

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## **ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

## Amica Property and Casualty Insurance Company NAIC Group Code 0028 0028 NAIC Company Code 12287 Employer's ID Number 26-0115568

	(Current)	(Prior)		
Organized under the Laws of	Rhoo	de Island	, State of Domicile or Port of E States of America	ntry RI
Country of Domicile		United	States of America	
Incorporated/Organized	05/11/2005	5	Commenced Business	01/01/2006
Statutory Home Office	100 Amica	a Way	,	Lincoln , RI, US 02865-1156
· <u></u>	(Street and I	Number)	(City o	or Town, State, Country and Zip Code)
Main Administrative Office		10	00 Amica Way	
·		(Str	eet and Number)	
/O:h	Lincoln , RI, US 02865-1156		,	800-652-6422
(City of	Town, State, Country and Zip	(Code)	(/	Area Code) (Telephone Number)
Mail Address	P.O. Box 6008			Providence , RI, US 02940-6008
	(Street and Number or	P.O. Box)	(City o	r Town, State, Country and Zip Code)
Primary Location of Books an	d Records	1	00 Amica Way	
		(Str	eet and Number)	
(City or	Lincoln , RI, US 02865-1156 Town, State, Country and Zip	Code)	· · · · · · · · · · · · · · · · · · ·	800-652-6422 Area Code) (Telephone Number)
(Oity of	rown, otato, odanti y ana zip	, code)	(/	wed Gode) (Telephone Number)
Internet Website Address		W	ww.amica.com	
Statutory Statement Contact	David	Joseph Macedo	,	800-652-6422-24014
•		(Name)		(Area Code) (Telephone Number)
	dmacedo@amica.com			401-334-2270
	(E-mail Address)			(FAX Number)
			OFFICERS	
			Senior Vice President,	
Chairman, President and Chief Executive Officer	Robert Antho	ony DiMuccio	Chief Financial Officer and Treasurer	James Parker Loring
Senior Assistant Vice	11000117111111	my Dimuodio		oamoo r amor zamig
President and Secretary	Suzanne E	llen Casey		
			OTHER	
		Robert Karl Bensor	n, Senior Vice President and Chief	
Jill Holton Andy, S	enior Vice President		vestment Officer	James Arthur Bussiere, Senior Vice President
Lisa Maria DeCubellis,	#, Senior Vice President		au, Senior Vice President & Chief formation Officer	Theodore Charles Murphy, #, Chief Operations Officer
	Vice President and General	0	Add to the Control of the Control	
	unsel	Sean Francis W	/elch, #, Senior Vice President	
			ORS OR TRUSTEES	
	Paul Aiken Ish Chadwick		Jill Janice Avery ard Francis DeGraan	Debra Ann Canales  Robert Anthony DiMuccio
-	orge Hittner		chael David Jeans	Ronald Keith Machtley
Richard A	Alan Plotkin	Dor	nald Julian Reaves	Cheryl Watkins Snead
State of	Rhode Island	SS:		
County of	Providence			
The officers of this reporting e	entity being duly sworn, each d	lepose and say that the	y are the described officers of said rep	porting entity, and that on the reporting period stated above
				s or claims thereon, except as herein stated, and that the
				and true statement of all the assets and liabilities and of th s therefrom for the period ended, and have been complete
in accordance with the NAIC	Annual Statement Instructions	s and Accounting Pract	ices and Procedures manual except	to the extent that: (1) state law may differ; or, (2) that state
				g to the best of their information, knowledge and belie ng electronic filing with the NAIC, when required, that is a
exact copy (except for formatt				y be requested by various regulators in lieu of or in addition
to the enclosed statement.				
Dobort Anthony	DiMussis	Su <del>-</del>	anno Ellan Cassy	James Parker Lering
Robert Anthony I Chairman, President and Ch			anne Ellen Casey Vice President and Secretary	James Parker Loring Senior Vice President, Chief Financial Officer and
, , , , , , , , , , , , , , , , , , , ,			,	Treasurer
			a. Is this an original filin	ng?Yes [ X ] No [ ]
Subscribed and sworn to befo	re me this		b. If no,	
8th day of	Febr	uary, 2017	1. State the amendm	
			2. Date filed	
			3. Number of pages	attached

Ann Marie Octeau Notary Public June 8, 2018

	ASS	SETS			
		1	Current Year 2	3	Prior Year 4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
	Bonds (Schedule D)	64,000,397		64,000,397	20,397,660
2.	Stocks (Schedule D):				
	2.1 Preferred stocks				
3.	2.2 Common stocks  Mortgage loans on real estate (Schedule B):				
Э.	3.1 First liens				
	3.2 Other than first liens.				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$				
	encumbrances)				
	4.2 Properties held for the production of income (less				
	\$ encumbrances)				
	4.3 Properties held for sale (less \$				
	encumbrances)				
5.	Cash (\$400,935 , Schedule E - Part 1), cash equivalents				
	(\$3,995,476 , Schedule E - Part 2) and short-term				
	investments (\$2,412,929 , Schedule DA)	6,809,340		6,809,340	50,191,696
6.	Contract loans (including \$ premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivable for securities				
10.	Securities lending reinvested collateral assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	70,809,737		70,809,737	70,589,356
13.	Title plants less \$ charged off (for Title insurers				
	only)				
14.	Investment income due and accrued	476,849		476,849	211,082
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	1,247,040	62,708	1, 184, 332	1,241,729
	15.2 Deferred premiums and agents' balances and installments booked but				
	deferred and not yet due (including \$	C 44E 7E0	0.714	6 440 000	C E40 411
	earned but unbilled premiums)		3,714	6,442,038	0,343,411
	15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16.	Reinsurance:				
10.	16.1 Amounts recoverable from reinsurers	2 178 255		2 178 255	2 404 441
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
	Current federal and foreign income tax recoverable and interest thereon				
	Net deferred tax asset				447,201
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets				
	(\$				
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$ ) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets	572,579	40,496	532,083	563,264
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	82 061 889	106 918	81 954 971	82 000 484
27	From Separate Accounts, Segregated Accounts and Protected Cell	02,001,000	100,010		02,000,404
	Accounts				
28.	Total (Lines 26 and 27)	82,061,889	106,918	81,954,971	82,000,484
	DETAILS OF WRITE-INS				
101.					
102.					
103.				-	
198.	Summary of remaining write-ins for Line 11 from overflow page				
199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)				
2501.	Receivable for other surcharges				563,264
2502.	Prepaid expenses	40,496			
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page				
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	572,579	40,496	532,083	563,264

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Year	2 Prior Year
1.	Losses (Part 2A, Line 35, Column 8)		
2.	Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3.	Loss adjustment expenses (Part 2A, Line 35, Column 9)		
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)	855,087	975, 106
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$ on realized capital gains (losses))	37,812	39,725
7.2	Net deferred tax liability		
8.	Borrowed money \$ and interest thereon \$		
9.	Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of		
	\$10,059,849 and including warranty reserves of \$ and accrued accident and		
	health experience rating refunds including \$ for medical loss ratio rebate per the Public Health		
	Service Act)		
10.	Advance premium	26,585	17,461
11.	Dividends declared and unpaid:		
	11.1 Stockholders	,	
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)	1,093,592	1,941,478
13.	Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$ certified) (Schedule F, Part 8)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding		
19.	Payable to parent, subsidiaries and affiliates		
20.	Derivatives		
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$ and interest thereon \$	<b>,</b>	
25.	Aggregate write-ins for liabilities	2 070 207	3,865,877
26.		2,010,301	3,000,677
27.	Protected cell liabilities	2 070 207	2 065 077
28.	Total liabilities (Lines 26 and 27)		
29. 30.	Aggregate write-ins for special surplus funds		
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds		
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)		
36.	Less treasury stock, at cost:		
	36.1shares common (value included in Line 30 \$		
	36.2 shares preferred (value included in Line 31 \$ )		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)		78,134,607
38.	TOTALS (Page 2, Line 28, Col. 3)	81,954,971	82,000,484
	DETAILS OF WRITE-INS		
2501.			
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page	,	
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)		
2901.			
2902.			
2903.			
2998.	Summary of remaining write-ins for Line 29 from overflow page	<del>,</del>	
2999.	Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)		
3201.			
3202.			
3203.			
3298.	Summary of remaining write-ins for Line 32 from overflow page	<b>,</b>	
3299.	Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above)		

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY **STATEMENT OF INCOME**

	OTATEMENT OF INCOME	1	2
	UNDERWRITING INCOME	Current Year	Prior Year
1.	Premiums earned (Part 1, Line 35, Column 4)		(2,891)
	DEDUCTIONS:		
2.	Losses incurred (Part 2, Line 35, Column 7)		
3.	Loss adjustment expenses incurred (Part 3, Line 25, Column 1)		
4.	Other underwriting expenses incurred (Part 3, Line 25, Column 2)		
5. 6.	Aggregate write-ins for underwriting deductions	(265.264)	399,892
7.	Net income of protected cells	, , ,	500,002
8.	Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7)	265,264	(402,783)
	INVESTMENT INCOME		
9.	Net investment income earned (Exhibit of Net Investment Income, Line 17)	1,292,119	1,807,346
10.	Net realized capital gains or (losses) less capital gains tax of \$10, 184 (Exhibit of Capital	10.010	4 000 040
11	Gains (Losses) )	· ·	1,202,249
11.	OTHER INCOME	1,311,031	
12.	Net gain (loss) from agents' or premium balances charged off (amount recovered		
	\$39,792 amount charged off \$521,327 )	(481,535)	(367,294)
13.	Finance and service charges not included in premiums	95,196	97,633
14.	Aggregate write-ins for miscellaneous income		
15.	Total other income (Lines 12 through 14)	(386,339)	(269,661)
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,189,956	2,337,151
17.	Dividends to policyholders		(457)
18.	Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes	1 100 050	0 007 000
19.	(Line 16 minus Line 17)	382,283	2,337,608
20.	Net income (Line 18 minus Line 19)(to Line 22)	807,673	1,696,378
	CAPITAL AND SURPLUS ACCOUNT	557,575	1,000,010
21.	Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	78 , 134 , 607	98,755,510
22.	Net income (from Line 20)	807,673	1,696,378
23.	Net transfers (to) from Protected Cell accounts		
24.	Change in net unrealized capital gains or (losses) less capital gains tax of \$		
25.	Change in net deferred income toy		
26. 27.	Change in net deferred income tax		
28.	Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
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		
	32.3 Transferred to surplus (Stock Bividend)		
33.	Surplus adjustments:		
	33.1 Paid in		2,000,000
	33.2 Transferred to capital (Stock Dividend)		
	33.3 Transferred from capital		
34. 35.	Net remittances from or (to) Home Office		
36.	Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		(23,000,000)
37.	Aggregate write-ins for gains and losses in surplus		(2,000,000)
38.	Change in surplus as regards policyholders for the year (Lines 22 through 37)	941,977	(20,620,903)
39.	Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	79,076,584	78,134,607
	DETAILS OF WRITE-INS		
0501.			
0502.			
0503. 0598.	Summary of remaining write-ins for Line 5 from overflow page		
0599.	Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above)		
1401.			
1402.			
1403.			
1498.	Summary of remaining write-ins for Line 14 from overflow page		
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)		(2,000,000)
3701. 3702.	Change in Guaranty Fund		(2,000,000)
3703.			
3798.	Summary of remaining write-ins for Line 37 from overflow page		
3799.	Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above)		(2,000,000)

	CASH FLOW	1 1	2
		Current Year	Prior Year
	Cash from Operations	Current real	THOI Teal
1.	Premiums collected net of reinsurance	(637,575)	568 829
2.	Net investment income	, , ,	2,419,743
3.	Miscellaneous income		(254, 160)
4.	Total (Lines 1 through 3)		2,734,412
5.	Benefit and loss related payments		
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions		697,712
8.	Dividends paid to policyholders		(457)
9.	Federal and foreign income taxes paid (recovered) net of \$		1,206,142
10.	Total (Lines 5 through 9)		1,109,923
11.	Net cash from operations (Line 4 minus Line 10)	,	1,624,489
11.	Net cash from operations (Line 4 minus Line 10)	104,449	1,024,409
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
12.	12.1 Bonds	6 651 350	AA 870 157
	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		44,879,157
40	12.8 Total investment proceeds (Lines 12.1 to 12.7)	0,031,339	44,679,137
13.	Cost of investments acquired (long-term only):	50,378,499	2.611.464
	13.1 Bonds	, ,	, , ,
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		0.011.404
	13.7 Total investments acquired (Lines 13.1 to 13.6)		2,611,464
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(43,727,140)	42,267,693
4.0	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		23,000,000
	16.6 Other cash provided (applied)		(1,585,138)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	180,335	(24,585,138)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(43,382,356)	19,307,044
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year		30,884,652
	19.2 End of period (Line 18 plus Line 19.1)	6,809,340	50,191,696

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

14ote: Oupplemental disclosures of easif flow information for flori easif transactions.		
20.0001. Due to the release of the Guaranty Fund surplus restriction, special surplus funds balance reclassified to gross		
paid in and contributed surplus in 2015.	2,000,000	
	1	

## Underwriting and Investment Exhibit - Part 1 - Premiums Earned ${f N} \ {f O} \ {f N} \ {f E}$

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums **NONE** 

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 1B - PREMIUMS WRITTEN

		1	Reinsurand	ce Assumed	Reinsurar	nce Ceded	6		
		'	2	3	4	Net Premiums			
	Line of Business	Direct Business (a)	From Affiliates	From Non-Affiliates	To Affiliates	To Non-Affiliates	Written Cols. 1+2+3-4-5		
		· · ·	From Amiliates	From Non-Amiliates	10 Amiliates	10 Non-Affiliates	Cois. 1+2+3-4-5		
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 (group and individual)								
15.	Other accident and health								
16.	Workers' compensation								
17.1	Other liability - occurrence								
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	13,685,084			13,481,426	203,658			
19.3, 19.4	Commercial auto liability								
21.	Auto physical damage	6,067,598			6,067,598				
22.	Aircraft (all perils)								
23.	Fidelity								
24.	Surety								
26.	Burglary and theft								
27.	Boiler and machinery								
28.	Credit								
29.									
30.	International Warranty						•		
31.	Reinsurance - nonproportional						•		
32.	assumed property								
33.	assumed liability	XXX							
34.	assumed financial lines	XXX							
	business	10.750.000			40 540 004	000 050			
35.	TOTALS	19,752,682			19,549,024	203,658			
6.40	DETAILS OF WRITE-INS								
3401.						<b></b>			
3402.									
3403.									
3498.	Summary of remaining write-ins for Line 34 from overflow page								
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)								

(a) Does the company's direct premiums written include premiums recorded on an installment basis?	Yes [ ] No [ X ]	
If yes: 1. The amount of such installment premiums \$		
2. Amount at which such installment premiums would have been reported had they been re-	ported on an annualized basis \$	

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#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2 - LOSSES PAID AND INCURRED

		PART 2 - L	OSSES PAID AND	Less Salvage		5	6	7	8
		1	2	Less Salvage	4	٥ -	0	1	Percentage of
	Line of Business		Reinsurance	Reinsurance	Net Payments	Net Losses Unpaid Current Year (Part 2A , Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year	Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
		Direct Business	Assumed	Recovered	(Cols. 1 + 2 -3)	(Part 2A , Col. 6)	Phor fear	(Cols. 4 + 5 - 6)	(Col. 4, Part 1)
1. 2.	Fire	25,773		25,773					
		25,773		23,773					
3. 4	Farmowners multiple peril	1,159,512		1,159,512					
4. 5	Commercial multiple peril	1, 109,312		1, 139,312					
5. 6.	Mortgage guaranty								
o. 8	Ocean marine								
o. 9	Inland marine	(35, 158)		(35, 158)					
10.	Financial guaranty	(00, 100)		(00, 100)					
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 (group and individual)								
15.	Other accident and health								
16.	Workers' compensation								
17.1	Other liability - occurrence								
17.1	Other liability - decurrence								
17.3	Excess workers' compensation								
18.1	Products liability - occurrence								
18.2	Products liability - claims-made								
19.1, 19.2		17,131,776		17, 131,776					
	Commercial auto liability	,,							
21.	Auto physical damage	4.538.912		4,538,912					
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							
32.	Reinsurance - nonproportional assumed liability	XXX							
33.	Reinsurance - nonproportional assumed financial lines	XXX							
34.	Aggregate write-ins for other lines of business								
35.	TOTALS	22,820,815		22,820,815					
	DETAILS OF WRITE-INS			, ,					
3401.									
3402.									
3403.									
3498.	Summary of remaining write-ins for Line 34 from overflow page								
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)								

#### **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		PAF		SSES AND LOSS A	DJUSTMENT EXPE		15 (1) 15			
		1		d Losses	1	lnc	curred But Not Reporte	<u>7</u>	8	9
	Line of Business	1 Direct	2 Reinsurance Assumed	Deduct Reinsurance Recoverable	4  Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	/ Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1.	Fire									
2.	Allied lines									
3.	Farmowners multiple peril									
4.	Homeowners multiple peril	1,233,875		1,233,875		156,997		156,997		
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								(a)	
13.	Group accident and health								(a)	
14.	Credit accident and health (group and individual)								(a)	
15.	Other accident and health								(a)	
16.	Workers' compensation									
17.1	Other liability - occurrence									
17.2	Other liability - claims-made									
17.3	Excess workers' compensation									
18.1	Products liability - occurrence									
18.2	Private passenger auto liability	22,695,650		22,695,650		7,514,996		7,514,996		
	Commercial auto liability	22,090,000		22,090,000		7,314,990		7,314,990		
19.5, 19. <del>4</del> 21.	Auto physical damage	469,330		469,330		166,996		166,996		
21.	Aircraft (all perils)	409,000		403,000		100,330		100,330		
23.	Fidelity									
23. 24.	Surety									
2 <del>4</del> . 26.	Burglary and theft									
27.	Boiler and machinery									
28.	Credit									
29.	International									
30.	Warranty									
31.	Reinsurance - nonproportional assumed property	XXX				XXX				
32.	Reinsurance - nonproportional assumed property	XXX				XXX				
33.	Reinsurance - nonproportional assumed financial lines	XXX				XXX				
34.	Aggregate write-ins for other lines of business				-					
35.	TOTALS	24.398.855		24.398.855		7.838.989		7.838.989		
	DETAILS OF WRITE-INS	2.,000,000		2.,000,000		.,555,666		.,203,000		
3401.										
3402.										
3403.										
3498.	Summary of remaining write-ins for Line 34 from overflow page									
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)									
	for propert value of life indomnity claims									

(a) Including \$ for present value of life indemnity claims.

## **UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - EXPENSES

	PART	3 - EXPENSES 1	2	3	4
					4
		Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1.	Claim adjustment services:	,	,		
	1.1 Direct	2,236,061			2,236,061
	1.2 Reinsurance assumed				
	1.3 Reinsurance ceded	3,717,402			3,717,402
	1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	(1,481,341)			(1,481,341)
2.	Commission and brokerage:				
	2.1 Direct excluding contingent				
	2.2 Reinsurance assumed, excluding contingent				
	2.3 Reinsurance ceded, excluding contingent		3,981,401		3,981,401
	2.4 Contingent - direct	,			
	2.5 Contingent - reinsurance assumed				
	2.6 Contingent - reinsurance ceded				
	2.7 Policy and membership fees	2			
	2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)		(3,981,401)		(3,981,401)
3.	Allowances to managers and agents				
4.	Advertising	•			
5.	Boards, bureaus and associations	17,257	84,003		101,260
6.	Surveys and underwriting reports		99,447		99,447
7.	Audit of assureds' records				
8.	Salary and related items:				
	8.1 Salaries	940,800	1,703,640	49,690	2,694,130
	8.2 Payroll taxes	70,548	127,788	3,672	202,008
9.	Employee relations and welfare	230,520	417,432	11,964	659,916
10.	Insurance				
11.	Directors' fees				
12.	Travel and travel items				
13.	Rent and rent items		142,476	4,080	225 , 120
14.	Equipment	97,884	390 , 105	19,212	507,201
15.	Cost or depreciation of EDP equipment and software				
16.	Printing and stationery				
17.	Postage, telephone and telegraph, exchange and express	45,768		3,833	
18.	Legal and auditing		116,354		116,354
19.	Totals (Lines 3 to 18)	1,481,341	3, 188, 444	92,451	4,762,236
20.	Taxes, licenses and fees:				
	20.1 State and local insurance taxes deducting guaranty association				
	credits of \$		· ·		· ·
	20.2 Insurance department licenses and fees		· I		34,825
	20.3 Gross guaranty association assessments				
	20.4 All other (excluding federal and foreign income and real estate)		4,140		4,140
	20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		465,251		465,251
21.	Real estate expenses				
22.	Real estate taxes				
23.	Reimbursements by uninsured plans				
24.	Aggregate write-ins for miscellaneous expenses				62,442
25.	Total expenses incurred				
26.	Less unpaid expenses - current year				855,087
27.	Add unpaid expenses - prior year				,
28.	Amounts receivable relating to uninsured plans, prior year				
29.	Amounts receivable relating to uninsured plans, current year		(445,045)	00.454	(50.704)
30.	TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)		(145,245)	92,451	(52,794)
6	DETAILS OF WRITE-INS		00.110		00.440
2401.	Residual market buy-out fees				,
2402.					
2403.					<del> </del>
2498.	, , ,	<b>-</b>			00.440
2499.	Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)		62,442		62,442

(a) Includes management fees of \$ ......4,440,204 to affiliates and \$ ...... to non-affiliates.

## **EXHIBIT OF NET INVESTMENT INCOME**

	1	2
	Collected During Year	_
U.S. Government bonds		
1.1 Bonds exempt from U.S. tax	` '	
1.2 Other bonds (unaffiliated)		
1.3 Bonds of affiliates	* *	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5 Contract loans		
6 Cash, cash equivalents and short-term investments	(e)254,239	241,500
7 Derivative instruments	(f)	
Other invested assets		
Aggregate write-ins for investment income		
10. Total gross investment income	1,119,862	1,385,630
11. Investment expenses		(g)92,451
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		, , , , , , , , , , , , , , , , , , ,
16. Total deductions (Lines 11 through 15)		
17. Net investment income (Line 10 minus Line 16)	T	1,292,119
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)		
1501. Miscellaneous interest		,
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		1,060
(a) Includes \$17, 123 accrual of discount less \$170,622 amortization of premium and le	ess \$223,139 paid for accrued int	erest on purchases.
(b) Individe (b)	A	
(b) Includes \$ accrual of discount less \$ amortization of premium and le	ess \$ paid for accrued div	idenas on purchases.
(c) Includes \$ accrual of discount less \$ amortization of premium and le	ess \$ paid for accrued int	erest on purchases.
(d) Includes \$ for company's occupancy of its own buildings; and excludes \$	interest on encumbrances	
(a) Sales &	interest on cheambranees.	
(e) Includes \$ accrual of discount less \$ amortization of premium and le		erest on purchases.

**EXHIBIT OF CAPITAL GAINS (LOSSES)** 

investment taxes, licenses and fees, excluding federal income taxes, attributable to

investment expenses and \$

(h) Includes \$ ...... interest on surplus notes and \$ ..... interest on capital notes.

(i) Includes \$ \_\_\_\_\_ depreciation on real estate and \$ \_\_\_\_\_ depreciation on other invested assets.

(g) Includes \$

segregated and Separate Accounts.

	EXHIBIT OF CAPITAL GAINS (LOSSES)									
		1	2	3	4	5				
				Total Realized Capital	Change in	Change in Unrealized				
		Realized Gain (Loss)	Other Realized	Gain (Loss)	Unrealized Capital	Foreign Exchange				
		On Sales or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Capital Gain (Loss)				
1.	U.S. Government bonds	2,696		2,696						
1.1	Bonds exempt from U.S. tax									
1.2	Other bonds (unaffiliated)	26,400		26,400						
1.3	Bonds of affiliates									
2.1	Preferred stocks (unaffiliated)									
2.11	Preferred stocks of affiliates									
2.2	Common stocks (unaffiliated)									
2.21	Common stocks of affiliates									
3.	Mortgage loans									
4.	Real estate									
5.	Contract loans									
6.	Cash, cash equivalents and short-term investments									
7.	Derivative instruments									
8.	Other invested assets									
9.	Aggregate write-ins for capital gains (losses)									
10.	Total capital gains (losses)	29,096		29,096						
	DETAILS OF WRITE-INS									
0901.										
0902.										
0903.										
0998.	Summary of remaining write-ins for Line 9 from overflow page									
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)									

## **EXHIBIT OF NON-ADMITTED ASSETS**

	EXHIBIT OF NON-ADMITTE	D ASSETS	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)	140Hddillitted / toolto	Trondamiled 7 65616	(661. 2 661. 1)
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
0.	3.1 First liens			
	3.2 Other than first liens.			
4.	Real estate (Schedule A):			
٦.	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
14.	Investment income due and accrued			
15.	Premiums and considerations:			
15.	15.1 Uncollected premiums and agents' balances in the course of collection	62 708	93 456	30 748
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
	15.3 Accrued retrospective premiums and contracts subject to redetermination			11,000
16	Reinsurance:			
16.				
	16.1 Amounts recoverable from reinsurers			
	16.2 Funds held by or deposited with reinsured companies			
4-7	16.3 Other amounts receivable under reinsurance contracts			
	Amounts receivable relating to uninsured plans			
	Current federal and foreign income tax recoverable and interest thereon			
	Net deferred tax asset			
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software			
21.	Furniture and equipment, including health care delivery assets			
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable			
25.	Aggregate write-ins for other than invested assets	40,496	247,908	207,412
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)		356,746	249,828
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	106,918	356,746	249,828
28.	Total (Lines 26 and 27)	100,918	330,740	249,020
1101	DETAILS OF WRITE-INS			
1101. 1102.				
1103.				
1198.	Summary of remaining write-ins for Line 11 from overflow page			
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	10 100	0.17.000	007.440
2501.	Prepaid expenses	40,496	247,908	207,412
2502.				
2503.				
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	40,496	247,908	207,412

#### Note 1 - Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The accompanying financial statements of the Amica Property and Casualty Insurance Company (the Company) have been prepared on the basis of accounting practices prescribed or permitted by the state of Rhode Island.

The state of Rhode Island requires insurance companies domiciled in the state of Rhode Island to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the state of Rhode Island Insurance Department. The Company has no state basis statement adjustments to report.

A reconciliation of the Company's net income and capital and surplus between NAIC statutory accounting practices (NAIC SAP) and practices prescribed and permitted by the state of Rhode Island as of December 31, 2016 and December 31, 2015 is shown below:

		F/S	F/S		
	SSAP#	Page	Line #	2016	2015
Net Income					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$807,673	\$1,696,378
(2) State Prescribed Practices that (increase)/decrease NAIC SAP				0	0
(3) State Permitted Practices that (increase)/decrease NAIC SAP				0	0
(4) NAIC SAP $(1-2-3=4)$	XXX	XXX	XXX	\$807,673	\$1,696,378
Surplus					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$79,076,584	\$78,134,607
(6) State Prescribed Practices that (increase)/decrease NAIC SAP				0	0
(7) State Permitted Practices that (increase)/decrease NAIC SAP				0	0
(8) NAIC SAP $(5 - 6 - 7 = 8)$	XXX	XXX	XXX	\$79,076,584	\$78,134,607

#### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses. It also requires estimates in the disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

#### C. Accounting Policies

Premiums are earned over the terms of the related policies and reinsurance contracts. Unearned premiums are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business. Expenses incurred in connection with acquiring new insurance business, including acquisition costs, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

- 1. Short-term investments are stated at cost. The Company only purchases investment-grade securities.
- 2. Bonds not backed by other loans are stated at amortized cost using the scientific method.
- 3. The Company does not hold common stock.
- 4. The Company does not hold preferred stock.
- 5. The Company does not own any first lien mortgage loans on real estate.
- 6. Loan-backed bonds and structured securities are valued at amortized cost using the retrospective method (or a method which approximates the retrospective method).
- 7. The Company does not have an interest in any subsidiaries.
- 8. The Company has no investments in joint ventures, partnerships, and limited liability corporations.
- 9. The Company does not hold or issue derivative financial instruments.
- 10. The Company does not anticipate investment income as a factor in premium deficiency calculations.
- 11. Unpaid losses and loss adjustment expenses will include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- 12. The Company has not modified its capitalization policy from the prior period.
- 13. The Company has no pharmaceutical rebate receivables.
- 14. The Company presents net realized capital gains or (losses) net of capital gains tax on the statement of income.
- 15. When the commission received under a reinsurance agreement exceeds the anticipated acquisition costs of the business ceded, the Company establishes a liability equal to the difference between the anticipated acquisition costs and the reinsurance commission received.

#### D. Going Concern

As of February 8, 2017, management has determined there is no substantial doubt about the entity's ability to continue as a going concern within one year after the date that the financial statements are issued.

#### Note 2 - Accounting Changes and Correction of Errors

There have been no significant accounting changes or correction of errors in 2016 or 2015.

#### Note 3 - Business Combinations and Goodwill

A. Statutory Purchase Method

Not applicable.

- B. Statutory Mergers
  - 1. On December 31, 2015, the Company merged with its insurance affiliate, Amica Texas Insurance Company (formerly known as Amica Lloyd's of Texas), with the Company continuing as the surviving entity of the merger. See Note 10 for additional information
  - 2. The transaction was accounted for as a statutory merger.
  - 3. The Company did not provide consideration in exchange for the common stock of Amica Texas Insurance Company.
  - 4. The following table represents pre-merger activity for the Company and Amica Texas Insurance Company:

	Amica Property & Casualty Insurance Company	Amica Texas Insurance Company
	12/31/15	12/31/15
Rev enue 1	\$164,510	\$2,572,534
Net Income	(617,129)	2,313,507
Other surplus adjustments <sup>2</sup>	\$836,238	(\$153,519)

<sup>&</sup>lt;sup>1</sup> Includes net premiums earned, net investment income and other income.

- 5. No adjustments were made directly to the surplus of Amica Texas Insurance Company as a result of the merger.
- C. Impairment Loss

Not applicable.

#### Note 4 - Discontinued Operations

Not applicable

#### Note 5 - Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable.

B. Debt Restructuring

Not applicable.

C. Reverse Mortgages

Not applicable.

- D. Loan-Backed Securities
  - Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker dealer survey values, nationally recognized data services or internal estimates. The Company used Hub Data, Inc. to determine the market value of its loan-backed securities. In 2016, there were no changes from retrospective to prospective methodologies.
  - 2-3. The Company did not write down any loan-backed securities during the period.
  - 4. All impaired securities (fair value is less than amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for noninterest related declines when a non-recognized interest related impairment remains):
    - a. The aggregate amount of unrealized losses:

1.	Less than 12 Months	\$ 497,905
2.	12 Months or Longer	\$ 21,777

b. The aggregate related fair value of securities with unrealized losses:

1.	Less than 12 Months	\$21	,838,756
2.	12 Months or Longer	\$	756,316

<sup>&</sup>lt;sup>2</sup> Includes all other adjustments to surplus other than net income.

- 5. All loan-backed and structured securities in an unrealized loss position were reviewed to determine whether other-than-temporary impairments should be recognized. The Company asserts that it has the intent and ability to hold these securities long enough to allow the cost basis of these securities to be recovered. These conclusions are supported by an analysis of the underlying credit of each security. Unrealized losses are primarily attributable to higher interest rates and modestly wider spread levels. It is possible that the Company could recognize other-than-temporary impairments in the future on some of the securities, if future events, information and the passage of time cause it to conclude that declines in value are other-than-temporary.
- E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

F. Real Estate

Not applicable.

G. Investments in Low-Income Housing Tax Credits (LIHTC)

- H. Restricted Assets
  - 1. Restricted Assets (Including Pledged)

			Gr	oss (Admitte	d & Nonadm	itted) Restric	ted				Perce	ntage
				Current Yea	r							
		1	2	3	4	5	6	7	8	9	10	11
Re	stricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a.	Subject to contractual		,		j , , ,			ĺ		<u> </u>		` '
	obligation for which liability is not shown	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.0%	0.0%
b.	Collateral held under											
	security lending											
	arrangements	0	0	0	0	0	0	0	0	0	0.0%	0.0%
C.	Subject to repurchase agreements	0	0	0	0	0	0	0	0	0	0.0%	0.0%
d.	Subject to reverse repurchase agreements	0	0	0	0	0	0	0	0	0	0.0%	0.0%
e.	Subject to dollar repurchase agreeements	0	0	0	0	0	0	0	0	0	0.0%	0.0%
f.	Subject to dollar reverse repurchase agreements	0	0	0	0	0	0	0	0	0	0.0%	0.0%
g.	Placed under option contracts	0	0	0	0	0	0	0	0	0	0.0%	0.0%
h.	Letter stock or securities restricted as to sale - ex cluding FHLB capital stock	0	0	0	0	0	0	0	0	0	0.0%	0.0%
i.	FHLB capital stock	0	0	0	0	0	0	0	0	0	0.0%	0.0%
j.	On deposit with states	1,066,622	0	0	0	1,066,622	4,145,777	(3,079,155)	0	1,066,622	1.3%	1.3%
k.	On deposit with other regulatory bodies	0	0	0	0	0	0	0	0	0	0.0%	0.0%
I.	Pledged as collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0	0	0	0	0.0%	0.0%
m.	Pledged as collateral not captured in other categories											
_		0	0	0		0	0	0				
n.	Other restricted assets	0	0	0		0	0	0	0			
0.	Total restricted assets	\$1,066,622	\$0	\$0	\$0	\$1,066,622	\$4,145,777	(\$3,079,155)	\$0	\$1,066,622	1.3%	1.3%

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories

The Company has no assets pledged as collateral not captured in other categories.

3. Detail of Other Restricted Assets

The Company has no other restricted assets.

4. Collateral Received and Reflected as Assets Within the Company's Financial Statements

The Company has no collateral received and reflected as assets within the Company's financial statements.

I. Working Capital Finance Investments

Not applicable.

J. Offsetting and Netting of Assets and Liabilities

The Company does not offset or net assets and liabilities.

K. Structured Notes

The Company has no structured notes.

L. 5\* Securities

The Company has no 5\* securities.

#### Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

## Note 7 - Investment Income

A. Basis for Excluding (Non-Admitting) Investment Income Due and Accrued

The Company non-admits investment income due and accrued if amounts are over 90 days past due.

B. Amounts Non-Admitted

No investment income due and accrued was non-admitted in 2016 or 2015.

#### Note 8 - Derivative Instruments

#### Note 9 - Income Taxes

- A. Deferred Tax Asset/(Liability)
  - 1. Components of Net Deferred Tax Assets (DTAs) and Net Deferred Liabilities (DTLs)

	(1)	(2)	(3) (Col 1+2)
	Ordinary	Capital	Total
12/31/16			
(a) Gross deferred tax assets	\$338,691	\$0	\$338,691
(b) Statutory valuation allowance adjustment	0	0	0
(c) Adjusted gross deferred tax assets (1a-1b)	338,691	0	338,691
(d) Deferred tax assets nonadmitted	0	0	0
(e) Subtotal net admitted deferred tax asset (1c-1d)	338,691	0	338,691
(f) Deferred tax liabilities	7,014	0	7,014
(g) Net admitted deferred tax asset/(Net deferred tax liability) (1e-1f)	\$331,677	\$0	\$331,677
	(4)	(5)	(6)
			(Col 4+5)
12/31/15	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$451,199	\$0	\$451,199
(b) Statutory valuation allowance adjustment	0	0	0
(c) Adjusted gross deferred tax assets (1a-1b)	451,199	0	451,199
(d) Deferred tax assets nonadmitted	0	0	0
(e) Subtotal net admitted deferred tax asset (1c-1d)	451,199	0	451,199
(f) Deferred tax liabilities	3,998	0	3,998
(g) Net admitted deferred tax asset/(Net deferred tax liability) (1e-1f)	\$447,201	\$0	\$447,201
	(7)	(8)	(9)
	(Col 1-4)	(Col 2-5)	(Col 7+8)
Change	Ordinary	Capital	Total
(a) Gross deferred tax assets	(\$112,508)	\$0	(\$112,508)
(b) Statutory valuation allowance adjustment	0	0	0
(c) Adjusted gross deferred tax assets (1a-1b)	(112,508)	0	(112,508)
(d) Deferred tax assets nonadmitted	0	0	0
(e) Subtotal net admitted deferred tax asset (1c-1d)	(112,508)	0	(112,508)
(f) Deferred tax liabilities	3,016	0	3,016
(g) Net admitted deferred tax asset/(Net deferred tax liability) (1e-1f)	(\$115,524)	\$0	(\$115,524)
	•	•	

## 2. Admission Calculation Components

	(1)	(2)	(3) (Col 1+2)
	Ordinary	Capital	Total
12/31/16			
(a) Federal income taxes paid in prior years recoverable through loss carry backs	\$338,691	\$0	\$338,691
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of			
deferred tax assets from 2(a) above) after application of the threshold limitation			
(The lesser of 2(b)1 and 2(b)2 below)	0	0	C
1. Adjusted gross deferred tax assets expected to be realized following the balance			
sheet date	0	0	C
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	11,811,736
(c) Adjusted gross deferred tax assets (Excluding the amount of deferred tax assets from			
2(a) and 2(b) above) offset by gross deferred tax liabilities	0	0	C
(d) Deferred tax assets admitted as the result of application of SSAP No. 101	\$338,691	\$0	\$338,691
	(4)	(5)	(6) (Col 4+5)
12/31/15	Ordinary	Capital	Total
(a) Federal income taxes paid in prior years recoverable through loss carry backs	\$451,199	\$0	\$451,199
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of			
deferred tax assets from 2(a) above) after application of the threshold limitation			
(The lesser of 2(b)1 and 2(b)2 below)	0	0	C
Adjusted gross deferred tax assets expected to be realized following the balance			
sheet date	0	0	O
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	11,720,191
(c) Adjusted gross deferred tax assets (Excluding the amount of deferred tax assets from			
2(a) and 2(b) above) offset by gross deferred tax liabilities	0	0	C
(d) Deferred tax assets admitted as the result of application of SSAP No. 101	\$451,199	\$0	\$451,199
	(7)	(8)	(9)
	(Col 1-4)	(Col 2-5)	(Col 7+8)
Change	Ordinary	Capital	Total
(a) Federal income tax es paid in prior years recoverable through loss carry backs	(\$112,508)	\$0	(\$112,508
(b) Adjusted gross deferred tax assets expected to be realized (excluding the amount of			
deferred tax assets from 2(a) above) after application of the threshold limitation			
(The lesser of 2(b)1 and 2(b)2 below)	0	0	C
1. Adjusted gross deferred tax assets expected to be realized following the balance			
sheet date	0	0	0
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	91,545
(c) Adjusted gross deferred tax assets (Excluding the amount of deferred tax assets from			
2(a) and 2(b) above) offset by gross deferred tax liabilities	0	0	C
(d) Deferred tax assets admitted as the result of application of SSAP No. 101	(\$112,508)	\$0	(\$112,508

#### 3. Other Admissibility Criteria

	2016	2015
(a) Ratio used to determine recovery period and threshold limitations amount	39261%	10816%
(b) Amount of adjusted capital and surplus used to determine recovery		
period and threshold limitation in 2(b)2 abov e	\$78,744,907	\$78,134,607

#### 4. Impact of Tax Planning Strategies

		12/31/16		12/31	/15	Change	
		(1)	(2)	(3)	(4)	(5)	(6)
						(Col 1-3)	(Col 2-4)
		Ordinary	Capital	Ordinary	Capital	Ordinary	Capital
(a) Deter	rmination of adjusted gross deferred	•					
tax a	assets and net admitted deferred tax						
asse	ets, by tax character, as a percentage.						
1.	Adjusted gross DTAs amount from						
	Note 9A1(c).	\$338,691	\$0	\$451,199	\$0	(\$112,508)	\$0
2.	Percentage of adjusted gross DTAs						
	by tax character attributable to the						
	impact of tax planning strategies.	0%	0%	0%	0%	0%	0%
3.	Net admitted adjusted gross DTAs						
	amount from Note 9A1(e).	\$338,691	\$0	\$451,199	\$0	(\$112,508)	\$0
4.	Percentage of net admitted adjusted						
	gross DTAs by tax character						
	admitted because of the impact						
	of tax planning strategies.	0%	0%	0%	0%	0%	0%
(h) Doos	the Company's tax-planning strategies i				Yes [ ]	No [X]	

#### B. Deferred Tax Liabilities Not Recognized

There are no temporary differences for which deferred tax liabilities are not recognized.

#### C. Current and Deferred Income Taxes

## 1. Current Income Tax

	(1) (2)		(3) (Col 1-2)
	12/31/16	12/31/15	Change
(a) Federal	\$382,283	\$641,230	(\$258,947)
(b) Foreign	0	0	0
(c) Subtotal	382,283	641,230	(258,947)
(d) Federal income tax on net capital gains	10,184	647,365	(637,181)
(e) Utilization of capital loss carry-forwards	0	0	0
(f) Other	0	0	0
(g) Federal and foreign income taxes incurred	\$392,467	\$1,288,595	(\$896,128)

## 2. Deferred Tax Assets

	(1)	(2)	(3)
			(Col 1-2)
	12/31/16	12/31/15	Change
(a) Ordinary:			
(1) Discounting of unpaid losses	\$0	\$0	\$0
(2) Unearned premium reserve	1,861	1,222	639
(3) Policy holder reserves	0	0	0
(4) Investments	0	0	0
(5) Deferred acquisition costs	0	0	0
(6) Policy holder dividends accrual	0	0	0
(7) Fixed assets	0	0	0
(8) Compensation and benefits accrual	0	0	0
(9) Pension accrual	0	0	0
(10) Receivables - nonadmitted	23,248	38,093	(14,845)
(11) Net operating loss carry-forward	0	0	0
(12) Tax credit carry-forward	0	0	0
(13) Other (including items <5% of total ordinary tax assets)	313,582	411,884	(98,302)
(99) Subtotal	338,691	451,199	(112,508)
(b) Statutory valuation allowance adjustment	0	0	0
(c) Nonadmitted	0	0	0
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	338,691	451,199	(112,508)
(e) Capital:			
(1) Investments	\$0	\$0	\$0
(2) Net capital loss carry-forward	0	0	0
(3) Real estate	0	0	0
(4) Other (including items <5% of total capital tax assets)	0	0	0
(99) Subtotal	0	0	0
(f) Statutory valuation allowance adjustment	0	0	0
(g) Nonadmitted	0	0	0
(h) Admitted capital deferred tax assets (2e99-2f-2g)	0	0	0
(i) Admitted deferred tax assets (2d + 2h)	\$338,691	\$451,199	(\$112,508)

## 3. Deferred Tax Liabilities

(1)	(2)	(3) (Col 1-2)
12/31/16	12/31/15	Change
\$7,014	\$3,998	\$3,016
0	0	0
0	0	0
0	0	0
0	0	0
7,014	3,998	3,016
\$0	\$0	\$0
0	0	0
0	0	0
0	0	0
\$7,014	\$3,998	\$3,016
	\$7,014 0 0 0 0 7,014 \$0 0 0	\$7,014 \$3,998 0 0 0 0 0 0 0 0 0 0 7,014 3,998  \$0 0 7,014 3,998

#### 4. Net Deferred Tax Assets/(Liabilities)

	(1)	(2)	(3) (Col 1-2)
	12/31/16	12/31/15	Change
Net deferred tax assets/(liabilities) (2i - 3c)	\$331,677	\$447,201	(\$115,524)

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	12/31/16	12/31/15	Change
Total deferred tax assets	\$338,691	\$451,199	(\$112,508)
Total deferred tax liabilities	7,014	3,998	3,016
Net deferred tax assets/(liabilities)	331,677	447,201	(115,524)
Statutory valuation allowance adjustment	0	0	0
Net deferred tax assets/(liabilities) after SVA	331,677	447,201	(115,524)
Tax effect of unrealized gains (losses)	0	0	0
Statutory valuation allowance adjustment allocation to unrealized	0	0	0
Change in net deferred tax	\$331,677	\$447,201	(\$115,524)

#### D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The provision for Federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before taxes. Among the more significant book to tax adjustments were the following:

	12/31	12/31/16		/15
		Effective		Effective
	Amount	Tax Rate	Amount	Tax Rate
Income before tax es	\$420,049	35.0%	\$1,044,741	35.0%
Change in statutory valuation adjustment	0	0.0%	(274,757)	-9.2%
Change in non-admitted assets	87,439	7.3%	148,808	5.0%
Other	503	0.0%	(50,006)	-1.7%
Total	\$507,991	42.3%	\$868,786	29.1%
Federal income tax es incurred	\$382,283	31.9%	\$641,230	21.5%
Tax on capital gains (losses)	10,184	0.8%	647,365	21.7%
Change in net deferred tax es	115,524	9.6%	(419,809)	-14.1%
Total statutory income taxes	\$507,991	42.3%	\$868,786	29.1%

#### E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

- 1. At December 31, 2016, the Company did not have any unused operating loss carryforwards available to offset against future taxable income.
- 2. The amounts of Federal income taxes incurred and available for recoupment in the event of future net losses are:

Year	Total
2016	\$392,467
2015	\$1,288,596

3. The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

#### F. Consolidated Federal Income Tax Return

- 1. The Company's Federal income tax return is consolidated with the following entities:
  - a. Amica Mutual Insurance Company
  - b. Amica General Agency, LLC
- 2. The method of allocation between the companies is contained in a written agreement approved by the Board of Directors. Allocation is made in accordance with Section 1552(a)(2) of the Internal Revenue Code based upon separate return calculations with current credit for net losses. Inter-company estimated tax balances are settled at least quarterly during the tax year with a final settlement during the month following the filing of the consolidated income tax return.

#### G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

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

#### A. Nature of Relationships

- Amica Mutual Insurance Company manages its wholly-owned subsidiary, Amica Property and Casualty Insurance Company. Effective December 31, 2015, Amica Mutual Insurance Company elected to merge its two wholly-owned property and casualty insurance subsidiaries, Amica Property and Casualty Insurance Company and Amica Texas Insurance Company, formerly Amica Lloyd's of Texas.
- 2. Prior to January 1, 2014, Amica Lloyd's of Texas wrote homeowners and related coverages in Texas. Amica Lloyd's of Texas ceased writing new and renewal business on December 31, 2013, at which point all Texas homeowners and related policies were renewed by its ultimate parent, Amica Mutual Insurance Company. Amica Lloyd's of Texas continued operations in 2015 to manage investments and settle outstanding losses and other liabilities. To facilitate the merger, Amica Lloyd's of Texas was converted to a stock company, Amica Texas Insurance Company, on December 22, 2015. On December 31, 2015, the Company merged with Amica Texas Insurance Company, with the Company continuing as the surviving entity of the merger. As a result of the merger, the Company assumed all remaining assets and liabilities of Amica Texas Insurance Company as of December 31, 2015, as well its surplus of \$75,030,293. For the periods covered in the accompanying notes and statements, Amica Lloyd's of Texas will be referenced as Amica Texas Insurance Company. See note 3B for additional information.
- 3. Effective December 31, 2015, Amica Lloyd's of Texas, Inc., an attorney-in-fact and non-insurance affiliate of the Company, was dissolved. Amica Lloyd's of Texas, Inc. managed Amica Texas Insurance Company and was no longer deemed a necessary entity of the holding company system subsequent to the aforementioned merger.
- 4. Effective April 1, 2015, all agency business previously conducted by Amica General Insurance Agency of California, Inc. was transferred to Amica General Agency, LLC. Amica General Insurance Agency of California, Inc. was dissolved on June 30, 2015.
- Effective January 1, 2015, the Company's non-insurance affiliate, Amica General Agency, Inc., was converted from a C Corporation to a Limited Liability Company. From that date forward, Amica General Agency, Inc. will be known as Amica General Agency, LLC.
- B. Detail of Transactions Greater than ½% of Admitted Assets

The Company had no transactions greater than  $\frac{1}{2}$ % of admitted assets in 2016.

Immediately subsequent to the aforementioned merger and also occurring on December 31, 2015, the Company paid a dividend of \$23,000,000 to its ultimate parent, Amica Mutual Insurance Company. The dividend was deemed extraordinary and was approved by the State of Rhode Island Department of Insurance on December 30, 2015.

C. Changes in Terms of Intercompany Arrangements

Prior to the aforementioned merger on December 31, 2015, Amica Texas Insurance Company maintained reinsurance coverage with its ultimate parent, Amica Mutual Insurance Company. This coverage included an 80% quota share reinsurance contract, an excess of loss reinsurance contract and a catastrophe reinsurance contract. As 100% of Amica Texas Insurance Company losses and loss adjustment expenses immediately became covered under the Company's quota share reinsurance contract upon the merger, these reinsurance coverages were terminated subsequent to the merger.

D. Amounts Due to or from Related Parties

The Company reported \$858,989 and \$886,062 due to Amica Mutual Insurance Company at December 31, 2016 and December 31, 2015, respectively. The amounts due to or from Amica Mutual Insurance Company are settled on a monthly basis.

E. Guarantees or Undertakings for Related Parties

Not applicable

F. Management, Service Contracts, Cost Sharing Arrangements

Amica Mutual Insurance Company performs certain managerial and other operational functions for the benefit of Amica Property and Casualty Insurance Company. Amica Mutual Insurance Company allocates such costs to Amica Property and Casualty Insurance Company based on the estimated costs of the services performed. The written agreement between the companies indicates that settlement of these costs be made within fifty-five days of the end of the month to which it applies. The costs charged from Amica Mutual to Amica Property and Casualty Insurance Company amounted to \$4,440,204 and \$4,325,406 in 2016 and 2015, respectively.

G. Nature of Relationships that Could Affect Operations

All outstanding shares of the Company are owned by its parent.

H. Amount Deducted for Investment in Upstream Company

Not applicable.

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

J. Write-downs for Impairment of Investments in Affiliates

Not applicable.

K. Foreign Insurance Subsidiary Valued Using CARVM

Not applicable.

L. Downstream Holding Company Valued Using Look-Through Method

Not applicable.

M. All Subsidiary, Controlled and Affiliated (SCA) Investments

The Company has no SCA investments.

N. Investment in Insurance SCAs

The Company has no SCA investments.

#### Note 11 - Debt

Not applicable.

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

The Company has no employees. Management and other services are provided by its ultimate parent, Amica Mutual Insurance Company.

#### Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

1. Outstanding Shares

The Company has 10,000 shares authorized and issued. All shares are Class A shares with par value of \$350.

2. Dividend Rate of Preferred Stock

The Company has no preferred stock outstanding.

3. Dividend Restrictions

The state of Rhode Island has limitations on the amount of ordinary dividends that may be paid to stockholders in any twelve month period. These limitations are based on net income and surplus. For 2016, any dividend paid by the Company would be categorized as "extraordinary" for purposes of the Rhode Island statute, and would require the Insurance Commissioner's approval before being paid.

4. Dates and Amounts of Dividends Paid

No dividends were paid during 2016. However, on December 31, 2015, an extraordinary dividend in the amount of \$23,000,000 was paid by the Company to Amica Mutual Insurance Company.

5. Amount of Ordinary Dividends That May Be Paid

The amount of the Company's profits that may be paid as ordinary dividends to stockholders is \$0.

6. Restrictions on Unassigned Funds

There are no restrictions on the unassigned funds of the Company other than those described above in paragraph 3 as of December 31, 2016 and 2015. Unassigned funds are held for the benefit of the owner and policyholders.

7. Mutual Surplus Advances

Not applicable.

8. Company Stock Held for Special Purposes

Not applicable.

Changes in Special Surplus Funds

There were no changes in special surplus funds in 2016. However, due to the release of the Guaranty Fund surplus restriction, the special surplus funds balance of \$2,000,000 was reclassified to gross paid in and contributed surplus in 2015.

10. Changes in Unassigned Funds

The portion of unassigned funds (surplus) represented by cumulative unrealized gains(losses) is \$0.

11. Surplus Notes

The Company has no surplus notes.

12. Impact of Quasi Reorganizations

The Company has not undergone a quasi-reorganization.

13. Effective Date of Quasi Reorganizations

#### Note 14 - Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company has no material contingent commitments.

B. Assessments

The Company is not aware of any assessments that could have a material financial effect on the financial statements.

C. Gain Contingencies

The Company has no material gain contingencies.

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

There was no activity pertaining to claims-related extra contractual obligations or bad faith losses stemming from lawsuits during the period and no such liabilities exist as of December 31, 2016.

E. Product Warranties

Not applicable.

F. Joint and Several Liabilities

Not applicable.

G. All Other Contingencies

Lawsuits arise against the Company in the normal course of business. The ultimate resolution of such proceedings will not, in our opinion, have a material impact on the Company's financial position.

#### Note 15 - Leases

Not applicable.

#### Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk And With Concentrations of Credit Risk

The Company does not have financial instruments with off balance sheet risk or with concentrations of credit risk.

#### 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

The Company did not have any wash sales during 2016 or 2015.

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

Not applicable.

#### Note 19 - Direct Premiums Written / Produced by Managing General Agents / Third Party Administrators

Not applicable.

#### Note 20 - Fair Value Measurement

- A. Assets and Liabilities Measured at Fair Value
  - 1. Fair Value Measurements at December 31, 2016:

The Company's valuation techniques are based on observable and unobservable pricing inputs. Observable inputs reflect market data obtained from independent sources based on trades of securities, while unobservable inputs reflect the Company's market assumptions. These inputs comprise the following fair value hierarchy:

Level 1 – Observable inputs in the form of quoted prices for identical instruments in active markets.

Level 2 - Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active or other inputs that are observable or can be derived from observable market data for substantially the full term of the assets or liabilities.

Level 3 – One or more unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets and liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using internal models, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

The Company had no financial instruments carried at fair value as of December 31, 2016.

2. Rollforward of Level 3 Items

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

Not applicable.

5. Derivative Fair Values

Not applicable.

B. Other Fair Value Disclosures

Not applicable.

C. Fair Value Measurements for All Financial Instruments at December 31, 2016

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds:						
U.S. gov ernments	\$19,327,997	\$19,124,007	\$3,482,242	\$15,845,755	\$0	\$0
Municipal bonds	23,790,348	24,463,160	0	23,790,348	0	0
U.S. special revenue and assessments	26,773	23,745	0	26,773	0	0
Industrial and miscellaneous	19,974,220	20,389,485	0	19,974,220	0	0
Total bonds	63,119,338	64,000,397	3,482,242	59,637,096	0	0
Cash equivalents and short-term investments:						
Ex empt money market mutual funds	2,412,929	2,412,929	0	2,412,929	0	0
Commercial paper	3,995,476	3,995,476	0	3,995,476	0	0
Total cash equivalents and short-term investments	6,408,405	6,408,405	0	6,408,405	0	0
Total assets	\$69,527,743	\$70,408,802	\$3,482,242	\$66,045,501	\$0	\$0

D. Not Practicable to Estimate Fair Value

Not applicable.

#### Note 21 - Other Items

A. Unusual or Infrequent Items

There were no unusual or infrequent items meriting recognition or disclosure in these statements during 2016 or 2015.

B. Troubled Debt Restructuring: Debtors

Not applicable.

C. Other Disclosures

Assets with book values in the amount of \$1,066,622 and \$4,145,777 at December 31, 2016 and December 31, 2015, respectively, were on deposit with government authorities or trustees as required by law.

D. Business Interruption Insurance Recoveries

The Company did not have any business interruption insurance recoveries during the period.

E. State Transferable and Non-transferable Tax Credits

The Company does not have any state transferrable or non-transferable tax credits as of December 31, 2016.

- F. Subprime Mortgage Related Risk Exposure
  - 1. At December 31, 2016, the Company did not invest directly in subprime mortgage loans. Direct exposure is classified as exposure through (1) direct investment in subprime mortgage loans, (2) investment in mortgage-backed or asset-backed securities, or (3) any other assets in which the investment's primary objective, or underlying assets, are significantly invested in, or indexed to, subprime mortgage loans or related exposures. The Company has minimal exposure to subprime mortgage related risk through equity investments in financial institutions. The Company believes its greatest exposure is to unrealized losses from declines in asset values versus realized losses resulting from defaults or foreclosures. Conservative investment practices limit the Company's exposure to such losses.
  - As of December 31, 2016, substantially all of the Company's investments in mortgage-backed or asset-backed securities are limited to securities which are guaranteed by the issuer (e.g. GNMA or FNMA), and, therefore, have no direct exposure to subprime mortgage related risk.
  - 3. As of December 31, 2016, the Company has no other investments in which the investment's primary objective, or underlying assets, are significantly invested in, or indexed to, subprime mortgage loans or related exposure.
  - 4. As of December 31, 2016, the Company has no underwriting exposure to subprime mortgage risk.

G. Insurance-Linked Securities (ILS) Contracts

The Company has no ILS contracts.

#### Note 22 - Events Subsequent

Subsequent events have been considered through February 8, 2017 for the statutory statement issued on February 8, 2017. There were no events occurring subsequent to the end of the year that merited recognition or disclosure in these statements.

#### Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverable

The Company's unsecured reinsurance balances (including ceded case and IBNR reserves) in excess of 3% of policyholders' surplus with any one reinsurer are displayed below:

NAIC			
Code	Federal ID No.	Name of Reinsurer	Amount
0028	05-0348344	Amica Mutual Insurance Company	\$49,945,254

B. Reinsurance Recoverable in Dispute

There are no individual reinsurance recoverable amounts on paid and unpaid losses in dispute which exceed 5% of the Company's policyholders' surplus or aggregate reinsurance recoverable amounts on paid and unpaid losses in dispute which exceed 10% of the Company's policyholders' surplus in aggregate.

- C. Reinsurance Assumed and Ceded
  - 1. The following table summarizes ceded and assumed unearned premiums and the related commission equity at December 31,

	Assumed Premium Commission Reserve Equity		Assumed Ceded			et
			Premium Commission		Premium	Commission
			Reserve	Equity	Reserve	Equity
(a) Affiliated	\$0	\$0	\$10,059,849	\$2,011,970	(\$10,059,849)	(\$2,011,970)
(b) All Other	(b) All Other 0		0	0	0	0
(c) Total \$0		\$0	\$10,059,849	\$2,011,970	(\$10,059,849)	(\$2,011,970)
(d) Direct Unear	eserv e	\$10,059,849				

- 2. The Company does not have any existing reinsurance contractual arrangements which allow for additional or return commission which is predicated on loss experience or on any other form of profit sharing arrangements.
- 3. The Company does not use protected cells as an alternative to traditional reinsurance.
- D. Uncollectible Reinsurance

As of December 31, 2016, the Company believes that all reinsurance recoverables are collectible.

E. Commutation of Ceded Reinsurance

The Company did not participate in the commutation of ceded reinsurance during the period.

F. Retroactive Reinsurance

The Company has no retroactive reinsurance agreements.

G. Reinsurance Accounted for as a Deposit

The Company has no reinsurance that has been accounted as deposits.

H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements

The Company has not entered into any agreements qualifying for P&C run-off accounting treatment.

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

The Company has not ceded to a certified reinsurer whose rating has been downgraded or whose status is subject to revocation.

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

The Company has no reinsurance agreements qualifying for reinsurer aggregation.

#### Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

#### Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

Loss and loss adjusting expense reserves are \$0 as of December 31, 2016. There is no change in incurred losses and loss adjustment expenses, as both reserves were also \$0 as of December 31, 2015.

However, upon the December 31, 2015 merger of the Company and Amica Texas Insurance Company, all Amica Texas Insurance Company loss and loss adjustment expense reserves were ceded to Amica Mutual Insurance Company under the Company's 100% quota share reinsurance agreement. As a result, the Company realized \$(1,025,029) in incurred losses and loss adjustment expenses and favorable development of the corresponding reserves in 2015.

#### Note 26 - Intercompany Pooling Arrangements

Not applicable.

#### Note 27 - Structured Settlements

The Company has no structured settlements.

#### Note 28 - Health Care Receivables

The Company has no health care receivables.

#### Note 29 - Participating Policies

The Company has no participating policies.

#### Note 30 - Premium Deficiency Reserves

1.	Liability carried for premium deficiency reserve	\$0
2.	Date of the most recent evaluation of this liability	12/31/16
3.	Was anticipated investment income utilized in this calculation?	No

#### Note 31- High Deductibles

Not applicable.

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

Not applicable.

#### Note 33 - Asbestos and Environmental Reserves

Not applicable.

#### Note 34 - Subscriber Savings Accounts

Not applicable.

#### Note 35 - Multiple Peril Crop Insurance

Not applicable.

## Note 36 - Financial Guaranty Insurance

## **GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES GENERAL

1.1	1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of w is an insurer?					)[]	
	If yes, complete Schedule Y, Parts 1, 1A and 2			•			
1.2	If yes, did the reporting entity register and file with its domiciliary State Insusuch regulatory official of the state of domicile of the principal insurer in the providing disclosure substantially similar to the standards adopted by the its Model Insurance Holding Company System Regulatory Act and model subject to standards and disclosure requirements substantially similar to the standards.	ne Holding Company System, a registration statement National Association of Insurance Commissioners (NAIC) in regulations pertaining thereto, or is the reporting entity	Yes [ X	] No [	] 1	<b>V/A [</b> ]	
1.3	State Regulating?			Rhode I	sland		
2.1	Has any change been made during the year of this statement in the charter reporting entity?			Yes [ X	] No	)[]	
2.2	If yes, date of change:			02/11/	2016		
3.1	State as of what date the latest financial examination of the reporting entity	was made or is being made		12/31/	2014		
3.2	State the as of date that the latest financial examination report became available. This date should be the date of the examined balance sheet and no			12/31/	2014		
3.3	State as of what date the latest financial examination report became availa domicile or the reporting entity. This is the release date or completion date examination (balance sheet date).	e of the examination report and not the date of the		06/02/	2016		
3.4	By what department or departments? State of Rhode Island						
3.5	Have all financial statement adjustments within the latest financial examina statement filed with Departments?	ation report been accounted for in a subsequent financial	Yes [	] No [	] N	√A [ X ]	
3.6	.6 Have all of the recommendations within the latest financial examination report been complied with?					√A [ ]	
4.1		es of the reporting entity), receive credit or commissions for or					
4.2	During the period covered by this statement, did any sales/service organizar receive credit or commissions for or control a substantial part (more than premiums) of:	ation owned in whole or in part by the reporting entity or an affi		103 [	] 140	, [ X ]	
	4.21 sales of	new business?s?		Yes [ Yes [	-		
5.1	Has the reporting entity been a party to a merger or consolidation during the			-	-		
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of d ceased to exist as a result of the merger or consolidation.	domicile (use two letter state abbreviation) for any entity that he	as				
	1 Name of Fatite	2 NAIC Company Code State of Domicile					
	Name of Entity  Amica Lloyd's of Texas	10896TX					
6.1	Has the reporting entity had any Certificates of Authority, licenses or registr revoked by any governmental entity during the reporting period?	rations (including corporate registration, if applicable) suspend		Yes [	] No	) [ X ]	
6.2	If yes, give full information:						
7.1	Does any foreign (non-United States) person or entity directly or indirectly or	control 10% or more of the reporting entity?		Yes [	] No	) [ X ]	
7.2	If yes, 7.21 State the percentage of foreign control;	tity is a mutual or reciprocal, the nationality of its manager or	<u>-</u>				%
	1 Nationality	2 Type of Entity					
		7ry					

8.1 8.2	8.2 If response to 8.1 is yes, please identify the name of the bank holding company.						
8.3 8.4		lated by a fe Federal Der	ederal	Yes [	]	No	[ X ]
	1 2	3 4	5	6	٦		
	Affiliate Name Location (City, State) F	RB OCC	FDIC	SEC	-		
9. 10.1	What is the name and address of the independent certified public accountant or accounting firm retained to conduct the anni KPMG LLP, 6th Floor, Suite A, 100 Westminster Street, Providence, RI 02903-2321  Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent publications.		nt		_		
10.2	requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substant law or regulation?			Yes [	]	No	[ X ]
10.3	Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Rec						
10.4	allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?			Yes [	]	No	[ X ]
10.5			Yes [ )	( ] No [		1 N/	′A [ ]
10.6	6 If the response to 10.5 is no or n/a, please explain					-	
11.	firm) of the individual providing the statement of actuarial opinion/certification?  G. Christopher Nyce, FCAS, MAAA, KPMG, LLP, Three Radnor Corporate Center, Suite 105, 100 Matsonford Road, Radnor	ctuarial cons	ulting				
12.1				Yes [ ]	( )	No	[ ]
	12.11 Name of real estate holding company  12.12 Number of parcels involved						
	12.13 Total book/adjusted carrying value					1	953 129
12.2	2 If, yes provide explanation:			Ψ			000, 120
13.	The Company owns real estate indirectly through various securities listed in Schedule D						
13.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting of	entity?					
13.2 13.3					-		
13.4	, , ,				-		
14.1		ns performir	ng				
	(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						
14.11	(e) Accountability for adherence to the code.  1 If the response to 14.1 is No, please explain:						
14.2	2 Has the code of ethics for senior managers been amended?			Yes [	1	Nο	[ X ]
	1 If the response to 14.2 is yes, provide information related to amendment(s).			100 [	1	140	١٨]
14.3	Have any provisions of the code of ethics been waived for any of the specified officers?  1 If the response to 14.3 is yes, provide the nature of any waiver(s).			Yes [	]	No	[ X ]

	<ul> <li>Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?</li> <li>If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.</li> </ul>							No [ X ]
	1 American Bankers	2		3			4	
	Association (ABA) Routing Number			That Can Trigger the Letter of Credit			nount	
		POARD OF DIE			<u></u>			
16.		BOARD OF DIR or sale of all investments of the reporting entity passed upon either by	y the board o	of directors or a subordinate committee		Yes [ X	( ] 1	No [ ]
17.	Does the reporti	ing entity keep a complete permanent record of the proceedings of its	board of dir	ectors and all subordinate committees		Yes [ X		
18.	Has the reportin	g entity an established procedure for disclosure to its board of directors officers, directors, trustees or responsible employees that is in conf	ors or trustee	s of any material interest or affiliation of	on the	Yes [ X	. ] N	No [ ]
		FINANCI						
19.	Has this stateme	ent been prepared using a basis of accounting other than Statutory Anniples)?	ccounting Pr	inciples (e.g., Generally Accepted		Yes [	1 1	No FX 1
20.1	Total amount lo	aned during the year (inclusive of Separate Accounts, exclusive of po	licy loans):	20.11 To directors or other officers		\$	, ,	10 [ X ]
			, ,	20.12 To stockholders not officers		\$		
				(Fraternal Only)		.\$		
20.2		loans outstanding at the end of year (inclusive of Separate Accounts	, exclusive o	f				
	policy loans):			20.21 To directors or other officers 20.22 To stockholders not officers				
				20.23 Truetone cupromo or grand				
				(Fraternal Only)		.\$		
21.1	Were any asset	s reported in this statement subject to a contractual obligation to trans g reported in the statement?	sfer to anoth	er party without the liability for such		Vac [	1 1	No F Y 1
21.2		amount thereof at December 31 of the current year:		21.21 Rented from others				
	, ,			21.22 Borrowed from others				
				21.23 Leased from others				
				21.24 Other		.\$		
22.1	Does this staten guaranty assoc	nent include payments for assessments as described in the Annual S ciation assessments?	tatement Ins	tructions other than quaranty fund or				
22.2	If answer is yes:			2.21 Amount paid as losses or risk adj				
				2.22 Amount paid as expenses				
	5 " "		22	2.23 Other amounts paid		.\$		
23.1 23.2	Does the reporti	ing entity report any amounts due from parent, subsidiaries or affiliate any amounts receivable from parent included in the Page 2 amount:	s on Page 2	of this statement?		Yes [ \$	] N	No [X]
		INVESTM						
4.01		cks, bonds and other securities owned December 31 of current year, session of the reporting entity on said date? (other than securities lend				Yes [ X	( ]	No [ ]
4.02	, 0	nd complete information relating thereto						
24.03	For security lend	ding programs, provide a description of the program including value for eral is carried on or off-balance sheet. (an alternative is to reference N	or collateral a lote 17 wher	and amount of loaned securities, and e this information is also provided)				
24.04		any's security lending program meet the requirements for a conformir			Yes [	] No [	]	N/A [ )
4.05	If answer to 24.0	04 is yes, report amount of collateral for conforming programs				.\$		
4.06	If answer to 24.0	04 is no, report amount of collateral for other programs				.\$		
4.07		rities lending program require 102% (domestic securities) and 105% ontract?			Yes [	] No [	]	N/A [ )
4.08	Does the report	ing entity non-admit when the collateral received from the counterpart	ty falls below	100%?	Yes [	] No [	]	N/A [ )
24.09		ing entity or the reporting entity 's securities lending agent utilize the Nties lending?			Yes [	] No [	]	N/A [ )

24.10	For the reporting entity's	s security lending program stat	e the amount of t	the following as Decen	nber 31 of the cu	rrent year:	
	24.101	Total fair value of reinvested of	collateral assets r	eported on Schedule [	DL, Parts 1 and 2		\$
						le DL, Parts 1 and 2	
25.1	Were any of the stocks, control of the reporting	bonds or other assets of the reentity, or has the reporting entity	eporting entity ow tity sold or transfe	vned at December 31 e erred any assets subje	of the current yea ect to a put option		
25.2	If ves state the amount	thereof at December 31 of the	current vear	25 21 9	phiact to require	ase agreements	¢
20.2	ii yoo, otato tilo amount	and do at Bookinger or or the	carront your.			repurchase agreements	
						purchase agreements	
						dollar repurchase agreements	
				25.25 P	aced under optio	n agreements	\$
				25.26 Le	etter stock or sec	urities restricted as to sale - Capital Stock	¢
				25 27 FI	II B Canital Stoc	k	Ψ \$
				25.28 O	n deposit with sta	ates	\$ 1.066.62
				25.29 O	n deposit with oth	ner regulatory bodies	\$
				25.30 P	edged as collate	ral - excluding collateral pledged	to
						ral to FHLB - including assets agreements	
				25.32 O	ther		\$
25.3	For category (25.26) pro	ovide the following:					
		1 National Paradiana			2		3
	Nature of Restriction				Descripti		Amount
	If no, attach a description  Were any preferred stoo	on with this statement.	ember 31 of the o	current year mandatori	y convertible into	Yes [	
27.2	If yes, state the amount	thereof at December 31 of the	current year				\$
28.	offices, vaults or safety custodial agreement w	deposit boxes, were all stock; ith a qualified bank or trust cor	s, bonds and othe mpany in accorda	er securities, owned thance with Section 1, III	roughout the cur - General Exami		
28.01	For agreements that co	mply with the requirements of t	the NAIC Financia	al Condition Examiner	s Handbook, con	nplete the following:	
	Name	1			0	2	
		e of Custodian(s) Trust Company	801 Pennsy	ylvania Avenue, Kansa	s City, MO 64105	n's Address 5	
28.02			ments of the NAI	C Financial Condition	Examiners Hand	book, provide the name, location	1
	and a complete explar		1				
		1 Name(s)		2 Location(s)		3 Complete Explana	tion(s)
		nanges, including name change		an(s) identified in 28.0	1 during the curre	ent year?	Yes [ ] No [ X ]
	1		2		3	_ 4	
	Old Cus	stodian	New Cus	stodian	Date of Char	nge Reaso	on
							on 

		Name = ( )	1 Firm or Individual	2 Affiliation				
Robert K. E	Benson, Senio		<del>Firm or Individual</del> sident and Chief Investment O	Affiliation  f f i cer I				
	,							
			isted in the table for Question 2 age more than 10% of the report				Ye:	s [ ] No
			ated with the reporting entity (i.e					s [ ] No
For those fir		uals listed i	n the table for 28.05 with an affi	liation code of "A" (affiliated)	) or "U" (unaffiliated), p	provide the information	n for	
	1		2	3		4		5 Investm
Contro	al Dogiotration							Manage
Depos	al Registratior sitory Number		Name of Firm or Individua	Legal Entity Ide	entifier (LEI)	Registered With		Agreen (IMA) F
Exchange	porting entity Commission plete the follow	(SEC) in th	iversified mutual funds reported e Investment Company Act of 1 ıle:	l in Schedule D, Part 2 (diver 940 [Section 5(b)(1)])?	rsified according to the	e Securities and	Yes	s [ ] No
1	1			2			Book	3 k/Adjusted
29.2999 - 1		ed in the ta	ble above, complete the followin	Name of Mutual Fund  ng schedule:		3 Amount of N Fund's Book/A	lutual	ying Value
29.2999 - 1	Total utual fund list	1	ble above, complete the following	ng schedule:	nt Holding of the	Amount of N	lutual djusted alue to the	
29.2999 - 1 For each mu	Total  utual fund list	1  itual Fund (		ng schedule: 2 Name of Significa Mutual	nt Holding of the Fund	Amount of M Fund's Book/A Carrying V Attributable Holding	lutual djusted alue to the	4 Date of
29.2999 - 1 For each mu	Total  utual fund list  Name of Mi	1  itual Fund (	from above table)	ng schedule: 2 Name of Significa Mutual	nt Holding of the Fund	Amount of M Fund's Book/A Carrying V Attributable Holding	lutual djusted alue to the	4 Date of
29.2999 - 1 For each mu	Total  utual fund list  Name of Mi	1  itual Fund (	from above table)	Name of Significa Mutual	nt Holding of the Fund  . Do not substitute am	Amount of M Fund's Book/A Carrying V Attributable Holding  nortized value or	lutual djusted alue to the	4 Date of
29.2999 - 1 For each mu	Total  utual fund list  Name of Mi	1  itual Fund (	from above table)	Name of Significa Mutual ands and all preferred stocks.  1 Statement (Admitted) Value	nt Holding of the Fund  . Do not substitute am  2  Fair Value	Amount of M Fund's Book/A Carrying V Attributable Holding  nortized value or	lutual djusted alue o the	4 Date of
Provide the statement	Name of Mi	1  itual Fund (  irmation for value.	from above table) all short-term and long-term bo	Name of Significa Mutual ands and all preferred stocks.  1 Statement (Admitted) Value 70,408,802	nt Holding of the Fund  Do not substitute am  2  Fair Value	Amount of M Fund's Book/A Carrying V Attributable Holding  nortized value or	lutual djusted alue to the lutual nt or	4 Date of
Provide the statement  30.1 Bond	Name of Mi	1  itual Fund (  irmation for value.	from above table) all short-term and long-term bo	Name of Significa Mutual sinds and all preferred stocks.  1 Statement (Admitted) Value	nt Holding of the Fund  . Do not substitute am  2  Fair Value	Amount of M Fund's Book/A Carrying V Attributable Holding  nortized value or	lutual djusted alue to the lutual djusted alue of the lutual djusted alue for the lutu	4 Date of
Provide the statement  30.1 Bond 30.2 Prefe 30.3 Total:  Describe the Fair Values fair value is	Name of Mi  following info value for fair  ds	ntual Fund ( promation for value.  methods utilifrom HubDrices provid	from above table) all short-term and long-term bo	Name of Significa Mutual  Inds and all preferred stocks.  1 Statement (Admitted) Value 70,408,802 70,408,802  Jues: led by the reporting entity. Timilar securities and also bas	nt Holding of the Fund  Do not substitute am  2  Fair Value	Amount of M Fund's Book/A Carrying V Attributable Holding  nortized value or	lutual djusted alue oo the lumint or 59)	4 Date of
Provide the statement  30.1 Bond 30.2 Prefe 30.3 Total:  Describe the Fair Values fair value is identical is Was the rate	Name of Mu  Name of Mu  following info value for fair  erred stocks  ls  e sources or are obtained s based on p suer with sim the used to cal	ntual Fund (  methods utifrom HubD ices providilar maturiticulate fair v	from above table)  all short-term and long-term bo  lized in determining the fair valu  ata Inc., Bloomberg or determined by a dealer who traffics in singles.  alue determined by a broker or	Name of Significa Mutual  India and all preferred stocks.  1 Statement (Admitted) Value 70,408,802 70,408,802  Jues: Jue	nt Holding of the Fund  Do not substitute am  2  Fair Value	Amount of M Fund's Book/A Carrying V Attributable Holding  nortized value or  3 Excess of Stateme over Fair Value (-), Fair Value over Statement (+)(881,0) (881,0)	outual djusted alue to the int or 59)	4  Date of Valuation
Provide the statement  30.1 Bond 30.2 Prefe 30.3 Total:  Describe the Fair Values fair value is identical is  Was the rate of the answer.	Name of Mu  Name of Mu  following info value for fair  is	nethods utifrom HubDices providilar maturiticulate fair ves, does the	from above table)  all short-term and long-term bo  lized in determining the fair valu  ata Inc., Bloomberg or determined by a dealer who traffics in sines.	Name of Significa Mutual  Inds and all preferred stocks.  1 Statement (Admitted) Value 70,408,802 70,408,802  Jes: led by the reporting entity. Temilar securities and also base custodian for any of the securities or custodian's particular securities.	nt Holding of the Fund  Do not substitute am  2  Fair Value  69,527,743  69,527,743  The reporting entity's med on market yields of curities in Schedule D?	Amount of M Fund's Book/A Carrying V. Attributable Holding  a Excess of Stateme over Fair Value (-), Fair Value over Statement (+) (881,0)  method for determining is securities from an	nt or 59)	4  Date of Valuation

## **GENERAL INTERROGATORIES**

#### OTHER

33.1	Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?		\$	101,260
33.2	List the name of the organization and the amount paid if any such payment represented 25% or more of the total payment service organizations and statistical or rating bureaus during the period covered by this statement.	s to trade associati	ons,	
	1 2 Name Amoun			
	Insurance Services Office, Inc.	90,701		
34.1	Amount of payments for legal expenses, if any?		\$	88,354
34.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal during the period covered by this statement.	al expenses		
	1 2 Name Amoun			
	Locke Lord LLP	87,844		
35.1	Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of governments.	ernment, if any?	\$	
35.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expendi connection with matters before legislative bodies, officers or departments of government during the period covered by this			
	1 2 Name Amoun			

## **GENERAL INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Su	upplement Insurance in force?	Yes [ ] No [ X ]
1.2	If yes, indicate premium earned on U. S. business onl	ly	\$
1.3	What portion of Item (1.2) is not reported on the Media 1.31 Reason for excluding	care Supplement Insurance Experience Exhibit?	\$
	_		
1.4	Indicate amount of earned premium attributable to Ca	anadian and/or Other Alien not included in Item (1.2) above.	\$
1.5	Indicate total incurred claims on all Medicare Supplem	nent Insurance.	\$
1.6	Individual policies:	Most current three years:	
		1.61 Total premium earned	\$
		1.62 Total incurred claims	\$
		1.63 Number of covered lives	
		All years prior to most current three years	
		1.64 Total premium earned	\$
		1.65 Total incurred claims	\$
		1.66 Number of covered lives	
1.7	Group policies:	Most current three years:	
		1.71 Total premium earned	
		1.72 Total incurred claims	\$
		1.73 Number of covered lives	
		All years prior to most current three years	
		1.74 Total premium earned	
		1.75 Total incurred claims	
		1.76 Number of covered lives	
_	Health Tool		
2.	Health Test:	4	
		1 2 Current Year Prior Year	
	2.1 Premium Numerator		
		(2,891)	
		0.0000.000	
0.4			V
3.1	Does the reporting entity issue both participating and	non-participating policies?	Yes [ ] No [ X ]
3.2	If yes, state the amount of calendar year premiums w	ritten on:	
		3.21 Participating policies	
		3.22 Non-participating policies	\$
4.	For mutual reporting Entities and Reciprocal Exchang		
4.1			
4.2	Does the reporting entity issue non-assessable policie	es?	. Yes [ ] No [ ]
4.3		f the contingent liability of the policyholders?	
4.4	lotal amount of assessments paid or ordered to be pa	aid during the year on deposit notes or contingent premiums.	\$
_	For Decimand Evolunges Only		
5. = 1	For Reciprocal Exchanges Only:		Van F 1 Na F 1
5.1 5.2	If yes, is the commission paid:		. Yes [ ] No [ ]
5.2		5.21 Out of Attornov's in fact componentian	[ ] No [ ] N/A [ ]
		5.21 Out of Attorney's-in-fact compensation	
5.3	What expenses of the Exchange are not paid out of the		[ ] NO [ ] N/A [ ]
5.4		n fulfillment of certain conditions, been deferred?	
5.5	If yes, give full information		

## **GENERAL INTERROGATORIES**

6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?  Not applicable						
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process.  Amica relies on our catastrophe reinsurance brokers, Aon Benfield and Gen Re Intermediaries, for modeling services. This year, they provided calculations of our PML using RiskLink (v. 15) and AIR (v. 3). The Company's largest exposure would occur on comprehensive coverage resulting from a hurricane in New Jersey.						
6.3	What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  The Company is party to a 100% quota share reinsurance agreement with its parent.						
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes [	[	]	No [	Χ]	]
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss.  All losses are reinsured at 100% under the Company's quota share reinsurance agreement.						
7.1	Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss ratio cap, an aggregate limit or any similar provisions)?	Yes [	[	]	No [	Χ]	]
7.2	If yes, indicate the number of reinsurance contracts containing such provisions:						
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes	[	]	No [	]	]
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?	Yes	[	]	No [	X :	]
8.2	If yes, give full information						
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;  (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  (c) Aggregate stop loss reinsurance coverage;  (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during						
	the period); or  (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.	Yes	[	]	No [	Χ ]	]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.	Yes	]	]	No [	X ;	]
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.						
9.4	Except for transactions meeting the requirements of paragraph 32 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes	[	]	No [	, X ;	]
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.						
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:	v		,	N -	· v	,
	(a) The entity does not utilize reinsurance; or,	.,					J 1
	supplement; or				No [		1
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?Yes [				_		

## **GENERAL INTERROGATORIES**

11.1	Has the reporting entity guaranteed policies issued	by any other entity and n	ow in force?			Yes [	] No [ X ]
11.2	If yes, give full information						
12.1	If the reporting entity recorded accrued retrospective amount of corresponding liabilities recorded for:	e premiums on insurance	e contracts on Line 15.3	of the asset schedule,	Page 2, state the		
		12.11 Unj	oaid losses			\$	
		12.12 Un <sub>i</sub>	paid underwriting expens	ses (including loss adju	stment expenses)	\$	
12.2	Of the amount on Line 15.3, Page 2, state the amou	int which is secured by l	etters of credit, collatera	I, and other funds		\$	
12.3	If the reporting entity underwrites commercial insura accepted from its insureds covering unpaid premiu	nce risks, such as work ms and/or unpaid losses	ers' compensation, are ps?	premium notes or promi	issory notes Yes [	] No [	] N/A [ X ]
12.4	If yes, provide the range of interest rates charged ur	nder such notes during the	he period covered by thi	s statement:			
		12.41 Fro	m				%
		12.42 To.					%
12.5	Are letters of credit or collateral and other funds reconstruction promissory notes taken by a reporting entity, or to losses under loss deductible features of commercial	secure any of the reporti	ng entity's reported dire	ct unpaid loss reserves	, including unpaid	Yes [	] No [ X ]
12.6	If yes, state the amount thereof at December 31 of t	he current year:					
			ters of credit			•	
		12.62 Col	lateral and other funds			\$	
13.1	Largest net aggregate amount insured in any one ris	sk (excluding workers' c	ompensation):			\$	
13.2	Does any reinsurance contract considered in the careinstatement provision?					Yes [	] No [ X ]
13.3	State the number of reinsurance contracts (excludin facilities or facultative obligatory contracts) consider						1
14.1	Is the company a cedant in a multiple cedant reinsu	rance contract?				Yes [	] No [ X ]
14.2	If yes, please describe the method of allocating and						
14.3	If the answer to 14.1 is yes, are the methods descrit contracts?					Yes [	] No [ ]
14.4	If the answer to 14.3 is no, are all the methods desc	ribed in 14.2 entirely cor	ntained in written agreer	nents?		Yes [	] No [ ]
14.5	If the answer to 14.4 is no, please explain:						
15.1	Has the reporting entity guaranteed any financed pro					Yes [	] No [ X ]
15.2	If yes, give full information						
16.1	Does the reporting entity write any warranty busines If yes, disclose the following information for each of					Yes [	] No [ X ]
		1	2	3	4		5
		Direct Losses Incurred	Direct Losses Unpaid	Direct Written Premium	Direct Premium Unearned	Dir	ect Premium Earned
6.11	Home		Onpalu	i iciliulii	Oncarried	+	Lumou
	Products					-	
	Automobile					-	

* Disclose type of coverage:		

## **GENERAL INTERROGATORIES**

17.1	Does the reporting entity include amounts recoverable on unauth Part 5?	orized reinsurance in Schedule F - Part 3 that it excludes from Schedule F -	Yes [	] No [ X ]
	Incurred but not reported losses on contracts in force prior to Jul inclusion in Schedule F - Part 5. Provide the following information			
	1	7.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5		
	1	7.12 Unfunded portion of Interrogatory 17.11	\$	
		7.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11		
	1	7.14 Case reserves portion of Interrogatory 17.11	\$	
	1	7.15 Incurred but not reported portion of Interrogatory 17.11	\$	
	1	7.16 Unearned premium portion of Interrogatory 17.11	\$	
	1'	7.17 Contingent commission portion of Interrogatory 17.11	.\$	
	Provide the following information for all other amounts included in Schedule F - Part 5, not included above.	n Schedule F - P art 3 and excluded from  7.18 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5	l \$	
	1'	7.19 Unfunded portion of Interrogatory 17.18	.\$	
	1'	7.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18	.\$	
		7.21 Case reserves portion of Interrogatory 17.18		
	1	7.22 Incurred but not reported portion of Interrogatory 17.18	\$	
	1	7.23 Unearned premium portion of Interrogatory 17.18	\$	
	1	7.24 Contingent commission portion of Interrogatory 17.18	\$	
18.1	Do you act as a custodian for health savings accounts?		Yes [	] No [ X ]
18.2	If yes, please provide the amount of custodial funds held as of the	e reporting date.	.\$	
18.3	Do you act as an administrator for health savings accounts?		Yes [	] No [ X ]
18 4	If yes, please provide the balance of funds administered as of the	e renorting date	\$	

## **FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	Show amounts in whole d					
	Gross Premiums Written (Page 8, Part 1B Cols.	1 2016	2 2015	3 2014	4 2013	5 2012
1.	<b>1, 2 &amp; 3)</b> Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3,					
	18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	13,685,084		13,634,451		
2.	Property lines (Lines 1, 2, 9, 12, 21 & 26)	6,067,598	5,503,995	5, 143, 167	14 , 786 , 760	13,994,367
3.	Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)		(14,703)	(1,319,954)		
	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
	Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6.	Total (Line 35)	19,752,682	18,925,782	17,457,664	51,582,152	49,450,659
7.	Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)				(3 496 439)	6 928 985
8.	Property lines (Lines 1, 2, 9, 12, 21 & 26)		(99)	(25,660)	(1,404,409)	2,798,874
9.						
10.	All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11.						
12.	Total (Line 35)		(2,891)	(276,348)	(4,900,848)	9,727,859
	Statement of Income (Page 4)	005 004	(400, 700)	4 040 047	(400.047)	/4 005 450
13	Net underwriting gain (loss) (Line 8)				(463,947)	
14. 15.	Net investment gain or (loss) (Line 11)  Total other income (Line 15)	(386 330)		, ,,,	,	59,719
16.	Dividends to policyholders (Line 17)		(457)		, , , , , , , , , , , , , , , , , , ,	
17.	Federal and foreign income taxes incurred (Line 19)	382,283	641,230	(1,855,368)	(831,277)	(1,159,431)
18.	Net income (Line 20)		1,696,378			(2,760,165)
19.	Balance Sheet Lines (Pages 2 and 3)  Total admitted assets excluding protected cell					
	business (Page 2, Line 26, Col. 3)	81,954,971	82,000,484	104,452,084	32,530,770	31,202,307
20.	Premiums and considerations (Page 2, Col. 3) 20.1 In course of collection (Line 15.1)	1 184 332	1,241,729	1,154,635	2,737,622	2 664 504
	20.2 Deferred and not yet due (Line 15.2)	6.442.038				13,886,035
21.	Total liabilities excluding protected cell business					
	(Page 3, Line 26)					
22.	Losses (Page 3, Line 1)					12,118,166
23. 24.	Loss adjustment expenses (Page 3, Line 3)					
2 <del>4</del> . 25.	Capital paid up (Page 3, Lines 30 & 31)	3 500 000	3 500 000	3 500 000	3 500 000	3 500 000
26.	Surplus as regards policyholders (Page 3, Line 37)	79.076.584	78.134.607	98,755,510	27.189.163	7.958.669
	Cash Flow (Page 5)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
27.	Net cash from operations (Line 11)	164,449	1,624,489	11,229,975	(20, 153, 471)	(530,816)
	Risk-Based Capital Analysis					
28.	Total adjusted capital	79,076,584	78 , 134 , 607	98,755,510	27, 189, 163	7,958,669
29.	Authorized control level risk-based capital	200,570	/18,248	516,191	51,2/5	909,688
30. 31.	<b>x100.0</b> Bonds (Line 1)			66.5		92.5
32.	Mortgage loans on real estate (Lines 3.1 and 3.2)					
33.	Real estate (Lines 4.1, 4.2 & 4.3)					
34.	Cash, cash equivalents and short-term investments (Line 5)	9.6	71.1	33.5	9.6	7.5
35.	Contract loans (Line 6)					
36.	Derivatives (Line 7)					
37.	Other invested assets (Line 8)					
38.	Receivables for securities (Line 9)				·····	
39.	Securities lending reinvested collateral assets (Line 10)					
40.	Aggregate write-ins for invested assets (Line 11)					
41.	Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
	Investments in Parent, Subsidiaries and Affiliates					
42.	Col. 1)					
43.	Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)					
44.	Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)					
45.	Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)					
46.	Affiliated mortgage loans on real estate					
47.	All other affiliated					
48.	Total of above Lines 42 to 47					
49.	Total Investment in Parent included in Lines 42 to 47 above					
50.	Percentage of investments in parent, subsidiaries	}				
	and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					
	x 100.0j	<u> </u>	L		L	

## FIVE-YEAR HISTORICAL DATA

(Continued) 2016 2015 2014 2013 2012 Capital and Surplus Accounts (Page 4) Net unrealized capital gains (losses) (Line 24) (162,255) .27,228 (22,284) 4,289 51. .(23,000,000) Dividends to stockholders (Line 35) 52. 53. Change in surplus as regards policyholders for the .941,977 .(20,620,903) .(174,390) 19,230,494 ..(1,718,634) year (Line 38) .. Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 54. 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) 17.131.776 19.807.713 29.766.077 27.578.171 25.004.171 .4,529,527 .4,294,331 .8,948,118 11,421,000 Property lines (Lines 1, 2, 9, 12, 21 & 26) 7,434,345 55. 56 Property and liability combined lines (Lines 3, 4, 5, 1.159.512 3.936.011 23.567.923 All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 57. 29, 30 & 34) Nonproportional reinsurance lines (Lines 31, 32 & 58. 36,425,171 59. Total (Line 35) ... 22.820.815 28.038.055 60.768.345 36.526.289 Net Losses Paid (Page 9, Part 2, Col. 4) Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 60. 5.000.834 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .35,616 242,226 2,284,200 Property lines (Lines 1, 2, 9, 12, 21 & 26) 61. 62. Property and liability combined lines (Lines 3, 4, 5, .529,003 3.492.209 63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) Nonproportional reinsurance lines (Lines 31, 32 & 64. Total (Line 35) .564,619 .3.734.435 .7.285.034 65. Operating Percentages (Page 4) (Line divided by Page 4, Line 1)  $\times$  100.0 100.0 100.0 100.0 100.0 66 Premiums earned (Line 1) 100.0 .25,769.0 .29.9 .100.3 Losses incurred (Line 2) .. .9.686.9 .8.1 20.5 68. Loss expenses incurred (Line 3). Other underwriting expenses incurred (Line 4). (49,288.2) 47.3 24.5 69. 13.932.3 14.7 (45.3) 70. Net underwriting gain (loss) (Line 8). Other Percentages Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) ..... (58,615.8) .(1,611.7) (299.2 .23.5 Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, 35.455.9 Line 1 x 100.0) 38.0 120.8 Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) 0.0 .(0.3) .(18.0) 122 2 One Year Loss Development (000 omitted) Development in estimated losses and loss expenses incurred prior to current year (Schedule (807 (477) 926 P - Part 2 - Summary, Line 12, Col. 11) (13.927)Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)..... (8.0) .(0.5) .(175.0) 9.6 Two Year Loss Development (000 omitted) Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 -(807) (679) .(14,221) (7.236)303 Summary, Line 12, Col. 12) Percent of development of losses and loss expenses incurred to reported policyholders

companies incurred to reported pointy including							
surplus of second prior year end (Line 76 above					l		
divided by Page 4, Line 21, Col. 2 x 100.0)	(0.8)	(0.7)	(18.8)	(74.8)	l		2
IOTE: If a party to a merger, have the two most recent year	sclosure						
requirements of SSAP No. 3, Accounting Changes and Correction of Errors?						√o [	]
If no, please explain:							

2.8

## SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES SCHEDULE P - PART 1 - SUMMARY

(\$000 OMITTED)

		Pr	emiums Earn	ed		(,, , ,	Loss	,	cpense Paymo	ents			12
Ye	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
W	/hich				Loss Pa	ayments	Containmen	t Payments	Payn		1		Number of
	ıms Were				4	5	6	7	8	9		Total Net	Claims
	ned and								l		Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX	XXX	XXX	(2)	(2)					2		XXX
2.	2007	84,277	63,329	20,948	39,906	32,075	3, 196	2,578	9,214	7,372	3,426	10,291	xxx
3.	2008	81,814	66,032	15,782	101,756	84 , 128	3, 182	2,566	11,982	9,590	3,677	20,636	XXX
4.	2009	85,399	68,918	16,481	60,224	49,802	3,809	3, 172	9,543	7,651	3,829	12,951	XXX
5.	2010	98 , 198	79,284	18,914	48,836	40,662	4,216	3,601	8,570	6,892	5,048	10,466	XXX
6.	2011	110,855	89,469	21,386	82,167	70,328	4,686	4,224	10,608	8,570	5,625	14,339	XXX
7.	2012	122,058	98,506	23,552	74 , 182	64,845	4,428	4 , 196	10,232	8,435	6,240	11,366	XXX
8.	2013	135,561	119,383	16 , 178	63,963	57,798	3,741	3,563	10 , 100	8,828	5, 163	7,615	XXX
9.	2014	83,533	74,347	9 , 186	39,846	37,235	2,305	2,246	4,942	4,364	3,519	3,248	XXX
10.	2015	18,592	18,595	(3)	12,382	12,382	826	826	1,078	1,078	1,764		XXX
11.	2016	19,775	19,775		9,231	9,231	320	320	890	890	1,368		XXX
12.	Totals	XXX	XXX	XXX	532,491	458,484	30,709	27,292	77,159	63,671	39,661	90,913	XXX

												23	24	25
		Case	Losses	Unpaid Bulk +	IDNID		e and Cost ( Basis	Containment Bulk +		, , ,	and Other paid			
		13	14	15	16	17	18	19	20	21	22			Number
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrog- ation Anticipated	Total Net Losses and Expenses Unpaid	of Claims Outstand- ing Direct and Assumed
1.	Prior													xxx
2.	2007	209	209			17	17			1	1			XXX
3.	2008	107	107	2	2	13	13			1	1			XXX
4.	2009	214	214	2	2	17	17			1	1			XXX
5.	2010	201	201	13	13	30	30	2	2	3	3			XXX
6.	2011	700	700	94	94	76	76	16	16	12	12			XXX
7.	2012	2,117	2,117	181	181	212	212	30	30	41	41			XXX
8.	2013	5,677	5,677	(88)	(88)	758	758	(17)	(17)	70	70			XXX
9.	2014	5,823	5,823	244	244	813	813	41	41	108	108			XXX
10.	2015	4 , 159	4, 159	2,010	2,010	570	570	346	346	166	166			XXX
11.	2016	5,192	5,192	5,381	5,381	686	686	898	898	559	559			XXX
12.	Totals	24,399	24,399	7,839	7,839	3,192	3, 192	1,316	1,316	961	961			XXX

								•		•		
			Total			oss Expense F		l		34		nce Sheet
			d Loss Expense			ed /Premiums E	/		r Discount		Reserves At	
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and			Direct and				Loss	Company Pooling Participation	Losses	Loss Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	xxx			xxx		
2.	2007	52,543	42,252	10,291	62.3	66.7	49.1					
3.	2008	117,043	96,407	20,636	143.1	146.0	130.8					
4.	2009	73,810	60,859	12,951	86.4	88.3	78.6					
5.	2010	61,870	51,404	10,466	63.0	64.8	55.3					
6.	2011	98,359	84,020	14,339	88.7	93.9	67.0					
7.	2012	91,424	80,057	11,366	74.9	81.3	48.3					
8.	2013	84,204	76,589	7,615	62.1	64.2	47.1					
9.	2014	54 , 122	50,874	3,248	64.8	68.4	35.4					
10.	2015	21,538	21,538		115.8	115.8						
11.	2016	23, 157	23, 157		117.1	117.1						
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

## **SCHEDULE P - PART 2 - SUMMARY**

Ye	ears in	INCURRED	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END (\$000	OMITTED)	DEVELO	PMENT
	h Losses Incurred	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1.	Prior	1,535	1,240	887	786	703	690	676	676	676	676		
2.	2007	8,708	8,696	9,489	9,391	8,939	8,728	8,446	8,449	8,449	8,449		
3.	2008	xxx	18,687	18,937	19,258	18,795	18,449	18,230	18,244	18,244	18,244		
4.	2009	xxx	XXX	11,764	12,004	12,823	12,040	11,045	11,066	11,059	11,059		(7)
5.	2010	XXX	XXX	XXX	10,993	10,982	11,611	8,843	8,826	8,789	8,789		(37)
6.	2011	XXX	XXX	XXX	XXX	15,267	16,400	12,370	12,294	12,301	12,301		7
7.	2012	XXX	XXX	XXX	XXX	XXX	15,531	9,657	9,673	9,569	9,569		( 104)
8.	2013	XXX	XXX	XXX	XXX	XXX	XXX	6,842	6,404	6,343	6,343		(61)
9.	2014	xxx	XXX	XXX	XXX	XXX	XXX	XXX	3,275	2,670	2,670		(605)
10.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12 Totals		(807)

## **SCHEDULE P - PART 3 - SUMMARY**

		CUMULA	ATIVE PAID N	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPEN	<b>NSES REPOF</b>	RTED AT YEA	AR END	11	12
						(\$000 ON	/ITTED)					Number of	Number of
Ye	ears in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
V	Vhich											Closed	Closed
	osses											With	Without
	Nere .											Loss	Loss
In	curred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Payment	Payment
1.	Prior	000	291	430	644	672	676	676	676	676	676	xxx	xxx
2.	2007	4,744	6,581	7,284	7,852	8,393	8,443	8,446	8,449	8,449	8,449	XXX	XXX
3.	2008	XXX	11,583	15,933	17, 173	17,910	18,206	18,230	18,242	18,244	18,244	XXX	xxx
4.	2009	xxx	XXX	6,630	8,874	10,275	11,036	11,042	11,058	11,059	11,059	xxx	xxx
5.	2010	XXX	XXX	XXX	5,618	7,844	8,760	8,782	8,780	8,789	8,789	xxx	xxx
6.	2011	XXX	XXX	XXX	XXX	9,309	12,098	12,220	12,272	12,301	12,301	xxx	xxx
7.	2012	XXX	XXX	XXX	XXX	XXX	8,521	9,359	9,560	9,569	9,569	XXX	XXX
8.	2013	XXX	XXX	xxx	XXX	XXX	XXX	4,846	6,060	6,343	6,343	xxx	xxx
9.	2014	xxx	xxx	xxx	xxx	xxx	xxx	XXX	2,368	2,670	2,670	xxx	xxx
10.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			xxx	xxx
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

## **SCHEDULE P - PART 4 - SUMMARY**

			•		<i>-</i>		T 00		•		
		BULK AND IB	NR RESERVES	S ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	T EXPENSES R	EPORTED AT	YEAR END (\$00	00 OMITTED)
Years Whice Loss Wer	ch es	1	2	3	4	5	6	7	8	9	10
Incur	red	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. P	rior	829	454	126	69						
2. 20	007	1,534	598	613	394	200					
3. 20	008	xxx	2,823	1,206	646	272	12				
4. 20	009	XXX	XXX	2,789	990	713	134	3			
5. 20	010	XXX	XXX	XXX	2,856	888	415	14	5		
6. 20	011	XXX	XXX	XXX	XXX	2,683	1 , 143	23	9		
7. 20	012	XXX	XXX	XXX	XXX	XXX	3,075	85	33		
8. 20	013	XXX	XXX	XXX	XXX	XXX	XXX	379	93		
9. 20	014	xxx	XXX	xxx	xxx	XXX	XXX	xxx	362		
10. 20	015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 20	016	XXX	XXX	xxx	XXX	XXX	XXX	xxx	XXX	xxx	

## **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

				Creas Danie	ma Individia	4		6	7		^
			1	Gross Premiu Policy and Men Less Return F Premiums on Tak	nbership Fees, remiums and Policies Not	4 Dividends Paid or	5 Direct	6	7	8 Finance and	9 Direct Premiums Written for Federal
			Active	2 Direct Premiums	3 Direct Premiums	Credited to Policyholders on Direct	Losses Paid (Deducting	Direct Losses	Direct Losses	Service Charges Not Included in	Purchasing Groups (Included in
1.	States, Etc. Alabama	A.I.	Status N	Written	Earned	Business	Salvage)	Incurred	Unpaid	Premiums	Column 2)
2.	Alaska		N	·							
3.	Arizona		N								
4.	Arkansas		N								
5.	California		N								
6.	Colorado		N								
7.	Connecticut		N N								
8. 9.	Delaware  District of Columbia	DE	NN.								
10.	Florida		N								
11.	Georgia	. –	N								
12.	Hawaii	HI	N								
13.	Idaho		N								
14.	Illinois		N								
15. 16.	Indianalowa		N N								
17.	Kansas		N	†							
18.	Kentucky		N								
19.	Louisiana	LA	N								
	Maine		N								
21.	Maryland		N								
22. 23.	Massachusetts		N N								
	Michigan Minnesota		N								
25.	Mississippi		N								
26.	Missouri		N								
27.	Montana		N								
28.	Nebraska		N								
29.	Nevada		N N								
30. 31.	New Hampshire New Jersey		I	13,949,493	14,358,374		16,720,478	7,219,742	26,137,638	64,811	
	New Mexico		N	10,343,430	14,000,074		10,720,470		20, 107,000		
33.	New York		L	5,803,189	5,416,576		4,950,210	7,306,102	4,709,334	30,386	
34.	North Carolina		N.								
35.	North Dakota	–	N								
36. 37.	Ohio		N N								
38.	Oklahoma Oregon	OK OR	N								
39.	Pennsylvania		N N								
	Rhode Island		L								
41.	South Carolina		N								
42.	South Dakota		N								
43.	Tennessee		N				4 450 407				
44. 45.	Texas Utah		L N				1 , 150 , 127	(540,403)	1,390,872		
46.	Vermont		N	†						ļ	<b></b>
	Virginia		N								
48.	Washington	WA	N	ļ							
	West Virginia		N								
50.	Wyoming		N	<del>-</del>						<u> </u>	l
51. 52.	Wyoming American Samoa		N N	-							
53.	Guam		N								
	Puerto Rico		N								
55.	U.S. Virgin Islands		N	ļ							
56.	Northern Mariana	MD	N								
57.	Islands			†						l	
58.	Aggregate other alien		XXX								
	Totals		(a) 4	19,752,682	19,774,950		22,820,815	13,985,441	32,237,844	95, 197	
	DETAILS OF WRITE-IN	NS									
58001.			XXX	-							
58002.			XXX								
58003.	Summary of remaining		XXX	-							
55556.	write-ins for Line 58 fro	om									
50000	overflow page		XXX								
58999.	Totals (Lines 58001 thre 58003 plus 58998)(Lin										
l	above)		XXX		C: (D) Dogistares						

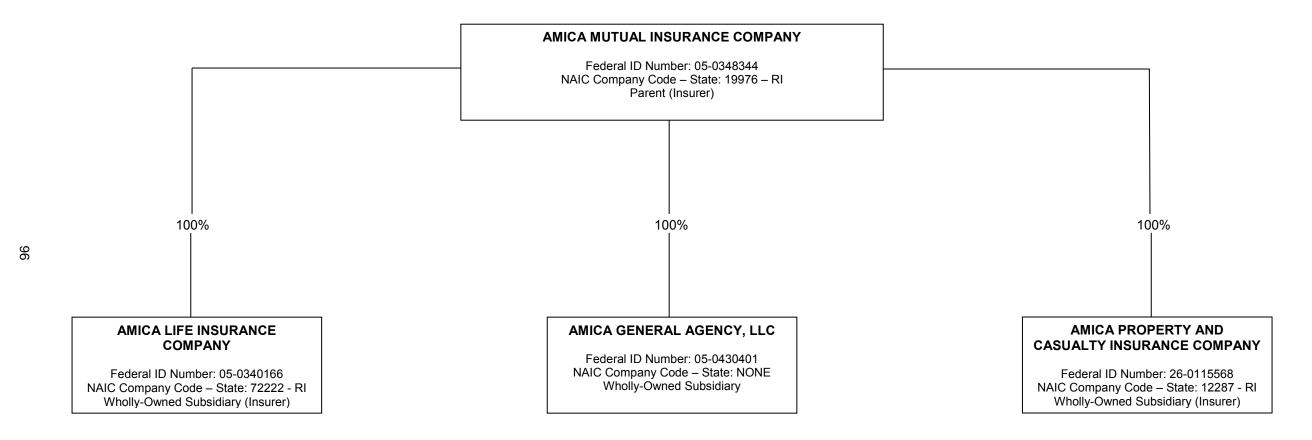
<sup>(</sup>L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation of premiums by states, etc.

All Automobile lines of business are allocated to the state in which the automobile is garaged.

(a) Insert the number of 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



# NONE

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