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QUARTERLY STATEMENT

As of September 30, 2017

of the Condition and Affairs of the

Infinity Assurance Insurance Company

NAIC Group Code.....3495, 3495 (Current Period) (Prior Period) NAIC Company Code..... 39497 Employer's ID Number..... 75-1227771

Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US

Incorporated/Organized..... June 3, 1980 Commenced Business..... July 11, 1980

Statutory Home Office	1400 Provident Tower, One East Fourth Street….. Cincinnati ..... OH .... 45202 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	2201 4th Avenue North….. Birmingham ..... AL .... 35203-3863 *(Street and Number) (City or Town, State, Country and Zip Code)*	205-870-4000 *(Area Code) (Telephone Number)*
Mail Address	P.O. Box 830189….. Birmingham ..... AL .... 35283-0189 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	2201 4th Avenue North….. Birmingham ..... AL .... 35203-3863 *(Street and Number) (City or Town, State, Country and Zip Code)*	205-870-4000 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.infinityauto.com	
Statutory Statement Contact	Rachelle Shealy Talley *(Name)*	205-803-8326 *(Area Code) (Telephone Number) (Extension)*
	rachelle.talley@ipacc.com *(E-Mail Address)*	205-803-8080 *(Fax Number)*

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

OFFICERS

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

OTHER

Troy Perry Ballard	Assistant Treasurer	Robert Harold Bateman Jr.	Senior Vice President & CFO
Mary Linn Clark	Assistant Treasurer	Ralph Allen Gravelle	Senior Vice President & CIO
Timothy Michael Kelly	Assistant Treasurer	James Henry Romaker	Assistant Secretary
Mitchell Silverman	Assistant Secretary		

DIRECTORS OR TRUSTEES

Troy Perry Ballard #	Robert Harold Bateman Jr.	James Randall Gober	Glen Nelson Godwin
Amy Kay Jordan	James Henry Romaker	Samuel James Simon	

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

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

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

Subscribed and sworn to before me
This 3rd day of November, 2017

My Commission Expires April 15, 2021

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 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	6,449,184		6,449,184	6,756,002
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
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 $.....0 encumbrances)			0	
5. Cash ($.....0), cash equivalents ($.....0) and short-term investments ($.....71,245)	71,245		71,245	48,509
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives			0	
8. Other invested assets			0	
9. Receivables for securities	370,000		370,000	
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)	6,890,429	0	6,890,429	6,804,511
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	21,612		21,612	31,396
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	174,019		174,019	97,855
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 ($.....0)			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	68,223		68,223	(14,332)
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	56,109	1,810	54,299	46,839
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....0)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	4,486
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)	7,210,392	1,810	7,208,582	6,970,755
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	7,210,392	1,810	7,208,582	6,970,755

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 $.....309,938)	553,014	527,996
2.	Reinsurance payable on paid losses and loss adjustment expenses	85,710	98,239
3.	Loss adjustment expenses	142,796	139,996
4.	Commissions payable, contingent commissions and other similar charges	2,086	3,307
5.	Other expenses (excluding taxes, licenses and fees)	17,853	19,261
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	1,769	1,267
7.1	Current federal and foreign income taxes (including $.....0 on realized capital gains (losses))	8,982	3,736
7.2	Net deferred tax liability		
8.	Borrowed money $.....0 and interest thereon $.....0		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of $.....12,871,140 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)	637,506	612,059
10.	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	46,720	(12,697)
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
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	83,926	
20.	Derivatives		
21.	Payable for securities		
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	250	0
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	1,580,612	1,393,164
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	1,580,612	1,393,164
29.	Aggregate write-ins for special surplus funds	0	0
30.	Common capital stock	3,800,000	3,800,000
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	1,650,000	1,650,000
35.	Unassigned funds (surplus)	177,970	127,591
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)	5,627,970	5,577,591
38.	Totals (Page 2, Line 28, Col. 3)	7,208,582	6,970,755

DETAILS OF WRITE-INS

2501.	Accounts payable and other liabilities	250	
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)	250	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 $.....20,183,540)	19,929,105	16,090,864	22,186,140
1.2 Assumed (written $.....1,050,927)	1,025,480	1,019,070	1,391,664
1.3 Ceded (written $.....20,183,540)	19,929,105	16,090,864	22,186,140
1.4 Net (written $.....1,050,927)	1,025,480	1,019,070	1,391,664
DEDUCTIONS:			
2. Losses incurred (current accident year $.....701,198):			
2.1 Direct	12,551,013	9,144,536	12,777,959
2.2 Assumed	686,595	694,976	940,503
2.3 Ceded	12,551,013	9,144,536	12,777,959
2.4 Net	686,595	694,976	940,503
3. Loss adjustment expenses incurred	123,297	116,553	158,869
4. Other underwriting expenses incurred	242,263	250,553	326,267
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	1,052,155	1,062,082	1,425,639
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(26,675)	(43,012)	(33,975)
INVESTMENT INCOME			
9. Net investment income earned	52,085	45,425	60,644
10. Net realized capital gains (losses) less capital gains tax of $.....7,454	(7,454)	(1,239)	(2,178)
11. Net investment gain (loss) (Lines 9 + 10)	44,631	44,186	58,466
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered $.....3,259 amount charged off $.....13,849)	(10,590)	(12,409)	(16,984)
13. Finance and service charges not included in premiums	46,019	47,842	65,170
14. Aggregate write-ins for miscellaneous income	22,326	23,751	33,862
15. Total other income (Lines 12 through 14)	57,755	59,184	82,048
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	75,711	60,358	106,539
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)	75,711	60,358	106,539
19. Federal and foreign income taxes incurred	32,792	25,246	38,602
20. Net income (Line 18 minus Line 19) (to Line 22)	42,919	35,112	67,937
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	5,577,591	5,605,217	5,605,217
22. Net income (from Line 20)	42,919	35,112	67,937
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains or (losses) less capital gains tax of $.....0			
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	9,270	7,636	4,437
27. Change in nonadmitted assets	(1,810)		
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			(100,000)
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)	50,379	42,748	(27,626)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	5,627,970	5,647,965	5,577,591

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. Other fee income	23,179	23,995	34,181
1402. Miscellaneous income or (expense)	(853)	(244)	(319)
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)	22,326	23,751	33,862
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	1,034,180	1,037,606	1,381,509
2. Net investment income	64,236	64,382	63,436
3. Miscellaneous income	57,755	59,184	82,048
4. Total (Lines 1 through 3)	1,156,171	1,161,172	1,526,993
5. Benefit and loss related payments	756,661	680,336	899,882
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	364,902	376,745	486,567
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of $.....7,454 tax on capital gains (losses)	35,000	40,000	42,477
10. Total (Lines 5 through 9)	1,156,563	1,097,081	1,428,926
11. Net cash from operations (Line 4 minus Line 10)	(392)	64,091	98,067
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	3,280,000	3,429,407	3,529,138
12.2 Stocks			
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			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,280,000	3,429,407	3,529,138
13. Cost of investments acquired (long-term only):			
13.1 Bonds	2,975,534	3,425,898	3,524,621
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications	370,000		
13.7 Total investments acquired (Lines 13.1 to 13.6)	3,345,534	3,425,898	3,524,621
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)	(65,534)	3,509	4,517
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			100,000
16.6 Other cash provided (applied)	88,662	(1,544)	(18,696)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	88,662	(1,544)	(118,696)
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)	22,736	66,056	(16,112)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	48,509	64,621	64,621
19.2 End of period (Line 18 plus Line 19.1)	71,245	130,677	48,509

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

The financial statements of Infinity Assurance Insurance Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for purposes of determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual has been adopted as a component of prescribed or permitted practices by the state of Ohio.

	SSAP #	F/S Page	F/S Line #	Current Period	2016
NET INCOME					
(1) Infinity Assurance Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	$ 42,919	$ 67,937
(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	$ 42,919	$ 67,937
SURPLUS					
(5) Infinity Assurance Insurance Company state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	$ 5,627,970	$ 5,577,591
(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	$ 5,627,970	$ 5,577,591

C. Accounting Policy - The Company does not invest in loan-backed securities.

D. Going Concern - Not applicable.

Note 2 – Accounting Changes and Corrections of Errors

No significant change.

Note 3 – Business Combinations and Goodwill

No significant change.

Note 4 – Discontinued Operations

No significant change.

Note 5 – Investments

D. Loan-Backed Securities - The Company does not invest in loan-backed securities.

E. Repurchase Agreements and/or Securities Lending Transactions - The Company does not participate in repurchase agreements or securities lending transactions.

I. Working Capital Finance Investments - Not applicable.

J. Offsetting and Netting of Assets and Liabilities

	Gross Amount Recognized	Amount Offset	Net Amount Presented on Financial Statements
(1) Assets			
NONE	$ 0	$ 0	$ 0
(2) Liabilities			
NONE	$ 0	$ 0	$ 0

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 – Investment Income

No significant change.

Note 8 – Derivative Instruments

No significant change.

Note 9 – Income Taxes

No significant change.

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

No significant change.

Note 11 – Debt

B. The Company does not have any Federal Home Loan Bank agreements.

NOTES TO FINANCIAL STATEMENTS

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

A. Defined Benefit Plan

(4) Components of net periodic benefit cost	Pension Benefits		Postretirement Benefits		Special or Contractual Benefits per SSAP No. 11	
	Current Period	Prior Year	Current Period	Prior Year	Current Period	Prior Year
a. Service cost	$ 0	$ 0	$ 128	$ 183	$ 0	$ 0
b. Interest cost	0	0	92	132	0	0
c. Expected return on plan assets	0	0	0	0	0	0
d. Transition asset or obligation	0	0	0	0	0	0
e. Gains and losses	0	0	(90)	(114)	0	0
f. Prior service cost or credit	0	0	53	71	0	0
g. Gain or loss recognized due to a settlement curtailment	0	0	0	0	0	0
h. Total net periodic benefit cost	$ 0	$ 0	$ 183	$ 272	$ 0	$ 0

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

No significant change.

Note 14 – Liabilities, Contingencies and Assessments

No significant change.

Note 15 – Leases

No significant change.

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

No significant change.

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

B. Transfer and Servicing of Financial Assets - Not applicable.

C. Wash Sales - The Company was not involved in any wash sales transactions during 2017.

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

No significant change.

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

No significant change.

Note 20 – Fair Value Measurements

A. Inputs Used for Assets and Liabilities Measured at Fair Value

(1) Fair Value Measurement by Level 1, 2 and 3 - The Company values all assets and liabilities at amortized cost.

(2) Rollforward of Level 3 Items – Not Applicable.

(3) Policy on Transfers Into and Out of Level 3 - Not Applicable.

(4) Inputs and Techniques Used for Level 2 and Level 3 Fair Values

Fair values are based on prices quoted in the most active market for each security. If quoted prices are not available, fair values are estimated based on the fair value of comparable securities, discounted cash flow models or similar methods.

(5) Derivative Fair Values – Not applicable.

B. Other Fair Value Disclosures – Not applicable.

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

The Company has categorized its assets and liabilities into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity in the valuation method by which fair value was determined. The three levels are defined as follows:

Level 1 - Fair value measurements are based on quoted prices in active markets for identical assets. This category includes U.S. Treasury securities.

Level 2 - Fair value measurements are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations in which all significant techniques are observable in active markets. This category includes municipal bonds.

Level 3 - Fair value measurements are based on valuations derived from valuation techniques in which one or more significant inputs are unobservable in the marketplace. This category includes bonds for which there is no active or inactive market for similar instruments, bonds whose fair value is determined based on unobservable inputs and bonds, other than those backed by the U.S. Government, that are not rated by a nationally recognized statistical rating organization.

NOTES TO FINANCIAL STATEMENTS

Aggregate fair value measurements for all financial instruments at September 30, 2017, are as follows:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Asset - Bonds	$ 6,495,898	$ 6,520,429	$ 6,495,898	$ 0	$ 0	$ 0

D. Not Practicable to Estimate Fair Value - Not applicable.

Note 21 – Other Items

No significant change.

Note 22 – Events Subsequent

None.

Note 23 – Reinsurance

No significant change.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

F. Risk Sharing Provisions of the Affordable Care Act - Not applicable.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

The following table provides an analysis of the change in loss and loss adjustment expense reserves net of reinsurance recoverables (in thousands):

	September 30, 2017	September 30, 2016
Balance at beginning of period	668	655
Loss and LAE incurred:		
Current accident year	826	829
Prior accident years	(16)	(17)
	810	812
Loss and LAE payments made for:		
Current accident year	(449)	(462)
Prior accident years	(333)	(346)
	(782)	(808)
Balance at end of period	696	659

Reserves as of December 31, 2016 were $668,000. As of September 30, 2017, $333,000 has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $319,000 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Private Passenger and Commercial automobile lines of insurance. As a result, there has been $16,000 favorable development during the nine months ended September 30, 2017 as compared to $17,000 favorable development during the nine months ended September 30, 2016. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding loss experience.

Note 26 – Intercompany Pooling Arrangements

No significant change.

Note 27 – Structured Settlements

No significant change.

Note 28 – Health Care Receivables

No significant change.

Note 29 – Participating policies

No significant change.

Note 30 – Premium Deficiency Reserves

No significant change.

Note 31 – High Deductibles

No significant change.

Note 32 – Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

No significant change.

Note 33 – Asbestos/Environmental Reserves

No significant change.

Note 34 – Subscriber Savings Accounts

No significant change.

Note 35 – Multiple Peril Crop Insurance

No significant change.

Note 36 – Financial Guaranty Insurance

The Company does not write financial guaranty insurance.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]
If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

Not Applicable

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
Not Applicable		

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 [X] N/A [ ]

Not Applicable

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2016

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. 12/31/2011

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). 05/08/2013

6.4 By what department or departments?

Ohio

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

7.2 If yes, give full information:

Not Applicable

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.

Not Applicable

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
Not Applicable					

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:

Not Applicable

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).

Not Applicable

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).

Not Applicable

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

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 [ ] No [X]

14.2 If yes, please complete the following:

		1 Prior Year End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds	$ 0	$ 0
14.22	Preferred Stock	0	0
14.23	Common Stock	0	0
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)	$ 0	$ 0
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.
Not Applicable

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
The Bank of New York Mellon	One Wall Street, New York, New York 10286

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)
Not Applicable		

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
Not Applicable			

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
Wellington Management Company LLP	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
106595	Wellington Management Company LLP	549300YHP12TEZNLCX41	SEC	NO

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:
Not Applicable

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.

   Not Applicable

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.

   Not Applicable

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:

   Not Applicable

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

	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
States, Etc.	Active Status	Current Year to Date	Prior Year to Date	Current Year to Date	Prior Year to Date	Current Year to Date	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	L	20,181,302	16,361,636	12,233,497	16,194,965	13,407,833	13,630,019
11. Georgia GA	L						
12. Hawaii HI	N						
13. Idaho ID	N						
14. Illinois IL	L			69,435	94,501	29,323	165,357
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	L			(1,533)	(1,167)	547	(34)
27. Montana MT	N						
28. Nebraska NE	N						
29. Nevada NV	N						
30. New Hampshire NH	N						
31. New Jersey NJ	L				(1,417)		
32. New Mexico NM	N						
33. New York NY	L			71,598	143,821	803,117	1,758,255
34. North Carolina NC	N						
35. North Dakota ND	N						
36. Ohio OH	L					32	(6)
37. Oklahoma OK	N						
38. Oregon OR	N						
39. Pennsylvania PA	L	2,238	61,383	28,020	21,934	26,516	59,346
40. Rhode Island RI	N						
41. South Carolina SC	L				3,500	2,004	1,950
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) 9	20,183,540	16,423,019	12,401,017	16,456,137	14,269,372	15,614,887

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 Domicilied 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

	FEIN Number	NAIC Co. Code	Domiciliary State
INFINITY PROPERTY AND CASUALTY CORPORATION	03-0483872		
Hillstar Insurance Company*	31-1358834	10068	IN
Infinity Financial Centers, LLC	20-4363792		
Infinity Insurance Company*	31-0943862	22268	IN
Infinity Insurance Agency, Inc.	58-1293110		
Infinity Agency of Texas	74-2641866		
Infinity Assurance Insurance Company*	75-1227771	39497	OH
Infinity Auto Insurance Company*	34-0927698	11738	OH
Leader Managing General Agency, Inc.	75-2280915		
Leader Group, Inc.	34-1852743		
Infinity Casualty Insurance Company*	58-1132392	21792	OH
Infinity County Mutual Insurance Company*@	43-6030348	13820	TX
Infinity Indemnity Insurance Company*	34-1767787	10061	IN
Infinity Preferred Insurance Company*	34-1785809	10195	OH
Infinity Reserve Insurance Company	31-1627506		
Infinity Safeguard Insurance Company*	73-0772113	16802	OH
Infinity Security Insurance Company*	58-1806192	38873	IN
Infinity Select Insurance Company*	31-1333017	20260	IN
Infinity Standard Insurance Company*	58-1806189	12599	IN
Infinity Property and Casualty Services, Inc.	58-1080659		
Casualty Underwriters, Inc.	58-0642684		
The Infinity Group, Inc.	31-1357130		

*Denotes Insurer
@ Denotes company which is affiliated but not owned

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
	Infinity Property and Casualty Corporation	00000	03-0483872		0001195933	NASDAQ	Infinity Property and Casualty Corporation	OH	UIP				Infinity Property and Casualty Corporation	N	
3495	Infinity Property and Casualty Corporation	10068	31-1358834				Hillstar Insurance Company	IN	IA	Infinity Property and Casualty Corporation	Ownership	100.000	Infinity Property and Casualty Corporation	N	
	Infinity Property and Casualty Corporation	00000	20-4363792				Infinity Financial Centers, LLC	DE	NIA	Infinity Property and Casualty Corporation	Ownership	100.000	Infinity Property and Casualty Corporation	N	
3495	Infinity Property and Casualty Corporation	22268	31-0943862				Infinity Insurance Company	IN	UDP	Infinity Property and Casualty Corporation	Ownership	100.000	Infinity Property and Casualty Corporation	N	
	Infinity Property and Casualty Corporation	00000	74-2641866				Infinity Agency of Texas	TX	NIA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
3495	Infinity Property and Casualty Corporation	39497	75-1227771				Infinity Assurance Insurance Company	OH	RE	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
3495	Infinity Property and Casualty Corporation	11738	34-0927698				Infinity Auto Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
	Infinity Property and Casualty Corporation	00000	75-2280915				Leader Mananging General Agency, Inc.	TX	NIA	Infinity Auto Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
	Infinity Property and Casualty Corporation	00000	34-1852743				Leader Group, Inc.	OH	NIA	Infinity Auto Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
3495	Infinity Property and Casualty Corporation	21792	58-1132392				Infinity Casualty Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
	Infinity Property and Casualty Corporation	00000	58-1293110				Infinity Insurance Agency, Inc.	GA	NIA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
3495	Infinity Property and Casualty Corporation	10061	34-1767787				Infinity Indemnity Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
3495	Infinity Property and Casualty Corporation	10195	34-1785809				Infinity Preferred Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
	Infinity Property and Casualty Corporation	00000	31-1627506				Infinity Reserve Insurance Company	OH	NIA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
3495	Infinity Property and Casualty Corporation	16802	73-0772113				Infinity Safeguard Insurance Company	OH	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
3495	Infinity Property and Casualty Corporation	38873	58-1806192				Infinity Security Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
3495	Infinity Property and Casualty Corporation	20260	31-1333017				Infinity Select Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
3495	Infinity Property and Casualty Corporation	12599	58-1806189				Infinity Standard Insurance Company	IN	IA	Infinity Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
	Infinity Property and Casualty Corporation	00000	58-1080659				Infinity Property and Casualty Services, Inc.	GA	NIA	Infinity Standard Insurance Company	Ownership	100.000	Infinity Property and Casualty Corporation	N	
	Infinity Property and Casualty Corporation	00000	58-0642684				Casualty Underwriters, Inc.	GA	NIA	Infinity Property and Casualty Services, Inc.	Ownership	100.000	Infinity Property and Casualty Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date 1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	4 Prior Year to Date 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		(768,551)	0.000	
17.1 Other liability-occurrence			0.000	
17.2 Other liability-claims made	10,510	3,165	30.114	
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	6,807,274	4,723,479	69.389	54.049
19.3, 19.4 Commercial auto liability	8,816,873	5,897,267	66.886	50.780
21. Auto physical damage	4,294,448	2,695,653	62.771	66.730
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	19,929,105	12,551,013	62.978	56.831
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 Current Quarter	2 Current Year to Date	3 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			
17.2 Other liability-claims made	1,807	12,481	1,853
17.3 Excess workers' compensation			
18.1 Products liability-occurrence			
18.2 Products liability-claims made			
19.1 19.2 Private passenger auto liability	1,616,140	5,435,330	8,422,819
19.3 19.4 Commercial auto liability	3,335,470	10,507,736	4,079,253
21. Auto physical damage	1,314,061	4,227,993	3,919,094
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	6,267,478	20,183,540	16,423,019
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

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	4 2017 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2017 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2017 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2014 + Prior	51	50	101	36	2	38	29	1	34	64	14	(13)	1
2. 2015	79	55	134	53	4	57	38	5	37	80	12	(9)	3
3. Subtotals 2015 + Prior	130	105	235	89	6	95	67	6	71	144	26	(22)	4
4. 2016	153	280	433	181	58	239	79	19	77	175	107	(126)	(19)
5. Subtotals 2016 + Prior	283	385	668	270	64	334	146	25	148	319	133	(148)	(15)
6. 2017	XXX	XXX	XXX	XXX	448	448	XXX	127	250	377	XXX	XXX	XXX
7. Totals	283	385	668	270	512	782	146	152	398	696	133	(148)	(15)
8. Prior Year-End's Surplus As Regards Policyholders	5,578												

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. 46.996 %	2. (38.442)%	3. (2.246)%

Col. 13, Line 7 Line 8
4. (0.269)%

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

NONE

	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

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

	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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

NONE

	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

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	6,756,003	6,757,407
2. Cost of bonds and stocks acquired	2,975,533	3,524,621
3. Accrual of discount	2,576	4,266
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		5,181
6. Deduct consideration for bonds and stocks disposed of	3,280,000	3,529,138
7. Deduct amortization of premium	4,927	6,334
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)	6,449,184	6,756,003
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	6,449,184	6,756,003

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)	6,849,331	4,534,842	4,862,475	(1,268)	6,837,868	6,849,331	6,520,429	6,804,511
2. NAIC 2 (a)							0	
3. NAIC 3 (a)							0	
4. NAIC 4 (a)							0	
5. NAIC 5 (a)							0	
6. NAIC 6 (a)							0	
7. Total Bonds	6,849,331	4,534,842	4,862,475	(1,268)	6,837,868	6,849,331	6,520,429	6,804,511
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	6,849,331	4,534,842	4,862,475	(1,268)	6,837,868	6,849,331	6,520,429	6,804,511

(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 $.....71,245; 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	71,245	XXX	71,245	82	

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	48,509	64,872
2. Cost of short-term investments acquired	3,030,163	1,987,167
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	3,007,427	2,003,530
7. Deduct amortization of premium		
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)	71,245	48,509
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	71,245	48,509

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 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Government									
912828 2K 5	UNITED STATES TREASURY		07/31/2017	BARCLAYS CAPITAL INC FIXED INC.		2,250,967	2,250,000	84	1
0599999.	Total - Bonds - U.S. Government					2,250,967	2,250,000	84	XXX
8399997.	Total - Bonds - Part 3					2,250,967	2,250,000	84	XXX
8399999.	Total - Bonds					2,250,967	2,250,000	84	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					2,250,967	XXX	84	XXX

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

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	Foreign	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																					
912828 TG 5	UNITED STATES TREASURY	..	07/31/2017.	MATURITY		2,230,000	2,230,000	2,210,608	2,227,702		2,298		2,298		2,230,000			0	11,150	07/31/2017.	1
912828 TS 9	UNITED STATES TREASURY	..	09/30/2017.	MATURITY		370,000	370,000	369,553	369,932		68		68		370,000			0	1,156	09/30/2017.	1
0599999.	Total - Bonds - U.S. Government					2,600,000	2,600,000	2,580,161	2,597,635	0	2,366	0	2,366	0	2,600,000	0	0	0	12,306	XXX	XXX
8399997.	Total - Bonds - Part 4					2,600,000	2,600,000	2,580,161	2,597,635	0	2,366	0	2,366	0	2,600,000	0	0	0	12,306	XXX	XXX
8399999.	Total - Bonds					2,600,000	2,600,000	2,580,161	2,597,635	0	2,366	0	2,366	0	2,600,000	0	0	0	12,306	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					2,600,000	XXX	2,580,161	2,597,635	0	2,366	0	2,366	0	2,600,000	0	0	0	12,306	XXX	XXX

(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		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories									
The Bank of New York Mellon	New York, New York		0.100						XXX
U. S. Bank, NA	Homewood, Alabama					2,531			XXX
0199999. Total Open Depositories		XXX	XXX	0	0	2,531	0	0	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	2,531	0	0	XXX
0599999. Total Cash		XXX	XXX	0	0	2,531	0	0	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

NONE