PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

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QUARTERLY STATEMENT

As of June 30, 2018

of the Condition and Affairs of the

MOUNTAIN LAUREL ASSURANCE COMPANY

NAIC Group Code.....155, 155 (Current Period) (Prior Period) | NAIC Company Code..... 44180 | Employer's ID Number..... 23-2599971

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

Incorporated/Organized..... November 28, 1990 | Commenced Business..... April 29, 1991

Statutory Home Office	6300 WILSON MILLS ROAD, W33 .. CLEVELAND .. OH .. US .. 44143-2182 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	6300 WILSON MILLS ROAD, W33 .. CLEVELAND .. OH .. US .. 44143-2182 *(Street and Number) (City or Town, State, Country and Zip Code)*	440-461-5000 *(Area Code) (Telephone Number)*
Mail Address	P.O. BOX 89490 .. CLEVELAND .. OH .. US .. 44101-6490 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	6300 WILSON MILLS ROAD, W33 .. CLEVELAND .. OH .. US .. 44143-2182 *(Street and Number) (City or Town, State, Country and Zip Code)*	440-395-4460 *(Area Code) (Telephone Number)*
Internet Web Site Address	PROGRESSIVE.COM	
Statutory Statement Contact	MARY BETH ANDREANO *(Name)*	440-395-4460 *(Area Code) (Telephone Number) (Extension)*
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POLICYHOLDER SERVICES AND CLAIMS REPORTING -- 1-800-PROGRESSIVE (1-800-776-4737)

OFFICERS

Name	Title	Name	Title
SCOTT WESLEY ZIEGLER	PRESIDENT	MICHAEL ROBERT UTH	SECRETARY
DANIEL JOSEPH WITALEC	TREASURER		

OTHER

SCOTT EDWARD COLEMAN	(ASST. TREASURER)	JOHN ALLEN CURTISS JR.	(VICE PRESIDENT)
KAREN ANN KOSUDA	(ASST. SECRETARY)	MARIANN WOJTKUN MARSHALL	(VICE PRESIDENT)

DIRECTORS OR TRUSTEES

PATRICK KEVIN CALLAHAN	JOHN ALLEN CURTISS JR.	SANJAY MAHESH VYAS	DANIEL JOSEPH WITALEC
SCOTT WESLEY ZIEGLER			

State of..... OHIO
County of..... CUYAHOGA

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

(Signature)	(Signature)	(Signature)
SCOTT WESLEY ZIEGLER	KAREN ANN KOSUDA	SCOTT EDWARD COLEMAN
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	ASSISTANT SECRETARY	ASSISTANT TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 9TH day of AUGUST, 2018

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

ASSETS

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds	136,214,860		136,214,860	132,123,009
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 ($.....10,480,386) and short-term investments ($.....1,000,000)	11,480,386		11,480,386	2,999,856
6. Contract loans (including $.....0 premium notes)			0	
7. Derivatives			0	
8. Other invested assets			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	147,695,246	0	147,695,246	135,122,865
13. Title plants less $.....0 charged off (for Title insurers only)			0	
14. Investment income due and accrued	1,494,028		1,494,028	1,547,262
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	7,309,061	1,577,958	5,731,103	4,910,642
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)	39,420,922		39,420,922	33,910,103
15.3 Accrued retrospective premiums ($.....0) and contracts subject to redetermination ($.....0)			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	(3,063)		(3,063)	(642)
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset	3,439,794		3,439,794	3,120,050
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets ($.....0)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates	9,370,720		9,370,720	4,745,031
24. Health care ($.....0) and other amounts receivable			0	
25. Aggregate write-ins for other than invested assets	51,921	51,921	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)	208,778,629	1,629,879	207,148,750	183,355,311
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	208,778,629	1,629,879	207,148,750	183,355,311

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. PREPAID EXPENSES	50,975	50,975	0	
2502. MISCELLANEOUS OTHER ASSETS	946	946	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)	51,921	51,921	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31 Prior Year
1.	Losses (current accident year $.....20,139,598)	43,081,781	42,549,618
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses	7,728,577	7,746,233
4.	Commissions payable, contingent commissions and other similar charges	29,846	24,071
5.	Other expenses (excluding taxes, licenses and fees)	10,449	15,765
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)	461,965	735,556
7.1	Current federal and foreign income taxes (including $.....1 on realized capital gains (losses))	3,294,596	1,449,795
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 $.....0 and including warranty reserves of $.....0 and accrued accident and health experience rating refunds including $.....0 for medical loss ratio rebate per the Public Health Service Act)	62,442,959	53,616,211
10.	Advance premium	1,202,272	798,088
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		7
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	7,258,452	6,859,339
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		
21.	Payable for securities		1,228
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	337,013	270,873
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)	125,847,910	114,066,784
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)	125,847,910	114,066,784
29.	Aggregate write-ins for special surplus funds	0	0
30.	Common capital stock	2,350,000	2,350,000
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	21,150,000	21,150,000
35.	Unassigned funds (surplus)	57,800,840	45,788,527
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)	81,300,840	69,288,527
38.	Totals (Page 2, Line 28, Col. 3)	207,148,750	183,355,311

DETAILS OF WRITE-INS

2501.	STATE PLAN LIABILITY	245,115	258,280
2502.	ESCHEATABLE PROPERTY	71,418	1,903
2503.	PREMIUM REFUND LIABILITY	20,480	10,690
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)	337,013	270,873
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 $.....116,151,535)	107,324,787	96,799,336	197,870,749
1.2 Assumed (written $.....0)			
1.3 Ceded (written $.....0)			
1.4 Net (written $.....116,151,535)	107,324,787	96,799,336	197,870,749
DEDUCTIONS:			
2. Losses incurred (current accident year $.....58,302,633):			
2.1 Direct	59,875,174	61,520,066	123,077,900
2.2 Assumed			
2.3 Ceded	(14,373)	(7,329)	(11,614)
2.4 Net	59,889,547	61,527,395	123,089,514
3. Loss adjustment expenses incurred	9,520,066	10,228,269	19,607,894
4. Other underwriting expenses incurred	24,301,485	22,696,269	42,790,037
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	93,711,098	94,451,933	185,487,445
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	13,613,689	2,347,403	12,383,304
INVESTMENT INCOME			
9. Net investment income earned	1,242,033	968,284	2,140,181
10. Net realized capital gains (losses) less capital gains tax of $.....1	(1)	23,616	(52,241)
11. Net investment gain (loss) (Lines 9 + 10)	1,242,032	991,900	2,087,940
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered $.....187,983 amount charged off $.....2,159,455)	(1,971,472)	(1,635,556)	(3,150,961)
13. Finance and service charges not included in premiums	1,604,239	1,514,196	3,088,593
14. Aggregate write-ins for miscellaneous income	141,227	51,263	132,561
15. Total other income (Lines 12 through 14)	(226,006)	(70,097)	70,193
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	14,629,715	3,269,206	14,541,437
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)	14,629,715	3,269,206	14,541,437
19. Federal and foreign income taxes incurred	3,294,595	1,441,949	4,880,186
20. Net income (Line 18 minus Line 19) (to Line 22)	11,335,120	1,827,257	9,661,251
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	69,288,527	61,550,523	61,550,523
22. Net income (from Line 20)	11,335,120	1,827,257	9,661,251
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	319,744	529,286	(1,594,437)
27. Change in nonadmitted assets	357,449	112,674	(328,810)
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			
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)	12,012,313	2,469,217	7,738,004
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	81,300,840	64,019,740	69,288,527
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. INTEREST INCOME ON INTERCOMPANY BALANCES	143,859	56,876	139,143
1402. MISCELLANEOUS OTHER (EXPENSE) INCOME	(498)	40	6,633
1403. INTEREST EXPENSE ON PREMIUM REFUNDS	(2,134)	(5,653)	(13,215)
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)	141,227	51,263	132,561
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	110,504,836	99,768,827	199,435,000
2.	Net investment income	2,299,091	2,016,383	4,042,480
3.	Miscellaneous income	(115,485)	(5,610)	47,068
4.	Total (Lines 1 through 3)	112,688,442	101,779,600	203,524,548
5.	Benefit and loss related payments	59,354,963	58,289,241	118,300,579
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	34,112,339	32,015,079	61,120,372
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $.....(44,344) tax on capital gains (losses)	1,449,795	2,106,148	5,462,077
10.	Total (Lines 5 through 9)	94,917,097	92,410,468	184,883,028
11.	Net cash from operations (Line 4 minus Line 10)	17,771,345	9,369,132	18,641,520
	CASH FROM INVESTMENTS			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	7,415,000	3,630,000	36,034,297
	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			1,228
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	7,415,000	3,630,000	36,035,525
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	12,510,675	21,190,125	61,937,592
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications	1,228		
	13.7 Total investments acquired (Lines 13.1 to 13.6)	12,511,903	21,190,125	61,937,592
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)	(5,096,903)	(17,560,125)	(25,902,067)
	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			
	16.6 Other cash provided (applied)	(4,193,912)	2,705,319	1,774,729
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(4,193,912)	2,705,319	1,774,729
	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)	8,480,530	(5,485,674)	(5,485,818)
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	2,999,856	8,485,674	8,485,674
	19.2 End of period (Line 18 plus Line 19.1)	11,480,386	3,000,000	2,999,856

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 accompanying statutory-basis financial statements of Mountain Laurel Assurance Company (the "Company") were prepared on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance ("DOI").

The Ohio DOI requires insurance companies domiciled in the state of Ohio to prepare their statutory-basis financial statements in accordance with the National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the Ohio DOI. No deviations from NAIC statutory accounting practices ("NAIC SAP") were used in preparing these statutory-basis financial statements as illustrated in the table below:

	SSAP #	F/S Page	F/S Line #	2018	2017
NET INCOME					
(1) MOUNTAIN LAUREL ASSURANCE COMPANY state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	$ 11,335,120	$ 9,661,251
(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	$ 11,335,120	$ 9,661,251
SURPLUS					
(5) MOUNTAIN LAUREL ASSURANCE COMPANY state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	$ 81,300,840	$ 69,288,527
(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	$ 81,300,840	$ 69,288,527

C. Accounting Policy

6. Loan-backed securities

Loan-backed and structured securities are accounted for as prescribed by Statement of Statutory Accounting Principles No. 43R, Loan-backed and Structured Securities. These securities are generally stated at amortized cost as determined by the estimated value of future cash flows. Prepayment assumptions for loan-backed and structured debt securities are obtained from available market data, broker/dealers, and/or internal estimates, and are consistent with current interest rate and economic trends. See Note 5.D.

D. Going Concern

Management continuously monitors the Company's financial results and compliance with regulatory requirements and found no reason to expect the Company to not continue as a going concern.

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

Note 3 – Business Combinations and Goodwill

No significant changes

Note 4 – Discontinued Operations

No significant changes

Note 5 – Investments

D. Loan-Backed Securities

The Company does not own any loan-backed or structured debt securities.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not applicable

H. Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

NOTES TO FINANCIAL STATEMENTS

M. Working Capital Finance Investments

Not applicable

N. Offsetting and Netting of Assets and Liabilities

Not applicable

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant changes

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

No significant changes

Note 9 – Income Taxes

No significant changes

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

No significant changes

Note 11 – Debt

B. FHLB (Federal Home Loan Bank) Agreements

Not applicable

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

A. Defined Benefit Plan

Not applicable

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

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Not applicable

G. All Other Contingencies

The Company routinely assesses the collectibility of premiums and agents' balances receivable and records a bad debt reserve for amounts exceeding the nonadmitted balance that the Company believes are uncollectible.

All legal actions relating to claims made under insurance policies are considered by the Company in establishing its loss and loss adjustment expense ("LAE") reserves. The Company also has potential exposure relating to lawsuits due to its participation in the management agreement for which it is allocated litigation expenses.

Note 15 – Leases

No significant changes

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

No significant changes

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

A. Transfers of Receivables Reported as Sales

Not applicable

B. Transfer 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 Portion of Partially Insured Plans

No significant changes

NOTES TO FINANCIAL STATEMENTS

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

No significant changes

Note 20 – Fair Value Measurements

A. Inputs Used for Assets and Liabilities Measured at Fair Value in the Company's Financial Statements

1. Fair Value Measurements by Levels 1, 2 and 3

The Company categorizes its financial instruments, based on the degree of subjectivity inherent in the method by which they are valued, into a fair value hierarchy of three levels, as follows:

Level 1 - Inputs are unadjusted, quoted prices in active markets for identical instruments at the measurement date (e.g., U.S. government obligations, which are continually priced on a daily basis, active exchange-traded equity securities, and certain short-term securities).

Level 2 - Inputs (other than quoted prices included within Level 1) that are observable for the instrument either directly or indirectly (e.g., certain corporate and municipal bonds and certain preferred stocks). This includes: (i) quoted prices for similar instruments in active markets, (ii) quoted prices for identical or similar instruments in markets that are not active, (iii) inputs other than quoted prices that are observable for the instruments, and (iv) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs that are unobservable. Unobservable inputs reflect our subjective evaluation about the assumptions market participants would use in pricing the financial instrument (e.g., certain structured securities and privately held investments).

Determining the fair value of the investment portfolio is the responsibility of management. As part of the responsibility, management evaluates whether a market is distressed or inactive in determining the fair value for our portfolio. Management reviews certain market level inputs to evaluate whether sufficient activity, volume, and new issuances exist to create an active market. Based on this evaluation, management concluded that there was sufficient activity related to the sectors and securities for which we obtained valuations.

As of the reporting date, the Company did not measure and report any securities at fair value on the balance sheet. All bonds were carried at amortized cost.

2. Roll forward of Level 3 Items

Not applicable

3. Policy on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3.

4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values

See Note 20.A.1 above.

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 table below represents the fair value of all financial instruments at the reporting date, however, not all financial instruments are reported at fair value in the Company's financial statements.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	$ 135,265,883	$ 136,214,860	$ 10,399,504	$ 124,866,379	$	$
Cash equivalents	$ 10,480,386	$ 10,480,386	$ 10,480,386	$	$	$
Common stock	$	$	$	$	$	$
Preferred stock	$	$	$	$	$	$
Short-term investments	$ 1,000,000	$ 1,000,000	$	$ 1,000,000	$	$

D. Not Practicable to Estimate Fair Value

Not applicable

Note 21 – Other Items

No significant changes

Note 22 – Events Subsequent

A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)? Yes [ ] No [X]

The Company was not impacted by any subsequent events. Subsequent events have been considered through August 6, 2018 for the statutory statement that was available for issuance by August 15, 2018.

Note 23 – Reinsurance

No significant changes

NOTES TO FINANCIAL STATEMENTS

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

F. Risk Sharing Provisions of the Affordable Care Act

1. Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? Yes [ ] No [X]

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

Incurred losses and LAE attributable to insured events of prior accident years increased by $1,634,486 in 2018, which is 3.3% of the total prior year net unpaid losses and LAE of $50,295,851. The unfavorable development is primarily due to private passenger auto liability originally anticipated severity for accident year 2017 increasing by 2.3%. LAE reserves developed unfavorably in total. Defense and cost containment reserves developed favorably, while adjusting and other reserves developed unfavorably due to higher than anticipated claims costs.

B. Information about Significant Changes in Methodologies and Assumptions

Not applicable

Note 26 – Intercompany Pooling Arrangements

No significant changes

Note 27 – Structured Settlements

No significant changes

Note 28 – Health Care Receivables

No significant changes

Note 29 – Participating policies

No significant changes

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – High Deductibles

No significant changes

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

No significant changes

Note 33 – Asbestos/Environmental Reserves

No significant changes

Note 34 – Subscriber Savings Accounts

No significant changes

Note 35 – Multiple Peril Crop Insurance

No significant changes

Note 36 – Financial Guaranty Insurance

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

Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? 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 [X] No [ ]

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

1. THE PROGRESSIVE CORPORATION ACQUIRED ADDITIONAL SHARES OF ARX HOLDING CORP.'S COMMON STOCK ("ARX"), BRINGING PROGRESSIVE'S TOTAL OWNERSHIP PERCENTAGE OF ARX'S COMMON SHARES TO APPROXIMATELY 86.67% EFFECTIVE 4/2/2018 2. ARX EXECUTIVE HOLDINGS, LLLP'S TOTAL OWNERSHIP PERCENTAGE OF ARX'S COMMON SHARES DECREASED TO 12.17% EFFECTIVE 4/2/2018 3. OWNERSHIP OF PROGRESSIVE FREEDOM INSURANCE COMPANY WAS TRANSFERRED FROM PROGRESSIVE DIRECT HOLDINGS, INC. TO DRIVE INSURANCE HOLDINGS, INC. EFFECTIVE 6/1/2018.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No [ ]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000080661

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation. Yes [X] No [ ] N/A [ ]

THE CASH MANAGEMENT AND INTEREST AGREEMENTS WERE AMENDED TO ADD AFFILIATED COMPANIES: AMERICAN STRATEGIC INSURANCE CORP., ARK ROYAL UNDERWRITERS, LLC, ARX HOLDING CORP., ASI ASSURANCE CORP., ASI HOME INSURANCE CORP., ASI LLOYDS, ASI LLOYDS, INC., ASI PREFERRED INSURANCE CORP., ASI SELECT INSURANCE CORP., ASI SERVICES, INC., ASI UNDERWRITERS CORP., ASI UNDERWRITERS OF TEXAS, INC., E-INS, LLC, PROGRESSIVE PROPERTY INSURANCE COMPANY, PROPERTYPLUS INSURANCE AGENCY, INC., SUNSHINE SECURITY INSURANCE AGENCY, INC., EFFECTIVE RETROACTIVELY JANUARY 18, 2018. THE AMENDMENT WAS APPROVED BY THE APPROPRIATE STATES OF DOMICILE.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2017

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. 12/31/2012

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 08/06/2013

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 [X] No [ ] N/A [ ]

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

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

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

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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: $ 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.

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
CITIBANK, N.A.	338 GREENWICH STREET NEW YORK, NY 10013

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)
NONE		

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
NONE			

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
PROGRESSIVE CAPITAL MANAGEMENT CORP.	A

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

N/A	PROGRESSIVE CAPITAL MANAGEMENT CORP		N/A	DS

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:

19. By self-designating 5*GI securities, the reporting entity is certifying the following elements for each self-designated 5*GI security:
    a. Documentation necessary to permit a full credit analysis of the security does not exist.
    b. Issuer or obligor is current on all contracted interest and principal payments.
    c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

    Has the reporting entity self-designated 5*GI securities? Yes [ ] No [X]

GENERAL INTERROGATORIES (continued)

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

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

   If yes, attach an explanation.

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

   If yes, attach an explanation.

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

3.2 If yes, give full and complete information thereto:

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

4.2 If yes, complete the following schedule:

1	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

7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No [ ]

7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [ ] No [ ]

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Premiums Written 2 Current Year to Date	Direct Premiums Written 3 Prior Year to Date	Direct Losses Paid (Deducting Salvage) 4 Current Year to Date	Direct Losses Paid (Deducting Salvage) 5 Prior Year to Date	Direct Losses Unpaid 6 Current Year to Date	Direct Losses Unpaid 7 Prior Year to Date
1. Alabama AL	N						
2. Alaska AK	N						
3. Arizona AZ	N						
4. Arkansas AR	N						
5. California CA	N						
6. Colorado CO	N						
7. Connecticut CT	N						
8. Delaware DE	N						
9. District of Columbia DC	N						
10. Florida FL	N						
11. Georgia GA	N						
12. Hawaii HI	N						
13. Idaho ID	N						
14. Illinois IL	N						
15. Indiana IN	N						
16. Iowa IA	N						
17. Kansas KS	N						
18. Kentucky KY	N						
19. Louisiana LA	N						
20. Maine ME	N						
21. Maryland MD	N						
22. Massachusetts MA	N						
23. Michigan MI	N						
24. Minnesota MN	N						
25. Mississippi MS	L	38,232,368	29,555,378	19,652,650	16,425,223	15,558,513	14,386,667
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						
37. Oklahoma OK	N						
38. Oregon OR	N						
39. Pennsylvania PA	L	250,794	345,643	153,335	329,495	225,430	253,765
40. Rhode Island RI	N						
41. South Carolina SC	N						
42. South Dakota SD	N						
43. Tennessee TN	L	77,668,373	74,155,479	39,539,764	41,527,528	27,297,838	26,357,618
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	XXX	116,151,535	104,056,500	59,345,749	58,282,246	43,081,781	40,998,049

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

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 4

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI) 0

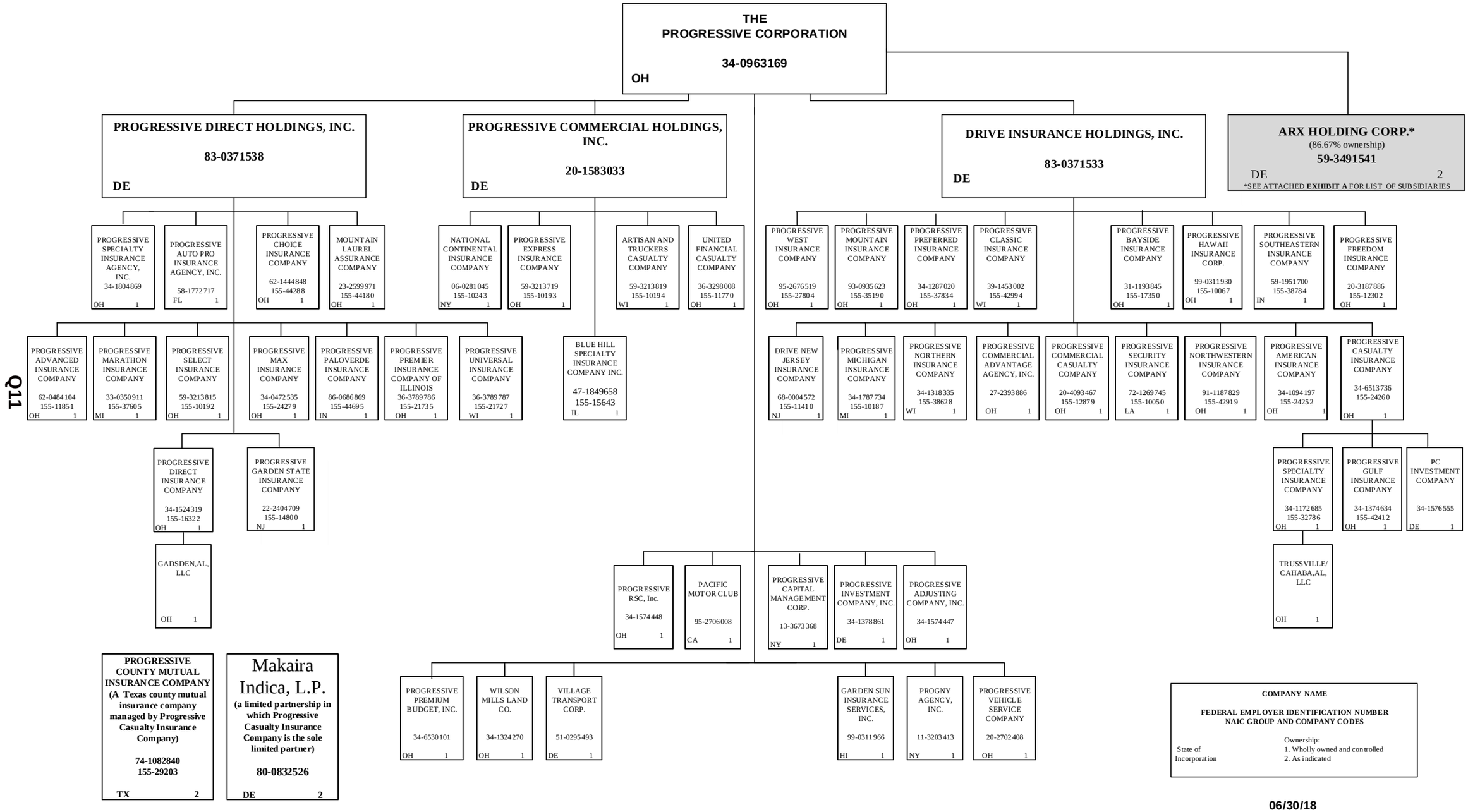
D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile 0

R - Registered - Non-domiciled RRGs 0

Q - Qualified - Qualified or accredited reinsurer 0

N - None of the above - Not allowed to write business in the state 53

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



06/30/18

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

Q11.1

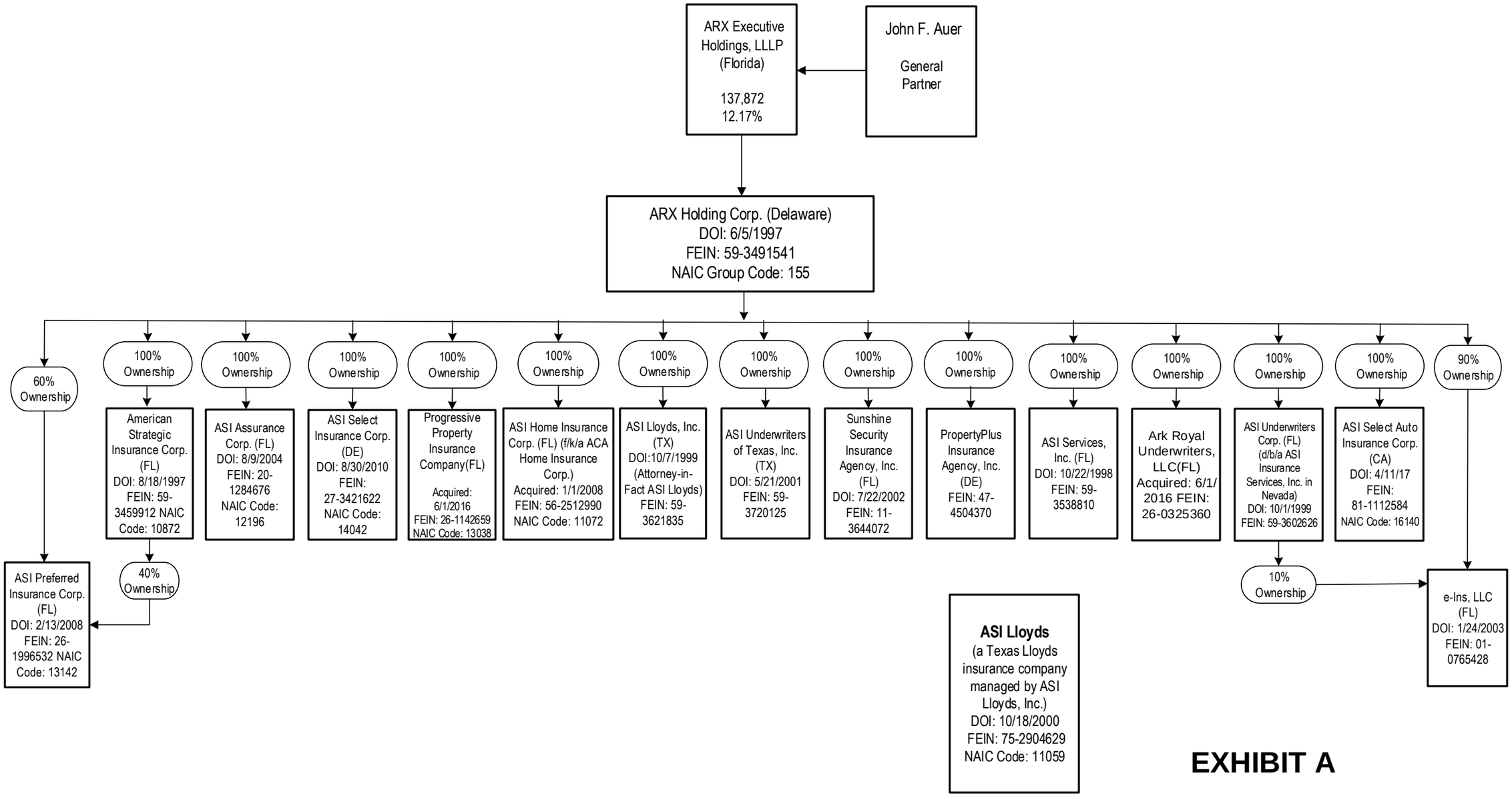


EXHIBIT A

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															
.....	.....	00000...	34-0963169..	.....	80661	NYSE.....	The Progressive Corporation.....	OH.....	UIP.....	Board, Management.....	Board.....	.....	The Progressive Corporation.....	....N.....	1, 3.....
.....	.....	00000...	83-0371533..	.....	.....	.....	Drive Insurance Holdings, Inc.....	DE.....	NIA.....	The Progressive Corporation.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	11410...	68-0004572..	.....	.....	.....	Drive New Jersey Insurance Company.....	NJ.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	12879...	20-4093467..	.....	.....	.....	Progressive Commercial Casualty Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	24252...	34-1094197..	.....	.....	.....	Progressive American Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	17350...	31-1193845..	.....	.....	.....	Progressive Bayside Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	24260...	34-6513736..	.....	.....	.....	Progressive Casualty Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
.....	.....	00000...	34-1576555..	.....	.....	.....	PC Investment Company.....	DE.....	NIA.....	Progressive Casualty Insurance Company.....	Ownership.....	....100.000	The Progressive Corporation.....	....Y.....	1, 3.....
0155	Progressive Insurance Group.	29203...	74-1082840..	.....	.....	.....	Progressive County Mutual Insurance Company.....	TX.....	IA.....	Progressive Casualty Insurance Company.....	Management.....	.....	The Progressive Corporation.....	....N.....	2, 3.....
0155	Progressive Insurance Group.	42412...	34-1374634..	.....	.....	.....	Progressive Gulf Insurance Company.....	OH.....	IA.....	Progressive Casualty Insurance Company.....	Ownership.....	....100.000	The Progressive Corporation.....	....Y.....	1, 3.....
0155	Progressive Insurance Group.	32786...	34-1172685..	.....	.....	.....	Progressive Specialty Insurance Company.....	OH.....	IA.....	Progressive Casualty Insurance Company.....	Ownership.....	....100.000	The Progressive Corporation.....	....Y.....	1, 3.....
.....	.....	00000...	.....	.....	.....	.....	Trussville/Cahaba, AL , LLC.....	OH.....	NIA.....	Progressive Specialty Insurance Company.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	42994...	39-1453002..	.....	.....	.....	Progressive Classic Insurance Company.....	WI.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	10067...	99-0311930..	.....	.....	.....	Progressive Hawaii Insurance Corp.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	10187...	34-1787734..	.....	.....	.....	Progressive Michigan Insurance Company.....	MI.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	35190...	93-0935623..	.....	.....	.....	Progressive Mountain Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	38628...	34-1318335..	.....	.....	.....	Progressive Northern Insurance Company.....	WI.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	42919...	91-1187829..	.....	.....	.....	Progressive Northwestern Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	37834...	34-1287020..	.....	.....	.....	Progressive Preferred Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	10050...	72-1269745..	.....	.....	.....	Progressive Security Insurance Company.....	LA.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	38784...	59-1951700..	.....	.....	.....	Progressive Southeastern Insurance Company.....	IN.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	27804...	95-2676519..	.....	.....	.....	Progressive West Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	12302...	20-3187886..	.....	.....	.....	Progressive Freedom Insurance Company.....	OH.....	IA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
.....	.....	00000...	27-2393886..	.....	.....	.....	Progressive Commercial Advantage Agency, Inc.....	OH.....	NIA.....	Drive Insurance Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
.....	.....	00000...	20-1583033..	.....	.....	.....	Progressive Commercial Holdings, Inc.....	DE.....	NIA.....	The Progressive Corporation.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	10194...	59-3213819..	.....	.....	.....	Artisan and Truckers Casualty Company.....	WI.....	IA.....	Progressive Commercial Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	10243...	06-0281045..	.....	.....	.....	National Continental Insurance Company.....	NY.....	IA.....	Progressive Commercial Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	10193...	59-3213719..	.....	.....	.....	Progressive Express Insurance Company.....	OH.....	IA.....	Progressive Commercial Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	11770...	36-3298008..	.....	.....	.....	United Financial Casualty Company.....	OH.....	IA.....	Progressive Commercial Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	15643...	47-1849658..	.....	.....	.....	Blue Hill Specialty Insurance Company, Inc.....	IL.....	IA.....	Progressive Commercial Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
.....	.....	00000...	83-0371538..	.....	.....	.....	Progressive Direct Holdings, Inc.....	DE.....	UDP.....	The Progressive Corporation.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	44180...	23-2599971..	.....	.....	.....	Mountain Laurel Assurance Company.....	OH.....	RE.....	Progressive Direct Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	11851...	62-0484104..	.....	.....	.....	Progressive Advanced Insurance Company.....	OH.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
.....	.....	00000...	58-1772717..	.....	.....	.....	Progressive Auto Pro Insurance Agency, Inc.....	FL.....	NIA.....	Progressive Direct Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	44288...	62-1444848..	.....	.....	.....	Progressive Choice Insurance Company.....	OH.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....
0155	Progressive Insurance Group.	16322...	34-1524319..	.....	.....	.....	Progressive Direct Insurance Company.....	OH.....	IA.....	Progressive Direct Holdings, Inc.....	Ownership.....	....100.000	The Progressive Corporation.....	....N.....	1, 3.....

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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 *
.....	.....	00000...	.....	.....	.....	.....	Gadsden, AL, LLC	OH	NIA	Progressive Direct Insurance Company	Ownership	....100.000	The Progressive Corporation	....N	1, 3
0155	Progressive Insurance Group.	14800...	22-2404709..	.....	.....	.....	Progressive Garden State Insurance Company	NJ	IA	Progressive Direct Holdings, Inc.	Ownership	....100.000	The Progressive Corporation	....N	1, 3
0155	Progressive Insurance Group.	37605...	33-0350911..	.....	.....	.....	Progressive Marathon Insurance Company	MI	IA	Progressive Direct Holdings, Inc.	Ownership	....100.000	The Progressive Corporation	....N	1, 3
0155	Progressive Insurance Group.	24279...	34-0472535..	.....	.....	.....	Progressive Max Insurance Company	OH	IA	Progressive Direct Holdings, Inc.	Ownership	....100.000	The Progressive Corporation	....N	1, 3
0155	Progressive Insurance Group.	44695...	86-0686869..	.....	.....	.....	Progressive Paloverde Insurance Company	IN	IA	Progressive Direct Holdings, Inc.	Ownership	....100.000	The Progressive Corporation	....N	1, 3
0155	Progressive Insurance Group.	21735...	36-3789786..	.....	.....	.....	Progressive Premier Insurance Company of Illinois	OH	IA	Progressive Direct Holdings, Inc.	Ownership	....100.000	The Progressive Corporation	....N	1, 3
0155	Progressive Insurance Group.	10192...	59-3213815..	.....	.....	.....	Progressive Select Insurance Company	OH	IA	Progressive Direct Holdings, Inc.	Ownership	....100.000	The Progressive Corporation	....N	1, 3
.....	.....	00000...	34-1804869..	.....	.....	.....	Progressive Specialty Insurance Agency, Inc.	OH	NIA	Progressive Direct Holdings, Inc.	Ownership	....100.000	The Progressive Corporation	....N	1, 3
0155	Progressive Insurance Group.	21727...	36-3789787..	.....	.....	.....	Progressive Universal Insurance Company	WI	IA	Progressive Direct Holdings, Inc.	Ownership	....100.000	The Progressive Corporation	....N	1, 3
.....	.....	00000...	99-0311966..	.....	.....	.....	Garden Sun Insurance Services, LLC	HI	NIA	The Progressive Corporation	Ownership	....100.000	The Progressive Corporation	....N	1, 3
.....	.....	00000...	95-2706008..	.....	.....	.....	Pacific Motor Club	CA	NIA	The Progressive Corporation	Ownership	....100.000	The Progressive Corporation	....N	1, 3
.....	.....	00000...	11-3203413..	.....	.....	.....	PROGNY Agency, Inc.	NY	NIA	The Progressive Corporation	Ownership	....100.000	The Progressive Corporation	....N	1, 3
.....	.....	00000...	34-1574447..	.....	.....	.....	Progressive Adjusting Company, Inc.	OH	NIA	The Progressive Corporation	Ownership	....100.000	The Progressive Corporation	....N	1, 3
.....	.....	00000...	13-3673368..	.....	.....	.....	Progressive Capital Management Corp	NY	NIA	The Progressive Corporation	Ownership	....100.000	The Progressive Corporation	....N	1, 3
.....	.....	00000...	34-1378861..	.....	.....	.....	Progressive Investment Company, Inc.	DE	NIA	The Progressive Corporation	Ownership	....100.000	The Progressive Corporation	....N	1, 3
.....	.....	00000...	34-6530101..	.....	.....	.....	Progressive Premium Budget, Inc.	OH	NIA	The Progressive Corporation	Ownership	....100.000	The Progressive Corporation	....N	1, 3
.....	.....	00000...	34-1574448..	.....	.....	.....	Progressive RSC, Inc.	OH	NIA	The Progressive Corporation	Ownership	....100.000	The Progressive Corporation	....N	1, 3
.....	.....	00000...	20-2702408..	.....	.....	.....	Progressive Vehicle Service Company	OH	NIA	The Progressive Corporation	Ownership	....100.000	The Progressive Corporation	....N	1, 3
.....	.....	00000...	51-0295493..	.....	.....	.....	Village Transport Corp	DE	NIA	The Progressive Corporation	Ownership	....100.000	The Progressive Corporation	....N	1, 3
.....	.....	00000...	34-1324270..	.....	.....	.....	Wilson Mills Land Co.	OH	NIA	The Progressive Corporation	Ownership	....100.000	The Progressive Corporation	....N	1, 3
.....	.....	00000...	80-0832526..	.....	.....	.....	Makaira Indica, LP	CA	NIA	Progressive Casualty Insurance Company	Other	.....	The Progressive Corporation	....N	1, 3, 4
.....	.....	00000...	59-3491541..	.....	.....	.....	ARX Holding Corp.	DE	NIA	The Progressive Corporation	Ownership	.....86.670	The Progressive Corporation	....N	1, 3, 5
0155	Progressive Insurance Group.	11072...	56-2512990..	.....	.....	.....	ASI Home Insurance Corp.	FL	IA	ARX Holding Corp.	Ownership	....100.000	The Progressive Corporation	....N	1, 3, 5
0155	Progressive Insurance Group.	13142...	26-1996532..	.....	.....	.....	ASI Preferred Insurance Corp.	FL	IA	American Strategic Insurance Corp.	Ownership	.....40.000	The Progressive Corporation	....N	1, 3, 5
0155	Progressive Insurance Group.	13142...	26-1996532..	.....	.....	.....	ASI Preferred Insurance Corp.	FL	IA	ARX Holding Corp.	Ownership	.....60.000	The Progressive Corporation	....N	1, 3, 5
0155	Progressive Insurance Group.	10872...	59-3459912..	.....	.....	.....	American Strategic Insurance Corp.	FL	IA	ARX Holding Corp.	Ownership	....100.000	The Progressive Corporation	....N	1, 3, 5
0155	Progressive Insurance Group.	11059...	75-2904629..	.....	.....	.....	ASI Lloyds	TX	IA	ASI Lloyds, Inc.	Management	.....	The Progressive Corporation	....N	1, 3, 5, 6
0155	Progressive Insurance Group.	12196...	20-1284676..	.....	.....	.....	ASI Assurance Corp.	FL	IA	ARX Holding Corp.	Ownership	....100.000	The Progressive Corporation	....N	1, 3, 5
0155	Progressive Insurance Group.	14042...	27-3421622..	.....	.....	.....	ASI Select Insurance Corp.	DE	IA	ARX Holding Corp.	Ownership	....100.000	The Progressive Corporation	....N	1, 3, 5
.....	.....	00000...	59-3538810..	.....	.....	.....	ASI Services Inc.	FL	NIA	ARX Holding Corp.	Ownership	....100.000	The Progressive Corporation	....N	1, 3, 5
.....	.....	00000...	59-3621835..	.....	.....	.....	ASI Lloyds, Inc.	TX	NIA	ARX Holding Corp.	Ownership	....100.000	The Progressive Corporation	....N	1, 3, 5
.....	.....	00000...	59-3720125..	.....	.....	.....	ASI Underwriters of Texas, Inc.	TX	NIA	ARX Holding Corp.	Ownership	....100.000	The Progressive Corporation	....N	1, 3, 5
.....	.....	00000...	11-3644072..	.....	.....	.....	Sunshine Security Insurance Agency, Inc.	FL	NIA	ARX Holding Corp.	Ownership	....100.000	The Progressive Corporation	....N	1, 3, 5
.....	.....	00000...	59-3602626..	.....	.....	.....	ASI Underwriters Corp.	FL	NIA	ARX Holding Corp.	Ownership	....100.000	The Progressive Corporation	....N	1, 3, 5
.....	.....	00000...	01-0765428..	.....	.....	.....	e-Ins, LLC	FL	NIA	ARX Holding Corp.	Ownership	.....90.000	The Progressive Corporation	....N	1, 3, 5
.....	.....	00000...	01-0765428..	.....	.....	.....	e-Ins, LLC	FL	NIA	ASI Underwriters Corp.	Ownership	.....10.000	The Progressive Corporation	....N	1, 3, 5

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 *
0155	Progressive Insurance Group.	13038...	26-1142659..	.....	.....	.....	Progressive Property Insurance Company.....	FL.....	IA.....	ARX Holding Corp.....	Ownership.....	....100.000	The Progressive Corporation.....	.....N.....	1, 3, 5.....
0155	Progressive Insurance Group.	16140...	81-1112584..	.....	.....	.....	ASI Select Auto Insurance Corp.....	CA.....	IA.....	ARX Holding Corp.....	Ownership.....	....100.000	The Progressive Corporation.....	.....N.....	1,3,5.....
.....	.....	00000...	26-0325360..	.....	.....	.....	Ark Royal Underwriters, LLC.....	FL.....	NIA.....	ARX Holding Corp.....	Ownership.....	....100.000	The Progressive Corporation.....	.....N.....	1, 3, 5.....
.....	.....	00000...	47-4504370..	.....	.....	.....	PropertyPlus Insurance Agency, Inc.....	DE.....	NIA.....	ARX Holding Corp.....	Ownership.....	....100.000	The Progressive Corporation.....	.....N.....	1, 3, 5.....

Aster	Explanation
1	Schedule Y Part 1A is a common schedule for all companies of The Progressive Corporation, however column 10 requires specific relationship information relative to the reporting entity.
2	Progressive County Mutual Insurance Company is a Texas county mutual insurance company that is managed, but not owned by Progressive Casualty Insurance Company.
3	None of the companies that are part of The Progressive Corporation are Federally chartered or insured institutions and therefore, do not have Federal RSSD numbers.
4	Makaira Indica, LP is a limited partnership in which Progressive Casualty Insurance Company is the sole limited partner.
5	Effective April 1, 2015, The Progressive Corporation purchased a majority ownership share in the ARX Holding Corp.
6	ASI Lloyds is a Texas Lloyds insurance company that is managed, but not owned by ASI Lloyds, Inc.

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	1,386,119	707,526	51.044	49.332
10. Financial guaranty			0.000	
11.1. Medical professional liability - occurrence			0.000	
11.2. Medical professional liability - claims-made			0.000	
12. Earthquake			0.000	
13. Group accident and health			0.000	
14. Credit accident and health			0.000	
15. Other accident and health			0.000	
16. Workers' compensation			0.000	
17.1 Other liability-occurrence	392,068	172,449	43.985	11.708
17.2 Other liability-claims made			0.000	
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	64,512,276	33,735,533	52.293	61.888
19.3, 19.4 Commercial auto liability	165,317	37,327	22.579	57.596
21. Auto physical damage	40,869,006	25,222,339	61.715	67.130
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	107,324,787	59,875,175	55.789	63.554
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	1,321,100	1,868,324	1,740,702
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	378,219	525,298	497,819
17.2 Other liability-claims made			
17.3 Excess workers' compensation			
18.1 Products liability-occurrence			
18.2 Products liability-claims made			
19.1 19.2 Private passenger auto liability	32,726,863	69,443,675	61,131,533
19.3 19.4 Commercial auto liability	79,999	193,738	221,559
21. Auto physical damage	21,360,474	44,120,500	40,464,888
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	55,866,656	116,151,535	104,056,500
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 2018 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2018 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2018 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. 2015 + Prior	5,773	376	6,149	1,813	(51)	1,761	3,413	291	281	3,986	(546)	145	(401)
2. 2016	8,084	1,064	9,147	3,485	159	3,643	4,932	565	576	6,073	333	236	569
3. Subtotals 2016 + Prior	13,856	1,440	15,296	5,298	107	5,405	8,345	856	857	10,059	(213)	381	168
4. 2017	29,526	5,474	35,000	16,985	1,750	18,735	12,725	2,713	2,294	17,732	184	1,283	1,467
5. Subtotals 2017 + Prior	43,382	6,914	50,296	22,283	1,857	24,140	21,070	3,569	3,151	27,791	(29)	1,664	1,634
6. 2018	XXX	XXX	XXX	XXX	44,756	44,756	XXX	18,561	4,459	23,020	XXX	XXX	XXX
7. Totals	43,382	6,914	50,296	22,283	46,612	68,895	21,070	22,130	7,610	50,810	(29)	1,664	1,634

8. Prior Year-End's Surplus As Regards Policyholders	69,289

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. (0.1)%	2. 24.1 %	3. 3.2 %

Col. 13, Line 7 Line 8
4. 2.4 %

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

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

Bar Code:

Overflow Page for Write-Ins

NONE

SCHEDULE A - VERIFICATION

Real Estate

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

		1 Year to Date	2 Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest points and commitment fees		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)	0	0
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)	0	0

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	0	0

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year to Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	132,123,009	108,484,690
2.	Cost of bonds and stocks acquired	12,510,675	61,937,592
3.	Accrual of discount	16,964	1,210
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		(126,703)
6.	Deduct consideration for bonds and stocks disposed of	7,415,000	36,034,297
7.	Deduct amortization of premium	1,020,788	2,139,483
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	136,214,860	132,123,009
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	136,214,860	132,123,009

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)	138,420,218	22,983,269	13,150,000	(558,241)	138,420,218	147,695,246		135,122,865
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	138,420,218	22,983,269	13,150,000	(558,241)	138,420,218	147,695,246	0	135,122,865
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	138,420,218	22,983,269	13,150,000	(558,241)	138,420,218	147,695,246	0	135,122,865

(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 $.....11,480,386; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	1,000,000	XXX	1,000,000		

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	1,000,000	8,485,674
2. Cost of short-term investments acquired		1,000,000
3. Accrual of discount		14,326
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		8,500,000
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)	1,000,000	1,000,000
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,000,000	1,000,000

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

SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	1,999,856	
2. Cost of cash equivalents acquired	18,271,190	13,886,901
3. Accrual of discount	9,340	12,955
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	9,800,000	11,900,000
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)	10,480,386	1,999,856
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	10,480,386	1,999,856

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. States, Territories and Possessions									
605580 6G 9	MISSISSIPPI ST 3.581% 11/01/19		06/11/2018	Raymond James Morgan Keegan		506,475	500,000	2,089	1FE
605581 JY 4	MISSISSIPPI ST 1.658% 09/01/27		06/21/2018	Goldman Sachs		2,004,200	2,000,000	2,180	1FE
1799999.	Total - Bonds - U.S. States, Territories & Possessions					2,510,675	2,500,000	4,269	XXX
Bonds - U.S. Special Revenue and Special Assessment									
821697 L2 3	SHELBY CNTY TN HLTH EDUCTNL &H 1.570%		06/07/2018	US Bank		10,000,000	10,000,000	1,778	1FE
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments					10,000,000	10,000,000	1,778	XXX
8399997.	Total - Bonds - Part 3					12,510,675	12,500,000	6,047	XXX
8399999.	Total - Bonds					12,510,675	12,500,000	6,047	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					12,510,675	XXX	6,047	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. States, Territories and Possessions																					
880541 NZ 6	TENNESSEE ST 4.000% 05/01/19	..	05/01/2018.	Call 100.0000		3,275,000	3,275,000	3,644,453	3,292,703		(17,703)		(17,703)		3,275,000			0	65,500	05/01/2019.	1FE
1799999.	Total - Bonds - U.S. States, Territories & Possessions					3,275,000	3,275,000	3,644,453	3,292,703	0	(17,703)	0	(17,703)	0	3,275,000	0	0	0	65,500	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																					
60535G AX 0	MISSISSIPPI HOME CORP 4.500% 12/01/31	..	06/01/2018.	Redemption 100.0000		75,000	75,000	80,827	77,069		(2,069)		(2,069)		75,000			0	1,538	12/01/2020.	1FE
60535Q ND 8	MISSISSIPPI HOME CORP 3.500% 12/01/38	..	06/01/2018.	Redemption 100.0000		70,000	70,000	74,332	73,612		(3,612)		(3,612)		70,000			0	1,035	12/01/2025.	1FE
60535Q PH 7	MISSISSIPPI HOME CORP 4.000% 12/01/46	..	06/01/2018.	Redemption 100.0000		70,000	70,000	75,387	74,896		(4,896)		(4,896)		70,000			0	1,151	12/01/2026.	1FE
88045R B7 6	TENNESSEE HSG DEV 3.500% 07/01/45	..	06/01/2018.	Redemption 100.0000		195,000	195,000	207,599	204,481		(9,481)		(9,481)		195,000			0	5,965	07/01/2026.	1FE
88045R WH 1	TENNESSEE HSG DEV 4.500% 07/01/31	..	06/01/2018.	Redemption 100.0000		85,000	85,000	89,340	87,073		(2,073)		(2,073)		85,000			0	3,244	07/01/2022.	1FE
88045R YE 6	TENNESSEE HSG DEV 4.500% 07/01/37	..	06/01/2018.	Redemption 100.0000		35,000	35,000	38,644	36,592		(1,592)		(1,592)		35,000			0	1,331	07/01/2022.	1FE
88045R ZG 0	TENNESSEE HSG DEV 4.000% 07/01/38	..	06/01/2018.	Redemption 100.0000		125,000	125,000	137,490	130,107		(5,107)		(5,107)		125,000			0	4,217	07/01/2022.	1FE
880461 BD 9	TENNESSEE HSG DEV 3.000% 07/01/38	..	06/01/2018.	Redemption 100.0000		290,000	290,000	307,371	298,321		(8,321)		(8,321)		290,000			0	7,713	07/01/2023.	1FE
880461 CE 6	TENNESSEE HSG DEV 4.000% 07/01/43	..	06/01/2018.	Redemption 100.0000		270,000	270,000	289,586	280,011		(10,011)		(10,011)		270,000			0	9,433	07/01/2024.	1FE
880461 EU 8	TENNESSEE HSG DEV 4.000% 07/01/45	..	06/01/2018.	Redemption 100.0000		290,000	290,000	312,115	303,638		(13,638)		(13,638)		290,000			0	9,783	07/01/2025.	1FE
880461 GG 7	TENNESSEE HSG DEV 4.000% 01/01/46	..	06/01/2018.	Redemption 100.0000		130,000	130,000	139,277	136,233		(6,233)		(6,233)		130,000			0	4,600	01/01/2026.	1FE
880461 HR 2	TENNESSEE HSG DEV 3.500% 01/01/47	..	06/01/2018.	Redemption 100.0000		195,000	195,000	208,420	205,075		(10,075)		(10,075)		195,000			0	5,848	01/01/2027.	1FE
880461 KB 3	TENNESSEE HSG DEV 3.500% 01/01/47	..	06/01/2018.	Redemption 100.0000		70,000	70,000	75,097	74,141		(4,141)		(4,141)		70,000			0	2,129	01/01/2027.	1FE
880461 NL 8	TENNESSEE HSG DEV 4.000% 07/01/42	..	06/01/2018.	Redemption 100.0000		90,000	90,000	96,954	96,102		(6,102)		(6,102)		90,000			0	3,067	01/01/2027.	1FE
880461 NP 9	TENNESSEE HSG DEV 4.000% 01/01/42	..	05/01/2018.	Redemption 100.0000		85,000	85,000	92,149	91,442		(6,442)		(6,442)		85,000			0	2,871	01/01/2028.	1FE
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments					2,075,000	2,075,000	2,224,588	2,168,793	0	(93,793)	0	(93,793)	0	2,075,000	0	0	0	63,925	XXX	XXX
8399997.	Total - Bonds - Part 4					5,350,000	5,350,000	5,869,041	5,461,496	0	(111,496)	0	(111,496)	0	5,350,000	0	0	0	129,425	XXX	XXX
8399999.	Total - Bonds					5,350,000	5,350,000	5,869,041	5,461,496	0	(111,496)	0	(111,496)	0	5,350,000	0	0	0	129,425	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks					5,350,000	XXX	5,869,041	5,461,496	0	(111,496)	0	(111,496)	0	5,350,000	0	0	0	129,425	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								
CITIBANK NEW YORK, NY								XXX
0199999. Total Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	0	0	0	XXX
0599999. Total Cash	XXX	XXX	0	0	0	0	0	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
U.S. Government Bonds - Issuer Obligations								
	TREASURY BILL		06/29/2018	1.600	07/05/2018	5,499,022		489
0199999. U.S. Government Bonds - Issuer Obligations						5,499,022	0	489
0599999. Total - U.S. Government Bonds						5,499,022	0	489
Bonds - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations								
	ONTARIO (PROVINCE OF)		06/05/2018	2.030	09/05/2018	4,981,364		7,303
3299999. Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations						4,981,364	0	7,303
3899999. Total - Industrial & Miscellaneous (Unaffiliated)						4,981,364	0	7,303
Total Bonds								
7799999. Subtotals - Issuer Obligations						10,480,386	0	7,792
8399999. Subtotals - Bonds						10,480,386	0	7,792
8899999. Total - Cash Equivalents						10,480,386	0	7,792