



QUARTERLY STATEMENT

As of March 31, 2017
of the Condition and Affairs of the

OHIO BAR LIAB INS CO

NAIC Group Code..... 0, 0 <small>(Current Period) (Prior Period)</small>	NAIC Company Code..... 37176	Employer's ID Number..... 31-0947214
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... December 5, 1978	Commenced Business..... September 1, 1979	
Statutory Home Office	1650 Lake Shore Drive..... Columbus OH US 43204 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	
Main Administrative Office	1650 Lake Shore Drive..... Columbus OH US 43204 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	614-488-7924 <small>(Area Code) (Telephone Number)</small>
Mail Address	PO Box 2708..... Columbus OH US 43216-2708 <small>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</small>	
Primary Location of Books and Records	1650 Lake Shore Drive..... Columbus OH US 43204 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	614-488-7924 <small>(Area Code) (Telephone Number)</small>
Internet Web Site Address	www.oblic.com	
Statutory Statement Contact	Rodney K. McGough <small>(Name)</small> rmcgough@oblic.com <small>(E-Mail Address)</small>	614-488-7924 <small>(Area Code) (Telephone Number) (Extension)</small> 614-488-7936 <small>(Fax Number)</small>

OFFICERS

Name	Title	Name	Title
1. Steven Craig Couch	President & CEO	2. Frederick Hunker	Secretary
3. E. Ann Gabriel	Treasurer	4.	

OTHER

John Stephen Stith	Chair of the Board	Thomas Dean Lammers	Vice Chair of the Board
--------------------	--------------------	---------------------	-------------------------

DIRECTORS OR TRUSTEES

Mary Amos Augsburger	Paula Louise Brooks	Randall Matthew Comer	E. Ann Gabriel
Barbara Jean Howard	Thomas Dean Lammers	Demetries Jo Neely	Frederick Leonard Oremus
Nancy Michong Pyon	Denny L Ramey	Carmen Vincent Roberto	Heather Gay Sowald
John Stephen Stith	Thomas Michael Taggart	Robin Geoffrey Weaver	Linde Hurst Webb

State of..... Ohio
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.

_____ (Signature) Steven Craig Couch 1. (Printed Name) President & CEO (Title)	_____ (Signature) Frederick Hunker 2. (Printed Name) Secretary (Title)	_____ (Signature) E. Ann Gabriel 3. (Printed Name) Treasurer (Title)
---	---	---

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 _____

ASSETS

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds.....	28,424,609		28,424,609	28,250,015
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	8,008,138		8,008,138	7,629,190
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....1,536,572), cash equivalents (\$.....0) and short-term investments (\$.....1,025,140).....	2,561,712		2,561,712	2,259,249
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	38,994,459	0	38,994,459	38,138,454
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	265,581		265,581	267,385
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	464,135		464,135	423,571
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	28,014		28,014	136,962
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....	237,314		237,314	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	94,415	94,415	0	197,071
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....	34,818		34,818	37,049
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	40,118,736	94,415	40,024,321	39,200,492
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	40,118,736	94,415	40,024,321	39,200,492

DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.....			0	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....0).....	4,435,307	4,609,876
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	1,677,105	1,747,497
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....	28,751	14,589
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	2,319	1,243
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	544,900	449,426
7.2 Net deferred tax liability.....	277,126	178,092
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	3,210,378	2,673,024
10. Advance premium.....	38,196	142,359
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....	376,320	412,719
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....	3,150	3,150
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....		
20. Derivatives.....		
21. Payable for securities.....		100
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	10,593,552	10,232,075
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	10,593,552	10,232,075
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	1,000,000	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.....	1,000,000	1,000,000
35. Unassigned funds (surplus).....	27,430,769	26,968,417
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....	29,430,769	28,968,417
38. Totals (Page 2, Line 28, Col. 3).....	40,024,321	39,200,492

DETAILS OF WRITE-INS

2501. CLE Coupon.....		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 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 thru 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 thru 3203 plus 3298) (Line 32 above).....	0	0

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....2,748,525).....	2,008,200	1,933,772	7,867,521
1.2 Assumed..... (written \$.....0).....			
1.3 Ceded..... (written \$.....708,817).....	505,846	496,759	1,680,860
1.4 Net..... (written \$.....2,039,708).....	1,502,354	1,437,013	6,186,661
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct.....	357,814	319,635	1,148,906
2.2 Assumed.....			
2.3 Ceded.....	133,382	(134,709)	(262,455)
2.4 Net.....	224,432	454,344	1,411,361
3. Loss adjustment expenses incurred.....	511,325	540,967	1,868,403
4. Other underwriting expenses incurred.....	653,842	564,786	2,119,407
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	1,389,599	1,560,097	5,399,171
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	112,755	(123,084)	787,490
INVESTMENT INCOME			
9. Net investment income earned.....	167,837	173,209	1,579,487
10. Net realized capital gains (losses) less capital gains tax of \$.....73.....	140		201,153
11. Net investment gain (loss) (Lines 9 + 10).....	167,977	173,209	1,780,640
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0		
13. Finance and service charges not included in premiums.....			
14. Aggregate write-ins for miscellaneous income.....	0	0	0
15. Total other income (Lines 12 through 14).....	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	280,732	50,125	2,568,130
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).....	280,732	50,125	2,568,130
19. Federal and foreign income taxes incurred.....	95,401	41,000	403,800
20. Net income (Line 18 minus Line 19) (to Line 22).....	185,331	9,125	2,164,330
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	28,968,417	27,583,025	27,583,025
22. Net income (from Line 20).....	185,331	9,125	2,164,330
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....	267,888	44,034	(344,545)
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....		56,466	(36,000)
27. Change in nonadmitted assets.....	9,133	80,427	508,263
28. Change in provision for reinsurance.....			
29. Change in surplus notes.....			
30. Surplus (contributed to) withdrawn from protected cells.....			
31. Cumulative effect of changes in accounting principles.....			
32. Capital changes:			
32.1 Paid in.....			
32.2 Transferred from surplus (Stock Dividend).....			
32.3 Transferred to surplus.....			
33. Surplus adjustments:			
33.1 Paid in.....			
33.2 Transferred to capital (Stock Dividend).....			
33.3 Transferred from capital.....			
34. Net remittances from or (to) Home Office.....			
35. Dividends to stockholders.....			(906,656)
36. Change in treasury stock.....			
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	462,352	190,052	1,385,392
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	29,430,769	27,773,077	28,968,417

DETAILS OF WRITE-INS

0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	1,858,582	1,717,790	6,453,289
2. Net investment income.....	231,118	233,279	1,730,312
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	2,089,700	1,951,069	8,183,601
5. Benefit and loss related payments.....	290,053	176,204	1,534,130
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,220,321	1,049,097	3,736,112
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		381,000	440,999
10. Total (Lines 5 through 9).....	1,510,374	1,606,301	5,711,241
11. Net cash from operations (Line 4 minus Line 10).....	579,326	344,768	2,472,360
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	3,043,676	287,523	3,571,153
12.2 Stocks.....			752,382
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			.97
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	3,043,676	287,523	4,323,632
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	3,279,534	606,945	4,589,411
13.2 Stocks.....	12,026	8,559	306,170
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....	100		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	3,291,659	615,504	4,895,581
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(247,983)	(327,981)	(571,949)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			906,656
16.6 Other cash provided (applied).....	(28,879)	42,876	(426,498)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	(28,879)	42,876	(1,333,154)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	302,464	59,663	567,258
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,259,249	1,691,991	1,691,991
19.2 End of period (Line 18 plus Line 19.1).....	2,561,712	1,751,655	2,259,249

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

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

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

	SSAP #	F/S Page	F/S Line #	Current Period	2016
NET INCOME					
(1) OHIO BAR LIAB INS CO state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 185,331	\$ 2,164,330
(2) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(3) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 185,331	\$ 2,164,330
SURPLUS					
(5) OHIO BAR LIAB INS CO state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 29,430,769	\$ 28,968,417
(6) State Prescribed Practice that is an increase/(decrease) from NAIC SAP					
(7) State Permitted Practice that is an increase/(decrease) from NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 29,430,769	\$ 28,968,417

C. Accounting Policy

(6) No significant changes

D. Going Concern

No significant changes

Note 2 – Accounting Changes and Corrections of Errors

No significant changes.

Note 3 – Business Combinations and Goodwill

Not applicable.

Note 4 – Discontinued Operations

Not applicable.

Note 5 – Investments

D. Loan-Backed Securities

(1) Not applicable.

E. Repurchase Agreements and/or Securities Lending Transactions

(3) Collateral Received

Not applicable.

I. Working Capital Finance Investments

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

Not applicable.

(3) Not applicable.

J. Offsetting and Netting of Assets and Liabilities

Not applicable.

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

Note 7 – Investment Income

No significant changes.

Note 8 – Derivative Instruments

Not applicable.

NOTES TO FINANCIAL STATEMENTS

Note 9 – Income Taxes

No significant changes.

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

No significant changes.

Note 11 – Debt

B. FHLB (Federal Home Loan Bank) Agreements

(1) Not applicable.

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

A. Defined Benefit Plan

Not applicable.

E. Defined Contribution Plan

The Company participates in a qualified defined contribution plan sponsored by the Company. The qualified plan covers all employees of the Company who have completed six months of service. Plan assets are invested with Ascensus Retirement. The investments selected are at the discretion of the employee. The Company funds pension costs at 10% of the employee's annual compensation. The Company's expense contributions were \$39,363 and \$113,615 for the years ended March 31, 2017 and December 31, 2015.

The Company participates in a non-qualified deferred compensation plan for highly compensated employees. The assets associated with funding this obligation are held in a Rabbi Trust. The liability at March 31, 2017 is \$3,150.

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

Not applicable.

Note 14 – Liabilities, Contingencies and Assessments

Not applicable.

Note 15 – Leases

Not applicable.

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

Not applicable.

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

B. Transfer and Servicing of Financial Assets

(2) Not applicable.

(4) Not applicable.

(a) Not applicable.

(b) Not applicable.

C. Wash Sales

(1) Not applicable.

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

Not applicable.

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

Not applicable.

Note 20 – Fair Value Measurements

A.

(1) Fair Value Measurements at Reporting Date

	Level 1	Level 2	Level 3	Total
Assets at Fair Value				
Common Stocks	\$	\$ 8,008,138	\$	\$ 8,008,138
Total	\$	\$ 8,008,138	\$	\$ 8,008,138
Liabilities at Fair Value				
Non Qualified Deferred Compensation	\$ 3,150	\$	\$	\$ 3,150
Total	\$ 3,150	\$	\$	\$ 3,150

NOTES TO FINANCIAL STATEMENTS

Note 21 – Other Items

No significant changes.

Note 22 – Events Subsequent

No significant changes.

Note 23 – Reinsurance

No significant changes.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

F. Not applicable.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

No significant changes.

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

No significant changes.

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

B. Schedule of Insured Financial Obligations at the End of the Period:

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? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No []
- 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 name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 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? If yes, attach an explanation. Yes [] No [] N/A [X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013
- 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. 12/31/2013
- 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). 08/22/2014
- 6.4 By what department or departments?
The 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 [X] No [] N/A []
- 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 with the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If the response to 8.3 is yes, please provide below the names and 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

- 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 [X] No []

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [X] No []

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	\$ 0
14.22 Preferred Stock	0	0
14.23 Common Stock	1,941,197	2,016,842
14.24 Short-Term Investments	0	0
14.25 Mortgage Loans on Real Estate	0	0
14.26 All Other	0	0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 1,941,197	\$ 2,016,842
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 0

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 []

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of 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
US Bank	425 Walnut Street, Cincinnati, Ohio 45202

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 and complete 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
Madison Scottsdale, a division of Madison Investment Advisors, LLC	U

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 [X] No []

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 [X] No []

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 (continued)

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 [X] N/A []
 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:

1 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
	0.000	0.000	0	0	0	0	0	0	0	0
Total	XXX	XXX	0	0	0	0	0	0	0	0

5.1 Operating Percentages:

5.1 A&H loss percent	0.000%
5.2 A&H cost containment percent	0.000%
5.3 A&H expense percent excluding cost containment expenses	0.000%

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. \$ 0

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

6.4 If yes, please provide the amount of funds administered as of the reporting date. \$ 0

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
------------------------------	----------------	------------------------	----------------------------------	---------------------------	---	--

NONE

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	2,748,525	2,396,810	357,814	319,635	4,644,135	4,879,219
37. Oklahoma.....OK	N						
38. Oregon.....OR	N						
39. Pennsylvania.....PA	N						
40. Rhode Island.....RI	N						
41. South Carolina.....SC	N						
42. South Dakota.....SD	N						
43. Tennessee.....TN	N						
44. Texas.....TX	N						
45. Utah.....UT	N						
46. Vermont.....VT	N						
47. Virginia.....VA	N						
48. Washington.....WA	N						
49. West Virginia.....WV	N						
50. Wisconsin.....WI	N						
51. Wyoming.....WY	N						
52. American Samoa.....AS	N						
53. Guam.....GU	N						
54. Puerto Rico.....PR	N						
55. US Virgin Islands.....VI	N						
56. Northern Mariana Islands.....MP	N						
57. Canada.....CAN	N						
58. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0
59. Totals.....(a).....1		2,748,525	2,396,810	357,814	319,635	4,644,135	4,879,219

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 thru 58003+ Line 58998) (Line 58 above).....	XXX	0	0	0	0	0	0

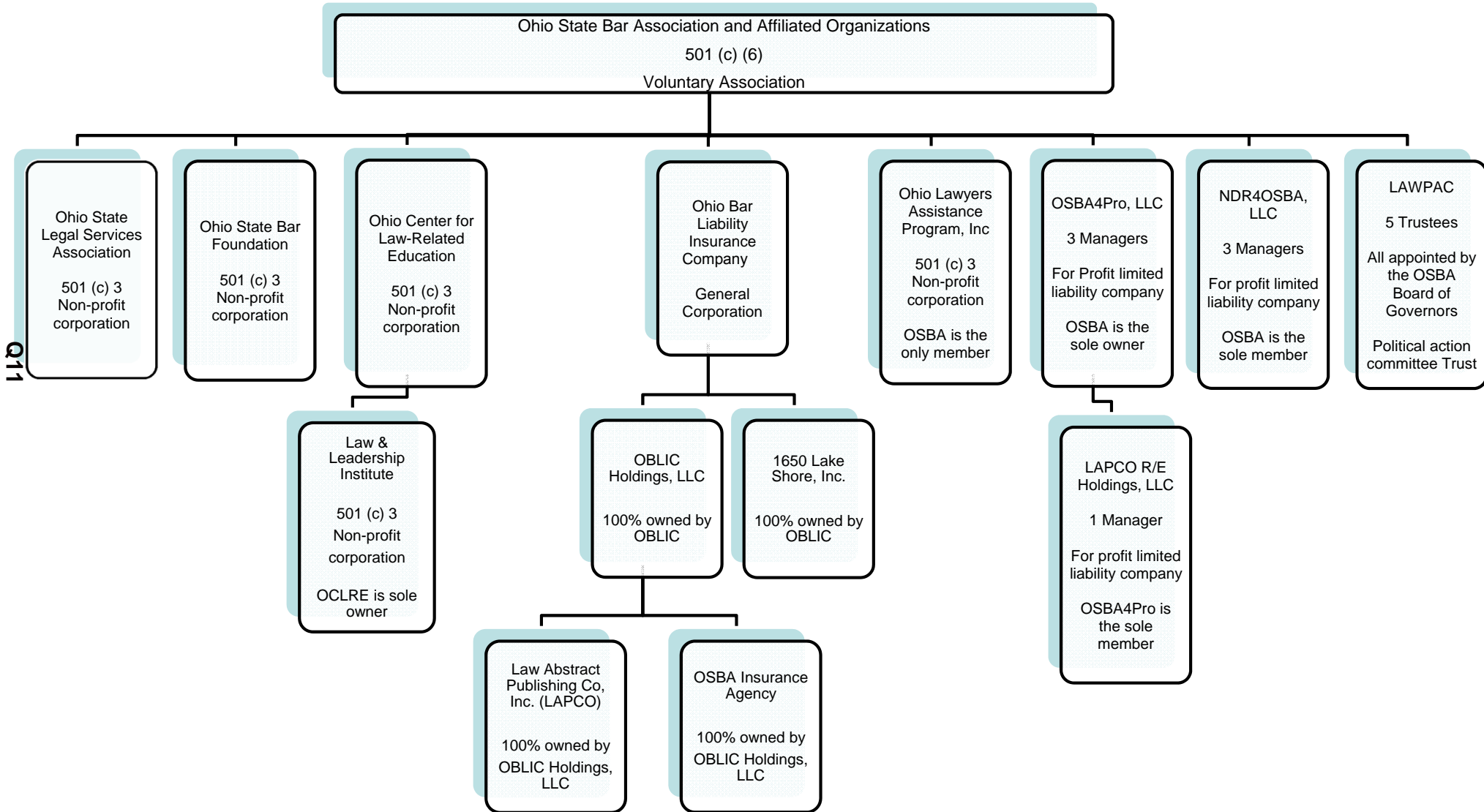
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(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

(DSL) - 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 INSURERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART



Q11

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
	The Ohio State Bar Association		31-4271520..				The Ohio State Bar Association.....	OH.....	NIA.....	OSBA Board of Governors.....	Ownership.....	....100.000	OSBA Board of Governors.....		
	OBLIC.....	37176..	31-0947214..				Ohio Bar Liability Insurance Company.....	OH.....	IA.....	OBLIC Board of Directors.....	Board.....		OSBA Board of Governors.....		
	1650 Lake Shore, Inc.....		31-1394604..				1650 Lake Shore, Inc.....	OH.....	NIA.....	1650 Board of Directors.....	Board.....		OBLIC Board of Directors.....		
	OBLIC Holdings, LLC.....		46-5150262..				OBLIC Holdings, LLC.....	OH.....	NIA.....	Ohio Bar Liability Insurance Company.....	Ownership.....	....100.000	OBLIC Board of Directors.....		
	OSBAIA.....		31-1382704..				Ohio State Bar Association Insurance Agency...	OH.....	NIA.....	OSBAIA Board of Directors.....	Board.....		OBLIC Holdings, LLC.....		
	LAPCO.....		34-0895283..				Law Abstract Publishing Company.....	OH.....	NIA.....	OBLIC Holdings, LLC.....	Owner.....	....100.000	OBLIC Holdings, LLC.....		

PART 1 - LOSS EXPERIENCE

Lines 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.....			0.000	
2. Allied lines.....			0.000	
3. Farmowners multiple peril.....			0.000	
4. Homeowners multiple peril.....			0.000	
5. Commercial multiple peril.....			0.000	
6. Mortgage guaranty.....			0.000	
8. Ocean marine.....			0.000	
9. Inland marine.....			0.000	
10. Financial guaranty.....			0.000	
11.1. Medical professional liability - occurrence.....			0.000	
11.2. Medical professional liability - claims-made.....			0.000	
12. Earthquake.....			0.000	
13. Group accident and health.....			0.000	
14. Credit accident and health.....			0.000	
15. Other accident and health.....			0.000	
16. Workers' compensation.....			0.000	
17.1 Other liability-occurrence.....	32,069	15,000	46.774	
17.2 Other liability-claims made.....	1,976,131	342,814	17.348	16.977
17.3 Excess workers' compensation.....			0.000	
18.1 Products liability-occurrence.....			0.000	
18.2 Products liability-claims made.....			0.000	
19.1, 19.2 Private passenger auto liability.....			0.000	
19.3, 19.4 Commercial auto liability.....			0.000	
21. Auto physical damage.....			0.000	
22. Aircraft (all perils).....			0.000	
23. Fidelity.....			0.000	
24. Surety.....			0.000	
26. Burglary and theft.....			0.000	
27. Boiler and machinery.....			0.000	
28. Credit.....			0.000	
29. International.....			0.000	
30. Warranty.....			0.000	
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	0.000	
35. Totals.....	2,008,200	357,814	17.818	16.529
DETAILS OF WRITE-INS				
3401.....			0.000	
3402.....			0.000	
3403.....			0.000	
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0.000	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0.000	

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....			
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....			
10. Financial guaranty.....			
11.1. Medical professional liability - occurrence.....			
11.2. Medical professional liability - claims made.....			
12. Earthquake.....			
13. Group accident and health.....			
14. Credit accident and health.....			
15. Other accident and health.....			
16. Workers' compensation.....			
17.1 Other liability-occurrence.....	32,069	32,069	51,044
17.2 Other liability-claims made.....	2,716,456	2,716,456	2,345,766
17.3 Excess workers' compensation.....			
18.1 Products liability-occurrence.....			
18.2 Products liability-claims made.....			
19.1 19.2 Private passenger auto liability.....			
19.3 19.4 Commercial auto liability.....			
21. Auto physical damage.....			
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Warranty.....			
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.....	2,748,525	2,748,525	2,396,810
DETAILS OF WRITE-INS			
3401.....			
3402.....			
3403.....			
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0

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.....	1,701	70	1,771	400		400	1,750		5	1,755	449	(65)	384
2. 2015.....	1,874	80	1,954	454		454	1,525		54	1,579	105	(26)	79
3. Subtotals 2015 + Prior.....	3,575	150	3,725	854	0	854	3,275	0	59	3,334	554	(91)	463
4. 2016.....	2,306	326	2,632	176		176	2,036		220	2,256	(94)	(106)	(200)
5. Subtotals 2016 + Prior.....	5,881	476	6,357	1,030	0	1,030	5,311	0	279	5,590	460	(197)	263
6. 2017.....	XXX	XXX	XXX	XXX	(50)	(50)	XXX	440	82	522	XXX	XXX	XXX
7. Totals.....	5,881	476	6,357	1,030	(50)	980	5,311	440	361	6,112	460	(197)	263
8. Prior Year-End's Surplus As Regards Policyholders.....	28,968												
											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. ....7.822 %	2. ....(41.387)%	3. ....4.137 %
													Col. 13, Line 7 Line 8
													4. ....0.908 %

Q14

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

Explanation:

1. The data for this supplement is not required to be filed.
2. The data for this supplement is not required to be filed.
3. The data for this supplement is not required to be filed.
4. The data for this supplement is not required to be filed.

Bar Code:



Overflow Page for Write-Ins

NONE

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.....	0	
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 end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

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.....	0	
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 interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding 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).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

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.....	0	
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).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

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.....	35,879,204	35,416,461
2. Cost of bonds and stocks acquired.....	3,291,559	4,895,581
3. Accrual of discount.....	4,712	23,886
4. Unrealized valuation increase (decrease).....	366,925	(250,629)
5. Total gain (loss) on disposals.....	213	305,515
6. Deduct consideration for bonds and stocks disposed of.....	3,043,676	4,323,535
7. Deduct amortization of premium.....	66,189	188,076
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	36,432,749	35,879,204
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	36,432,749	35,879,204

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
BONDS								
1. NAIC 1 (a).....	24,979,934	5,974,894	5,670,566	(58,828)	25,225,435			24,979,934
2. NAIC 2 (a).....	4,003,406	269,460	299,787	(334)	3,972,745			4,003,406
3. NAIC 3 (a).....	253,883			(2,315)	251,569			253,883
4. NAIC 4 (a).....					0			
5. NAIC 5 (a).....					0			
6. NAIC 6 (a).....					0			
7. Total Bonds.....	29,237,223	6,244,354	5,970,353	(61,477)	29,449,749	0	0	29,237,223
PREFERRED STOCK								
8. NAIC 1.....					0			
9. NAIC 2.....					0			
10. NAIC 3.....					0			
11. NAIC 4.....					0			
12. NAIC 5.....					0			
13. NAIC 6.....					0			
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	29,237,223	6,244,354	5,970,353	(61,477)	29,449,749	0	0	29,237,223

QS102

(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 \$.....1,025,140; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	1,025,140	XXX	1,025,140	286	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	987,208	710,982
2. Cost of short-term investments acquired.....	2,964,821	5,143,529
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	2,926,889	4,866,036
7. Deduct amortization of premium.....		1,266
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	1,025,140	987,208
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	1,025,140	987,208

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

Sch. DB - Pt. C - Sn. 1
NONE

Sch. DB - Pt. C - Sn. 2
NONE

Sch. DB - Verification
NONE

Sch. E - Verification
NONE

Sch. A - Pt. 2
NONE

Sch. A - Pt. 3
NONE

Sch. B - Pt. 2
NONE

Sch. B - Pt. 3
NONE

Sch. BA - Pt. 2
NONE

Sch. BA - Pt. 3
NONE

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Political Subdivisions of States									
127037 PY 9	CABOT ARK SCH DIST NO 4 LONOKE CNTY.....		03/17/2017.....	Piper Jaffray Inc.....		251,555	250,000	1,063	1FE.....
73723R JF 1	PORTSMOUTH VA.....		01/19/2017.....	BONY/VINING-SPARKS IBG A LTD P.....		261,163	235,000	369	1FE.....
939296 FT 1	WASHINGTON MO SCH DIST.....		03/08/2017.....	BONY/VINING-SPARKS IBG A LTD P.....		266,220	250,000	392	1FE.....
97989C DF 8	WOOD-RIDGE BORO N J.....		02/28/2017.....	BONY/VINING-SPARKS IBG A LTD P.....		389,880	370,000	7,580	1FE.....
2499999	Total - Bonds - U.S. Political Subdivisions of States.....					1,168,818	1,105,000	9,403	XXX.....
Bonds - U.S. Special Revenue and Special Assessment									
270618 CN 9	EAST BATON ROUGE LA SEW COMMN REV.....		01/31/2017.....	BONY/VINING-SPARKS IBG A LTD P.....		440,416	400,000	135	1FE.....
34281P KZ 5	FLORIDA ST GOVERNMENTAL UTIL AUTH UTIL R.....		03/01/2017.....	Piper Jaffray Inc.....		260,990	250,000	4,921	1FE.....
506484 6M 1	LAFAYETTE LA PUB IMPT SALES TAX.....		01/30/2017.....	Piper Jaffray Inc.....		359,320	325,000	9,856	1FE.....
708692 BF 4	PENNSYLVANIA ECONOMIC DEV FING AUTH SOLI.....		03/16/2017.....	Piper Jaffray Inc.....		403,544	400,000	2,000	1FE.....
977100 FM 3	WISCONSIN ST GEN FD ANNUAL APPROPRIATION.....		02/01/2017.....	Unknown.....		37,699	35,000	503	
977100 FV 3	WISCONSIN ST GEN FD ANNUAL APPROPRIATION.....		02/01/2017.....	Unknown.....		339,287	315,000	4,528	1FE.....
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments.....					1,841,256	1,725,000	21,944	XXX.....
Bonds - Industrial and Miscellaneous									
17324C F8 4	CITIGROUP GLOBAL MARKETS HOLDINGS INC.....		02/21/2017.....	BONY/VINING-SPARKS IBG A LTD P.....		269,460	270,000		2FE.....
3899999	Total - Bonds - Industrial and Miscellaneous.....					269,460	270,000	0	XXX.....
8399997	Total - Bonds - Part 3.....					3,279,534	3,100,000	31,347	XXX.....
8399999	Total - Bonds.....					3,279,534	3,100,000	31,347	XXX.....
Common Stocks - Mutual Funds									
921937 68 6	VANGUARD S CAP VAL IDX CL ADMIRAL MF.....		03/27/2017.....	U.S. Bank.....	53.657	2,777	XXX		L.....
921937 69 4	VANGU MID CAP VAL IDX CL ADMIRAL MF.....		03/27/2017.....	U.S. Bank.....	61.238	3,189	XXX		L.....
921937 71 0	VANGRD SML CAP GRWTH CL ADMRL MF.....		03/27/2017.....	U.S. Bank.....	32.253	1,562	XXX		L.....
921937 72 8	VAN MID CAP GR INDEX CL ADMIRAL MF.....		03/24/2017.....	U.S. Bank.....	24.271	1,168	XXX		L.....
922908 72 8	VANGUARD TTL STK MRKT INX CL ADM MF.....		03/27/2017.....	U.S. Bank.....	56.922	3,330	XXX		L.....
9299999	Total - Common Stocks - Mutual Funds.....					12,026	XXX	0	XXX.....
9799997	Total - Common Stocks - Part 3.....					12,026	XXX	0	XXX.....
9799999	Total - Common Stocks.....					12,026	XXX	0	XXX.....
9899999	Total - Preferred and Common Stocks.....					12,026	XXX	0	XXX.....
9999999	Total - Bonds, Preferred and Common Stocks.....					3,291,559	XXX	31,347	XXX.....

(a) For all common stock bearing NAIC market indicator "U" provide the number of such issues:.....0.

QE04

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government																					
36208S	DQ 2		03/01/2017	Paydown.....		.....315	.....315	.....314	.....313	.....	.....2	.....	.....2	.....	.....315	.....	.....	.....0	.....2	07/15/2029	1.....
36209R	CG 6		03/01/2017	Paydown.....		.....3	.....3	.....3	.....3	.....	.....0	.....	.....0	.....	.....3	.....	.....(0)	.....(0)	.....0	12/15/2029	1.....
36217V	AY 0		03/01/2017	Paydown.....		.....71	.....71	.....71	.....71	.....	.....0	.....	.....0	.....	.....71	.....	.....0	.....0	.....0	01/15/2030	1.....
38377M	XE 1		03/01/2017	Paydown.....		.....14,910	.....14,910	.....15,143	.....15,004	.....	.....(94)	.....	.....(94)	.....	.....14,910	.....	.....0	.....0	.....31	02/16/2037	1.....
38378B	XQ 7		03/01/2017	Paydown.....		.....1,391	.....1,391	.....1,394	.....1,394	.....	.....(2)	.....	.....(2)	.....	.....1,391	.....	.....(0)	.....(0)	.....2	01/16/2036	1.....
0599999	Total - Bonds - U.S. Government.....					.....16,690	.....16,690	.....16,924	.....16,784	.....0	.....(94)	.....0	.....(94)	.....0	.....16,690	.....0	.....(0)	.....(0)	.....35	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
3135G0	GY 3		01/30/2017	Maturity @ 100.0.....		.....1,000,000	.....1,000,000	.....1,012,122	.....1,000,277	.....	.....(277)	.....	.....(277)	.....	.....1,000,000	.....	.....0	.....0	.....6,250	01/30/2017	1FE.....
3137EA	DT 3		02/22/2017	Maturity @ 100.0.....		.....1,000,000	.....1,000,000	.....1,002,971	.....1,000,156	.....	.....(156)	.....	.....(156)	.....	.....1,000,000	.....	.....0	.....0	.....4,375	02/22/2017	1FE.....
977100	BZ 8		02/01/2017	Unknown.....		.....376,986	.....350,000	.....378,861	.....377,988	.....	.....(1,002)	.....	.....(1,002)	.....	.....376,986	.....	.....0	.....0	.....5,031	05/01/2033	1FE.....
3199999	Total - Bonds - U.S. Special Revenue and Special Assessments.....					.....2,376,986	.....2,350,000	.....2,393,954	.....2,378,421	.....0	.....(1,435)	.....0	.....(1,435)	.....0	.....2,376,986	.....0	.....0	.....0	.....15,656	XXX	XXX
Bonds - Industrial and Miscellaneous																					
012725	AB 3		02/10/2017	Call @ 103.789.....		.....300,000	.....300,000	.....299,625	.....299,779	.....	.....8	.....	.....8	.....	.....299,787	.....	.....213	.....213	.....12,666	12/01/2019	2FE.....
36962G	2G 8		02/15/2017	Maturity @ 100.0.....		.....350,000	.....350,000	.....344,138	.....349,885	.....	.....115	.....	.....115	.....	.....350,000	.....	.....0	.....0	.....9,450	02/15/2017	1FE.....
3899999	Total - Bonds - Industrial and Miscellaneous.....					.....650,000	.....650,000	.....643,763	.....649,664	.....0	.....123	.....0	.....123	.....0	.....649,787	.....0	.....213	.....213	.....22,116	XXX	XXX
8399997	Total - Bonds - Part 4.....					.....3,043,676	.....3,016,690	.....3,054,641	.....3,044,869	.....0	.....(1,406)	.....0	.....(1,406)	.....0	.....3,043,463	.....0	.....213	.....213	.....37,808	XXX	XXX
8399999	Total - Bonds.....					.....3,043,676	.....3,016,690	.....3,054,641	.....3,044,869	.....0	.....(1,406)	.....0	.....(1,406)	.....0	.....3,043,463	.....0	.....213	.....213	.....37,808	XXX	XXX
9999999	Total - Bonds, Preferred and Common Stocks.....					.....3,043,676	XXX	.....3,054,641	.....3,044,869	.....0	.....(1,406)	.....0	.....(1,406)	.....0	.....3,043,463	.....0	.....213	.....213	.....37,808	XXX	XXX

QE05

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:0.

**Sch. DB - Pt. A - Sn. 1
NONE**

**Sch. DB - Pt. B - Sn. 1
NONE**

**Sch. DB - Pt. D - Sn. 1
NONE**

**Sch. DB - Pt. D - Sn. 2
NONE**

**Sch. DL - Pt. 1
NONE**

**Sch. DL - Pt. 2
NONE**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Key Bank.....					1,487,752	1,858,626	1,536,418	XXX
0199999. Total Open Depositories.....	XXX	XXX	0	0	1,487,752	1,858,626	1,536,418	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	0	0	1,487,752	1,858,626	1,536,418	XXX
0499999. Cash in Company's Office.....	XXX	XXX	XXX	XXX	154	154	154	XXX
0599999. Total Cash.....	XXX	XXX	0	0	1,487,906	1,858,780	1,536,572	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
------------------	-----------	--------------------	-----------------------	--------------------	-----------------------------------	---------------------------------------	----------------------------------

QE13

NONE