



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2017

OF THE CONDITION AND AFFAIRS OF THE

Root Insurance Company

NAIC Group Code0000(Current)NAIC Company Code10974Employer's ID Number31-1631404

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Incorporated/Organized12/11/1998Commenced Business04/29/1999

Statutory Home Office34 W. Gay St, Ste. 2A(Street and Number),Columbus, OH, US 43215(City or Town, State, Country and Zip Code)

Main Administrative Office34 W. Gay St, Ste. 2A(Street and Number),Columbus, OH, US 43215(City or Town, State, Country and Zip Code),866-980-9431(Area Code) (Telephone Number)

Mail Address34 W. Gay St, Ste. 2A(Street and Number or P.O. Box),Columbus, OH, US 43215(City or Town, State, Country and Zip Code)

Primary Location of Books and Records34 W. Gay St, Ste. 2A(Street and Number),Columbus, OH, US 43215(City or Town, State, Country and Zip Code),866-980-9431(Area Code) (Telephone Number)

Internet Website Addresswww.joinroot.com

Statutory Statement ContactTravis Ryan Harrison(Name),989-944-1195(Area Code) (Telephone Number),travis@trh-cpa.com(E-mail Address),989-885-5908(FAX Number)

OFFICERS

PresidentAlexander Edward Timm

Vice PresidentDaniel Craig Manges

SecretaryChristopher George Olsen

Vice PresidentDavid Royce Martin

OTHER

DIRECTORS OR TRUSTEES

Alexander Edward Timm

Christopher George Olsen

Cynthia Ann Powell

Lawrence Allen Hilsheimer

David Matthew McMullen

State ofOhio

County ofFranklin

SS:

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 TimmPresident

Christopher George OlsenSecretary

Daniel Craig MangesVice 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 JUNE 30, 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 .....	1,503,126		1,503,126	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 (\$ .....906,526 ), cash equivalents (\$ .....3,254,761 ) and short-term investments (\$ .....0 ) .....	4,161,287		4,161,287	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) .....	5,664,413	0	5,664,413	3,296,252
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	3,514		3,514	3,550
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	37,928		37,928	2,928
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	204,745		204,745	9,709
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	53,038		53,038	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 .....	2,073,411	2,073,411	0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	101,520	101,520	0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	102,063	102,063	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	8,523,619		8,523,619	1,000,000
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	13,987	13,500	487	14,607
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	16,778,238	2,290,494	14,487,744	4,327,242
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	16,778,238	2,290,494	14,487,744	4,327,242
DETAILS OF WRITE-INS				
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 .....	13,500	13,500	0	0
2502. Claims Imprest Fund .....	235		235	14,607
2503. Other Amounts Receivable .....	252		252	
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)	13,987	13,500	487	14,607

STATEMENT AS OF JUNE 30, 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 \$ .....74,043 ) .....	74,968	3,158
2. Reinsurance payable on paid losses and loss adjustment expenses .....		0
3. Loss adjustment expenses .....	5,730	723
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....	104,058	289,420
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	7,652	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 \$ .....184,800 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) .....	166,930	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) .....	(213,151)	(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) .....	146,187	198,811
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	146,187	198,811
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....	4,500,000	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 .....	15,252,379	4,240,379
35. Unassigned funds (surplus) .....	(5,410,822)	(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) .....	14,341,557	4,128,431
38. Totals (Page 2, Line 28, Col. 3) .....	14,487,744	4,327,242
DETAILS OF WRITE-INS		
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 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 \$ 494,775 )	162,628	161	13,151
1.2 Assumed (written \$ )			0
1.3 Ceded (written \$ 260,381 )	86,075		5,149
1.4 Net (written \$ 234,394 )	76,553	161	8,002
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ )::			
2.1 Direct	251,490	(13,610)	(6,904)
2.2 Assumed			0
2.3 Ceded	125,744		3,354
2.4 Net	125,746	(13,610)	(10,258)
3. Loss adjustment expenses incurred	12,063		723
4. Other underwriting expenses incurred	4,119,845	145,601	1,896,033
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	4,257,654	131,991	1,886,498
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(4,181,101)	(131,830)	(1,878,496)
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	11,760	7,381	10,904
10. Net realized capital gains (losses) less capital gains tax of \$		34,928	34,927
11. Net investment gain (loss) (Lines 9 + 10)	11,760	42,309	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	0
13. Finance and service charges not included in premiums	7,685	10	480
14. Aggregate write-ins for miscellaneous income	991	75,000	75,000
15. Total other income (Lines 12 through 14)	8,676	75,010	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)	(4,160,665)	(14,511)	(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)	(4,160,665)	(14,511)	(1,757,185)
19. Federal and foreign income taxes incurred			
20. Net income (Line 18 minus Line 19)(to Line 22)	(4,160,665)	(14,511)	(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)	(4,160,665)	(14,511)	(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	1,457,339		616,072
27. Change in nonadmitted assets	(1,589,548)	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	3,500,000		
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in	11,012,000	0	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	(6,000)	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	10,213,126	806	210,798
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	14,341,557	3,918,438	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		75,000	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	75,000	75,000
3701. 2016 License Fee	(6,000)		
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)	(6,000)	0	0

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 .....	( 104,741)	2,389	(99,596)
2. Net investment income .....	13,362	19,190	59,995
3. Miscellaneous income .....	8,676	75,010	75,480
4. Total (Lines 1 to 3) .....	(82,703)	96,589	35,879
5. Benefit and loss related payments .....	106,778	2,250	2,642
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	4,295,463	125,101	1,632,529
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0	0
10. Total (Lines 5 through 9) .....	4,402,241	127,351	1,635,171
11. Net cash from operations (Line 4 minus Line 10) .....	(4,484,944)	(30,762)	(1,599,292)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	4,127,213	4,127,213
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	4,127,213	4,127,213
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	442,422	1,947,680
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	442,422	1,947,680
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	3,684,791	2,179,533
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	7,000,000	0	1,015,000
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	(145,329)	(22)	(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) .....	6,854,671	(22)	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) .....	2,369,727	3,654,007	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) .....	4,161,287	3,954,403	1,791,560

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

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STATEMENT AS OF JUNE 30, 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 "OH DOI"). 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 OH DOI.

	SSAP #	F/S Page	F/S Line #	2017	2016
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 2) .....	XXX	XXX	XXX	.....(4,160,665)	.....(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	.....(4,160,665)	.....(1,757,185)
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2) .....	XXX	XXX	XXX	..... 14,341,557	..... 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	..... 14,341,557	..... 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, such as marketing, 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.

No common stocks are held by the Company.

No preferred stocks are held by the Company.

No mortgage loans are held by the Company

Loan-backed securities are stated at amortized cost provided 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.

The Company does not have subsidiary controlled or affiliated investments or investments in joint ventures, partnerships or limited liability companies.

The Company does not have derivative financial instruments.

The Company anticipates 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.

NOTE 2

Accounting Changes and Corrections of Errors

The Company's monthly license fee was forgiven for 2016 and was recorded as a prior period adjustment to surplus in 2017 with the offset as a non-cash capital contribution adjustment to paid-in capital. See Note 10 for further details.

Aggregate write-ins for gains and losses in surplus at June 30, 2017 has been adjusted by \$6,000 for the license fee for the Root App used by the Company in 2016. The IBOD Board of Directors approved waiving the receipt of the 2016 fee reinvesting the amount back into the business operations of the Company. This offset has been recognized as a non-cash paid in surplus contribution by IBOD at June 30, 2017. See Note 10, Item C for more information on the Root App.

STATEMENT AS OF JUNE 30, 2017 OF THE   Root Insurance Company

NOTE 3  
Business Combinations and Goodwill

Not Applicable

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, unless amount due was received before the reporting date.
- 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)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col. 1 + 2) Total	Ordinary	Capital	(Col. 4 + 5) Total	(Col. 1 - 4) Ordinary	(Col. 2 - 5) Capital	(Col. 7 + 8) Total
(a) Gross Deferred Tax Assets .....	2,073,411		2,073,411	616,072		616,072	1,457,339	0	1,457,339
(b) Statutory Valuation Allowance Adjustment .....			0			0	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b) .....	2,073,411	0	2,073,411	616,072	0	616,072	1,457,339	0	1,457,339
(d) Deferred Tax Assets Nonadmitted .....	2,073,411		2,073,411	616,072		616,072	1,457,339	0	1,457,339
(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	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)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col. 1 + 2) Total	Ordinary	Capital	(Col. 4 + 5) Total	(Col. 1 - 4) Ordinary	(Col. 2 - 5) Capital	(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	2,151,234	XXX	XXX	619,265	XXX	XXX	1,531,969
(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.

4.

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

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

## 6.2



STATEMENT AS OF JUNE 30, 2017 OF THE   Root Insurance Company

D.     Significant Book to Tax Adjustments

	<u>2017</u>	<u>Effective Tax</u> <u>Rate</u>
Provision computed at statutory rate	(1,414,626)	34%
Nondeductible expenses	4,802	-0.1%
Other	(2,563)	0.1%
Change in deferred tax on non-admitted assets	<u>(44,952)</u>	<u>1.1%</u>
Totals	(1,457,339)	35.3%
Change in net deferred income tax	<u>(1,457,339)</u>	
Total statutory income tax	(1,457,339)	

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. (the “IBOD”) from Club Holding Corporation. The Company’s articles of organization were amended to change the Company’s name to Root Insurance Company (the “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 pledged 100% of the Company’s stock as collateral to obtain a loan of \$5,000,000 from a financial institution (the “Bank”), for the purpose of providing capital to the Company. This pledge was subsequently released by the Bank on June 21, 2017. The \$5,000,000 loan remains outstanding on the books of IBOD at June 30, 2017.

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 and the Company entered into an Administrative Services Agreement (the “Agreement”) to provide certain administrative services to the Company.

The Agreement includes granting the Company a non-transferable, non-sublicensable, nonexclusive license to use, demonstrate, display and reproduce the Root Mobile Application (the “Root App”) when making available the Root App to its end users. The license fee for the Root App is \$1,000 per month. For 2017, the IBOD Board of Directors approved waiving the receipt of this monthly fee, reinvesting the amount back into the business operations of the Company. For the six months ended, June 30, 2017, the Company has recognized this monthly fee as an underwriting expense with the offset as a non-cash paid in surplus contribution by IBOD.

D.     Amounts Due to or from Related Parties

At June 30, 2017 the Company had \$8,523,619 receivable from IBOD. Included in this receivable is an approved SSAP 72 \$8,500,000 capital contribution, that include the purchase of additional Company shares by IBOD, which was settled in full on July 19, 2017. See Notes 13 and 22.

At December 31, 2016, the Company had an approved SSAP 72 \$1,000,000 capital contribution from IBOD, which was settled in full on January 17, 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 JUNE 30, 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 250 shares issued and outstanding at June 30, 2017.

On July 19, 2017, IBOD made an \$8,500,000 cash capital contribution to the Company with the intent to treat \$2,000,000 of that contribution as the purchase by IBOD of 200 additional shares of stock in the Company, bringing the Company’s common capital level to \$4,500,000.   At June 30, 2017, the Company has recorded this transaction as an approved SSAP 72 transaction. A Form D filing for IBOD’s additional share purchase is currently pending review by the OH DOI.   See Notes 10 item D and 22.

The Company has no preferred stock authorize, issued or outstanding.

- 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

STATEMENT AS OF JUNE 30, 2017 OF THE   Root Insurance Company

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

NOTE 22  
Subsequent Events

As of August 2, 2017, the Company is licensed in Ohio, Arizona, Oklahoma and Indiana and has applications pending in several other states.   The Company is currently active in three states, Ohio, Arizona and Indiana, with the Company having commenced operations in Indiana in July.

On July 19, 2017, IBOD made an \$8,500,000 cash capital contribution to the Company with the intent to treat \$2,000,000 of that contribution as the purchase by IBOD of 200 additional shares of stock in the Company, bringing the Company’s common capital level to \$4,500,000.   At June 30, 2017, the Company has recorded this transaction as an approved SSAP 72 transaction. A Form D filing for IBOD’s additional share purchase is currently pending review by the OH DOI.   See Notes 10 item D and 13.

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)	(2)	(3)	(4)	(5)	(6)
	Premium	Commission	Premium	Commission	Premium	Commission
	Reserve	Equity	Reserve	Equity	Reserve	Equity
a.Affiliates .....	.....	.....	.....	.....	0	0
b.All Other .....	.....	.....	184,799	29,212	(184,799)	(29,212)
c.Total .....	0	0	184,799	29,212	(184,799)	(29,212)
d.Direct Unearned Premium Reserve .....						166,930

(2)

	(1)	(2)	(3)	(4)
	Direct	Assumed	Ceded	Net
a.   Contingent Commission .....	.....	.....	.....	.....
b.   Sliding Scale Adjustments .....	.....	.....	(1,532)	1,532
c.   Other Profit Commission Arrangements .....	.....	.....	.....	0
d.   TOTAL .....	0	0	(1,532)	1,532

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 \$1,475 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.

NOTE 26  
Intercompany Pooling Arrangements

Not Applicable

NOTE 27  
Structured Settlements

Not Applicable

NOTE 28  
Health Care Receivables

Not Applicable

STATEMENT AS OF JUNE 30, 2017 OF THE   Root Insurance Company

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 .....06/30/2017  
Was anticipated investment income utilized in the calculation?       Yes [ X ]   No [    ]

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

STATEMENT AS OF JUNE 30, 2017 OF THE Root Insurance Company

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 ☒
- 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 ☒
- 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 ☒ No ☐
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 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 ☒
- 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?  
If yes, attach an explanation.

Yes ☐ No ☒ N/A ☐
- 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 ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ 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 ☒
- 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 ☒
- 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 ☒
- 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

STATEMENT AS OF JUNE 30, 2017 OF THE Root Insurance Company

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? (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.

Yes [ X ] No [ ]

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 [ ]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$8,523,619

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	2
	Prior Year-End Book/Adjusted Carrying Value	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? If no, attach a description with this statement.

Yes [ ] No [ X ]

STATEMENT AS OF JUNE 30, 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.

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

16.3 Total payable for securities lending reported on the liability page.
- \$

\$

\$
- 0

0

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
U.S Bank	1555 N. Rivercenter Dr., Suite 300 Milwaukee, WI 53212

- 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
						0				0
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

# NONE

[illegible]

STATEMENT AS OF JUNE 30, 2017 OF THE Root Insurance Company

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

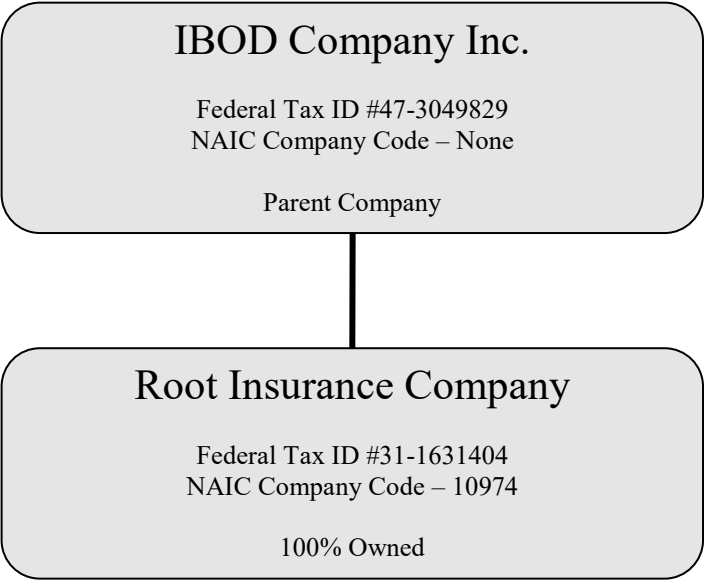
Current Year to Date - Allocated by States and Territories							
States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama.....AL	N						
2. Alaska.....AK	N						
3. Arizona.....AZ	L	116,986		2,342			
4. Arkansas.....AR	N						
5. California.....CA	N						
6. Colorado.....CO	N						
7. Connecticut.....CT	N						
8. Delaware.....DE	N						
9. District of Columbia.....DC	N						
10. Florida.....FL	N						
11. Georgia.....GA	N						
12. Hawaii.....HI	N						
13. Idaho.....ID	N						
14. Illinois.....IL	N						
15. Indiana.....IN	L						
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	377,789	3,753	249,147	2,250	11,460	0
37. Oklahoma.....OK	L						
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) 4	494,775	3,753	251,489	2,250	11,460	0
DETAILS OF WRITE-INS							
58001.....	XXX						
58002.....	XXX						
58003.....	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0
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 JUNE 30, 2017 OF THE Root Insurance Company

## SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

# NONE

Asterisk	

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	0.0
2.	Allied Lines .....			0.0	0.0
3.	Farmowners multiple peril .....			0.0	0.0
4.	Homeowners multiple peril .....			0.0	0.0
5.	Commercial multiple peril .....			0.0	0.0
6.	Mortgage guaranty .....			0.0	0.0
8.	Ocean marine .....			0.0	0.0
9.	Inland marine .....			0.0	0.0
10.	Financial guaranty .....			0.0	0.0
11.1	Medical professional liability - occurrence .....			0.0	0.0
11.2	Medical professional liability - claims-made .....			0.0	0.0
12.	Earthquake .....			0.0	0.0
13.	Group accident and health .....			0.0	0.0
14.	Credit accident and health .....			0.0	0.0
15.	Other accident and health .....			0.0	0.0
16.	Workers' compensation .....			0.0	0.0
17.1	Other liability - occurrence .....			0.0	0.0
17.2	Other liability - claims-made .....			0.0	0.0
17.3	Excess workers' compensation .....			0.0	0.0
18.1	Products liability - occurrence .....			0.0	0.0
18.2	Products liability - claims-made .....			0.0	0.0
19.1,19.2	Private passenger auto liability .....	98,778	44,863	45.4	0.0
19.3,19.4	Commercial auto liability .....			0.0	0.0
21.	Auto physical damage .....	63,850	206,627	323.6	0.0
22.	Aircraft (all perils) .....			0.0	0.0
23.	Fidelity .....			0.0	0.0
24.	Surety .....			0.0	0.0
26.	Burglary and theft .....			0.0	0.0
27.	Boiler and machinery .....			0.0	0.0
28.	Credit .....			0.0	0.0
29.	International .....			0.0	0.0
30.	Warranty .....			0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property .....	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 .....	162,628	251,490	154.6	(8,453.4)
DETAILS OF WRITE-INS					
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0.0	0.0
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) .....	0	0	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 .....	222,921	303,838	1,971
19.3,19.4	Commercial auto liability .....	0		
21.	Auto physical damage .....	157,103	190,937	1,782
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 .....	380,024	494,775	3,753
DETAILS OF WRITE-INS				
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 JUNE 30, 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			.1	.1	.0	.0	.0
5. Subtotals 2016 + Prior .....	.3	.1	.4	.3	.0	.3	.0	.0	.1	.1	.0	.0	.0
6. 2017 .....	.XXX	.XXX	.XXX	.XXX	.58	.58	.XXX	.56	.23	.79	.XXX	.XXX	.XXX
7. Totals .....	3	1	4	3	58	61	0	56	24	80	0	0	0
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. 14.2	3. 3.6
											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.

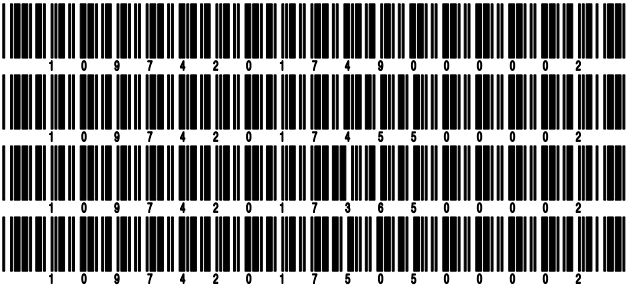
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? .....	NO
3. Will the Medicare Part D Coverage Supplement be filed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



SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	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) .....		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	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) .....		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	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) .....		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	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 .....	1,566	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) .....	1,503,126	1,504,692
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11) .....	1,503,126	1,504,692

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) .....	1,503,906			(1,566)	1,503,906	1,502,340		1,504,692
2. NAIC 2 (a) .....	0				0	0		0
3. NAIC 3 (a) .....	0				0	0		0
4. NAIC 4 (a) .....	0				0	0		0
5. NAIC 5 (a) .....	0				0	0		0
6. NAIC 6 (a) .....	0				0	0		0
7. Total Bonds	1,503,906	0	0	(1,566)	1,503,906	1,502,340	0	1,504,692
PREFERRED STOCK								
8. NAIC 1 .....	0				0	0		0
9. NAIC 2 .....	0				0	0		0
10. NAIC 3 .....	0				0	0		0
11. NAIC 4 .....	0				0	0		0
12. NAIC 5 .....	0				0	0		0
13. NAIC 6 .....	0				0	0		0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	1,503,906	0	0	(1,566)	1,503,906	1,502,340	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 \$ .....

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

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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 .....	6,881,166	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 .....	4,448,016	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) .....	3,254,761	821,611
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	3,254,761	821,611

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

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
Silicon Valley Bank – Checking								
Santa Clara, CA		0.000	1		937,453	984,886	886,658	XXX
Silicon Valley Bank – Claims		0.000			1,911	3,670	3,523	XXX
Silicon Valley Bank – Referrals		0.000			2,750	4,450	4,625	XXX
US Bank – Custodial		0.090			8,089	10,029	11,720	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	1	0	950,203	1,003,035	906,526	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	1	0	950,203	1,003,035	906,526	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	1	0	950,203	1,003,035	906,526	XXX



STATEMENT AS OF JUNE 30, 2017 OF THE Root Insurance Company

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

[illegible]