



# QUARTERLY STATEMENT

As of June 30, 2016

of the Condition and Affairs of the

## Motor Club Insurance Company

NAIC Group Code..... 0, 0 <small>(Current Period) (Prior Period)</small>	NAIC Company Code..... 12487	Employer's ID Number..... 20-3462094
Organized under the Laws of Rhode Island	State of Domicile or Port of Entry Rhode Island	Country of Domicile US
Incorporated/Organized..... September 14, 2005	Commenced Business..... January 1, 2006	
Statutory Home Office	110 Royal Little Drive..... Providence ..... RI ..... US ..... 02904 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	
Main Administrative Office	110 Royal Little Drive..... Providence ..... RI ..... US ..... 02904 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	401-868-6520 <small>(Area Code) (Telephone Number)</small>
Mail Address	110 Royal Little Drive..... Providence ..... RI ..... US ..... 02904 <small>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</small>	
Primary Location of Books and Records	110 Royal Little Drive..... Providence ..... RI ..... US ..... 02904 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	401-868-6520 <small>(Area Code) (Telephone Number)</small>
Internet Web Site Address	N/A	
Statutory Statement Contact	Russell Stephen Manty <small>(Name)</small> smanty@aaanortheast.com <small>(E-Mail Address)</small>	401-868-6106 <small>(Area Code) (Telephone Number) (Extension)</small> 401-868-2013 <small>(Fax Number)</small>

### OFFICERS

Name	Title	Name	Title
1. Mark Allen Shaw	President	2. Francis Xavier Doyle	Vice President and Secretary
3. Russell Stephen Manty	Treasurer	4.	

### OTHER

### DIRECTORS OR TRUSTEES

Mark Allen Shaw	John Michael Costello	William Alfred Mekrut	Irving Emerson Rogers III
Michael Francis Fitzgerald			

State of..... Rhode Island  
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 rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

_____ (Signature) Mark Allen Shaw 1. (Printed Name) President (Title)	_____ (Signature) Francis Xavier Doyle 2. (Printed Name) Vice President and Secretary (Title)	_____ (Signature) Russell Stephen Manty 3. (Printed Name) Treasurer (Title)
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Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

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

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	22,365,884		22,365,884	22,011,702
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	20,628,324		20,628,324	20,051,210
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....80,622), cash equivalents (\$.....0) and short-term investments (\$.....106,384).....	187,006		187,006	579,308
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....	2,388,475		2,388,475	2,410,492
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	45,569,689	0	45,569,689	45,052,712
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	251,680		251,680	236,158
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....	1,000,000	49,275	950,725	757,411
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	107,346
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	47,359	0	47,359	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	46,868,728	49,275	46,819,453	46,153,627
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	46,868,728	49,275	46,819,453	46,153,627

### DETAILS OF WRITE-INS

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Receivable from quota share agreement.....	47,359		47,359	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	47,359	0	47,359	0

## LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....327,993).....	340,938	200,988
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....	17,047	10,049
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....	20,458	40,097
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		
7.1 Current federal and foreign income taxes (including \$.....383,698 on realized capital gains (losses)).....	185,372	287,825
7.2 Net deferred tax liability.....	54,530	
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	592,740	546,374
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....		
13. Funds held by company under reinsurance treaties.....		
14. Amounts withheld or retained by company for account of others.....		
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....	5,100	4,800
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	1,216,185	1,090,133
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	1,216,185	1,090,133
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	1,620,000	1,620,000
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....	30,880,000	30,880,000
35. Unassigned funds (surplus).....	13,103,268	12,563,494
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36).....	45,603,268	45,063,494
38. Totals (Page 2, Line 28, Col. 3).....	46,819,453	46,153,627

### DETAILS OF WRITE-INS

2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	0

## STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct..... (written \$.....0).....			
1.2 Assumed..... (written \$....893,881).....	847,515	407,657	1,087,563
1.3 Ceded..... (written \$.....0).....			
1.4 Net..... (written \$....893,881).....	847,515	407,657	1,087,563
DEDUCTIONS:			
2. Losses incurred (current accident year \$....449,953):			
2.1 Direct.....			
2.2 Assumed.....	591,573	198,325	551,832
2.3 Ceded.....			
2.4 Net.....	591,573	198,325	551,832
3. Loss adjustment expenses incurred.....	29,579	9,916	27,592
4. Other underwriting expenses incurred.....	499,866	556,896	1,005,737
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	1,121,018	765,137	1,585,161
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(273,503)	(357,480)	(497,598)
<b>INVESTMENT INCOME</b>			
9. Net investment income earned.....	200,422	177,598	584,074
10. Net realized capital gains (losses) less capital gains tax of \$....2,994.....	5,560	722,194	707,021
11. Net investment gain (loss) (Lines 9 + 10).....	205,982	899,792	1,291,095
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0		
13. Finance and service charges not included in premiums.....			
14. Aggregate write-ins for miscellaneous income.....	0	0	0
15. Total other income (Lines 12 through 14).....	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	(67,521)	542,312	793,497
17. Dividends to policyholders.....			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	(67,521)	542,312	793,497
19. Federal and foreign income taxes incurred.....	(105,515)	(91,877)	(96,563)
20. Net income (Line 18 minus Line 19) (to Line 22).....	37,994	634,189	890,060
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year.....	45,063,494	45,668,020	45,668,020
22. Net income (from Line 20).....	37,994	634,189	890,060
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....164,643.....	305,766	(300,886)	(1,449,574)
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	2,700	43,930	39,577
27. Change in nonadmitted assets.....	193,314	150,600	(84,589)
28. Change in provision for reinsurance.....			
29. Change in surplus notes.....			
30. Surplus (contributed to) withdrawn from protected cells.....			
31. Cumulative effect of changes in accounting principles.....			
32. Capital changes:			
32.1 Paid in.....			
32.2 Transferred from surplus (Stock Dividend).....			
32.3 Transferred to surplus.....			
33. Surplus adjustments:			
33.1 Paid in.....			
33.2 Transferred to capital (Stock Dividend).....			
33.3 Transferred from capital.....			
34. Net remittances from or (to) Home Office.....			
35. Dividends to stockholders.....			
36. Change in treasury stock.....			
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	539,774	527,833	(604,526)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	45,603,268	46,195,853	45,063,494

### DETAILS OF WRITE-INS

0501. ....			
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0
3701. ....			
3702. ....			
3703. ....			
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

**CASH FLOW**

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CASH FROM OPERATIONS</b>			
1. Premiums collected net of reinsurance.....	639,341	548,013	1,594,667
2. Net investment income.....	460,615	487,259	1,176,423
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	1,099,956	1,035,272	2,771,090
5. Benefit and loss related payments.....	359,730	67,609	1,217,294
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	426,498	455,371	1,056,495
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			192,000
10. Total (Lines 5 through 9).....	786,228	522,980	2,465,789
11. Net cash from operations (Line 4 minus Line 10).....	313,728	512,292	305,301
<b>CASH FROM INVESTMENTS</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	2,519,182	4,442,668	10,845,877
12.2 Stocks.....		6,811,955	6,844,090
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.....			19,116
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	2,519,182	11,254,623	17,709,083
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	3,140,525	4,755,540	10,453,012
13.2 Stocks.....	84,687	6,979,376	7,280,452
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			19,116
13.7 Total investments acquired (Lines 13.1 to 13.6).....	3,225,212	11,734,916	17,752,580
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(706,030)	(480,293)	(43,497)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	0	0	0
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(392,303)	31,999	261,804
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	579,308	317,504	317,504
19.2 End of period (Line 18 plus Line 19.1).....	187,006	349,503	579,308

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

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**NOTES TO FINANCIAL STATEMENTS**

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**Note 1 - Summary of Significant Accounting Policies**

## A. Accounting Practices

The accompanying financial statements of Motor Club Insurance Company (the Company) have been prepared in conformity with the accounting practices prescribed by the National Association of Insurance Commissioners (NAIC) or otherwise permitted by the State of Rhode Island Department of Business Regulation - Insurance Division. The NAIC Accounting Practices and Procedures manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practice by the State of Rhode Island.

Net income for the six months ended June 30, 2016 amounts to \$37,994 and surplus as of June 30, 2016 amounts to \$45,603,268.

## B. Use of Estimates

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from those estimates.

## C. Accounting Policies

Net investment income earned consists primarily of interest and dividends less related expenses. Interest is recognized on an accrual basis and dividends are recognized on an ex-dividend basis. Net realized capital gains (losses) are recognized on a specific identification basis when securities are sold, redeemed, or otherwise disposed. Realized capital losses include writedowns for impairments considered to be other than temporary.

In addition, the Company uses the following accounting policies:

1. Short-term investments are accounted for in the same manner as similar long-term investments in accordance with Statement of Statutory Accounting Principles (SSAP) No. 2.
2. Bonds are generally stated at amortized cost using the scientific method. Bonds containing call provisions are amortized to either the call or maturity value / date, whichever produces the lowest asset value (yield to worst), in accordance with SSAP No. 26. Bonds that are designated highest-quality and high-quality (NAIC designation 1 and 2, respectively) are reported at amortized cost. Non-investment grade bonds with NAIC designations of 3 through 6 are stated at the lower of amortized value or fair value.
3. Common stocks are stated at fair value.
4. The Company has no preferred stocks.
5. The Company has no mortgage loans.
6. Investment grade loan-backed securities are stated at amortized cost. The retrospective adjustment method is used to determine amortized cost for all loan-backed securities. Non-investment grade loan-backed securities with NAIC designations of 3 through 6 are stated at the lower of amortized cost or fair value.
7. The Company has no investments in subsidiaries and affiliated companies.
8. Investments in joint ventures and partnerships are stated at the underlying audited, in accordance with accounting principles generally accepted in the United States of America (GAAP), equity value.
9. The Company has no derivatives.
10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property - Casualty Contracts - Premiums.
11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the 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 is continually reviewed and any adjustments are reflected in the period determined.
12. The Company has no prepaid expenses, electronic data processing equipment, software, furniture, vehicles, other equipment, or leasehold improvements.
13. The Company does not write major medical insurance with prescription drug coverage.

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## NOTES TO FINANCIAL STATEMENTS

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**Note 2 - Accounting Changes and Corrections of Errors**

Not applicable.

**Note 3 - Business Combinations and Goodwill**

Not applicable.

**Note 4 - Discontinued Operations**

Not applicable.

**Note 5 – Investments**

## A. Mortgage Loans

Not applicable.

## B. Troubled Debt Restructuring for Creditors

Not applicable.

## C. Reverse Mortgages

Not applicable.

## D. Loan-Backed and Structured Securities

1. The Company did not make prepayment assumptions for loan-backed or structured securities.

2. The Company did not recognize other-than-temporary impairments for loan-backed securities.

3. The Company did not recognize other-than-temporary impairments for loan-backed securities.

4. Loan-backed and structured securities that were in unrealized loss positions as of June 30, 2016, stratified based on length of time continuously in these unrealized loss positions, are as follows:

a. Aggregate amount of unrealized loss	
i. Less than twelve months	\$ - 0 -
ii. Twelve months or longer	\$ 1,084
b. Aggregate fair value of securities with unrealized loss	
i. Less than twelve months	\$ - 0 -
ii. Twelve months or longer	\$ 382,267
c. Aggregate statement value of securities with unrealized loss	
i. Less than twelve months	\$ - 0 -
ii. Twelve months or longer	\$ 383,351

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. 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 passage of time causes it to conclude that declines in value are other-than-temporary.

## E. Repurchase Agreements and/or Securities Lending Transactions

For repurchase agreements, the Company requires a minimum 105% of the fair value of securities purchased under repurchase agreements to be maintained as collateral. There were no open repurchase agreements as of June 30, 2016.

## F. Writedowns for Impairments of Real Estate, Retail Estate Sales, Retail Land Sales Operations, and Real Estate with Participating Mortgage Loan Features

Not applicable.

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## NOTES TO FINANCIAL STATEMENTS

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- G. Low Income Housing Tax Credits  
Not applicable.
- H. Restricted Assets  
Not applicable.
- I. Working Capital Finance Investments  
Not applicable.
- J. Offsetting and Netting of Assets and Liabilities  
Not applicable.
- K. Structured Notes  
Not applicable.

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

- A. Detail for Those Greater than 10% of Admitted Assets  
Not applicable.
- B. Writedowns for Impairment of Joint Ventures, Partnerships, and LLCs  
Not applicable.

### **Note 7 - Investment Income**

No significant change.

### **Note 8 - Derivative Instruments**

Not applicable.

### **Note 9 - Income Taxes**

No significant change.

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

No significant change.

### **Note 11 - Debt**

Not applicable.

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

Not applicable.

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

No significant change.

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

Not applicable.



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## NOTES TO FINANCIAL STATEMENTS

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### **Note 15 - Leases**

Not applicable.

### **Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk**

Not applicable.

### **Note 17 - Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities**

Not applicable.

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

Not applicable.

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

Not applicable.

### **Note 20 - Fair Value Measurements**

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

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

Fair value is measured utilizing a three-tier hierarchy to classify fair value measurements as follows:

Level 1 - Values measured using quoted prices in active markets for identical assets and liabilities

Level 2 - Values measured using other significant observable inputs such as quoted prices for similar assets and liabilities, interest rates, credit risk, etc.

Level 3 - Values measured using significant unobservable inputs, including internal assumptions

The fair values of the Company's investments are determined using Level 1 inputs for common stocks, cash, cash equivalents, and short-term investments and Level 2 inputs for bonds.

##### 2. Rollforward of Level 3 Items

The Company has no assets or liabilities measured at fair value in the Level 3 category.

##### 3. Policy on Transfers Into and Out of Level 3

The Company had no transfers into or out of Level 3 during the current period.

##### 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.

**NOTES TO FINANCIAL STATEMENTS**

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

Type of Financial Instrument	Fair Value	Admitted Value	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	22,853,830	22,365,884		22,853,830		
Common Stocks	20,628,324	20,628,324	20,628,324			
Cash, cash equivalents, and short-term investments	187,006	187,006	187,006			
Total assets	43,669,160	43,181,214	20,815,330	22,853,830		

## D. Items for which Not Practicable to Estimate Fair Values

Not applicable.

**Note 21 - Other Items**

Not applicable.

**Note 22 - Events Subsequent**

Subsequent events have been considered through August 12, 2016, the date of issuance of these statutory financial statements. There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

**Note 23 - Reinsurance**

## A. Unsecured Reinsurance Recoverables

Not applicable.

## B. Reinsurance Recoverables in Dispute

Not applicable.

## C. Reinsurance Assumed, Ceded, and Protected Cells

Effective July 8, 2014, the Company entered into a travel insurance quota share reinsurance agreement with BCS Insurance Company to assume 100% of certain travel insurance risks. The State of Rhode Island Department of Business Regulation – Insurance Division approved the agreement during 2014. All of the Company's underwriting results during 2016 are from the quota share agreement.

	Assumed Unearned Premiums as of June 30, 2016	Assumed Commission Equity	Ceded Unearned Premiums	Ceded Commission Equity	Net Unearned Premiums as of June 30, 2016	Net Commission Equity
a. Affiliates	\$0	\$0	\$0	\$0	\$0	\$0
b. All Others	\$592,740	\$0	\$0	\$0	\$592,740	\$0
c. Totals	\$592,740	\$0	\$0	\$0	\$592,740	\$0

## D. Uncollectible Reinsurance

Not applicable.

## E. Commutation of Ceded Reinsurance

Not applicable.

## F. Retroactive Reinsurance

Not applicable.

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## **NOTES TO FINANCIAL STATEMENTS**

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G. Reinsurance Accounted for as a Deposit

Not applicable.

H. Run-off Arrangements

Not applicable.

I. Certified Reinsurer Downgraded or Status Subject to Revocation

Not applicable.

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not applicable.

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

Not applicable.

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

Current year changes in estimates of the costs of prior year losses and LAE affect the current year Statement of Income. Increases in those estimates increase current year expense and are referred to as unfavorable development or prior year reserve shortages. Decreases in those estimates decrease current year expense and are referred to as favorable development or prior year reserve redundancies. The estimated cost of loss and LAE attributed to insured events of prior years increased by \$23,000 during the current period. The unfavorable development of \$23,000 is approximately 10.9% of the unpaid losses and LAE of \$211,000 as of December 31, 2015.

**Note 26 - Intercompany Pooling Arrangements**

Not applicable.

**Note 27 - Structured Settlements**

Not applicable.

**Note 28 - Health Care Receivables**

A. and B. Not applicable.

**Note 29 - Participating Policies**

Not applicable.

**Note 30 - Premium Deficiency Reserves**

Not applicable.

**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**

## **NOTES TO FINANCIAL STATEMENTS**

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Not applicable.

## **NOTES TO FINANCIAL STATEMENTS**

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### **Note 35 - Multiple Peril Crop Insurance**

Not applicable.

### **Note 36 - Financial Guaranty Insurance**

A. and B. Not applicable.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No [ ]
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [ ] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]
- 4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 08/14/2015

- 6.4 By what department or departments?  
State of Rhode Island Department of Business Regulation - Insurance Division

- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [X]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]
- 7.2 If yes, give full information:

- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [ ] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

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

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.

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

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

- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

### FINANCIAL

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [ X ]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0
13. Amount of real estate and mortgages held in short-term investments: \$ 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [ X ]
- 14.2 If yes, please complete the following:

- 14.21 Bonds
- 14.22 Preferred Stock
- 14.23 Common Stock
- 14.24 Short-Term Investments
- 14.25 Mortgage Loans on Real Estate
- 14.26 All Other
- 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)
- 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
\$	0	\$ 0
	0	0
	0	0
	0	0
	0	0
	0	0
\$	0	\$ 0
\$	0	\$ 0

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]
- If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0
- 16.3 Total payable for securities lending reported on the liability page: \$ 0
17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [ X ] No [ ]

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
State Street Bank and Trust Company	801 Pennsylvania Avenue, 5th Floor, Kansas City, MO 64105

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [ X ]
- 17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
104863	Income Research & Management	100 Federal Street, 30th Floor, Boston, MA 02110

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ X ] No [ ]
- 18.2 If no, list exceptions:

## GENERAL INTERROGATORIES (continued)

### PART 2 – PROPERTY & CASUALTY INTERROGATORIES

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

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

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

3.2 If yes, give full and complete information thereto:

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

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Disc. Rate	Total Discount				Discount Taken During Period			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 Total	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 Total
	0.000	0.000	0	0	0	0	0	0	0	0
<b>Total</b>	XXX	XXX	0	0	0	0	0	0	0	0

5.1 Operating Percentages:

5.1 A&H loss percent	0.000%
5.2 A&H cost containment percent	0.000%
5.3 A&H expense percent excluding cost containment expenses	0.000%

6.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

6.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

6.4 If yes, please provide the amount of funds administered as of the reporting date. \$ 0



## SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
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**NONE**

## SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1. Alabama.....AL	N						
2. Alaska.....AK	N						
3. Arizona.....AZ	N						
4. Arkansas.....AR	N						
5. California.....CA	N						
6. Colorado.....CO	N						
7. Connecticut.....CT	N						
8. Delaware.....DE	N						
9. District of Columbia.....DC	N						
10. Florida.....FL	N						
11. Georgia.....GA	N						
12. Hawaii.....HI	N						
13. Idaho.....ID	N						
14. Illinois.....IL	N						
15. Indiana.....IN	N						
16. Iowa.....IA	N						
17. Kansas.....KS	N						
18. Kentucky.....KY	N						
19. Louisiana.....LA	N						
20. Maine.....ME	N						
21. Maryland.....MD	N						
22. Massachusetts.....MA	N						
23. Michigan.....MI	N						
24. Minnesota.....MN	N						
25. Mississippi.....MS	N						
26. Missouri.....MO	N						
27. Montana.....MT	N						
28. Nebraska.....NE	N						
29. Nevada.....NV	N						
30. New Hampshire.....NH	N						
31. New Jersey.....NJ	N						
32. New Mexico.....NM	N						
33. New York.....NY	N						
34. North Carolina.....NC	N						
35. North Dakota.....ND	N						
36. Ohio.....OH	N						
37. Oklahoma.....OK	N						
38. Oregon.....OR	N						
39. Pennsylvania.....PA	N						
40. Rhode Island.....RI	L						
41. South Carolina.....SC	N						
42. South Dakota.....SD	N						
43. Tennessee.....TN	N						
44. Texas.....TX	N						
45. Utah.....UT	N						
46. Vermont.....VT	N						
47. Virginia.....VA	N						
48. Washington.....WA	N						
49. West Virginia.....WV	N						
50. Wisconsin.....WI	N						
51. Wyoming.....WY	N						
52. American Samoa.....AS	N						
53. Guam.....GU	N						
54. Puerto Rico.....PR	N						
55. US Virgin Islands.....VI	N						
56. Northern Mariana Islands.....MP	N						
57. Canada.....CAN	N						
58. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0
59. Totals.....	(a).....1	0	0	0	0	0	0

### DETAILS OF WRITE-INS

58001.....	XXX						
58002.....	XXX						
58003.....	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above).....	XXX	0	0	0	0	0	0

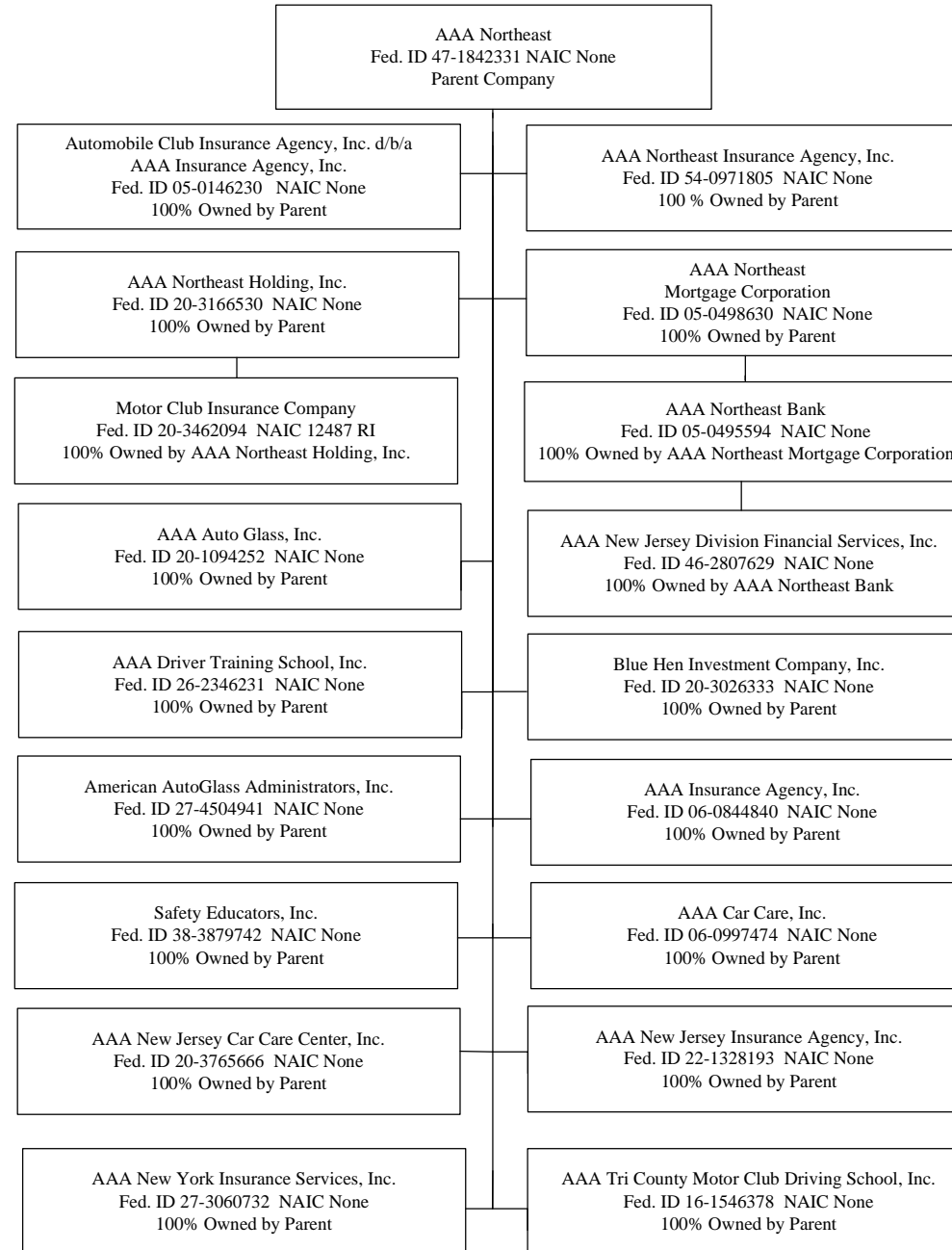
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

(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**



## SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Public Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
<b>Members</b>														
		00000	47-1842331				AAA Northeast	DE	UIP					
		00000	05-0146230				Automobile Club Insurance Agency, Inc. d/b/a AAA Insurance Agency, Inc.	RI	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	
		00000	54-0971805				AAA Northeast Insurance Agency, Inc.	MA	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	
		00000	20-3166530				AAA Northeast Holding, Inc.	RI	UDP	AAA Northeast	Ownership	100.000	AAA Northeast	
		00000	05-0498630				AAA Northeast Mortgage Corporation	RI	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	
		12487	20-3462094				Motor Club Insurance Company	RI		AAA Northeast Holding, Inc.	Ownership	100.000	AAA Northeast	
		00000	05-0495594				AAA Northeast Bank	RI	NIA	AAA Northeast Mortgage Corporation	Ownership	100.000	AAA Northeast	
		00000	46-2807629				AAA New Jersey Division Financial Services, Inc.	NJ	NIA	AAA Northeast Bank	Ownership	100.000	AAA Northeast	
		00000	20-1094252				AAA Auto Glass, Inc.	RI	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	
		00000	20-3026333				Blue Hen Investment Company, Inc.	DE	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	
		00000	26-2346231				AAA Driver Training School, Inc.	MA	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	
		00000	06-0844840				AAA Insurance Agency, Inc.	CT	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	
		00000	27-4504941				American AutoGlass Administrators, Inc.	RI	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	
		00000	06-0997474				AAA Car Care, Inc.	CT	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	
		00000	38-3879742				Safety Educators, Inc.	RI	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	
		00000	20-3765666				AAA New Jersey Car Care Center, Inc.	NJ	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	
		00000	22-1328193				AAA New Jersey Insurance Agency, Inc.	NJ	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	
		00000	27-3060732				AAA New York Insurance Services, Inc.	NY	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	
		00000	16-1546378				AAA Tri County Motor Club Driving School, Inc.	NY	NIA	AAA Northeast	Ownership	100.000	AAA Northeast	

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**PART 1 - LOSS EXPERIENCE**

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....			0.0	
2. Allied lines.....			0.0	
3. Farmowners multiple peril.....			0.0	
4. Homeowners multiple peril.....			0.0	
5. Commercial multiple peril.....			0.0	
6. Mortgage guaranty.....			0.0	
8. Ocean marine.....			0.0	
9. Inland marine.....			0.0	
10. Financial guaranty.....			0.0	
11.1. Medical professional liability - occurrence.....			0.0	
11.2. Medical professional liability - claims-made.....			0.0	
12. Earthquake.....			0.0	
13. Group accident and health.....			0.0	
14. Credit accident and health.....			0.0	
15. Other accident and health.....			0.0	
16. Workers' compensation.....			0.0	
17.1. Other liability-occurrence.....			0.0	
17.2. Other liability-claims made.....			0.0	
17.3. Excess workers' compensation.....			0.0	
18.1. Products liability-occurrence.....			0.0	
18.2. Products liability-claims made.....			0.0	
19.1, 19.2. Private passenger auto liability.....			0.0	
19.3, 19.4. Commercial auto liability.....			0.0	
21. Auto physical damage.....			0.0	
22. Aircraft (all perils).....			0.0	
23. Fidelity.....			0.0	
24. Surety.....			0.0	
26. Burglary and theft.....			0.0	
27. Boiler and machinery.....			0.0	
28. Credit.....			0.0	
29. International.....			0.0	
30. Warranty.....			0.0	
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0.0	
35. Totals.....	0	0	0.0	

**NONE**

**DETAILS OF WRITE-INS**

3401.....			0.0	
3402.....			0.0	
3403.....			0.0	
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0.0	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0.0	

**PART 2 - DIRECT PREMIUMS WRITTEN**

Lines of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....			
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....			
10. Financial guaranty.....			
11.1. Medical professional liability - occurrence.....			
11.2. Medical professional liability - claims made.....			
12. Earthquake.....			
13. Group accident and health.....			
14. Credit accident and health.....			
15. Other accident and health.....			
16. Workers' compensation.....			
17.1. Other liability-occurrence.....			
17.2. Other liability-claims made.....			
17.3. Excess workers' compensation.....			
18.1. Products liability-occurrence.....			
18.2. Products liability-claims made.....			
19.1 19.2. Private passenger auto liability.....			
19.3 19.4. Commercial auto liability.....			
21. Auto physical damage.....			
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Warranty.....			
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0
35. Totals.....	0	0	0

**NONE**

**DETAILS OF WRITE-INS**

3401.....			
3402.....			
3403.....			
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0

**PART 3 (000 omitted)**

**LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE**

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2016 Loss and LAE Payments on Claims Reported as of Prior Year-End	2016 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2016 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)
1. 2013 + Prior.....			.....0			.....0				.....0	.....0	.....0	.....0
2. 2014.....			.....0			.....0				.....0	.....0	.....0	.....0
3. Subtotals 2014 + Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2015.....		.....211	.....211		.....220	.....220			.....14	.....14	.....0	.....23	.....23
5. Subtotals 2015 + Prior.....	.....0	.....211	.....211	.....0	.....220	.....220	.....0	.....0	.....14	.....14	.....0	.....23	.....23
6. 2016.....	.....XXX	.....XXX	.....XXX	.....XXX	.....255	.....255	.....XXX		.....344	.....344	.....XXX	.....XXX	.....XXX
7. Totals.....	.....0	.....211	.....211	.....0	.....475	.....475	.....0	.....0	.....358	.....358	.....0	.....23	.....23
8. Prior Year-End's Surplus As Regards Policyholders.....	.....45,063												
											Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. ....0.0 %	2. ....10.9 %	3. ....10.9 %
													Col. 13, Line 7 Line 8
													4. ....0.1 %

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# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

**Explanation:**

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

**Bar Code:**



**NONE**



**SCHEDULE A - VERIFICATION**

Real Estate

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

NONE

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

NONE

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	2,410,492	2,355,522
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....	(22,017)	54,970
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	2,388,475	2,410,492
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	2,388,475	2,410,492

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	42,062,891	43,787,757
2. Cost of bonds and stocks acquired.....	3,225,212	17,733,464
3. Accrual of discount.....	13,709	24,702
4. Unrealized valuation increase (decrease).....	492,426	(2,285,083)
5. Total gain (loss) on disposals.....	8,554	1,087,726
6. Deduct consideration for bonds and stocks disposed of.....	2,519,183	17,689,967
7. Deduct amortization of premium.....	289,424	595,708
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	42,994,186	42,062,891
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	42,994,186	42,062,891

### SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

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NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	21,834,261	2,919,816	2,880,464	(134,085)	21,834,259	21,739,528		21,632,027
2. NAIC 2 (a).....	346,785			(1,344)	346,785	345,441		348,115
3. NAIC 3 (a).....	391,050			(3,751)	391,050	387,299		365,000
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	22,572,096	2,919,816	2,880,464	(139,180)	22,572,093	22,472,268	0	22,345,142
<b>PREFERRED STOCK</b>								
8. NAIC 1.....						0		
9. NAIC 2.....						0		
10. NAIC 3.....						0		
11. NAIC 4.....						0		
12. NAIC 5.....						0		
13. NAIC 6.....						0		
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	22,572,096	2,919,816	2,880,464	(139,180)	22,572,093	22,472,268	0	22,345,142

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:  
 NAIC 1 \$.....106,384; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

## SCHEDULE DA - PART 1

### Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	106,384	XXX	106,384	1	

## SCHEDULE DA - VERIFICATION

### Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	333,440	251,886
2. Cost of short-term investments acquired.....	2,828,275	17,834,770
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	3,055,331	17,753,216
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	106,384	333,440
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	106,384	333,440

**Sch. DB - Pt. A - Verification  
NONE**

**Sch. DB - Pt. B - Verification  
NONE**

**Sch. DB - Pt. C - Sn. 1  
NONE**

**Sch. DB - Pt. C - Sn. 2  
NONE**

**Sch. DB - Verification  
NONE**

**Sch. E - Verification  
NONE**

**Sch. A - Pt. 2  
NONE**

**Sch. A - Pt. 3  
NONE**

**Sch. B - Pt. 2  
NONE**

**Sch. B - Pt. 3  
NONE**

**Sch. BA - Pt. 2  
NONE**

**Sch. BA - Pt. 3  
NONE**

### SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Special Revenue and Special Assessment</b>									
09182N AJ 9	BLACK BELT ENERGY GAS DIST ALA GAS SUPPL.....		05/18/2016....	RBC CAPITAL MARKETS, LLC.....		105,852	95,000		1FE.....
10741L BX 3	BREVARD CNTY FLA HEALTH FACS AUTH HEALTH.....		06/14/2016....	PIPER JAFFRAY CO.....		397,708	340,000	5,024	1FE.....
485106 LU 0	KANSAS CITY MO SPL OBLIG.....		04/08/2016....	CITIGROUP GLOBAL MARKETS INC.....		237,361	205,000		1FE.....
57563R NJ 4	MASSACHUSETTS EDL FING AUTH.....		05/26/2016....	RBC CAPITAL MARKETS, LLC.....		108,068	95,000		1FE.....
762232 AC 0	RHODE ISLAND ST COMM CORP REV.....		06/02/2016....	MERRIL LYNCH PIERCE FENNER SMITH.....		398,587	350,000		1FE.....
97712D BK 1	WISCONSIN ST HEALTH & EDL FACS AUTH REV.....		06/14/2016....	U.S. BANK/MUNICIPAL.....		310,544	295,000	1,049	1FE.....
3199999	Total Bonds - U.S. Special Revenue and Special Assessment.....					1,558,120	1,380,000	6,073	XXX
8399997	Total Bonds - Part 3.....					1,558,120	1,380,000	6,073	XXX
8399999	Total Bonds.....					1,558,120	1,380,000	6,073	XXX
<b>Common Stocks - Mutual Funds</b>									
922908 80 1	VANGUARD INDEX FDS TTLSTK MKT-INST.....		06/14/2016....	STATE STREET BANK AND TRUST.....	812.453	41,988	XXX		L.....
9299999	Total Common Stocks - Mutual Funds.....					41,988	XXX	0	XXX
9799997	Total Common Stocks - Part 3.....					41,988	XXX	0	XXX
9799999	Total Common Stocks.....					41,988	XXX	0	XXX
9899999	Total Preferred and Common Stocks.....					41,988	XXX	0	XXX
9999999	Total Bonds, Preferred and Common Stocks.....					1,600,108	XXX	6,073	XXX

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

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### SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. States, Territories and Possessions</b>																					
70914P SC 7	PENNSYLVANIA ST.....		06/15/2016	NATIONAL FINANCIAL SERVICES LLC		103,988	100,000	112,143	106,182		(2,003)		(2,003)		104,179		(191)	(191)	2,722	06/01/2017	1FE
93974A FN 9	WASHINGTON ST.....		05/01/2016	CALLED @ 100.0000		35,000	35,000	39,766	36,843		(254)		(254)		36,589		(1,589)	(1,589)		05/01/2018	1FE
1799999. Total Bonds - U.S. States, Territories and Possessions.....						138,988	135,000	151,909	143,025	0	(2,257)	0	(2,257)	0	140,768	0	(1,780)	(1,780)	2,722	XXX	XXX
<b>Bonds - U.S. Special Revenue and Special Assessment</b>																					
646046 MH 2	NEW JERSEY ST CTFS PARTN.....		06/15/2016	MATURITY.....		100,000	100,000	109,841	101,955		(1,955)		(1,955)		100,000			0	2,500	06/15/2016	1FE
647110 DZ 5	NEW MEXICO EDL ASSISTANCE FNDTN.....		05/25/2016	NATIONAL FINANCIAL SERVICES LLC		129,953	125,000	129,570	126,062		(255)		(255)		125,807		4,146	4,146	3,750	09/01/2017	1FE
73358W PJ 7	PORT AUTH N Y & N J.....		06/03/2016	PERSHING LLC.....		290,937	285,000	320,996	295,998		(5,218)		(5,218)		290,780		157	157	7,402	12/01/2016	1FE
76222W FQ 9	RHODE ISLAND ST & PROVIDENCE PLANTATIONS..		06/03/2016	OPPENHEIMER & CO. INC.....		532,072	525,000	595,870	540,529		(9,011)		(9,011)		531,518		554	554	18,010	10/01/2016	1FE
917547 LS 8	UTAH ST BLDG OWNERSHIP AUTH LEASE REV.....		05/15/2016	CALLED @ 100.0000		50,000	50,000	56,235	50,867		(86)		(86)		50,781		(781)	(781)	1,375	05/15/2019	1FE
3199999. Total Bonds - U.S. Special Revenue and Special Assessment.....						1,102,961	1,085,000	1,212,511	1,115,411	0	(16,526)	0	(16,526)	0	1,098,885	0	4,076	4,076	33,038	XXX	XXX
8399997. Total Bonds - Part 4.....						1,241,949	1,220,000	1,364,420	1,258,435	0	(18,783)	0	(18,783)	0	1,239,653	0	2,296	2,296	35,760	XXX	XXX
8399999. Total Bonds.....						1,241,949	1,220,000	1,364,420	1,258,435	0	(18,783)	0	(18,783)	0	1,239,653	0	2,296	2,296	35,760	XXX	XXX
9999999. Total Bonds, Preferred and Common Stocks.....						1,241,949	XXX	1,364,420	1,258,435	0	(18,783)	0	(18,783)	0	1,239,653	0	2,296	2,296	35,760	XXX	XXX

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

**Sch. DB - Pt. A - Sn. 1**  
**NONE**

**Sch. DB - Pt. B - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 1**  
**NONE**

**Sch. DB - Pt. D - Sn. 2**  
**NONE**

**Sch. DL - Pt. 1**  
**NONE**

**Sch. DL - Pt. 2**  
**NONE**

## SCHEDULE E - PART 1 - CASH

### Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
<b>Open Depositories</b>								
Santander Bank..... Providence, RI.....			.....0	.....0	.....236,398	.....101,059	.....80,622	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....0	.....0	.....236,398	.....101,059	.....80,622	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....0	.....0	.....236,398	.....101,059	.....80,622	XXX
0599999. Total Cash.....	XXX	XXX	.....0	.....0	.....236,398	.....101,059	.....80,622	XXX



### SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
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**NONE**

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