualty Run-off Agreements– Not Applicable
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation– Not Applicable
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation– Not Applicable

**NOTE 24**  
**Retrospectively Rated Contracts & Contracts Subject to Redetermination**

Not Applicable

**NOTE 25**  
**Changes in Incurred Losses and Loss Adjustment Expenses**

Incurred losses and loss adjustments expenses recorded in 2017 that were attributable to insured events of prior years' decreased by approximately \$2,588 compared with amounts previously reported in 2016 for these same periods. Original estimates are increased or decreased as additional information becomes known regarding individual claims. However the net impact was not significant to surplus.

**NOTE 26**  
**Intercompany Pooling Arrangements**

Not Applicable

**NOTE 27**  
**Structured Settlements**

Not Applicable

**NOTE 28**  
**Health Care Receivables**

Not Applicable

**NOTE 29**  
**Participating Policies**

Not Applicable

**NOTE 30**  
**Premium Deficiency Reserves**

Liability carried for premium deficiency reserves .....	0
Date of the most recent evaluation of this liability .....	03/31/2017
Was anticipated investment income utilized in the calculation? .....	Yes [ X ] No [ ]

STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

**NOTE 31**  
**High Deductibles**

Not Applicable

**NOTE 32**  
**Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

Not Applicable

**NOTE 33**  
**Asbestos/Environmental Reserves**

Not Applicable

**NOTE 34**  
**Subscriber Savings Accounts**

Not Applicable

**NOTE 35**  
**Multiple Peril Crop Insurance**

Not Applicable

**NOTE 36**  
**Financial Guaranty Insurance**

Not Applicable

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2014
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2009
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 07/13/2010
- 6.4 By what department or departments?  
Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

**GENERAL INTERROGATORIES**

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....0

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [ X ]
- 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....
13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [ X ]
- 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....0	\$ .....
14.22 Preferred Stock .....	\$ .....0	\$ .....
14.23 Common Stock .....	\$ .....0	\$ .....
14.24 Short-Term Investments .....	\$ .....0	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....0	\$ .....
14.26 All Other .....	\$ .....0	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ X ]
- If no, attach a description with this statement.

STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

**GENERAL INTERROGATORIES**

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0
  - 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0
  - 16.3 Total payable for securities lending reported on the liability page .....\$ .....0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ X ] No [ ]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Silicon Valley Bank .....	3003 Tasman Drive Santa Clara, CA 95054 .....

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [ X ]

- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?..... Yes [ ] No [ X ]

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes [ ] No [ X ]

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]

- 18.2 If no, list exceptions:

**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? ..... Yes [ ] No [ ] N/A [ X ]  
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? ..... Yes [ ] No [ X ]  
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? ..... Yes [ ] No [ X ]

3.2 If yes, give full and complete information thereto.

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? ..... Yes [ ] No [ X ]

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
TOTAL			0	0	0	0	0	0	0	0

5. Operating Percentages:

5.1 A&H loss percent ..... %

5.2 A&H cost containment percent ..... %

5.3 A&H expense percent excluding cost containment expenses ..... %

6.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date ..... \$.....

6.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

6.4 If yes, please provide the balance of the funds administered as of the reporting date ..... \$.....

### SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
<b>NONE</b>						

STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company  
**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

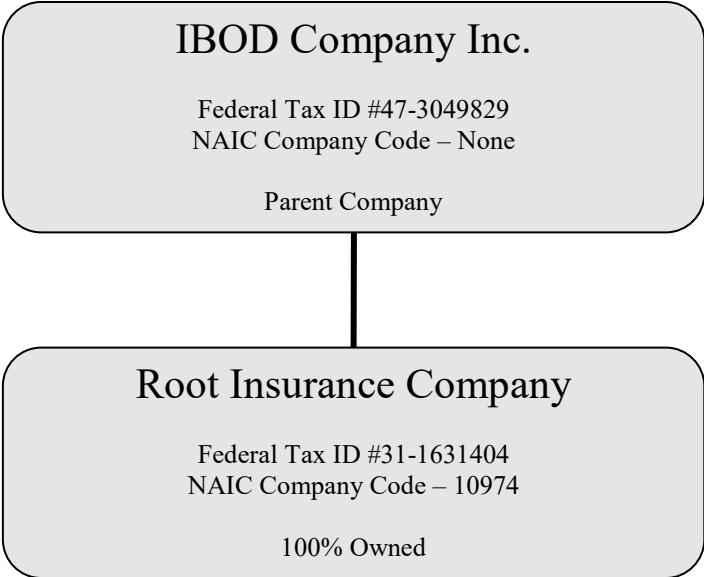
States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama .....AL	N						
2. Alaska .....AK	N						
3. Arizona .....AZ	N						
4. Arkansas .....AR	N						
5. California .....CA	N						
6. Colorado .....CO	N						
7. Connecticut .....CT	N						
8. Delaware .....DE	N						
9. District of Columbia .....DC	N						
10. Florida .....FL	N						
11. Georgia .....GA	N						
12. Hawaii .....HI	N						
13. Idaho .....ID	N						
14. Illinois .....IL	N						
15. Indiana .....IN	N						
16. Iowa .....IA	N						
17. Kansas .....KS	N						
18. Kentucky .....KY	N						
19. Louisiana .....LA	N						
20. Maine .....ME	N						
21. Maryland .....MD	N						
22. Massachusetts .....MA	N						
23. Michigan .....MI	N						
24. Minnesota .....MN	N						
25. Mississippi .....MS	N						
26. Missouri .....MO	N						
27. Montana .....MT	N						
28. Nebraska .....NE	N						
29. Nevada .....NV	N						
30. New Hampshire .....NH	N						
31. New Jersey .....NJ	N						
32. New Mexico .....NM	N						
33. New York .....NY	N						
34. North Carolina .....NC	N						
35. North Dakota .....ND	N						
36. Ohio .....OH	L	114,751		43,219	2,250	25,649	(15,860)
37. Oklahoma .....OK	N						
38. Oregon .....OR	N						
39. Pennsylvania .....PA	N						
40. Rhode Island .....RI	N						
41. South Carolina .....SC	N						
42. South Dakota .....SD	N						
43. Tennessee .....TN	N						
44. Texas .....TX	N						
45. Utah .....UT	N						
46. Vermont .....VT	N						
47. Virginia .....VA	N						
48. Washington .....WA	N						
49. West Virginia .....WV	N						
50. Wisconsin .....WI	N						
51. Wyoming .....WY	N						
52. American Samoa .....AS	N						
53. Guam .....GU	N						
54. Puerto Rico .....PR	N						
55. U.S. Virgin Islands .....VI	N						
56. Northern Mariana Islands .....MP	N						
57. Canada .....CAN	N						
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Totals	(a) 1	114,751	0	43,219	2,250	25,649	(15,860)
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state (other than their state of domicile - see DSLI); (D) DSLI - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write Surplus Lines in the state of domicile; (N) None of the above - Not allowed to write business in the state.

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

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

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STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire				0.0
2. Allied Lines				0.0
3. Farmowners multiple peril				0.0
4. Homeowners multiple peril				0.0
5. Commercial multiple peril				0.0
6. Mortgage guaranty				0.0
8. Ocean marine				0.0
9. Inland marine				0.0
10. Financial guaranty				0.0
11.1 Medical professional liability - occurrence				0.0
11.2 Medical professional liability - claims-made				0.0
12. Earthquake				0.0
13. Group accident and health				0.0
14. Credit accident and health				0.0
15. Other accident and health				0.0
16. Workers' compensation				0.0
17.1 Other liability - occurrence				0.0
17.2 Other liability - claims-made				0.0
17.3 Excess workers' compensation				0.0
18.1 Products liability - occurrence				0.0
18.2 Products liability - claims-made				0.0
19.1,19.2 Private passenger auto liability	23,214	10,569	45.5	
19.3,19.4 Commercial auto liability			0.0	
21. Auto physical damage	9,854	51,985	527.6	
22. Aircraft (all perils)			0.0	
23. Fidelity			0.0	
24. Surety			0.0	
26. Burglary and theft			0.0	
27. Boiler and machinery			0.0	
28. Credit			0.0	
29. International			0.0	
30. Warranty			0.0	
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
35. Totals	33,068	62,554	189.2	
<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	
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0.0	

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	0		
2. Allied Lines	0		
3. Farmowners multiple peril	0		
4. Homeowners multiple peril	0		
5. Commercial multiple peril	0		
6. Mortgage guaranty	0		
8. Ocean marine	0		
9. Inland marine	0		
10. Financial guaranty	0		
11.1 Medical professional liability - occurrence	0		
11.2 Medical professional liability - claims-made	0		
12. Earthquake	0		
13. Group accident and health	0		
14. Credit accident and health	0		
15. Other accident and health	0		
16. Workers' compensation	0		
17.1 Other liability - occurrence	0		
17.2 Other liability - claims-made	0		
17.3 Excess workers' compensation	0		
18.1 Products liability - occurrence	0		
18.2 Products liability - claims-made	0		
19.1,19.2 Private passenger auto liability	80,917	80,917	
19.3,19.4 Commercial auto liability	0		
21. Auto physical damage	33,834	33,834	
22. Aircraft (all perils)	0		
23. Fidelity	0		
24. Surety	0		
26. Burglary and theft	0		
27. Boiler and machinery	0		
28. Credit	0		
29. International	0		
30. Warranty	0		
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0
35. Totals	114,751	114,751	0
<b>DETAILS OF WRITE-INS</b>			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0

STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

**PART 3 (000 omitted)**

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2017 Loss and LAE Payments on Claims Reported as of Prior Year-End	2017 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2017 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2014 + Prior .....			0			0				0	0	0	0
2. 2015 .....			0			0				0	0	0	0
3. Subtotals 2015 + Prior .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2016 .....	3	1	4	3		3	0			0	0	(1)	(1)
5. Subtotals 2016 + Prior .....	3	1	4	3	0	3	0	0	0	0	0	(1)	(1)
6. 2017 .....	XXX	XXX	XXX	XXX	21	21	XXX	13	1	14	XXX	XXX	XXX
7. Totals .....	3	1	4	3	21	24	0	13	1	14	0	(1)	(1)
8. Prior Year-End Surplus As Regards Policyholders	4,128										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1. 0.0	2. (100.0)	3. (25.0)
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. 0.0

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

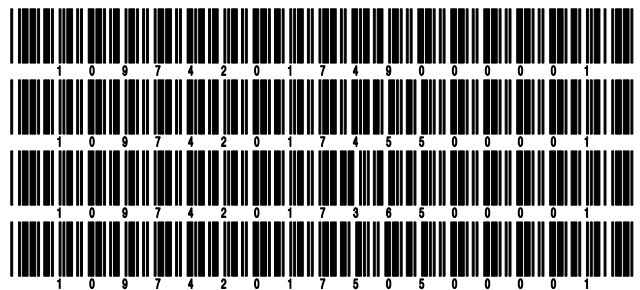
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? .....	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	NO
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	NO

Explanations:

- 1.
- 2.
- 3.
- 4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
2. Supplement A to Schedule T [Document Identifier 455]
3. Medicare Part D Coverage Supplement [Document Identifier 365]
4. Director and Officer Supplement [Document Identifier 505]



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage investment and commitment fees		
9. Total foreign exchange change in book value/recorded investment including accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,504,692	3,661,673
2. Cost of bonds and stocks acquired		1,947,680
3. Accrual of discount		90
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		34,927
6. Deduct consideration for bonds and stocks disposed of		4,127,213
7. Deduct amortization of premium	786	12,465
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	1,503,906	1,504,692
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	1,503,906	1,504,692

STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	1,504,692			(786)	1,503,906			1,504,692
2. NAIC 2 (a) .....	0				0			0
3. NAIC 3 (a) .....	0				0			0
4. NAIC 4 (a) .....	0				0			0
5. NAIC 5 (a) .....	0				0			0
6. NAIC 6 (a) .....	0				0			0
7. Total Bonds	1,504,692	0	0	(786)	1,503,906	0	0	1,504,692
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0				0			
9. NAIC 2 .....	0				0			
10. NAIC 3 .....	0				0			
11. NAIC 4 .....	0				0			
12. NAIC 5 .....	0				0			
13. NAIC 6 .....	0				0			
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	1,504,692	0	0	(786)	1,503,906	0	0	1,504,692

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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**SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals					

**NONE**

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	76,080
2. Cost of short-term investments acquired .....		4,025,221
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....		4,101,301
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	0	0
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**NONE**

Schedule DB - Part B - Verification - Futures Contracts

**NONE**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**NONE**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**NONE**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**NONE**

## STATEMENT AS OF MARCH 31, 2017 OF THE Root Insurance Company

**SCHEDULE E - VERIFICATION**

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	821,611	0
2. Cost of cash equivalents acquired .....	6,841,655	3,960,991
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....	2,198,217	3,139,380
7. Deduct amortization of premium .....		0
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	5,465,049	821,611
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	5,465,049	821,611

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**NONE**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**NONE**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**NONE**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**NONE**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

**NONE**

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

**NONE**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**NONE**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**NONE**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

**NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

**NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

**NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**



