

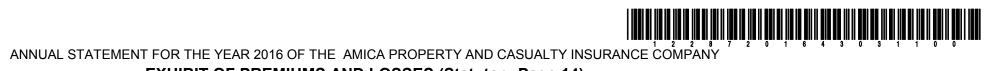
PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## **ANNUAL STATEMENT**

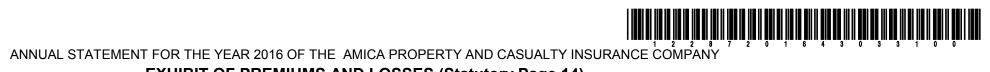
FOR THE YEAR ENDED DECEMBER 31, 2016

OF THE CONDITION AND AFFAIRS OF THE Amica Property and Casualty Insurance Company 
 0028
 0028
 NAIC Company Code
 12287
 Employer's ID Number
 26-0115568

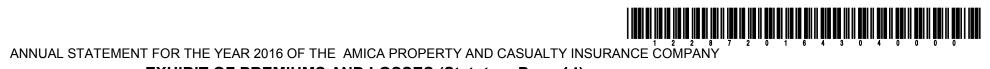
 (Current)
 (Prior)
 (Prior)</ NAIC Group Code RI State of Domicile or Port of Entry Organized under the Laws of Rhode Island Country of Domicile United States of America 05/11/2005 Incorporated/Organized Commenced Business 01/01/2006 Statutory Home Office 100 Amica Way Lincoln , RI, US 02865-1156 (Street and Number) (City or Town, State, Country and Zip Code) Main Administrative Office 100 Amica Way (Street and Number) Lincoln , RI, US 02865-1156 800-652-6422 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) P.O. Box 6008 Providence , RI, US 02940-6008 Mail Address (Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) Primary Location of Books and Records 100 Amica Way (Street and Number) Lincoln . RI. US 02865-1156 800-652-6422 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) Internet Website Address www.amica.com Statutory Statement Contact David Joseph Macedo 800-652-6422-24014 (Name) (Area Code) (Telephone Number) dmacedo@amica.com 401-334-2270 (FAX Number) (E-mail Address) OFFICERS Senior Vice President, Chief Financial Officer and Chairman, President and Chief Executive Officer Robert Anthony DiMuccio Treasurer James Parker Loring Senior Assistant Vice Suzanne Ellen Casey President and Secretary OTHER Robert Karl Benson, Senior Vice President and Chief Investment Officer Peter Ernest Moreau, Senior Vice President & Chief Jill Holton Andy, Senior Vice President James Arthur Bussiere, Senior Vice President Lisa Maria DeCubellis, #, Senior Vice President Information Officer Theodore Charles Murphy, #, Chief Operations Officer Robert Paul Suglia, Senior Vice President and General Counsel Sean Francis Welch, #, Senior Vice President **DIRECTORS OR TRUSTEES** Jill Janice Avery Edward Francis DeGraan Jeffrey Paul Aiken Debra Ann Canales Patricia Walsh Chadwick Robert Anthony DiMuccio Barry George Hittner Richard Alan Plotkin Michael David Jeans Donald Julian Reaves Ronald Keith Machtley Cheryl Watkins Snead State of Rhode Island SS: County of Providence The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state release regulations require differences in reporting not related to according practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement. Robert Anthony DiMuccio Suzanne Ellen Casey James Parker Loring Chairman. President and Chief Executive Officer Senior Assistant Vice President and Secretary Senior Vice President, Chief Financial Officer and Treasurer a. Is this an original filing? ..... Yes[X]No[] b. If no, Subscribed and sworn to before me this day of 8th February, 2017 1. State the amendment number... 2. Date filed ... 3. Number of pages attached..... Ann Marie Octeau Notary Public June 8, 2018



NAIC Group Code 0028 BUSINES	S IN THE STATE O				_			RING THE YEAR	2010	NAIC CUI	pany Code 1	
	Gross Premiu Policy and Mer Less Return F Premiums on Po 1	nbership Fees, Premiums and	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business		Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
1. Fire		Lamou			(=====;g==;g=)							
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
Mortgage guaranty     Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	3,261,737			1,600,253		2,945,044	6,487,526	.823,685		1,331,062		.80
19.2 Other private passenger auto liability	6,519,129	6,724,917			9,812,798	1,297,252	19,295,006	1,335,337	809,561	2.245.106		
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	4, 168, 627	4.215.934		2.041.032		2.977.446						
	4, 100, 027											
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												l
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	13,949,493	14,358,374		6,848,349	16,720,478	7,219,742	26,137,638	2,236,631	1,283,801	3,602,901		341,4
DETAILS OF WRITE-INS												
				<b>.</b>	l							
				<b> </b>	ļ							<b>.</b>
3403.				<b> </b>							1	1
498. Summary of remaining write-ins for Line 34 from overflow page												
499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)										1	1	

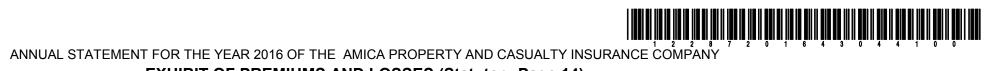


NAIC Group Code 0028 BUSINE	SS IN THE STATE C		3	4	5	6		RING THE YEAF	9	10	pany Code 12	12
	Policy and Me Less Return	ums, Including mbership Fees, Premiums and plicies not Taken 2	Jividends Paid	4	5	6	1	8 Direct Defense and Cost	9 Direct Defense and Cost	Direct Defense and Cost Containment	Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
1. Fire	Willen	Lameu	on Direct Dusiness	T Ternium Reserves	(deducting salvage)	meaned	Losses onpaid	Expense r aid		Olipaid	Expenses	and r ccs
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
0. Financial quaranty												
Medical professional liability												
2. Earthquake												
<ol> <li>Group accident and health (b)</li> </ol>												
<ol> <li>Credit accident and health (group and individual)</li> </ol>												
5.1 Collectively renewable accident and health (b)												
5.2 Non-cancelable accident and health(b)												
5.3 Guaranteed renewable accident and health(b)												
5.4 Non-renewable for stated reasons only (b)												
5.5 Other accident only												
5.6 Medicare Title XVIII exempt from state taxes or fees.												
5.7 All other accident and health (b)												
5.8 Federal employees health benefits plan premium (b)												
6. Workers' compensation												
17.1 Other Liability - occurrence												
7.2 Other Liability - claims made												
7.3 Excess workers' compensation												
8. Products liability												
9.1 Private passenger auto no-fault (personal injury protection)	1,326,747	1,284,648			1,994,439		1,778,672			364.922		
9.2 Other private passenger auto liability	2,577,471	2,417,012		1,427,543	1,486,639	2,983,228	2,649,442		299.709	331.826		
9.3 Commercial auto no-fault (personal injury protection)	·····											
9.4 Other commercial auto liability												
1.1 Private passenger auto physical damage	1,898,971	1,714,916		1,046,085	1,469,132	1,321,434				.23,244		
21.2 Commercial auto physical damage					, ., .		,		,	,		
22. Aircraft (all perils)												
3. Fidelity												
4. Surety												
6. Burglary and theft												
7. Boiler and machinery												
28. Credit												
0. Warranty												
<ol> <li>Aggregate write-ins for other lines of business</li> </ol>												
5. TOTALS (a)	5,803,189	5,416,576		3,211,500	4,950,210	7,306,102	4,709,334	422,713	815,373	719,992		122
DETAILS OF WRITE-INS	., .,			., ,	,,	·· ··-	, .,,,	,,,,,,		.,		1
1							1					1
2							Ι		Ι		Ι	Ι
3		I	[	I			Ι	[	Ι		Ι	Ι
<ol> <li>Summary of remaining write-ins for Line 34 from overflow page</li> </ol>												
9. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												



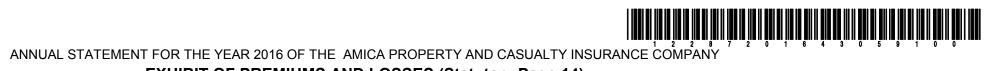
NAIC Group Code 0028 BUSINES	S IN THE STATE C				-			RING THE YEA			pany Code 12	
	Gross Premiu Policy and Mer Less Return F Premiums on Po	nbership Fees,	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business		Direct Losses Paid (deducting salvage)	Direct Losses	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
1. Fire	wniten	Earned	UII Direct Busiliess	Freihlutti Reserves	(deducting salvage)	Incuireu	Losses oripaid	Expense Faiu	Expense incurreu	Unpaid	Expenses	and rees
2.1 Allied lines												
2.2 Multiple peril crop				1								
2.2 Multiple peril crop				1								
2.3 Private crop												
2.4. Private crop												
S. Farmowners multiple peril												
Homeowners multiple peril												
<ol> <li>Formervial multiple peril (non-liability portion)</li> </ol>												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
9. Inland marine												
11. Medical professional liability												
12. Earthquake												
<ol> <li>Eartiquake</li></ol>												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)				+	+		+		-			
15.2 Non-cancelable accident and health(b)				+								
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)			+									
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)				·····								
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation								+				
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	•••••											
9.2 Other private passenger auto liability												
9.3 Commercial auto no-fault (personal injury protection)				+				+				
9.4 Other commercial auto liability				+	+			+			+	+
21.1 Private passenger auto physical damage				+				+			+	+
21.2 Commercial auto physical damage				+								
2. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery			+	+								+
28. Credit			+	+	+			+	+		+	+
30. Warranty			+	+	+	+	+	+	+		+	+
<ol> <li>Aggregate write-ins for other lines of business</li> <li>TOTALS (a)</li> </ol>									+		+	
DETAILS OF WRITE-INS												
1				+				+				
			+	<b>+</b>	+	+	.+	+	.+	+	+	+
03		<u> </u>	+	+	+	<u> </u>	+	+	+	+	+	+
98. Summary of remaining write-ins for Line 34 from overflow page			+	+	+			+	.+		+	+
9. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ .....



NAIC Group Code 0028 BUSINES	S IN THE STATE C		-					RING THE YEAF	2010	NAIC Com		2287
	Policy and Me Less Return Premiums on P	ums, Including embership Fees, Premiums and olicies not Taken 2	3 Dividends Paid or Credited to	4	5	6	7	8 Direct Defense and Cost	9 Direct Defense and Cost	10 Direct Defense and Cost Containment	11 Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business		Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire						(1,000)			(4,000)			
2.1 Allied lines						(18, 148)		7 , 178				
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril					1, 159, 512	(485,097)	1,390,872					
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine					(35, 158)							
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b).												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)									•••••••			
19.4 Other commercial auto liability												
21.1         Private passenger auto physical damage												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety	•••••								••••••			
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)					1, 150, 127	(540,403)	1,390,872	236,962	71,972	185,004		1,2
DETAILS OF WRITE-INS												
				+								
				+					+			
		.+	.+	<b>+</b>					<b> </b>			+
198. Summary of remaining write-ins for Line 34 from overflow page												
99. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)			1									1

(a) Finance and service charges not included in Lines 1 to 35 \$ .....



NAIC Group Code 0028 BUSINES	SS IN THE STATE O Gross Premiu		3	4	F	6	7	RING THE YEAF	2010	10	pany Code 1	
	Policy and Men Less Return F Premiums on Po 1	nbership Fees, remiums and	Dividends Paid or Credited to		5	6	/	8 Direct Defense and Cost	9 Direct Defense and Cost	Direct Defense and Cost Containment	Commissions	12
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business		Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Expense Unpaid	and Brokerage Expenses	Taxes, License and Fees
1. Fire						(1,000)			(4,000)			
2.1 Allied lines						(18, 148)		7,178				
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril					1, 159, 512	(485,097)	1,390,872					
5.1 Commercial multiple peril (non-liability portion)						. , .			· · · · · · · · · · · · · · · · · · ·			
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine					(35, 158)	(36, 158)						(
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
<ol> <li>Group accident and health (b)</li> </ol>												
<ol> <li>Credit accident and health (group and individual)</li> </ol>												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.5 Other accident only												
<ul> <li>15.7 All other accident and health (b)</li> <li>15.8 Federal employees health benefits plan premium (b)</li></ul>												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	4 500 404	4 700 474		0 000 405	F 000 000	E 040 404	0.000 400	4 400 045	050 040	4 005 004		100.0
19.1 Private passenger auto no-fault (personal injury protection)	4,588,484 .9,096,600					5,946,484 4,280,480	8,266,198 21,944,448	1, 103, 845		1,695,984 2,576,932		
19.2 Other private passenger auto liability					11,299,437	4,280,480		1,419,380	1, 109,270			215, 1
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	0.007.500	E 000 050			4 500 040	4 000 000			400.004	40.077		
21.1 Private passenger auto physical damage		5,930,850			4,538,912	4,298,880	636,326	136, 119	136,064			140,7
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
<ol> <li>Aggregate write-ins for other lines of business</li> </ol>												
35. TOTALS (a)	19,752,682	19,774,950		10,059,849	22,820,815	13,985,441	32,237,844	2,896,306	2, 171, 146	4,507,897		465,2
DETAILS OF WRITE-INS												
3401				<b>.</b>							<b>_</b>	
3402			+	<b> </b>							<b> </b>	
3403				<b> </b>							<b> </b>	
3498. Summary of remaining write-ins for Line 34 from overflow page												
499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)										1		

# Schedule F - Part 1

Schedule F - Part 2

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

## **SCHEDULE F - PART 3**

Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1	2	2	4	5	6	Cillouranoc		inder 31, Cu	(	ance Recover	/				Reinsuran	Do Dovoblo	18	19
	-	J	+	5	0	7	8	9	10		12	13	14	15	16	17	Net Amount	19
						1	0	9	10	11	12	15	14	15	10	17		Funds Held
	NAIC															Other	From	By Company
	Com-				Reinsurance			Known Case	Known Case				Contingent	Columns	Ceded	Amounts	Reinsurers	Under
ID	pany		Domiciliary	Special	Premiums	Paid		Loss	LAE	IBNR Loss	IBNR LAE	Unearned	Commis-	7 thru 14	Balances	Due to	Cols. 15 -	Reinsurance
Number	Code	Name of Reinsurer	Jurisdiction	Code	Ceded	Losses	Paid LAE	Reserves	Reserves	Reserves	Reserves	Premiums	sions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
05-0348344	19976 Am	ica Mutual Insurance Company	BI		.19.549								Clothe		1.094			
		zed - Affiliates - U.S. Non-Pool - Other			19,549	1,866	312		3,192	7,839	2,277	10,060		49,945	1,094		48,851	
		zed - Affiliates - U.S. Non-Pool			19,549	1,866	312	24,399	3, 192	7,839	2,277	10,060		49,945	1.094		48,851	
		zed - Affiliates - Other (Non-U.S.)				,		,		,	,	,					, -	
		zed - Affiliates			19.549	1.866	312	24,399	3, 192	7.839	2.277	10.060		49,945	1.094		48.851	
		zed - Other U.S. Unaffiliated Insurers (Under \$100.00	00)			.,				.,	-1	,		,	.,			
		zed - Other U.S. Unaffiliated Insurers																
AA-9991160	00000 Ne	w Jersey Unsatisfied Claim & Judgement Fund	NJ.															
_AA-9991162		w Jersey Automobile Insurance Risk Exchange	NJ															
1099999. 1	otal Authori	zed - Pools - Mandatory Pools			204													
1299998. 1	otal Authori	zed - Other Non-U.S. Insurers (Under \$100,000)																
1299999. 1	otal Authori	zed - Other Non-U.S. Insurers																
1399999. 1	otal Authori	zed			19,753	1,866	312	24,399	3, 192	7,839	2,277	10,060		49,945	1,094		48,851	
1799999. 1	otal Unauth	orized - Affiliates - U.S. Non-Pool																
2099999. 1	otal Unauth	orized - Affiliates - Other (Non-U.S.)																
2199999. 7	otal Unauth	orized - Affiliates																
2299998.1	otal Unauth	orized - Other U.S. Unaffiliated Insurers (Under \$100	,000)															
2299999. 7	otal Unauth	orized - Other U.S. Unaffiliated Insurers																
2599998. 1	otal Unauth	orized - Other Non-U.S. Insurers (Under \$100,000)																
2599999. 1	otal Unauth	orized - Other Non-U.S. Insurers																
2699999. 7	otal Unauth	orized																
3099999. 7	otal Certifie	d - Affiliates - U.S. Non-Pool																
3399999. 7	otal Certifie	d - Affiliates - Other (Non-U.S.)																
3499999. 1	otal Certifie	d - Affiliates																
3599998. 1	otal Certifie	d - Other U.S. Unaffiliated Insurers (Under \$100,000)	)															
3599999. 7	otal Certifie	d - Other U.S. Unaffiliated Insurers																
3899998.1	otal Certifie	d - Other Non-U.S. Insurers (Under \$100,000)																
3899999. 1	otal Certifie	d - Other Non-U.S. Insurers																
3999999.1	otal Certifie	d																
4099999.1	otal Authori	zed, Unauthorized and Certified			19,753	1,866	312	24,399	3,192	7,839	2,277	10,060		49,945	1,094		48,851	
4199999.1	otal Protect	ed Cells																
9999999 T	otals				19,753	1,866	312	24,399	3, 192	7,839	2,277	10,060		49,945	1,094		48,851	
NOTE A		five largest provisional commission rates included in t			•								1					2

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

22

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	2	3
Name of Reinsurer	Commission Rate	Ceded Premium

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1.	Amica Mutual Insurance Company			Yes [X] No [ ]
2.				Yes [ ] No [ ]
3.				Yes [ ] No [ ]
4.				Yes [ ] No [ ]
5.				Yes [ ] No [ ]

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

## SCHEDULE F - PART 4

Aging of Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1	2	3	4			ice Recoverable on	Paid Losses and Pa	aid Loss Adjustmen	t Expenses		12	13
-				5			Overdue			11		
	NAIC			-	6	7	8	9	10			Percentage More
	Com-				-		-	-	-		Percentage	Than 120 Days
ID	pany		Domiciliary						Total Overdue	Total Due	Overdue	Overdue
Number	Code	Name of Reinsurer	Jurisdiction	Current	1 to 29 Days	30 to 90 Days	91 to 120 Days	Over 120 Days	Cols. 6 + 7 + 8 + 9	Cols. 5 + 10	Col. 10/Col. 11	Col. 9/Col. 11
_05-0348344 _		Amica Mutual Insurance Company	RI	2, 178						2, 178		
		norized - Affiliates - U.S. Non-Pool - Other		2,178						2,178		
		norized - Affiliates - U.S. Non-Pool		2,178						2,178		
		norized - Affiliates - Other (Non-U.S.)										
		norized - Affiliates		2,178						2,178		
1399999.				2,178						2,178		
		uthorized - Affiliates - U.S. Non-Pool										
		uthorized - Affiliates - Other (Non-U.S.)										
		uthorized - Affiliates										
2699999.												
		ified - Affiliates - U.S. Non-Pool										
		ified - Affiliates - Other (Non-U.S.)										
		ified - Affiliates										
3999999.												
		norized, Unauthorized and Certified		2, 178						2, 178		
4199999.	Total Prot	ected Cells										
						+			+			-+
									+			
9999999 T	otals			2.178						2.178		

Schedule F - Part 5

Schedule F - Part 5 - Bank Footnote

Schedule F - Part 6 - Section 1 - Provision for Reinsurance Ceded to Certified Reinsurers

## ΝΟΝΕ

Schedule F - Part 6 - Section 1 - Bank Footnote

Schedule F - Part 6 - Section 2 - Provision for Overdue Reinsurance Ceded to Certified Reinsurers **NONE** 

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

## ΝΟΝΕ

Schedule F - Part 8 - Provision for Overdue Reinsurance

## NONE

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

## SCHEDULE F - PART 9

	Restatement of Balance Sheet to Identify Net C		r	
		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)			
2.	Premiums and considerations (Line 15)	7,626,370		7,626,370
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	2,178,255	(2, 178, 255)	
4.	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets	1,340,609		1,340,609
6.	Net amount recoverable from reinsurers		48,851,662	
7.	Protected cell assets (Line 27)			
8.	Totals (Line 28)		46,673,407	128,628,378
	LIABILITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)			
10.	Taxes, expenses, and other obligations (Lines 4 through 8)			
11.	Unearned premiums (Line 9)		10,059,849	
12.	Advance premiums (Line 10)			
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	1,093,592	(1,093,592)	
15.	Funds held by company under reinsurance treaties (Line 13)			
16.	Amounts withheld or retained by company for account of others (Line 14)	6,322		
17.	Provision for reinsurance (Line 16)			
18.	Other liabilities			
19.	Total liabilities excluding protected cell business (Line 26)		46,673,407	49,551,794
20.	Protected cell liabilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)	79,076,584	xxx	79,076,584
22.	Totals (Line 38)	81,954,971	46,673,407	128,628,378

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?

Yes [ X ] No [ ]

If yes, give full explanation: Effective January 1, 2013 the Company amended the quota share reinsurance agreement with Amica Mutual Insurance Company. From inception of business to December 31, 2012 Amica Property and Casualty maintained quota share reinsurance ceding 80% of all premiums, losses and loss adjustment expenses under all policies covered with Amica Mutual Insurance Company. Beginning January 1, 2013, the ceding share changed from 80% to 100%.

Schedule H - Part 1

Schedule H - Part 2 - Reserves and Liabilities **NONE** 

Schedule H - Part 3 - Prior Year's Claim Reserves and Liabilities

## ΝΟΝΕ

Schedule H - Part 4 - Reinsurance

# ΝΟΝΕ

Schedule H - Part 5 - Health Claims

# ΝΟΝΕ

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

		(\$000 OMITTED) Premiums Earned Loss and Loss Expense Payments 12											
		Pre	emiums Earne				Loss	and Loss Ex					12
	ears in	1	2	3			Defense a		Adjusting		10	11	
-	Vhich				Loss Pa	1 2 22	Containmen	t Payments	Payn		-		Number of
-	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and es Were	Direct and			Direct and		Direct and		Direct and		Salvage and	Paid Cols (4 - 5 + 6 - 7	Reported
	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Received	(4 - 5 + 6 - 7 + 8 - 9)	Direct and Assumed
110	curreu	Assumeu	Ceded	Net (1 - 2)	Assumed	Cedeu	Assumeu	Cedeu	Assumed	Cedeu	Receiveu	+ 0 - 9)	Assumed
1.	Prior	XXX	XXX	XXX									XXX
2.	2007	44 , 838	31,787	13,051	12,582	10,066			3,782		291	3,361	2,631
3.	2008	43,757		8,311	73,489	61,398			7,727	6, 182	<u></u> 400	13,786	8,625
4.	2009	46,681		8,866	28,477	23,873			5, 118	4 , 095		5,694	4, 176
5.	2010	55,148	44,674	10,474	13,905	11,126	611		4 , 120	3,297	146	3,722	3,330
6.	2011	62,716		11,911	40,390				6,283	5,027		7,607	5,007
7.	2012			13, 160	33,890				6,281			6,237	5, 105
8.	2013	80,244	65,004	15,240	29,770	23,960			6,072	4,864		7 , 182	4,854
9.	2014	45,745	37,057	8 , 688	18,915	16,460			2,783	2,237	70	3,057	2,716
10.	2015	(15)	(12)	(3)									
11.	2016												
12.	Totals	XXX	XXX	XXX	251,418	210,007	5,852	5,027	42,166	33,756	2,868	50,646	XXX

												23	24	25
		Case		Unpaid Bulk +	IBNR	Defens Case		Containment Bulk +		Adjusti Other I				
		13	14	15	16	17	18	19	20	21	22			Number
		Direct and		Direct and		Direct and		Direct and		Direct and		Salvage and Subrog- ation	Total Net Losses and Expenses	
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2007													
3.	2008	82		2	2	11	11							
4.	2009			2	2									
5.	2010	150		13	13	20		2	2	3	3			1
6.	2011	3	3	20				3	3	3	3			1
7.	2012	53	53	31	31	7	7	4	4	13	13			5
8.	2013	150		65	65	20		9	9	8	8			3
9.	2014			24	24	106		3	3	20	20			8
10.	2015													
11.	2016													
12.	Totals	1,234	1,234	157	157	164	164	21	21	45	45			18

			Total			oss Expense F				34		nce Sheet
			d Loss Expense			d /Premiums E	/		ar Discount	_		fter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	xxx	XXX	XXX	XXX	XXX	xxx			XXX		
2.	2007	16,801	13,440	3,361			25.8					
3.	2008			13,786								
4.	2009			5,694								
5.	2010			3,722								
6.	2011	47,624	40,017	7,607								
7.	2012	41, 190		6,237								
8.	2013			7 , 182			47.1					
9.	2014	23,404	20,347	3,057	51.2							
10.	2015											
11.	2016											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

						(\$00	0 OMITTED	)					
		Pre	emiums Earne	ed			Loss	s and Loss Ex	pense Payme	ents			12
Ye	ears in	1	2	3			Defense		Adjusting	and Other	10	11	
V	/hich				Loss Pa	iyments	Containmen	t Payments	Payn				Number of
Premiu	ums Were				4	5	6	7	8	9		Total Net	Claims
-	ned and										Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and		Subrogation		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.	2007			5,429	20,897	16,870	2,630	2, 126	3,785	3,030		5,286	3,200
3.	2008			5, 173			2,286	1,849	3,086	2,473		4,906	3,014
4.	2009	26,513		5,204	23,820	19,587	3,044	2,507	2,889	2,328		5,331	3,541
5.	2010			5,633	26,424		3, 394	2,940	2,979	2,420		4 , 695	3,839
6.	2011	31,836		6,254			3,493	3, 180	3,049	2,521	264	4 , 149	3,954
7.	2012			6,846	26,743	25 , 164	3,255	3, 150	2,709	2,387		2,006	3,748
8.	2013	35,973			23,421	23,421	2,568	2,568	2,771	2,771	158		3,997
9.	2014	25,111			13,630	13,630	1,337	1,337	1,428	1,428	166		2,497
10.	2015	13,383	13,383		7,983	7,983					90		1,897
11.	2016	13,844	13,844		4,403	4,403	204	204	640	640	54		1,845
12.	Totals	XXX	XXX	XXX	197,699	177,014	22,909	20,559	24,193	20,854	3,792	26,374	XXX

												23	24	25
		Case		Unpaid Bulk +		Defens Case		Containment Bulk +		Adjusti Other	ng and			
		13	14	15	16	17	18	19	20	21	22	-		Number
												Salvage and	Total Net Losses	of Claims Outstand-
		Direct and		Direct and		Direct and		Direct and		Direct and		Subrog- ation	and Expenses	ing Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2007					17	17			1	1			1
3.	2008	25	25			2	2			1	1			1
4.	2009					16	16			1	1			1
5.	2010	51	51			10	10							
6.	2011			74	74	76	76	13	13	9	9			11
7.	2012	2,063	2,063	150	150			26	26	29	29			34
8.	2013	5,527	5,527	(153)	( 153)	738	738	(26)	(26)	62	62			73
9.	2014	5,027	5,027							88	88			103
10.	2015	4 , 159	4 , 159	2,002	2,002				345	166				195
11.	2016	4,738	4,738	5,222	5,222	649	649	887	887	534	534			626
12.	Totals	22,696	22,696	7,515	7,515	2,990	2,990	1,283	1,283	891	891			1,045

			Total			oss Expense F				34		nce Sheet
			d Loss Expense			ed /Premiums E		Nontabula				ter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
		Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Company Pooling Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1.	Prior	xxx	XXX	XXX	XXX	xxx	xxx			xxx		
2.	2007	27,539										
3.	2008	25,275										
4.	2009		24,638	5,331	113.0	115.6						
5.	2010			4,695								
6.	2011			4 , 149								
7.	2012	35 , 180			101.1							
8.	2013											
9.	2014											
10.	2015	16,781	16,781									
11.	2016	17,276	17,276		124.8	124.8						
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

## NONE

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation) **NONE** 

Schedule P - Part 1E - Commercial Multiple Peril

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence **NONE** 

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made **NONE** 

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery) **NONE** 

Schedule P - Part 1H - Section 1 - Other Liability - Occurrence **NONE** 

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

NONE

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT) (\$000 OMITTED)

						(\$00		)					
		Pre	emiums Earn	ed			Los	s and Loss Ex	pense Payme	ents			12
Ye	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
V	Vhich				Loss Pa	ayments	Containmer	t Payments	Payn	nents			Number of
Premi	ums Were				4	5	6	7	8	9		Total Net	Claims
Ear	ned and										Salvage and	Paid Cols	Reported
Loss	es Were	Direct and			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7	Direct and
In	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	xxx	XXX	XXX	(10)	(10)	7	7	2	2			xxx
2.	2015	(1)	(1)										XXX
3.	2016												XXX
4.	Totals	XXX	XXX	XXX	(10)	(10)	7	7	2	2			XXX

												23	24	25
			Losses	Unpaid		Defens	e and Cost (	Containment	Unpaid	Adjusti	ng and Unpaid			
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	BNR	Other	Unpaid			
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage	Total Net	of Claims
												and	Losses	Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior													
2.	2015													
3.	2016													
4.	Totals													

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred	(Incurre	ed /Premiums E	Earned)	Nontabula	r Discount		Reserves A	fter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
										Company		
		Direct			Direct					Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	xxx	XXX	XXX	xxx	XXX	xxx					
2.	2015											
3.	2016											
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

						(\$00	0 OMITTED	)					
		Pre	emiums Earn	ed			Los	s and Loss Ex	kpense Payme	ents			12
Ye	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
V	Vhich				Loss Pa	iyments	Containmer	nt Payments	Payn	nents			Number of
Premi	ums Were				4	5	6	7	8	9		Total Net	Claims
	ned and										Salvage and		Reported
Loss	es Were	Direct and			Direct and		Direct and		Direct and		Subrogation		Direct and
In	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	XXX		xxx	(34)	(34)	(2)	(2)			66		xxx
2.	2015	5,225			4,399	4 , 399			221	221	1,674		2,787
3.	2016	5,931	5,931		4,828	4,828	116	116	250	250	1,314		2,881
4.	Totals	XXX	XXX	XXX	9,193	9,193	242	242	472	472	3,054		XXX

												23	24	25
			Losses	Unpaid		Defens	e and Cost C	Containment	Unpaid	Adjusti	ng and			
		Case	Basis	Bulk +	BNR	Case	Basis	Bulk +	+ IBNR	Other	ng and Unpaid			
		13	14	15	16	17	18	19	20	21	22			Number
												Salvage	Total Net	of Claims
												and	Losses	Outstand-
		Direct		Direct		Direct		Direct		Direct		Subrog-	and	ing
		and		and		and		and		and		ation	Expenses	Direct and
		Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Anticipated	Unpaid	Assumed
1.	Prior	15	15			1	1							1
2.	2015			8	8			1	1					
3.	2016	454	454	159	159	37	37	11	11	25	25			136
4.	Totals	469	469	167	167	38	38	12	12	25	25			137

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	d Loss Expense	es Incurred	(Incurre	ed /Premiums E	Earned)	Nontabula	r Discount		Reserves At	fter Discount
		26	27	28	29	30	31	32	33	Inter-	35	36
										Company		
		Direct	Direct and							Pooling		Loss
		and			and				Loss	Participation	Losses	Expenses
		Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1.	Prior	xxx	XXX	XXX	XXX	xxx	xxx			xxx		
2.	2015	4,757	4,757									
3.	2016	5,880	5,880		99.1	99.1						
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1K - Fidelity/Surety

## ΝΟΝΕ

Schedule P - Part 1L - Other (Including Credit, Accident and Health) **NONE** 

Schedule P - Part 1M - International

## ΝΟΝΕ

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property **NONE** 

Schedule P - Part 10 - Reinsurance - Nonproportional Assumed Liability **NONE** 

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines **NONE** 

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence **NONE** 

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made **NONE** 

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty **NONE** 

> Schedule P - Part 1T - Warranty **NONE**

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Ye	ears in	INCURRED	NET LOSSES	AND DEFEN	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END (\$00	0 OMITTED)	DEVELC	PMENT
Whic	h Losses	1	2	3	4	5	6	7	8	9	10	11	12
Were	Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	One Year	Two Year
1.	Prior												
2.	2007	2,722	2,677	2,578					2,604	2,604			
3.	2008	XXX	11,240	12, 170	12,474				12,241	12,241	12,241		
4.	2009	XXX	XXX	4,848	4,797	4,704	4,661	4,657	4,678	4,671	4,671		<u>(</u> 7)
5.	2010	XXX	XXX	XXX	3,540	2,917			2,935	2,898			(37)
6.	2011	XXX	XXX	XXX	XXX	6,845	6,610	6,416	6,345	6,352	6,352		7
7.	2012	XXX	XXX	XXX	XXX	XXX	5,208	5, 107	5,091	4,985			( 106 )
8.	2013	XXX	XXX	XXX	XXX	XXX	XXX	6,404	6,048	5,974	5,974		(74)
9.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,094	2,511	2,511		(583)
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		(800)

## SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1		1				1	1						
1.	Prior	1,094		732	603		513						
2.	2007	4,090	4,678	5,588	5,466	5,024	4,815	4,531	4,531	4,531	4,531		
3.	2008	XXX			5,071		4,517				4,293		
4.	2009	XXX	XXX	4,541	5,585		5,762	4,770	4 ,770	4,770	4,770		
5.	2010	XXX	XXX	XXX	4,646	6,291	6,949	4 , 136	4 , 136	4 , 136	4 , 136		
6.	2011	XXX	XXX	XXX	XXX		7,451						
7.	2012	XXX	XXX	XXX	XXX	XXX	6,861	1,684	1,684	1,684	1,684		
8.	2013	XXX	XXX	XXX	XXX	XXX	XXX						
9.	2014	XXX											
10.	2015	XXX	XXX				XXX						
11.	2016	XXX	XXX	XXX		XXX	XXX						
											12. Totals		

## SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1.	Prior												
2.	2007												
3.	2008	XXX											
4.	2009	XXX	XXX										
5.	2010	XXX	XXX	XXX									
6.	2011	XXX	XXX	XXX	XX		· · · · · · · · · · · · · · · · · · ·						
7.	2012	XXX	XXX	XXX	X	xx	h	<b>.</b>					
8.	2013	XXX	XXX	XXX	X	XX							
9.	2014	XXX	XXX	XXX	XXX		XXX	X					
10.	2015	XXX	XXX	XXX		XXX	XXX	XXX	XXX				XXX
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals		

#### SCHEDULE P - PART 2D - WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

1.	Prior												
2.	2007												
3.	2008	xxx											
4.	2009		XXX										
5.	2010	xxx	XXX	XXX									
6.	2011	XXX	XXX	XXX	XX								
7.	2012	xxx	XXX	XXX	X	xx	N						
8.	2013		XXX	XXX	X								
9.	2014		XXX	XXX	XXX		XXX						
10.	2015	XXX	XXX	XXX				xxx	XXX				
11.	2016	XXX		XXX	XXX								
				'				•			12. Totals		

## SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1.	Prior										 	
2.	2007											
3.	2008	XXX									 	
4.	2009	XXX	XXX								 	
5.	2010	XXX	XXX	XXX	<b>_</b>						 	
6.	2011	XXX	XXX	XXX	XX						 	
7.	2012	XXX	XXX	XXX		XX					 	
8.	2013	XXX	XXX	XXX	X	XX	🛛	· · · · · · · · · · · · · · · · · · ·			 	
9.	2014	XXX	XXX	XXX	XXX		XXX	X			 	
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

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

## ΝΟΝΕ

Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made **NONE** 

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery) **NONE** 

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence **NONE** 

Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

## ΝΟΝΕ

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

					,				· /			
Years in	INCURRED	NET LOSSES	AND DEFEN	NSE AND CO	ST CONTAIN	IMENT EXPE	NSES REPO	RTED AT YEA	AR END (\$00	0 OMITTED)	DEVELO	PMENT
Which Losses	1	2	3	4	5	6	7	8	9	10	11	12
Were Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	One Year	Two Year
1. Prior	xxx	xxx	xxx	xxx	xxx	xxx	xxx	48	41	41		(7)
2. 2015	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx				XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										4. Totals		(7)

#### SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. F	Prior	XXX		XXX			XXX	XXX			 	
2. 2	2015	xxx		 	xxx							
3. 2	2016	XXX	xxx									

4. Totals

## SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior		XXX	xxx	XXX.		 x					
2. 2015	XXX				xx						xxx
3. 2016	XXX	XXX	XXX	X	x		XXX	XXX		XXX	XXX
<u> </u>								L	4. Totals		

## SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior				XXX.			×					
2. 2015	XXX	XXX	xxx	×	xx			VVV				xxx
3. 2016	XXX	XXX	XXX		XX.	×××		XXX	XXX		XXX	XXX
0. 2010	7000	7000	7000					7001		4. Totals	7000	7000

## SCHEDULE P - PART 2M - INTERNATIONAL

1											1		
1.	Prior												
2.	2007												
3.	2008	xxx											
4.	2009	xxx	xxx										
5.	2010	xxx	XXX	XXX				· · · · · · · · · · · · · · · · · · ·					
6.	2011	xxx	xxx	XXX	××								
7.	2012	xxx	xxx	XXX		××							
8.	2013	xxx	xxx	xxx	xxx								
9.	2014	xxx	xxx.	xxx			xxx	xxx					
10.	2015	xxx	XXX	xxx		xxx	xxx	xxx	xxx				xxx
11.	2016	xxx	xxx	xxx	XXX	xxx	xxx	xxx	xxx	xxx		xxx	xxx
											12. Totals		

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

## ΝΟΝΕ

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability **NONE** 

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines **NONE** 

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence **NONE** 

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made **NONE** 

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty **NONE** 

Schedule P - Part 2T - Warranty

## ΝΟΝΕ

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

				-									
		CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN			MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
						(\$000 OI	MITTED)					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
V	Nere											Loss	Loss
Inc	curred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Payment	Payment
1.	Prior	000	117	121		174	175	175	175	175	175	51	
2.	2007	2,101				2,594	2,598	2,601	2,604	2,604	2,604	1,663	
3.	2008	XXX				12,166						6,211	2,414
4.	2009	XXX	XXX		4,548	4,645		4,654	4,670	4,671	4,671		1,353
5.	2010	xxx	XXX	XXX				2,891	2,889	2,898		1,883	1,446
6.	2011	xxx	XXX	XXX	XXX	5,333	6, 149	6,269	6,326	6,352	6,352	3,358	1,648
7.	2012	xxx	XXX	XXX	XXX	XXX	4 , 050	4,810	4,982			3, 171	1,929
8.	2013	XXX	XXX	XXX	XXX	XXX	XXX	4,574	5,710		5,974	2,764	
9.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX		2,511	2,511	1,688	1,020
10.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

## SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1.	Prior												
2.	2007	1,312	2,744	3,407	3,950	4,478	4,531	4,531	4,531	4,531	4,531	2,114	1,085
3.	2008	XXX	1, 114	2,605	3,351	4 ,034	4 , 293	4 , 293	4 , 293	4 , 293	4,293	1,996	1,017
4.	2009	XXX	XXX	1,333	2,714	4 ,015	4 ,770	4,770	4 ,770	4,770	4,770	2,335	1,205
5.	2010	XXX	XXX	XXX	1,393		4 , 136	4 , 136	4 , 136	4 , 136	4 , 136	2,605	1,234
6.	2011	XXX	XXX	XXX	XXX	1,634	3,621	3,621	3,621	3,621	3,621	2,743	1,200
7.	2012	XXX	XXX	XXX	XXX	XXX	1,684	1,684	1,684	1,684	1,684	2,581	1, 133
8.	2013	XXX	XXX	XXX	XXX	XXX	XXX					2,798	1, 126
9.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX				1,676	718
10.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1, 141	
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		804	415

## SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1.	Prior	000									 	
2.	2007										 	
3.												
4.	2009	XXX	XXX								 	
5.	2010	XXX	XXX	XXX					·····		 	
6.	2011	XXX	XXX	XXX	XX						 	
7.	2012	XXX	XXX	XXX		XX					 	
8.	2013	XXX	XXX	XXX	X	XX					 	
9.	2014	XXX	XXX	XXX	XXX		XXX	X			 	
10.	2015	XXX	XXX	XXX		XXX		XXX	XXX		 	
11.	2016	XXX	XXX									

#### SCHEDULE P - PART 3D - WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

1.	Prior										 	
2.	2007										 	
3.	2008										 	
4.	2009	xxx	XXX								 	
5.	2010	XXX	XXX	XXX							 	
6.	2011	XXX	XXX	XXX	XXX						 	
7.	2012	XXX	XXX	XXX	Χ.	xx					 	
8.	2013	XXX	XXX	XXX			$\sim$				 	
9.	2014	XXX		XXX	XXX		XXX	x				
10.	2015	XXX	XXX	XXX	XXX	XXX	ХХХ	XXX	XXX			
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

## SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1.	Prior	000									 	
2.	2007										 	
3.	2008	XXX									 	
4.	2009	XXX	XXX								 	
5.	2010	XXX	XXX	XXX					· · · · ·		 	
6.	2011	XXX	XXX	XXX	XX						 	
7.	2012	XXX	XXX	XXX		XX		· · · · · · · · · · · · · · · · · · ·			 	
8.	2013	XXX	XXX	XXX	X	xx					 	
9.	2014	XXX	XXX	XXX	XXX		XXX	X			 	
10.	2015	XXX	XXX	XXX	XXX	XXX		XXX	XXX		 	
11.	2016	XXX	XXX	XXX								

Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence

## ΝΟΝΕ

Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made **NONE** 

Schedule P - Part 3G - Special Liability

Schedule P - Part 3H - Section 1 - Other Liability - Occurrence  $N\ O\ N\ E$ 

Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made

## ΝΟΝΕ

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

		CUMUL	ATIVE PAID I	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END	11	12
						(\$000 OI	MITTED)					Number of	Number of
Ye	ears in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
V	Which I I I I I I I I I I I I I I I I I I I											Closed	Closed
L	osses			With	Without								
\	Nere											Loss	Loss
In	curred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Payment	Payment
1.	Prior					xxx		XXX	.000	41	41		
2.	2015	xxx			xxx	xxx						xxx	xxx
3.	2016	XXX	XXX	XXX	XXX	XXX	XXX	xxx	xxx	xxx		XXX	xxx

## SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1.	Prior							xxx	.000		 	
2.	2015	xxx			xxx				xxx		 2,350	
3.	2016	XXX	XXX	2,346	399							

## SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior			xxx		 	 	
2. 2015		xx	$\infty$	<b>X</b>	 	 XXX	xxx
3. 2016 XXX XXX XXX	XXX		XXX	<b>N</b>	XXX	XXX	xxx

## SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT. ACCIDENT AND HEALTH)

1. Prior		xxx	xxx	XX.	X		 x	000		 xxx	xxx
2. 2015					xx		×			 	
3. 2016	xxx	xxx	xxx	XXX		XXX	x		xxx	xxx	xxx

#### **SCHEDULE P - PART 3M - INTERNATIONAL**

1.	Prior										 xxx	
2.	2007										 XXX	xxx
3.	2008	xxx									 xxx	xxx
4.	2009	xxx	XXX								 XXX	XXX
5.	2010	xxx	XXX	xxx							 XXX	XXX
6.	2011	xxx	XXX	xxx	××						 XXX	xxx
7.	2012		XXX			××					 	
8.	2013	xxx	XXX	XXX							 XXX	XXX
9.		xxx			xxx		xxx				XXX	XXX
10.		XXX					xxx				XXX	XXX
11.		XXX	XXX									

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

## ΝΟΝΕ

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability **NONE** 

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines **NONE** 

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence **NONE** 

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made  $N\ O\ N\ E$ 

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty **NONE** 

Schedule P - Part 3T - Warranty

## ΝΟΝΕ

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

			••••==	<u> </u>							
		BULK AND IE	BNR RESERVES	S ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	0 OMITTED)
V	ears in Vhich osses	1	2	3	4	5	6	7	8	9	10
۷	Vere curred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1.	Prior			11	11						
2.	2007	131		10	11						
3.	2008	XXX				5	12				
4.	2009	XXX				9	12				
5.	2010	XXX	XXX	XXX				14			
6.	2011	XXX	XXX	XXX	XXX				9		
7.	2012					xxx					
8.	2013			XXX		XXX	XXX				
9.	2014			XXX							
10.	2015	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx		
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

## SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1.	Prior	719									
2.	2007	1,092									
3.	2008	XXX	1,998								
4.	2009	XXX	XXX	1,543							
5.	2010	XXX	XXX	XXX	1,505		407				
6.	2011	XXX	XXX	XXX	XXX	1,549	1,060				
7.	2012	XXX	XXX	XXX	XXX	XXX	2,581				
8.	2013	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

## SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1.	Prior										
2.	2007										
3.	2008	XXX									
4.	2009	XXX	XXX								
5.	2010	XXX	XXX	XX¥							
6.	2011	XXX	XXX	XX	XXX		I				
7.	2012	XXX	XXX	XX	XX	X					
8.	2013	XXX	XXX	XX	XX	x	X				
9.	2014	XXX	XXX	XX	XXX	XXX	X	<u>та</u> (Х			
10.	2015	XXX	XXX	xxx			XXX	XXX	XXX		
11.	2016	XXX	XXX	XXX							

#### SCHEDULE P - PART 4D - WORKERS' COMPENSATION (EXCLUDING EXCESS WORKERS' COMPENSATION)

								,			
1.	Prior										
2.	2007										
3.	2008	XXX									
4.	2009	XXX	XXX								
5.	2010	XXX	XXX	XX <u>X</u>							
6.	2011	XXX	XXX	XX	XXX						
7.	2012	XXX	XXX	XX		X. N					
8.	2013	XXX		XX	xx	x.	X				
9.	2014	xxx		XX	XXX		x	¥2(X			
10.		XXX		xxx	XXX	xxx	xxx				
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

## SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1.	Prior										
2.	2007										
3.	2008	XXX									
4.	2009	XXX	XXX								
5.	2010	XXX	XXX	XX¥							
6.	2011	XXX	XXX	XX	XXX						
7.	2012	XXX	XXX	XX		X. N					
8.	2013	XXX	XXX	XX	xx	x	X				
9.	2014	XXX	XXX	XX	XXX	XXX	X	1° X			
10.	2015	XXX	XXX	XXX			XXX	XXX	XXX		
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

## ΝΟΝΕ

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made **NONE** 

Schedule P - Part 4G - Special Liability

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence **NONE** 

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

## ΝΟΝΕ

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

	BULK AND I	BNR RESERVES	S ON NET LOSS	SES AND DEFE	NSE AND COS	<b>F CONTAINMEN</b>	IT EXPENSES F	REPORTED AT	YEAR END (\$00	0 OMITTED)
Years in	1	2	3	4	5	6	7	8	9	10
Which										
Losses										
Were	0007	0000	0000	0040	0011	0040	0040	0011	0015	0010
Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior					XXX					
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

## SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1.	Prior										
2.	2015	XXX									
3.	2016	xxx									

## SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Pric	rXXX		XX	XXX	XXX.	X	x			
2. 201	5XXX	xxx	XX		X		¥XX	XXX		
3. 201		XXX	XX	XX			XXX	XXX	XXX	
3. 201								~~~	~~~	

## SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior			XX	x	X	XXX.	X	X			
2. 2015	~~~	~~~~	~~	X			x	<u> </u>	~~~		
						·····	~	~~			
3. 2016	XXX	XXX	XX				X	XXX	XXX	XXX	

#### SCHEDULE P - PART 4M - INTERNATIONAL

1.	Prior										
2.	2007										
3.	2008	XXX									
4.	2009	XXX	XXX								
5.	2010	XXX	XXX	XX <u>¥</u>							
6.	2011	xxx	XXX	XX	XX						
7.	2012	xxx	xxx		xx	x.					
8.		xxx				XXX.					
Q.					XXX	XXX	XXX	XXX			
10											
10.	2015	XXX							XXX		
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

ΝΟΝΕ

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability **NONE** 

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines **NONE** 

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence **NONE** 

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made **NONE** 

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty **NONE** 

Schedule P - Part 4T - Warranty

## ΝΟΝΕ

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

CECT	
SECT	

					3	ECTION					
			CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LO	SS PAYMENT [	DIRECT AND AS	SUMED AT YE	AR END	
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1.	Prior				7	1					
2.	2007	1,382	1,624	1,648	1,655	1,659	1,659	1,662	1,663	1,663	1,663
3.	2008	xxx			6, 151	6, 176	6,206	6,208	6,211	6,211	6,211
4.	2009	xxx		2 , 180	2,721	2,775	2,817	2,819	2,821	2,822	2,823
5.	2010	XXX	XXX	XXX	1,524	1,854	1,874	1,878	1,882	1,883	1,883
6.	2011	XXX	xxx	XXX	XXX	2,594		3,309		3,354	3,358
7.	2012	xxx		XXX	XXX	XXX	2,359	2,981	3, 101	3, 154	3, 171
8.	2013	xxx	XXX	XXX	XXX	XXX	XXX	1,980		2,739	
9.	2014	xxx	xxx	XXX	XXX	xxx	XXX	XXX	1,406	1,646	1,688
10.	2015	xxx		XXX	XXX	XXX	XXX	XXX	XXX		
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

## **SECTION 2**

				NUMBEF	R OF CLAIMS OU	JTSTANDING D	IRECT AND ASS	SUMED AT YEA	R END		
Years	in Which	1	2	3	4	5	6	7	8	9	10
	miums			-		-	-		-	-	
	Earned										
	Losses										
	Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1.	Prior	54	.10	3		1					
2.	2007	292	36	4	3		1				
۷.	2007						'				
3.	2008	XXX			15	2					
4.	2009	XXX	xxx			6		1		1	
5.	2010		xxx	XXX			2	4	4	2	1
6.	2011	xxx	xxx	xxx	xxx						1
7.	2012	xxx	xxx	xxx	xxx	xxx					
8.	2013				xxx						
9.	2014	xxx	xxx	xxx	XXX	xxx	xxx	xxx			
10.	2015	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx		
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	

					3		)				
				CUMULATIVE	NUMBER OF C	LAIMS REPORT	FED DIRECT AN	ID ASSUMED A	T YEAR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
Were	Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1.	Prior		14	10	6			1			
2.	2007	2,476			2,623			2,629	2,631	2,631	2,631
3.	2008		7,783		8,568	8,587	8,619			8,625	
4.	2009	xxx	xxx	3,637	4,091	4, 126	4 , 169	4, 173	4, 174	4, 176	4 , 176
5.	2010	xxx	xxx	xxx	3,072			3,323	3,329		
6.	2011	xxx	xxx	xxx	xxx	4,489	4,904	4,957	4,994	5,002	5,007
7.	2012	xxx	xxx	xxx	xxx	xxx	4,471	4,923	5,042	5,094	5, 105
8.	2013	xxx	xxx	xxx	xxx	xxx	XXX	4,272	4,749	4,840	4,854
9.	2014	xxx	xxx	xxx	xxx	xxx		XXX	2,531	2,700	2,716
10.	2015	xxx	xxx	xxx	xxx	xxx	xxx	XXX	xxx		
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

#### **SECTION 3**

#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL SECTION 1

			CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LO	SS PAYMENT I	DIRECT AND AS	SUMED AT YE	AR END	
Pre Were	in Which miums Earned	1	2	3	4	5	6	7	8	9	10
	Losses Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1.	Prior	401					2			1	
2.	2007	1, 142	1,812	1,994		2,095	2, 105	2,110		2,113	2,114
3.	2008	xxx	1,025	1,739	1,884	1,946	1,979	1,991	1,993	1,994	1,996
4.	2009		XXX	1,259	1,981	2,160		2,309		2,333	2,335
5.	2010	xxx	xxx	XXX	1,444		2,420	2,537		2,604	2,605
6.	2011	xxx	xxx	xxx	XXX	1,520				2,734	
7.	2012	xxx	XXX	xxx	xxx		1,487	2,242	2,463	2,544	2,581
8.	2013	xxx	xxx	xxx	XXX	xxx	XXX	1,689		2,710	2,798
9.	2014	xxx	xxx	xxx	XXX			xxx		1,548	
10.	2015						XXX	XXX	XXX	751	1, 141
11.	2016	XXX	xxx	xxx	XXX	XXX	XXX	xxx	XXX	XXX	804

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		10111	

				U						
			NUMBEF	R OF CLAIMS O	UTSTANDING E	DIRECT AND AS	SUMED AT YE	AR END		
Years in Which Premiums Were Earned	1	2	3	4	5	6	7	8	9	10
and Losses Were Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	155		43	11	5	3	1	1		
2. 2007	1,098		154	60		8	5	2	2	1
3. 2008	XXX	1 , 100		147	63		6	4		1
4. 2009	XXX	XXX	1, 126						4	1
5. 2010	xxx	XXX	XXX	1, 187				23	5	
6. 2011	XXX	XXX	XXX	XXX	1,270	419			21	11
7. 2012	xxx	XXX	xxx	XXX	XXX	1 , 188				
8. 2013	xxx	XXX	xxx	XXX	XXX	XXX	1, 157		179	73
9. 2014	xxx	XXX	XXX	XXX	XXX	xxx	XXX			
10. 2015	xxx	XXX	XXX	XXX	XXX	xxx	xxx	xxx		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	626

					31		)				
				CUMULATIVE	NUMBER OF C	LAIMS REPORT	TED DIRECT AN	ID ASSUMED A	T YEAR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
Were	Incurred	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1.	Prior				1						
2.	2007	2,812		3, 180	3, 194	3, 199			3,200	3,200	
3.	2008	xxx	2,671	2,953	3,000	3,011		3,014	3,014	3,014	3,014
4.	2009	xxx	XXX	3,073	3,425	3,509		3,537	3,538	3,541	3,541
5.	2010	xxx	XXX	XXX	3,389	3,744			3,836		
6.	2011	xxx	xxx	xxx	XXX	3,506		3,932	3,947	3,949	3,954
7.	2012	XXX	xxx	XXX	XXX	XXX		3,636	3,716	3,739	3,748
8.	2013	xxx	XXX	XXX	XXX	XXX	XXX	3,530	3,878		
9.	2014	xxx	xxx	xxx	xxx	xxx	XXX	xxx	2,298	2,448	2,497
10.	2015	xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,709	1,897
11.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,845

#### **SECTION 3**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

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Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2 **NONE** 

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3 **NONE** 

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1 **NONE** 

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2 **NONE** 

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3 **NONE** 

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

# ΝΟΝΕ

Schedule P - Part 5E - Commercial Multiple Peril - Section 2 **NONE** 

Schedule P - Part 5E - Commercial Multiple Peril - Section 3 **NONE** 

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A **NONE** 

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A **NONE** 

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A **NONE** 

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B **NONE** 

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B **NONE**  Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B **NONE** 

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A **NONE** 

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A **NONE** 

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B **NONE** 

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B **NONE** 

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B **NONE** 

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A **NONE** 

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A **NONE** 

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B **NONE** 

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B **NONE** 

> Schedule P - Part 5T - Warranty - Section 1 **NONE**

Schedule P - Part 5T - Warranty - Section 2

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Schedule P - Part 5T - Warranty - Section 3 **NONE** 

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1 **NONE** 

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2 **NONE** 

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1 **NONE** 

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2 **NONE** 

> Schedule P - Part 6E - Commercial Multiple Peril - Section 1 **NONE**

> Schedule P - Part 6E - Commercial Multiple Peril - Section 2 **NONE**

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A **NONE** 

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B **NONE** 

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

Schedule P - Part 6M - International - Section 1 **NONE** 

Schedule P - Part 6M - International - Section 2 **NONE**  Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1 **NONE** 

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2 **NONE** 

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1 **NONE** 

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2 **NONE** 

> Schedule P - Part 6R - Products Liability - Occurrence - Section 1A **NONE**

> Schedule P - Part 6R - Products Liability - Occurrence - Section 2A **NONE**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B **NONE** 

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B **NONE** 

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts **NONE** 

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts **NONE** 

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts **NONE** 

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts **NONE** 

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts **NONE** 

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts **NONE**  Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

## ΝΟΝΕ

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts **NONE** 

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts **NONE** 

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts **NONE** 

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts **NONE** 

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts **NONE** 

## SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

1.1	Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?	Yes	[	]	No [	Х	]
	If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:						
1.2	What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?						
1.3	Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?	Yes	[	]	No [	Х	]
1.4	Does the company report any DDR reserve as loss or loss adjustment expense reserve?	Yes	[	]	No [	Х	]
1.5	If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?	]	No	[	] N	I/A [	X ]

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid					
	Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2 Section 2: Claims-Made				
1.601 Prior							
1.602 2007							
1.603 2008							
1.604 2009							
1.605 2010							
1.606 2011							
1.607 2012							
1 608 2013							
1.609 2014							
1.610 2015							
1.611 2016							
1.612 Totals							

2.	The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as " Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement?	Yes [X] No []
3.	The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be the company and described in Interrogatory 7, below. Are they so reported in this Statement?	Yes [ X ] No [ ]
4.	Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10?	Yes [ ] No [X]
	If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.	
	Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.	
5.	What were the net premiums in force at the end of the year for:	
	(in thousands of dollars) 5.1 Fidelity	
	5.2 Surety	
6.	Claim count information is reported per claim or per claimant (Indicate which).	claimant
	If not the same in all years, explain in Interrogatory 7.	
7.1	The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?	Yes [ X ] No [ ]
7.0	(An extended statement may be attached)	
7.2	(An extended statement may be attached.) Effective January 1, 2013 the Company amended the quota share reinsurance contract with its ultimate parent, Amica Mutual Insurance	
	Company, from 80% to 100%. The quota share contract covers all premiums, losses and loss adjustment expenses. Additionally, the Company merged with its insurance affiliate, Amica Texas Insurance Company, on December 31, 2015. The combined activity of both companies is reflected in all accident years of this schedule. The combined activity of accident year 2008 reflects significant losses incurred on September 12, 2008 as a result of Hurricane Ike. Gross and net losses incurred from this hurricane total \$56,019,144 and \$11,580,752,	

93

respectively.

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

## **SCHEDULE T - PART 2**

**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN** 

Allocated by States and Territories Direct Business Only

			,		Direct Bus	iness Only	1	
			1 Life	2 Annuities	3 Disability Income	4 Long-Term Care	5	6
	States, Etc.		(Group and Individual)	(Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL						
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	со						
7.	Connecticut	СТ						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	lowa	IA						
17.	Kansas	ĸs						
18.	Kentucky	KΥ						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	МО						
27.	Montana	МТ						
28.	Nebraska							
29.	Nevada							
30.	New Hampshire	NH						
31.		NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	ОН						
37.	Oklahoma	ок						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	-	RI						
41.	South Carolina	sc						
42.	South Dakota	SD						
43.	Tennessee	TN						
44.	Texas	тх						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia							
50.		wı						
51.	Wyoming	WY						
52.	American Samoa							
53.	Guam							
54.	Puerto Rico							
55.	U.S. Virgin Islands							
56.	•	MP						
57.	Canada							
58.	Aggregate Other Alien							
59.	Total							
00.					1	i	1	i

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

Group Code Group 0028 Amica Mutual Insural 0028 Amica Mutual Insural 0028 Amica Mutual Insural	ce Company	Number           05-0348344            05-0340166            05-0430401	Federal RSSD CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates Amica Mutual Insurance Company	Domi- ciliary Loca- tion	Relation- ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	lf Control is Owner- ship Provide Percen- tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re- quired? (Y/N)	*
Code Group	lame Compan code company	Number           05-0348344            05-0340166            05-0430401		Exchange if Publicly Traded (U.S. or	Parent, Subsidiaries Or Affiliates Amica Mutual Insurance Company	ciliary Loca- tion	ship to Reporting Entity		(Ownership, Board, Management, Attorney-in-Fact, Influence,	is Owner- ship Provide Percen-		SCA Filing Re- quired?	*
Code Group	lame Compan code company	Number           05-0348344            05-0340166            05-0430401		Exchange if Publicly Traded (U.S. or	Parent, Subsidiaries Or Affiliates Amica Mutual Insurance Company	ciliary Loca- tion	ship to Reporting Entity		(Ownership, Board, Management, Attorney-in-Fact, Influence,	is Owner- ship Provide Percen-		SCA Filing Re- quired?	*
Code Group	lame Compan code company	Number           05-0348344            05-0340166            05-0430401		Exchange if Publicly Traded (U.S. or	Parent, Subsidiaries Or Affiliates Amica Mutual Insurance Company	ciliary Loca- tion	ship to Reporting Entity		Board, Management, Attorney-in-Fact, Influence,	ship Provide Percen-		SCA Filing Re- quired?	*
Code Group	lame Compan code company	Number           05-0348344            05-0340166            05-0430401		Exchange if Publicly Traded (U.S. or	Parent, Subsidiaries Or Affiliates Amica Mutual Insurance Company	ciliary Loca- tion	ship to Reporting Entity		Management, Attorney-in-Fact, Influence,	ship Provide Percen-		Filing Re- quired?	*
Code Group	lame Compan code company	Number           05-0348344            05-0340166            05-0430401		if Publicly Traded (U.S. or	Parent, Subsidiaries Or Affiliates Amica Mutual Insurance Company	ciliary Loca- tion	to Reporting Entity		Attorney-in-Fact, Influence,	Provide Percen-		Re- quired?	*
Code Group	lame Compan code company	Number           05-0348344            05-0340166            05-0430401		(U.Ś. or	Parent, Subsidiaries Or Affiliates Amica Mutual Insurance Company	Loca- tion	Reporting Entity		Influence,	Percen-		quired?	*
Code Group	Iame         Code           se Company	Number           05-0348344            05-0340166            05-0430401			Or Affiliates Amica Mutual Insurance Company	tion	Éntity						*
	ce Company	05-0348344 05-0340166 05-0430401	RSSD CIK		Amica Mutual Insurance Company	RI		(Name of Entity/Person)	Other)	tage	Entity(les)/Person(s)	(Y/N)	
D028 Amica Mutual Insura D028 Amica Mutual Insura D028 Amica Mutual Insura	ce Company	05–0340166 05–0430401					UDP						
		05–0430401			LAMICA LITE INSURANCE COMPANY		1.4	Ania Maturi Incomence Ormania	Ownership	100,000	Aniaa Maturi Ianunana Oraa	N	
						RI RI	IA NIA	Amica Mutual Insurance Company Amica Mutual Insurance Company		100.000 100.000	Amica Mutual Insurance Company Amica Mutual Insurance Company	N	
	ce Company 12287				Amica General Agency, LLC	···· · ··· KI	NIA	Amica Mutuai insurance Company	Ownership	100.000	Amica Mutuai insurance company	N	
	ce company izzo/	26-0115568			Amica Property and Casualty Insurance Company	BI	BE	Amica Mutual Insurance Company	Ownership	100.000	Amica Mutual Insurance Company	м	ı
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Asterisk	Explanation	

## SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
					D	(Disbursements)						D.
					Purchases, Sales or Exchanges of	Incurred in Connection with		Income/		A secolities and A standard		Reinsurance Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Any Other Material Activity Not in the		(Payable) on
NAIC					Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	05-0348344	Amica Mutual Insurance Company						(2,041,357)			6,556,960	
	05-0340166	Amica Life Insurance Company					(1,757,712)	. , , , ,			(1,757,712)	. , , , ,
		Amica Property and Casualty Insurance										
		Company					(4,832,671)				(2,791,314)	
	05-0430401	Company Amica General Agency, LLC					(2,007,934)				(2,007,934)	
9999999 Cont	trol Totals								XXX			

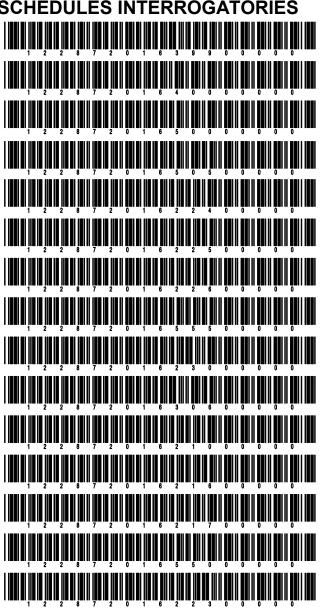
#### ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

is requi			Responses
1.	MARCH FILING Will an actuarial opinion be filed by March 1?		YES
2. 3.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by Mar Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?		SEE EXPLANATION YES
3. 4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if rec		YES
5.	APRIL FILING Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by	April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1? Will the Supplemental Investment Risk Interrogatories be filed by April 1?		YES
7.	MAY FILING		YES
8.	Will this company be included in a combined annual statement which is filed with the N JUNE FILING	NAIC by May 1?	YES
9.	Will an audited financial report be filed by June 1?		YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electro	nically with the NAIC by June 1?	YES
11	AUGUST FILING Will the regulator-only (non-public) Communication of Internal Control Related Matters	Noted in Audit he filed with the state of domicile and	
	electronically with the NAIC (as a regulator-only non-public document) by August 1?		YES
special require	wing supplemental reports are required to be filed as part of your annual statement filir report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted d of your company but is not being filed for whatever reason enter <b>SEE EXPLANATION</b> MARCH FILING	in lieu of filing a "NONE" report and a bar code will be printed below and provide an explanation following the interrogatory questions.	
	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of dom Will the Financial Guaranty Insurance Exhibit be filed by March 1?		NO NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of c	Iomicile and the NAIC by March 1?	NO
15. 16.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC b		NO NO
17. 18.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be file		NO NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile	e and the NAIC by March 1?	NO
20. 21.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if re Will the Reinsurance Attestation Supplement be filed with the state of domicile and the		YES NO
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by Mar	of domicile by March 1?	NO NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of	domicile and the NAIC by March 1?	NO
	Will an approval from the reporting entity's state of domicile for relief related to the five electronically with the NAIC by March 1?	· · · · · · · · · · · · · · · · · · ·	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one electronically with the NAIC by March 1?	e-year cooling off period for independent CPA be filed	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Re	quirements for Audit Committees be filed electronically with the	
28.	NAIC by March 1? Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - A	Asbestos and Pollution Contracts be filed with the state of domicile	NO
	and the NAIC by March 1?		NO
	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the Will the Long-term Care Experience Reporting Forms be filed with the state of domicil		NO NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?		NO
32. 33.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of 0 Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Alloc	ation Report be filed with the state of domicile and the NAIC by	NO
34.	April 1? Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with	the state of domicile and the NAIC by April 1?	NO NO
	AUGUST FILING Will Management's Report of Internal Control Over Financial Reporting be filed with th		NO
	Explanations:		
2. 12.	No employees		
13. 14.			
14.			
16. 17.			
17.			
19. 21.			
22.			
23. 24.			
25.			
26. 27.			
28.			
29. 30.			
31.			
32. 33.			
34.			
35.	Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]		
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	יון נוסף וו נוסף וו ביה או ביה או ביה או ביה או ביה או ביה או ביה ביה או ביה ביה ביה ביה או ביה ביה ביה ביה בי	
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]		
14.	medicare Supplement insurance experience exhibit [Document identifier 300]		
15.	Supplement A to Schedule T [Document Identifier 455]		
16.	Trusteed Surplus Statement [Document Identifier 490]	ווינסי וינסי וינסי וינסי אינט אינט אינט אינט אינט אינט אינט אינ	
17.	Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]		
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]		
19.	Medicare Part D Coverage Supplement [Document Identifier 365]		
			<b>Na</b> n II <b>Na</b> n II <b>Na</b> n I 1 <b>201</b>

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES Reinsurance Attestation Supplement [Document Identifier 399] Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]

- 23. Bail Bond Supplement [Document Identifier 500]
- 24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]
- 25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 27. Relief from the Requirements for Audit Committees [Document Identifier 226]
- Reinsurance Counterparty Reporting Exception Asbestos and Pollution Contracts [Document Identifier 555]
- 29. Credit Insurance Experience Exhibit [Document Identifier 230]
- 30. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 31. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 32. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 34. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]
- 35. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]





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