

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

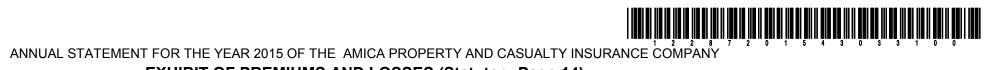
FOR THE YEAR ENDED DECEMBER 31, 2015 OF THE CONDITION AND AFFAIRS OF THE

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

	(Current)	(Prior)	<u></u> ,,,,,	
Organized under the Laws of	Rhod	e Island	, State of Domicile or Port of Er	ntry RI
Country of Domicile		United 8	States of America	
Incorporated/Organized	05/11/2005		Commenced Business	01/01/2006
Statutory Home Office	100 Amica	Wav		Lincoln , RI, US 02865-1156
	(Street and N		(City or	r Town, State, Country and Zip Code)
Main Administrative Office		100) Amica Way	
wain Administrative Office			et and Number)	
	Lincoln , RI, US 02865-1156	•		800-652-6422
(City or	Town, State, Country and Zip	Code)	(A	Area Code) (Telephone Number)
Mail Address	P.O. Box 6008			Providence , RI, US 02940-6008
	(Street and Number or F	P.O. Box)	(City or	r Town, State, Country and Zip Code)
Primary Location of Books and	d Records	10	0 Amica Way	
,			et and Number)	
	Lincoln , RI, US 02865-1156	Codo	,	800-652-6422
(City or	Town, State, Country and Zip	Code)	(A	Area Code) (Telephone Number)
Internet Website Address		ww	w.amica.com	
Statutory Statement Contact	David .	Joseph Macedo		800-652-6422-24014
otatatory otatement contact	Bavia	(Name)	· · · · · · · · · · · · · · · · · · ·	(Area Code) (Telephone Number)
	dmacedo@amica.com			401-334-2270
	(E-mail Address)			(FAX Number)
		C	OFFICERS	
		_	Senior Vice President,	
Chairman, President and	Robert Antho	ny DiMuccio	Chief Financial Officer and	James Parker Loring
Chief Executive Officer _ Senior Assistant Vice	Robert Antino	TIY DIIVIUCCIO	rreasurer	James Parker Loring
President and Secretary _	Suzanne El	len Casey	<u> </u>	
			OTHER	
Jill Holton Andy, Se	enior Vice President	Robert Karl Benson,	Sr VP & Chief Investment Officer	James Arthur Bussiere, Senior Vice Presiden
	nior Vice President & Chief	The sale of Objective	Mark Osciol/for Bosidad	Paul Alfred Pyne, Executive Vice President & Cl
	on Officer VP and General Counsel	Theodore Charles	Murphy, Senior Vice President	Operations Officer
loffrey P	aul Aiken		RS OR TRUSTEES Janice Avery #	Debra Ann Canales
	Ish Chadwick		d Francis DeGraan	Robert Anthony DiMuccio
	orge Hittner		nael David Jeans	Ronald Keith Machtley
Richard A	lan Plotkin	Dona	ald Julian Reaves	Cheryl Watkins Snead
State of	Rhode Island Providence	SS:		
County of	Flovidence			
				orting entity, and that on the reporting period stated s or claims thereon, except as herein stated, and the
statement, together with relate	ed exhibits, schedules and exp	lanations therein contain	ned, annexed or referred to, is a full a	and true statement of all the assets and liabilities and
				s therefrom for the period ended, and have been com to the extent that: (1) state law may differ; or, (2) that
rules or regulations require of	differences in reporting not r	elated to accounting pr	ractices and procedures, according	to the best of their information, knowledge and
				ng electronic filing with the NAIC, when required, that
to the enclosed statement.	ing differences due to electron	ic filing) of the enclosed	statement. The electronic filing may	be requested by various regulators in lieu of or in a
				-
Robert Anthony D	DiMuccio	Suzar	nne Ellen Casey	James Parker Loring
Chairman, President and Chi	ief Executive Officer	Senior Assistant \	/ice President and Secretary	Senior Vice President, Chief Financial Office Treasurer
				Heasulei
Outpart of the second of the s			a. Is this an original filing	g? Yes [X] No []
Subscribed and sworn to before 10th day of		uary, 2016	b. If no, 1. State the amendm	ent number
ady of	T CDIC	j, = 0.0	2. Date filed	
			3. Number of pages a	
Ann Marie Octeau Notary Public				
June 8, 2018				



NAIC Group Code 0028 BUSINES	S IN THE STATE C				LOSSES (•		RING THE YEAR	R 2015	NAIC Com	npany Code 1	2287
	Gross Premi Policy and Me Less Return Premiums on Po	ums, Including mbership Fees, Premiums and plicies 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 Unearned Premium Reserves	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	***************************************						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
Farmowners multiple peril												
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)												
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)	3,426,583	3,810,055		1,756,040	6,007,516	1,509,058	7,380,382	1, 183,878	(182,543)	1,761,801		97,522
19.2 Other private passenger auto liability	6,618,102	7,208,275		3,412,852	12,092,688	7, 159, 021	27,810,552	1,271,644	(384,982)	2,770,882		185,795
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	4,053,257	4,224,583		2,088,339	3, 189, 635	2,553,245	447,440	119,837	1,095	23,048		116,546
21.2 Commercial auto physical damage		ļ										
22. Aircraft (all perils)												
23. Fidelity												
24. Surety		ļ										
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty		}					ļ					
34. Aggregate write-ins for other lines of business									/ 500			
35. TOTALS (a)	14,097,942	15,242,913		7,257,231	21,289,839	11,221,324	35,638,374	2,575,359	(566,430)	4,555,731		399,863
DETAILS OF WRITE-INS							1					
3401.												
3402.			+	+							+	-
3403.		 	 	†			 			 	+	+
3498. Summary of remaining write-ins for Line 34 from overflow page		}					}					
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												



NAIC Group Code 0028 BUSINES	S IN THE STATE O							RING THE YEAF			pany Code 12	
	Gross Premiu Policy and Mer Less Return F Premiums on Po 1 Direct Premiums	nbership Fees, Premiums and	3 Dividends Paid or Credited to Policyholders	4 Direct Unearned	5 Direct Losses Paid	6 Direct Losses	7 Direct	8 Direct Defense and Cost Containment	9 Direct Defense and Cost Containment	Direct Defense and Cost Containment Expense	11 Commissions and Brokerage	12 Taxes, License
Line of Business	Written	Earned	on Direct Business		(deducting salvage)	Incurred	Losses Unpaid	Expense Paid	Expense Incurred	Unpaid	Expenses	and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
Farmowners multiple peril												
Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
Mortgage guaranty												
8. 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)	1,202,928	847,604		695,772	1,060,655	1,765,036	771,671	58,933	225,403	184 . 188		23,
19.2 Other private passenger auto liability		1,517,026		1,267,084	646.854	1,719,365	1,152,853	21.270	127.901	116.160		44.
19.3 Commercial auto no-fault (personal injury protection)		1,317,020		1,207,004	040,004	1,719,303	1, 132,033	21,210	127 , 501	110, 100		
19.3 Commercial auto no-rault (personal injury protection)												
21.1 Private passenger auto physical damage		1,000,120		862,030	926.618	1,294,744	428,918	33,845	52.630	26.984		27,
	1,431,202	1,000,120		002,000	320,010	1,234,744	420,910	,040		20,304		
21.2 Commercial auto physical damage									ł			
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	4 040 007	0.004.750	 	0.004.000	0.004.407	4 770 445	0.050.440	444 040	405.004	007 000		05
35. TOTALS (a)	4,843,067	3,364,750		2,824,886	2,634,127	4,779,145	2,353,442	114,048	405,934	327,332		95,
DETAILS OF WRITE-INS												
3401.												
3402.					+		-				+	
3403.				+	+							+
3498. Summary of remaining write-ins for Line 34 from overflow page			ļ		ļ ļ		ļ		ļ	 		
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)			I	1	1		1		1		1	İ



NAIC Group Code 0028 BUSINES	S IN THE STATE C			DURING THE YEAR					AR 2015 NAIC Company Code 12287					
	Gross Premi Policy and Me Less Return	ums, Including mbership Fees, Premiums and blicies not Taken	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 Unearned Premium Reserves	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	(49)	(49)			(6,473)	(46,473)	1,000		(3,000)	4,000		(1, 198		
2.1 Allied lines	(377)	(377)	(57)		178,351	89,420	43,921	15,644	(1,354)	5,001	ļ	(9,223		
2.2 Multiple peril crop														
2.3 Federal flood														
2.4. Private crop														
Farmowners multiple peril	(14,703)	(14,703)	(2,205)		3,936,011	140,721	3,035,481			334.993		(359,651		
Homeowners multiple peril		(14,703)	(2,200)	'	3,930,011	140,721	3,033,481	382,707	/0,800	334,993		(309,001		
5.2 Commercial multiple peril (liability portion)														
Mortgage guaranty														
Ocean marine											ļ			
Inland marine	(98)	(98)	(15))	6,200	(22,020)	1,000	7, 108	2, 108	6,000		(2,395		
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)											·			
15.4 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														
21.2 Commercial auto physical damage											····			
22. Aircraft (all perils)														
23. Fidelity											l			
24. Surety														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business														
35. TOTALS (a)	(15,227)	(15,227)	(2,284)		4,114,089	161,648	3,081,402	405,519	74,560	349,994		(372,467		
DETAILS OF WRITE-INS														
3401.									+	+	 	-		
3402.				†	- 				 		 			
3403		 	+	 	+				 	 	t	+		
3498. Summary of remaining write-ins for Line 34 from overflow page		 	 								f	†		
3499. Totals (Lines 3401 tillu 3403 pius 3490)(Line 34 above)		1	1	1					1			1		

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



NAIC Group Code 0028 BUSINES	S IN THE STATE C				LOSSES (,		RING THE YEAR	R 2015	NAIC Com	pany Code 1	2287
·	Gross Premit Policy and Me Less Return	ıms, Including	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 Unearned Premium Reserves	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	(49)	(49)			(6,473)	(46,473)	1,000		(3,000)	4,000		(1, 198)
2.1 Allied lines	(377)	(377)	(57))	178,351	89,420	43,921	15,644	(1,354)	5,001		(9,223)
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
Farmowners multiple peril	(44.700)	(44.700)	(0.005)		0.000.044	440.704	0.005.404	000 707	70.000	004.000		(000 004)
4. Homeowners multiple peril	(14,703)	(14,703)	(2,205)		3,936,011	140,721	3,035,481	382,767	76,806	334,993		(359,651)
5.1 Commercial multiple peril (non-liability portion) 5.2 Commercial multiple peril (liability portion)												
Mortgage guaranty												
8. Ocean marine												
9. Inland marine	(98)	(98)	(15))	6,200	(22,020)	1,000	7, 108	2, 108	6,000		(2,395
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
 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	4 000 544	4 057 050		0 454 040	7 000 474	0.074.004	0.450.050	4 040 044	40,000	4 045 000		400,000
19.1 Private passenger auto no-fault (personal injury protection)	4,629,511 8,806,979	4,657,659 8,725,301		2,451,812 4,679,936	7,068,171 12,739,542	3,274,094 8,878,386		1,242,811 1,292,914	42,860 (257.081)	1,945,989 2,887,042		120,869
19.2 Other private passenger auto liability	8,800,979	8,720,301		4,079,930	12,739,342		28,903,403	1,292,914	(207,081)	2,887,042		230,307
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	5,504,519	5,224,703		2,950,369	4,116,253	3,847,989	876,358	153,682	53,725	50,032		144,459
21.2 Commercial auto physical damage				2,300,000	4,110,200		070,000	100,002				
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)	18,925,782	18,592,436	(2,284)	10,082,117	28,038,055	16, 162, 117	41,073,218	3,094,926	(85,936)	5,233,057		123,228
DETAILS OF WRITE-INS												
3401.					ļ							-
3402.					 							
3403.				\	 						 	
3498. Summary of remaining write-ins for Line 34 from overflow page					}							·
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	1										1	1

⁽a) Finance and service charges not included in Lines 1 to 35 \$97,633

⁽b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

Schedule F - Part 1
NONE

Schedule F - Part 2
NONE

SCHEDULE F - PART 3

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

Ceded Reinsurance as of December 31, Current Year (000 OMITTED)																		
1	2	3	4	5	6					ance Recover			1		Reinsuran	, , , , , , , , , , , , , , , , , , , ,	18	19
						7	8	9	10	11	12	13	14	15	16	17		
				Reinsurance														
				Contracts													Net Amount	
				Ceding 75%														Funds Held
	NAIC			or More of	. .											Other	From	By Company
ID.	Com-		B		Reinsurance	5		Known Case					Contingent	Columns	Ceded	Amounts	Reinsurers	Under
ID Number	pany Code	Name of Reinsurer	Domiciliary Jurisdiction	Premiums Written	Premiums Ceded	Paid	D=:41 AE	Loss	LAE	IBNR Loss	IBNR LAE	Unearned	Commis-	7 thru 14	Balances	Due to	Cols. 15 - [16 + 17]	Reinsurance Treaties
			Jurisaiction	vvrilleri		Losses 2.015	Paid LAE	Reserves	Reserves	Reserves	Reserves	Premiums 10.082	sions	Totals 59,759	Payable	Reinsurers	57.818	rreaties
.05-0348344		a Mutual Insurance Company	[КІ		18,938 18,938	2.015	389		3,833	9,659 9,659	2,367	10,082		59,759	1,941 1.941		57.818	
		ed - Affiliates - U.S. Non-Pool - Other			,	, -		- ,		-,	, .			,	, -		. ,	
		ed - Affiliates - U.S. Non-Pool			18,938	2,015	389	31,414	3,833	9,659	2,367	10,082		59,759	1,941		57,818	
		ed - Affiliates - Other (Non-U.S.)			10.000	0.045	000	04 444	0.000	0.050	0.007	40.000		F0 7F0	1 011		F7 040	
	otal Authorize		000)		18,938	2,015	389	31,414	3,833	9,659	2,367	10,082		59,759	1,941		57,818	
		ed - Other U.S. Unaffiliated Insurers (Under \$100,	000)															
		ed - Other U.S. Unaffiliated Insurers	Luci		405													-
		Jersey Unsatisfied Claim & Judgement Fund	NJ		185													
		Jersey Automobile Insurance Risk Exchange	NJ		(194)													
		ed - Pools - Mandatory Pools			(9)													
		ed - Other Non-U.S. Insurers (Under \$100,000)																-
		ed - Other Non-U.S. Insurers			10.000	2.215		21.111		2 252		10.000		50 750				
	otal Authorize				18,929	2,015	389	31,414	3,833	9,659	2,367	10,082		59,759	1,941		57,818	
		ized - Affiliates - U.S. Non-Pool																
		rized - Affiliates - Other (Non-U.S.)																
		ized - Affiliates																
		ized - Other U.S. Unaffiliated Insurers (Under \$10	00,000)															
		rized - Other U.S. Unaffiliated Insurers																
		ized - Other Non-U.S. Insurers (Under \$100,000)																
		ized - Other Non-U.S. Insurers																
	otal Unauthori																	
		- Affiliates - U.S. Non-Pool																
		- Affiliates - Other (Non-U.S.)																
	otal Certified -																	
		 Other U.S. Unaffiliated Insurers (Under \$100,00 	0)															
		- Other U.S. Unaffiliated Insurers																
		- Other Non-U.S. Insurers (Under \$100,000)																
		- Other Non-U.S. Insurers																
3999999. T	otal Certified																	
4099999. T	otal Authorize	ed, Unauthorized and Certified			18,929	2,015	389	31,414	3,833	9,659	2,367	10,082		59,759	1,941		57,818	

SCHEDULE F - PART 3

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

Octobritonical and the property of the propert																		
1	2	3	4	5	6				Reinsur	ance Recover	able On				Reinsuran	ce Payable	18	19
						7	8	9	10	11	12	13	14	15	16	17		
				Reinsurance														
				Contracts													Net Amount	
				Ceding 75%													Recoverable	Funds Held
	NAIC			or More of												Other	From	By Company
	Com-			Direct	Reinsurance			Known Case	Known Case				Contingent	Columns	Ceded	Amounts	Reinsurers	Under
ID	pany		Domiciliary	Premiums	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	Written	Ceded	Losses	Paid LAE	Reserves	Reserves	Reserves	Reserves	Premiums	sions	Totals	Payable	Reinsurers	[16 + 17]	Treaties
4199999. T	otal Prote	tected Cells																
9999999 To	otals				18,929	2,015	389	31,414	3,833	9,659	2,367	10,082		59,759	1,941		57,818	

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

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

	1	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
1.			
2.			
3.			
4.			
5			
٥.			

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	<u>Affiliated</u>
1.	Amica Mutual Insurance Company	59,759	18,938	Yes [X] No []
2.				Yes [] No []
3.				Yes [] No []
4.				Yes [] No []
5.				Yes [] No []

SCHEDULE F - PART 4

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

	Aging	oi Ceded Reii	isurance as or i	becember 31, Co	arrent Year (000 i	JIVIITTED)					
1	2 3	4	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment 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	19976 _ Amica Mutual Insurance Company	RI	2,404						2,404		
	otal Authorized - Affiliates - U.S. Non-Pool - Other		2,404						2,404		
0499999. T	otal Authorized - Affiliates - U.S. Non-Pool		2,404						2,404		
0799999. T	otal Authorized - Affiliates - Other (Non-U.S.)										
0899999. T	otal Authorized - Affiliates		2,404						2,404		
1399999. T	otal Authorized		2,404						2,404		
1799999. T	otal Unauthorized - Affiliates - U.S. Non-Pool										
2099999. T	otal Unauthorized - Affiliates - Other (Non-U.S.)										
2199999. T	otal Unauthorized - Affiliates										
2699999. T	otal Unauthorized										
3099999. T	otal Certified - Affiliates - U.S. Non-Pool										
3399999. T	otal Certified - Affiliates - Other (Non-U.S.)										
3499999. T	otal Certified - Affiliates										
3999999. T	otal Certified										
4099999. T	otal Authorized, Unauthorized and Certified		2,404						2,404		
4199999. T	otal Protected Cells										
9999999 T	otals		2,404						2,404		

Schedule F - Part 5 NONE

Schedule F - Part 5 - Bank Footnote
NONE

Schedule F - Part 6 - Section 1 - Provision for Reinsurance Ceded to Certified Reinsurers $N\ O\ N\ E$

Schedule F - Part 6 - Section 1 - Bank Footnote
NONE

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

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance
NONE

Schedule F - Part 8 - Provision for Overdue Reinsurance NONE

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	Restatement of Balance Sheet to Identify Net (1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)	(Not or Godda)	rajasanone	(cross or occupa)
1.	Cash and invested assets (Line 12)	70.589.356		70.589.356
2.	Premiums and considerations (Line 15)			
3.	Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4.	Funds held by or deposited with reinsured companies (Line 16.2)			
5.	Other assets	1,221,547		1,221,547
6.	Net amount recoverable from reinsurers		57,818,344	57,818,344
7.	Protected cell assets (Line 27)			
8.	Totals (Line 28)	82,000,484	55,413,903	137,414,387
	LIABILITIES (Page 3)			
9.	Losses and loss adjustment expenses (Lines 1 through 3)		47,273,264	47,273,264
10.	Taxes, expenses, and other obligations (Lines 4 through 8)	1,014,831		1,014,831
11.	Unearned premiums (Line 9)		10,082,117	10,082,117
12.	Advance premiums (Line 10)	17,461		17,461
13.	Dividends declared and unpaid (Line 11.1 and 11.2)			
14.	Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	1,941,478	(1,941,478)	
15.	Funds held by company under reinsurance treaties (Line 13)			
16.	Amounts withheld or retained by company for account of others (Line 14)	6,045		6,045
17.	Provision for reinsurance (Line 16)			
18.	Other liabilities	886,062		886,062
19.	Total liabilities excluding protected cell business (Line 26)	3,865,877	55,413,903	59,279,780
20.	Protected cell liabilities (Line 27)			
21.	Surplus as regards policyholders (Line 37)	78,134,607	xxx	78,134,607
22.	Totals (Line 38)	82,000,484	55,413,903	137,414,387

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 NONE

Schedule H - Part 2 - Reserves and Liabilities \overline{N} \overline{O} \overline{N} \overline{E}

Schedule H - Part 3 - Prior Year's Claim Reserves and Liabilities $N\ O\ N\ E$

Schedule H - Part 4 - Reinsurance NONE

Schedule H - Part 5 - Health Claims
NONE

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 OMITTED)

		Pre	emiums Earne	ed		ν.	Loss	s and Loss Ex	pense Payme	ents			12
_	ears in	1	2	3			Defense		Adjusting		10	11	
	/hich				Loss Pa			t Payments	Payn				Number of
	ıms Were				4	5	6	7	8	9		Total Net	Claims
	ned and								l		Salvage and		Reported
	es Were	Direct and			Direct and		Direct and		Direct and			(4 - 5 + 6 - 7	Direct and
Inc	curred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1.	Prior	xxx	XXX	XXX									xxx
2.	2006	45,955	28,499	17,456	9,413	5,979	349	235	3,650	2,319	259	4,879	2,082
3.	2007	44,838	31,787	13,051	12,582	10,066	437	349	3,782	3,025	291	3,361	2,631
4.	2008	43,757	35,446	8,311	73,452	61,361	750	600	7,727	6, 182	400	13,786	8,625
5.	2009	46,681	37,815	8,866	28,477	23,873	600	533	5, 117	4,094	224	5,694	4 , 176
6.	2010	55 , 148	44,674	10,474	13,901	11,122	601	482	4 , 120	3,297	146	3,722	3,330
7.	2011	62,716	50,805	11,911	40,329	34,072	923	828	6,277	5,022	875	7,607	5,002
8.	2012	69,293	56 , 133	13 , 160	33,734	28,835	891	805	6,258	5,007	516	6,237	5,094
9.	2013	80,244	65,004	15,240	29,634	23,824	846	682	6,039	4,831	318	7, 182	4,840
10.	2014	45,745	37,057	8,688	18 , 149	15,694	574	518	2,727	2, 181	65	3,057	2,700
11.	2015	(15)	(12)	(3)									
12.	Totals	XXX	XXX	XXX	259,671	214,826	5,971	5,032	45,698	35,957	3,094	55,524	XXX

						5.6				A 11 11		23	24	25
		Case	Losses Basis	Unpaid Bulk +	IRND	Defens Case	e and Cost (Containment Bulk +			ing and Unpaid			
		13	14	15	16	17	18	19	20	21	22	Salvage	Total Net	Number of Claims
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	and Subrog- ation Anticipated	Losses and Expenses Unpaid	Outstand- ing Direct and Assumed
1.	Prior													
2.	2006													
3.														
4.	2008	1	1											
5.	2009	3	3							3	3			1
6.	2010	151	151	7	7	17	17	1	1	6	6			2
7.	2011			26				3	3					
8.	2012	173	173	59	59	19	19	6	6	39	39			13
9.	2013	564	564	131	131	63	63	14	14	54	54			18
10.	2014	1,487	1,487	434						146	146			49
11.	2015													
12.	Totals	2,379	2,379	657	657	263	263	72	72	248	248			83

			Total			oss Expense F				34	Net Bala	nce Sheet
		Losses and	Loss Expense	es Incurred	(ed /Premiums E		Nontabula	ar Discount			fter Discount
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter- Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior	xxx	XXX	XXX	XXX	XXX	xxx			XXX		
2.	2006	13,412	8,533	4,879	29.2	29.9	27.9					
3.	2007	16,801	13,440	3,361	37.5	42.3	25.8					
4.	2008	81,930	68 , 144	13,786	187.2	192.2	165.9					
5.	2009	34,200	28,506	5,694	73.3	75.4	64.2					
6.	2010	18,804	15,082	3,722	34.1	33.8	35.5					
7.	2011	47,558	39,951	7,607	75.8	78.6	63.9					
8.	2012	41, 179	34,942	6,237	59.4	62.2	47.4					
9.	2013	37,345	30 , 163	7 , 182	46.5	46.4	47.1					
10.	2014	23,730	20,673	3,057	51.9	55.8	35.2					
11.	2015											
12.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 OMITTED)

		Pre	emiums Earn	ed		(+	Loss	s and Loss Ex	pense Payme	ents			12
Ye	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
	Vhich				Loss Pa	yments	Containmer	t Payments	Payn				Number of
	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			(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									XXX
2.	2006	12,103	9,709	2,394	5,395	4,317	870	696	2,774	2,219	125	1,807	1,348
3.	2007	28,029	22,600	5,429	20,836	16,809	2,606	2, 102	3,784	3,029	332	5,286	3,200
4.	2008	26,435	21,262	5 , 173	19,671	15,815	2,279	1,842	3,085	2,471	518	4,906	3,014
5.	2009	26,513	21,309	5,204	24,037	19,804	3,051	2,514	2,887	2,326	367	5,331	3,541
6.	2010	28,851	23,218	5 , 633	26,305	22,623	3,383	2,929	2,978	2,419	821	4,695	3,839
7.	2011	31,836	25,582	6,254	29,648	26,340	3,382	3,069	3,042	2,514	259	4,149	3,949
8.	2012	34,792	27,946	6,846	24,827	23,248	2,898	2,793	2,680	2,358	694	2,006	3,739
9.	2013	35,973	35,973		20,519	20,519	1,743	1,743	2,701	2,701	152		3,974
10.	2014	25,111	25,111		10,362	10,362	841	841	1,326	1,326	141		2,448
11.	2015	13,383	13,383		4,362	4,362	203	203	547	547	17		1,709
12.	Totals	XXX	XXX	XXX	185,962	164,199	21,256	18,732	25,804	21,910	3,426	28,181	XXX

			Losses	Unnaid		Defens	e and Cost (Containment	Unnaid	Adiusti	ng and	23	24	25
		Case		Bulk +	· IBNR	Case		Bulk +			Unpaid			
		13 Direct	14	15 Direct	16	17 Direct	18	19 Direct	20	21 Direct	22	Salvage and Subrog-	Total Net Losses and	Number of Claims Outstand- ing
		and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	and Assumed	Ceded	ation Anticipated	Expenses	Direct and Assumed
1.	Prior													
2.	2006													
3.	2007	310	310			39	39			1	1			2
4.	2008	250	250			32	32			2	2			3
5.	2009	277	277			35	35			3	3			4
6.	2010	340	340			43	43			3	3			5
7.	2011	2,010	2,010	81	81	256	256	13	13	13	13			21
8.	2012	6, 100	6,100	163	163	759	759	26	26	53	53			85
9.	2013	9,355	9,355	488	488	1, 187	1, 187	76	76	112	112			179
10.	2014	5,512	5,512	2,481	2,481	681	681	383	383	136	136			217
11.	2015	4,471	4,471	5,277	5,277	514	514	789	789	373	373			595
12.	Totals	28,625	28,625	8,490	8,490	3,546	3,546	1,287	1,287	696	696			1,111

			Total			oss Expense F			5	34		nce Sheet
			Loss Expense		_	ed /Premiums E			ar Discount			fter Discount
		26 Direct	27	28	29 Direct	30	31	32	33	Inter- Company Pooling	35	36 Loss
		and Assumed	Ceded	Net	and Assumed	Ceded	Net	Loss	Loss Expense	Participation Percentage	Losses Unpaid	Expenses Unpaid
											Oripaid	Oripaid
1.	Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	2006	9,039	7,232	1,807	74.7	74.5	75.5					
3.	2007	27,577	22,290	5,286	98.4	98.6	97.4					
4.	2008	25,319	20,412	4,906	95.8	96.0	94.8					
5.	2009	30,290	24,959	5,331	114.2	117.1	102.4					
6.	2010	33,052	28,357	4,695	114.6	122.1	83.4					
7.	2011	38,445	34,296	4 , 149	120.8	134 . 1	66.3					
8.	2012	37,506	35,500	2,006	107.8	127.0	29.3					
9.	2013	36 , 181	36 , 181		100.6	100.6						
10.	2014	21,722	21,722		86.5	86.5						
11.	2015	16,536	16,536		123.6	123.6						
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 NONE

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 \overline{N} \overline{O} \overline{N} \overline{E}

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made \overline{N} \overline{O} \overline{N} \overline{E}

SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT) (\$000 OMITTED)

		Pre	emiums Earn	ed			Los	s and Loss Ex	cpense Payme	ents			12
Ye	ears in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
W	/hich				Loss Pa	yments	Containmer	nt Payments	Payn	nents			Number of
Premiu	ıms Were				4	5	6	7	8	9		Total Net	Claims
Earr	ned and										Salvage and	Paid Cols	Reported
Losse	ses Were Direct and			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7)	Direct and	
Inc	ncurred Assumed Ceded Net (1		Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed	
1.	Prior	xxx	XXX	xxx	117	93	22	18	13	11	11	30	xxx
2.	2014	2,635	2,137	498	781	625	12	9	164	132	4	192	XXX
3.	2015	(1)	(1)										XXX
4.	Totals	XXX	XXX	XXX	898	718	34	27	177	142	15	222	XXX

												23	24	25
			Losses	Unpaid		Defens	e and Cost (Containment	Unpaid		ing and			
		Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	- IBNR	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	36	36	(4)	(4)	4	4	(5)	(5)	6	6			5
2.	2014			14	14			16	16					
3.	2015													
4.	Totals	36	36	10	10	4	4	11	11	6	6			5

			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					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.	2014	987	796	192	37.5	37.2	38.5					
3.	2015											
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

	Pr	emiums Earn	ed			Los	s and Loss Ex	cpense Payme	ents			12
Years in	1	2	3			Defense	and Cost	Adjusting	and Other	10	11	
Which				Loss Pa	ayments	Containmer	nt Payments	Payn	nents			Number of
Premiums We	re			4	5	6	7	8	9		Total Net	Claims
Earned and										Salvage and	Paid Cols	Reported
Losses Were	 Direct and 			Direct and		Direct and		Direct and		Subrogation	(4 - 5 + 6 - 7)	Direct and
Incurred	Assumed	Ceded	Net (1 - 2)	Assumed	Ceded	Assumed	Ceded	Assumed	Ceded	Received	+ 8 - 9)	Assumed
1. Prior	xxx	XXX	XXX	(104)	(104)	16	16			132		xxx
2. 2014	10,042	10,042		6,531	6,531	200	200	567	567	3,242		4,472
3. 2015	5,225	5,225		4,654	4,654	106	106	202	202	946		2,686
4. Totals	XXX	XXX	XXX	11,081	11,081	322	322	768	768	4,320		XXX

												23	24	25
			Losses	Unpaid		Defens	e and Cost C	Containment	Unpaid	Adjusti	ng and Unpaid			
		Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	- IBNR	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.	2014			10	10			1	1					
3.	2015	374	374	492	492	20	20	29	29	17	17			116
4.	Totals	374	374	502	502	20	20	30	30	17	17			116

			Total		Loss and L	oss Expense F	Percentage			34	Net Balar	nce Sheet
		Losses and	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					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.	2014	7,309	7,309		72.8	72.8						
3.	2015	5,894	5,894		112.8	112.8						
4.	Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1K - Fidelity/Surety NONE

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

NONE

Schedule P - Part 1M - International NONE

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property $N\ O\ N\ E$

Schedule P - Part 10 - Reinsurance - Nonproportional Assumed Liability ${\sf NONE}$

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

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence \overline{N} \overline{O} \overline{N} \overline{E}

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

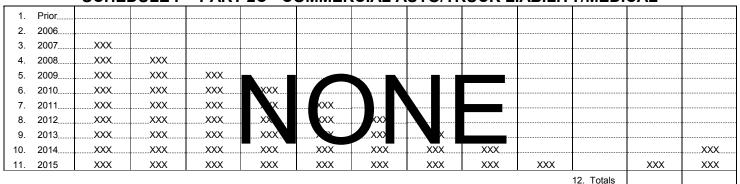
SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Ye	ears in	INCURRED	NET LOSSES	AND DEFEN	ISE AND CO	ST CONTAIN	MENT EXPE	NSES REPOR	RTED AT YEA	AR END (\$000	O OMITTED)	DEVELO	PMENT
	h Losses	1	2	3	4	5	6	7	8	9	10	11	12
Were	Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	One Year	Two Year
1.	Prior	802	<u>4</u> 07	292	222	238	242	244	240	240	240		
2.	2006	5,348	3,638	3,742	3,547	3,559	3,548	3,548	3,548	3,548	3,548		
3.	2007	XXX	2,722	2,677	2,578	2,604	2,594	2,599	2,601	2,604	2,604		3
4.	2008	XXX	XXX	11,240	12, 170	12,474	12,199	12,222	12,227	12,241	12,241		14
5.	2009	XXX	XXX	XXX	4,848	4,797	4,704	4,661	4,657	4,678	4,671	(7)	14
6.	2010	XXX	XXX	XXX	XXX	3,540	2,917	2,901	2,952	2,935	2,898	(37)	(54)
7.	2011	XXX	XXX	XXX	XXX	XXX	6,845	6,610	6,416	6,345	6,352	7	(64)
8.	2012	XXX	XXX	XXX	XXX	XXX	XXX	5,208	5, 107	5,091	4,985	(106)	(122)
9.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,404	6,048	5,974	(74)	(430)
10.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,094	2,511	(583)	XXX
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12 Totals	(800)	(639)

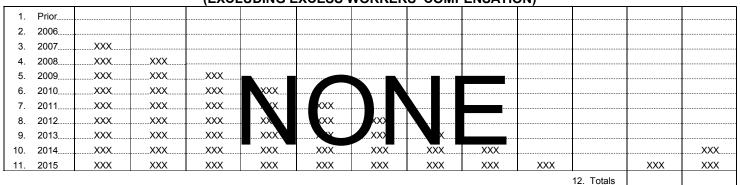
SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1.	Prior												
2.	2006	1, 102	1,843	1,571	1,481	1,352	1,276	1,262	1,252	1,252	1,252		
3.	2007	XXX	4,090	4,678	5,588	5,466	5,024	4,815	4,531	4,531	4,531		
4.	2008	XXX	XXX	4,995	5,024	5,071	4,886	4,517	4,293	4,293	4,293		
5.	2009	XXX	XXX	XXX	4,541	5 ,585	6,503	5,762	4 , 770	4,770	4,770		
6.	2010	XXX	XXX	XXX	XXX	4 ,646	6,291	6,949	4 , 136	4 , 136	4 , 136		
7.	2011	XXX	XXX	XXX	XXX	XXX	5,072	7,451	3,621	3,621	3,621		
8.	2012	XXX	XXX	XXX	XXX	XXX	XXX	6,861	1,684	1,684	1,684		
9.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals		

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



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



SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL



Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence \overline{N} \overline{O} \overline{N} \overline{E}

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) $N \ O \ N \ E$

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence \overline{N} \overline{O} \overline{N} \overline{E}

Schedule P - Part 2H - Section 2- Other Liability - Claims-Made \overline{N} \overline{O} \overline{N} \overline{E}

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Ye	ars in	INCURRED	NET LOSSES	AND DEFE	NSE AND CO	ST CONTAIN	MENT EXPE	NSES REPO	RTED AT YEA	AR END (\$00)	O OMITTED)	DEVELO	PMENT
Which	n Losses	1	2	3	4	5	6	7	8	9	10	11	12
Were	Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	One Year	Two Year
1.	Prior	XXX	XXX	xxx	XXX	XXX	XXX	XXX	170	115	130	15	(40)
2.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	181	159	(22)	xxx
3.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	xxx
											4. Totals	(7)	(40)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1.	Prior	XXX											
2	2014	XXX				XXX							
3	2015	XXX		XXX	XXX								
	2010	7001	7001	7001	7001	7001	7001	7001	7001	7001	4. Totals	7001	7001

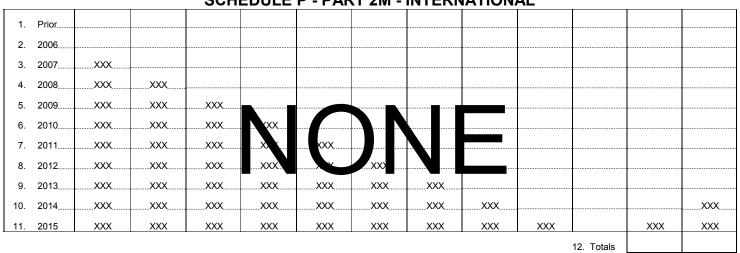
SCHEDULE P - PART 2K - FIDELITY/SURETY

1. PriorXXXXX	XXX	××× × ×		
2. 2014XXXXXXXX	xxxxxxx			xxx
	xxx xx xx	XXX XXX XXX	xxx	xxx xxx
o. 2010 7000 7000 70			4. Totals	7000

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

1. Prior XXX XX					 		,		 	
2. 2014 XXX XXX XXX XXX XX XX XX XX XX XX XX X	1. Prior	XXX XXX	XXX	XXX	.xx	x				
					7 17	××	XXX			xxx
3. 2010 XXX XX							VVV	~~~	 ~~~	
4. Totals	3. 2013	***	1 ~~~						****	

SCHEDULE P - PART 2M - INTERNATIONAL



Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property NONE

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

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines $N\ O\ N\ E$

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence \overline{N} \overline{O} \overline{N} \overline{E}

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made \overline{N} \overline{O} \overline{N} \overline{E}

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

Schedule P - Part 2T - Warranty
NONE

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

		CUMUL	ATIVE PAID N	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
	ears in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
	Vhich											Closed	Closed
	osses											With	Without
	Vere curred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Loss Payment	Loss
1110	curred	2000										,	Payment
1.	Prior	000	105	215	214	236	239	240	240	240	240	56	50
2.	2006	3, 189	3,508	3,515	3,520	3,548	3,548	3,548	3,548	3,548	3,548	1,356	726
3.	2007	xxx	2,101	2,506	2,555	2,581	2,594	2,598	2,601	2,604	2,604	1,663	968
4.	2008	XXX	XXX	8,821	11,597	12,109	12,166	12,203	12,227	12,239	12,241	6,211	2,414
5.	2009	XXX	XXX	XXX	3,693	4 ,548	4,645	4,649	4,654	4,670	4,671	2,822	1,353
6.	2010	XXX	XXX	XXX	XXX	2,398	2,850	2,869	2,891	2,889	2,898	1,883	1,445
7.	2011	XXX	XXX	XXX	XXX	XXX	5,333	6,149	6,269	6,326	6,352	3,354	1,648
8.	2012	XXX	XXX	XXX	XXX	XXX	XXX	4,050	4,810	4,982	4,985	3, 154	1,927
9.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,574	5,710	5,974	2,739	2,083
10.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,222	2,511	1,646	1,005
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

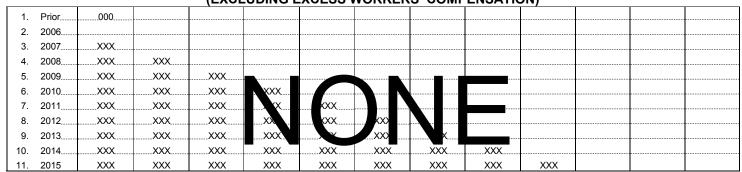
SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1.	Prior	000											
2.	2006	291	749	926	1,059	1,223	1,248	1,252	1,252	1,252	1,252	881	467
3.	2007	XXX	1,312	2,744	3,407	3,950	4,478	4,531	4,531	4,531	4,531	2,113	1,085
4.	2008	XXX	XXX	1, 114	2,605	3,351	4,034	4,293	4,293	4,293	4 , 293	1,994	1,017
5.	2009	XXX	XXX	XXX	1,333	2,714	4,015	4,770	4,770	4,770	4,770	2,333	1,204
6.	2010	XXX	XXX	XXX	XXX	1,393	3,228	4 , 136	4, 136	4 , 136	4 , 136	2,604	1,230
7.	2011	XXX	XXX		XXX			3,621	3,621	3,621	3,621	2,734	1, 194
8.	2012	XXX	XXX	XXX	XXX	XXX	XXX	1,684	1,684	1,684	1,684	2,544	1,110
9.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX				2,710	1,085
10.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1,548	683
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		751	363

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

1.	Prior	000									 	
2.	2006										 	
3.	2007	XXX										
4.	2008	XXX	XXX								 	
5.	2009	XXX	XXX	XXX							 	
6.	2010	XXX	XXX	XXX	. XXX						 	
7.	2011	XXX	XXX	XXX	X X	xxx						
8.	2012	XXX			XX	kxx	XX				 	
9.	2013	XXX	XXX	XXX	XXX.	X	XXX	X			 	
10.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		 	
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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



SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

			ЭСПІ	EDULE	r - PAR	(1 3E - (RUIAL		LE PER	XIL	
1.	Prior	000										
2.	2006						+					
3.	2007	XXX										
4.		XXX	XXX									
5.	2009	XXX	XXX	XXX								
6.	2010	XXX	XXX	XXX	XXX		7 1					
7.	2011	XXX	XXX	XXX	X X							
8.	2012	XXX	XXX	XXX	XX	XX						
9.	2013	XXX	XXX	XXX	XXX.		_XXX	X				
10.	2014	XXX	XXX	XXX	XXX	XXX	XXX	xxx	XXX			
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence \overline{N} \overline{O} \overline{N} \overline{E}

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

Schedule P - Part 3G - Special Liability NONE

Schedule P - Part 3H - Section 1 - Other Liability - Occurrence \overline{N} \overline{O} \overline{N} \overline{E}

Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made \overline{N} \overline{O} \overline{N} \overline{E}

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
Years in	1	2	3	4	5	6	7	8	9	10	Claims	Claims
Which	··········										Closed	Closed
Losses	Losses										With	Without
Were	Were										Loss	Loss
Incurred									Payment	Payment		
1. Prior	xxx	XXX	XXX	XXX	XXX	XXX	XXX	000	102	130	XXX	XXX
1. FIIOI	·						~~~	000	102	100		
2. 2014	xxx	XXX	XXX	XXX	XXX	XXX	XXX	xxx	146	159	XXX	xxx
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

| Ī | 1. | Prior | XXX | 000 | |
511 | 147 |
|---|----|-------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------|-----|
| | 2. | 2014 | XXX | |
3,691 | 781 |
| | 3. | 2015 | XXX | 2,171 | 399 |

SCHEDULE_P - PART 3K - FIDELITY/SURETY

1.	Prior	XXX	XXX	XXX	XXX		XX		XXX		X	X	000		XXX	xxx
2.	2014			xxx		1	xxx	'		1	×	x	XXX		xxx	xxx
3.	2015	XXX	XXX	XXX	XXX	,,,,	×		XXX			Χ	XXX	XXX	XXX	XXX

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

	_					 \				-		 ,	
1.	Prior	XXX	XXX	XXX	XXX	 XX	X	× l	х х	000		XXX	XXX
2.	2014	XXX	XXX	XXX	×	xxx		×>	x x	XXX		XXX	XXX
3.	2015	XXX	XXX	XXX	XXX	v		×>	×	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

				эспі	EDULE	P - PAR	<u> </u>	INIEKN	IAHON	<u>4L</u>		
1.	Prior	000									 .xxx	xxx
2.	2006										 xxx	xxx
3.	2007	XXX									 xxx	xxx
4.	2008	xxx	XXX								 XXX	xxx
5.	2009	XXX	XXX	xxx							 XXX	xxx
6.	2010	XXX	XXX	xxx	XXX		7.1				 XXX	xxx
7.	2011	XXX	XXX	xxx	X	×xx					 XXX	xxx
8.	2012	XXX	XXX	xxx	XXX.		XXX		<u> </u>		 xxx	xxx
9.	2013	xxx	XXX	xxx	xxx	xxx	xxx	xxx			 XXX	xxx
10.	2014	xxx	XXX	xxx	XXX	xxx	xxx	xxx	xxx		 xxx	xxx
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property NONE

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

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines ${\sf N} \; {\sf O} \; {\sf N} \; {\sf E}$

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence $N\ O\ N\ E$

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made NONE

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

Schedule P - Part 3T - Warranty
NONE

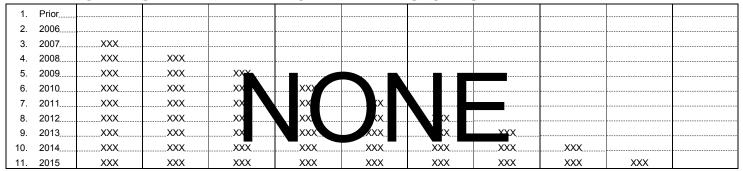
SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

		BULK AND IE	BNR RESERVES	ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	T EXPENSES F	REPORTED AT	YEAR END (\$00	0 OMITTED)
V Lo	ears in Vhich osses	1	2	3	4	5	6	7	8	9	10
	Vere curred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1.	Prior	160	38	33							
2.	2006	780	72	143	11	11					
3.	2007	XXX	131	91	10	11					
4.	2008	xxx	xxx	301	346	204	5	12			
5.	2009	XXX	xxx	XXX	681	193	9	12	3		
6.	2010	XXX	xxx	XXX	XXX	717	18	8	14	5	
7.	2011	XXX	XXX	XXX	XXX	XXX	425	83	23	9	
8.	2012	xxx	xxx	XXX	XXX	XXX	XXX	267	85	33	
9.	2013	XXX	xxx	XXX	xxx	XXX	xxx	XXX	322	93	
10.	2014	XXX	xxx	XXX	XXX	XXX	XXX	XXX	XXX	333	
11.	2015	xxx	xxx	XXX	XXX	XXX	xxx	XXX	XXX	XXX	

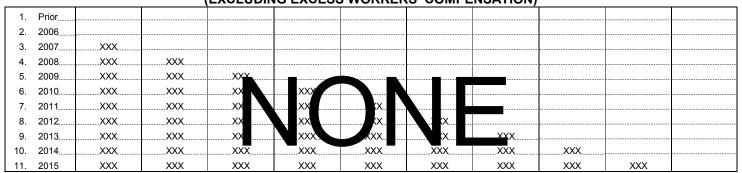
SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1.	Prior										
2.	2006	375	719	278	115	58					
3.	2007	XXX	1,092	507	603	383	200				
4.	2008	XXX	XXX	1,998	860	442	267				
5.	2009	XXX	XXX	XXX	1,543	797	704	122			
6.	2010	XXX	XXX	XXX	XXX	1,505	870	407			
7.	2011	XXX	XXX	XXX	XXX	XXX	1,549	1,060			
8.	2012	XXX	XXX	XXX	XXX	XXX	XXX	2,581			
9.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

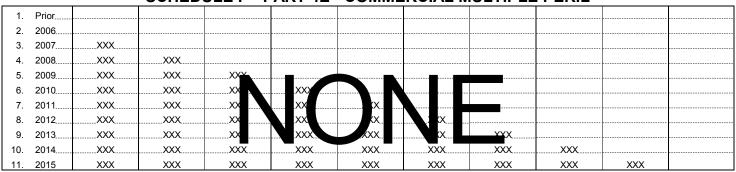
SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL



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



SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL



Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence \overline{N} \overline{O} \overline{N} \overline{E}

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

Schedule P - Part 4G - Special Liability NONE

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence \overline{N} \overline{O} \overline{N} \overline{E}

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made \overline{N} \overline{O} \overline{N} \overline{E}

SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

				· · · · · · · · · · · · · · · · · · ·						
	BULK AND II	BNR RESERVES	S ON NET LOSS	SES AND DEFE	NSE AND COST	CONTAINMEN	IT EXPENSES F	REPORTED AT	YEAR END (\$00	0 OMITTED)
Years in Which Losses Were	1	2	3	4	5	6	7	8	9	10
Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57		
2. 2014	xxx	XXX	xxx	xxx	xxx	xxx	xxx	XXX	29	
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
	XXX	XXX		YYY	XXX	~~~	XXX	XXX		
3 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

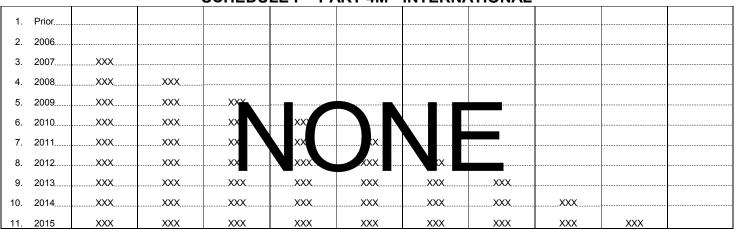
SCHEDULE P - PART 4K - FIDELITY/SURETY

2. 2014 XXX XX X	1. Prior.	XXX	XXX	xx	xxx	XXX.		 			
	2. 2014	xxx	xxx	XX	xx	\propto	X	Y XX	XXX		
	3. 2015	XXX	XXX	XX	XX.	kx	×	XXX	XXX	XXX	

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

1.	Prior	XXX	XXX	xx	xxx	XXX.	: X	~xx			
2.	2014	XXX	XXX	××	XX	\propto	xL	X XX	XXX		
3.	2015	XXX	XXX	××	XX	××	×	XXX	XXX	XXX	
							T L				

SCHEDULE P - PART 4M - INTERNATIONAL



Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property $N\ O\ N\ E$

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

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines $N\ O\ N\ E$

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence \overline{N} \overline{O} \overline{N} \overline{E}

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
NONE

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS SECTION 1

			CUMULA	TIVE NUMBER	OF CLAIMS CL	OSED WITH LO	SS PAYMENT [DIRECT AND AS	SSUMED AT YE	AR END	
	in Which	1	2	3	4	5	6	7	8	9	10
Were	emiums e Earned Losses										
	Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1.	Prior	302	32	13	4	6	1				
2.	2006	1,082	1,329	1,351	1,355	1,356	1,356	1,356	1,356	1,356	1,356
3.	2007	xxx	1,382	1,624	1,648	1,655	1,659	1,659	1,662	1,663	1,663
4.	2008	xxx	XXX	4,858	5,990	6, 151	6, 176	6,206	6,208	6,211	6,211
5.	2009	xxx	XXX	XXX	2, 180	2,721	2,775	2,817	2,819	2,821	2,822
6.	2010	xxx	xxx	xxx	XXX	1,524	1,854	1,874	1,878	1,882	1,883
7.	2011	xxx	xxx	xxx	XXX	XXX	2,594	3,248	3,309	3,338	3,354
8.	2012	xxx	XXX	xxx	XXX	XXX	XXX	2,359	2,981	3, 101	3, 154
9.	2013	xxx	xxx	xxx	xxx	xxx	xxx	xxx	1,980	2,638	2,739
10.	2014	xxx	xxx	xxx	xxx	XXX	XXX	xxx	xxx	1,406	1,646
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2

					3	ECTION A					
				NUMBER	R OF CLAIMS O	UTSTANDING D	IRECT AND AS	SUMED AT YEAR	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
Were	Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1.	Prior	52	28	5	2		1				
2.	2006	232	26	5	1						
3.	2007	XXX	292	36	4	3		1			
4.	2008	xxx	XXX	865	72	15	2				
5.	2009	xxx	XXX	XXX	354	35	6		1		1
6.	2010	XXX	XXX	XXX	XXX	273	16	2	4	4	2
7.	2011	xxx	XXX	XXX	XXX	XXX	489	46	16	9	
8.	2012	xxx	xxx	xxx	XXX	XXX	XXX	479	55	20	13
9.	2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	549	52	18
10.	2014	xxx	xxx	xxx	XXX	XXX	XXX	XXX	XXX	181	49
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

				CUMULATIVE	NUMBER OF C	LAIMS REPOR	TED DIRECT AN	ND ASSUMED A	T YEAR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1.	Prior	146	29	8	7	4	3	2	1		
2.	2006	1,938	2,071	2,077	2,080	2,082	2,082	2,082	2,082	2,082	2,082
3.	2007	XXX	2,476	2,604	2,615	2,623	2,625	2,627	2,629	2,631	2,631
4.	2008	XXX	xxx	7,783	8,422	8,568	8,587	8,619	8,622	8,625	8,625
5.	2009	xxx	xxx	xxx	3,637	4,091	4 , 126	4, 169	4, 173	4, 174	4 , 176
6.	2010	xxx	xxx	xxx	XXX	3,072	3,301	3,316	3,323	3,329	3,330
7.	2011	xxx	xxx	xxx	XXX	XXX	4,489	4,904	4,957	4,994	5,002
8.	2012	xxx	xxx	xxx	xxx	xxx	xxx	4,471	4,923	5,042	5,094
9.	2013	xxx	xxx	xxx	xxx	XXX	xxx	XXX	4,272	4,749	4,840
10.	2014	XXX	xxx	xxx	XXX	XXX	XXX	XXX	XXX	2,531	2,700
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL SECTION 1

			CUMULAT	IVE NUMBER	OF CLAIMS CLO	OSED WITH LO	SS PAYMENT D	DIRECT AND AS	SUMED AT YE	AR END	
Pre Were	in Which emiums e Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1.	Prior										
2.	2006	344	745	822	852	875	878	880	880	880	881
3.	2007	xxx	1,142	1,812	1,994	2,064	2,095	2, 105	2,110	2,113	2,113
4.	2008	xxx	xxx	1,025	1,739	1,884	1,946	1,979	1,991	1,993	1,994
5.	2009	xxx	XXX	XXX	1,259	1,981	2, 160	2,252	2,309	2,325	2,333
6.	2010	xxx	xxx	xxx	XXX	1,444	2,229	2,420	2,537	2,587	2,604
7.	2011	xxx	xxx	xxx	XXX	XXX	1,520	2,330	2,587	2,691	2,734
8.	2012	xxx	xxx	XXX	XXX	XXX	XXX	1,487	2,242	2,463	2,544
9.	2013	xxx	xxx	xxx	xxx	xxx	xxx	XXX	1,689	2,492	2,710
10.	2014	xxx	xxx	xxx	xxx	xxx	XXX	xxx	XXX	1, 132	1,548
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	751

SECTION 2

					31	ECTION 2	<u> </u>				
				NUMBER	OF CLAIMS O	UTSTANDING D	IRECT AND AS	SUMED AT YEA	AR END		
Pre Were	in Which miums Earned Losses	1	2	3	4	5	6	7	8	9	10
	Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1.	Prior										
2.	2006	607	155	68	43	11	5	3	1	1	
3.	2007	XXX	1,098	334	154	60	22	8	5	2	2
4.	2008	xxx	XXX	1,100	305	147	63	22	6	4	3
5.	2009	xxx	XXX	XXX	1,126	340	201	92	29	10	4
6.	2010	XXX	XXX	XXX	XXX	1,187	391	217	88	23	5
7.	2011	xxx	xxx	XXX	XXX	XXX	1,270	419	179	67	21
8.	2012	xxx	xxx	xxx	xxx	XXX	XXX	1, 188	370	174	85
9.	2013	xxx	xxx	xxx	xxx	XXX	XXX	XXX	1, 157	350	179
10.	2014	xxx	xxx	xxx	xxx	xxx	xxx	xxx	XXX	635	217
11.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	595

SECTION 3

					OL.	CHON 3)				
				CUMULATIVE	NUMBER OF CL	LAIMS REPORT	ED DIRECT AN	D ASSUMED A	T YEAR END		
Years in Which Premiums Were Earned and Losses		1	1 2		4	5	6	7	8	9	10
Were	Incurred	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1.	Prior										
2.	2006	1,105	1,297	1,326	1,347	1,348	1,348	1,348	1,348	1,348	1,34
3.	2007	XXX	2,812	3, 101	3, 180	3, 194	3, 199	3, 198	3,200	3,200	3,20
4.	2008	xxx	XXX	2,671	2,953	3,000	3,011	3,014	3,014	3,014	3,01
5.	2009	xxx	xxx	XXX	3,073	3,425	3,509	3,527	3,537	3,538	3,54
6.	2010	xxx	xxx	XXX	xxx	3,389	3,744	3,812	3,829	3,836	3,83
7.	2011	xxx	XXX	XXX	XXX	XXX	3,506	3,854	3,932	3,947	3,94
8.	2012	xxx	xxx	XXX	XXX	XXX	XXX	3,312	3,636	3,716	3,73
9.	2013	xxx	xxx	XXX	xxx	xxx	xxx	xxx	3,530	3,878	3,97
10.	2014	xxx	xxx	xxx	XXX	XXX	xxx	XXX	xxx	2,298	2,44
11	2015	xxx	xxx	xxx	xxx	xxx	XXX	xxx	xxx	xxx	1.70

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1 NONE

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

NONE

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 $\stackrel{\textstyle \bullet}{\mathsf{N}} \stackrel{\textstyle \bullet}{\mathsf{O}} \stackrel{\textstyle \bullet}{\mathsf{N}} \stackrel{\textstyle \bullet}{\mathsf{E}}$

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

Schedule P - Part 5H - Other Liability - Claims-Made $\,$ - Section 1B $\,$ N $\,$ O $\,$ N $\,$ E

Schedule P - Part 5H - Other Liability - Claims-Made $\,$ - Section 2B $\,$ N $\,$ O $\,$ N $\,$ E

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

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A $\stackrel{\textstyle N}{}$ $\stackrel{\textstyle O}{}$ $\stackrel{\textstyle N}{}$ $\stackrel{\textstyle E}{}$

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A $\stackrel{\textstyle N}{}$ $\stackrel{\textstyle O}{}$ $\stackrel{\textstyle N}{}$ $\stackrel{\textstyle E}{}$

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 $\,$ N $\,$ O $\,$ N $\,$ E

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

NONE

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 \overline{N} \overline{O} \overline{N} \overline{E}

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A $\stackrel{\textstyle N}{}$ $\stackrel{\textstyle O}{}$ $\stackrel{\textstyle N}{}$ $\stackrel{\textstyle E}{}$

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A $\overline{\mbox{N O N E}}$

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

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B NONE

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 $\stackrel{\ }{\ }$ $\stackrel{\ }{\$

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 $N\ O\ N\ E$

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts $\overline{\mathsf{NONE}}$

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts $N\ O\ N\ E$

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts $N\ O\ N\ E$

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts $N\ O\ N\ E$

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts $N\ O\ N\ E$

SCHEDULE P INTERROGATORIES

1.	The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from D Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to		R) provisions in Medical
1.1	Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "ye questions:	or at no additional cost?	Yes [] No [X]
1.2	What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsew dollars)?		
1.3	Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?		Yes [] No [X]
1.4	Does the company report any DDR reserve as loss or loss adjustment expense reserve?		Yes [] No [X]
1.5	If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?	the Underwriting and	[] No [] N/A [X
1.6	If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the follow in Schedule P:	ring table corresponding to where t	hese reserves are reported
		DDR Reserve Ir	ncluded in
		Schedule P, Part 1F, Medica Column 24: Total Net Losses	l Professional Liability
	Years in Which Premiums Were Earned and Losses Were Incurred	1 Section 1: Occurrence	2
1.601	Prior		
	2006		
	2007		
	2008		
	2009		
	2010		
	2012		
	2013		
	2014		
	2015		
1.612	Totals		
2.	The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses and unpaid expenses. Are these of Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in	expenses (now reported as "	Yes [X] No []
3.	The Adjusting and Other expense payments and reserves should be allocated to the years in which the loss number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense of a pool, the Adjusting and Other expense should be allocated in the same percentage used for the counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsure Other expense incurred by reinsurers, or in those situations where suitable claim count information is not a expense should be allocated by a reasonable method determined by the company and described in Interrogreported in this Statement?	opense between companies in a loss amounts and the claim ance contract. For Adjusting and vailable, Adjusting and Other gatory 7, below. Are they so	Yes [X] No []
4.	Do any lines in Schedule P include reserves that are reported gross of any discount to present value of futur 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 reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular 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 Stabeing filed.	discounting. Work papers	
5.	What were the net premiums in force at the end of the year for:		
		ty	
	5.2 Suret	y	
6.	Claim count information is reported per claim or per claimant (Indicate which)	pe	r claimant
7.1	The information provided in Schedule P will be used by many persons to estimate the adequacy of the curre	nt loss and expense reserves.	
•••	among other things. Are there any especially significant events, coverage, retention or accounting changes	s that have occurred that must be	Van F.V.1. N. F. 1
	considered when making such analyses?		Yes [X] No []
7.2	(An extended statement may be attached.)		
	Effective January 1, 2013 the Company amended the quota share reinsurance contract with its ultimate pare		
	Company, from 80% to 100%. The quota share contract covers all premiums, losses and loss adjustment Company merged with its insurance affiliate, Amica Texas Insurance Company, on December 31, 2015. T companies is reflected in all accident years of this schedule. The combined activity of accident year 2008 r on September 12, 2008 as a result of Hurricane Ike. Gross and net losses incurred from this hurricane total	he combined activity of both eflects significant losses incurred	

93

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

				States and Terri	Direct Bus	iness Only		
	Chalan Eta		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type Contracts	6
	States, Etc.	•	individual)	individual)	Individual)	Individual)	Contracts	Totals
1.	Alabama	AL						
2.	Adaska							
3.	Arizona							
4.	Arkansas							
5. 6.	California							
7.	Connecticut							
7. 8.	Delaware							
9.	District of Columbia							
10.	Florida							
11.	Georgia							
12.	Hawaii							
13.	Idaho							
14.	Illinois							
15.	Indiana							
16.	lowa			***************************************	1	•		
17.	Kansas				1	•		
17.	Kentucky			***************************************	+	*		*
19.	Louisiana							
20.	Maine							
21.	Maryland							
22.	Massachusetts							
23.	Michigan							
23. 24.	Minnesota	MN						
2 4 . 25.	Mississippi							
26.	Missouri							
20. 27.	Montana	MT.						
28.	Nebraska	IVI I			-			
20. 29.	Nevada	ALI						
		NIL						
30. 31.	New Hampshire New Jersey	NH `	V					
32.	New Mexico							
33.	New York							
34.	North Carolina							
35.	North Dakota							
36.	Ohio							
37.	Oklahoma							
38.	Oregon							
39.	Pennsylvania				1			
39. 40.	Rhode Island		 	+	<u> </u>	†		†
40. 41.	South Carolina			+	<u>†</u>	†	+	†
42.	South Dakota							
43.	Tennessee							
43. 44.	Texas							
45.	Utah							
4 5.	Vermont							
47.	Virginia							
48.	Washington							
49.	West Virginia							
4 3.	Wisconsin							
51.	Wyoming							
52.	American Samoa							
53.	Guam							
55. 54.	Puerto Rico					•		•
54. 55.	U.S. Virgin Islands				1	•		
55. 56.	Northern Mariana Islands				1	†		
56. 57.	Canada				1	†		†
							<u> </u>	
58.	Aggregate Other Alien	ΟI			Ť		<u> </u>	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

				. ,			OI INCONANCE	`		10 001111 / 1111 (J 1 O 1 E 111			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		_		-							Type	If		
											of Control	Control		
											(Ownership,	ie		
						Name of Securities			Relation-		Board.	Owner-		
								D:						
		1110				Exchange	NI f	Domi-	ship		Management,	ship		
		NAIC				if Publicly Traded	Names of	ciliary	to	5: " 6 . "	Attorney-in-Fact,	Provide		
Group	<u> </u>	Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	1
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
	Amica Mutual Insurance Company	19976	05-0348344				Amica Mutual Insurance Company	RI	UDP					
	Amica Mutual Insurance Company	72222	05-0340166				Amica Life Insurance Company	RI		Amica Mutual Insurance Company	Ownership		Amica Mutual Insurance Company	
0028	Amica Mutual Insurance Company		. 05-0430401				Amica General Agency, LLC	RI	NIA	Amica Mutual Insurance Company	Ownership	100.000	Amica Mutual Insurance Company	
							Amica Property and Casualty Insurance							
0028	Amica Mutual Insurance Company	12287	26-0115568				Company	RI	RE	Amica Mutual Insurance Company	Ownership	100.000	Amica Mutual Insurance Company	
														.
												-		
														-
													-	-
				[-
														-

Asterisk	Explanation

SCHEDULE Y

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

		1 7111 4	- OCIVIIVIAI		SUILLY S	IIIAIIOAC	TIONS W	III ANI AFF			
1	2	3	4	5	6	7 Income/	8	9 10	11	12	13
						(Disbursements)					
					Purchases, Sales	Incurred in		Income/	A : Oth Ma-ta		Reinsurance
					or Exchanges of Loans, Securities,	Connection with Guarantees or		(Disbursements)	Any Other Material Activity Not in the		Recoverable/ (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	23,000,000				9,357,282	(1,534,841)		30,822,441	(59,759,822)
	05-0340166	Amica Life Insurance Company					(1,698,357)	ļ		(1,698,357)	
12287	26-0115568	Amica Property and Casualty Insurance									
		Company	(23,000,000)				(5,614,001)	1,534,841		(27,079,160)	59,759,822
	05-0430401	Amica General Agency, LLC					(2,037,283)	ļ		(2,037,283)	
	94-3315125	Amica General Insurance Agency of									
		California, Inc.					(7,641)			(7,641)	
			-								
			- -								
			-								
			-								
			-								
			-								
								ļ			
			-								
			-								
								 			
			-								
9999999 Cor	ntrol Totals							XXX			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

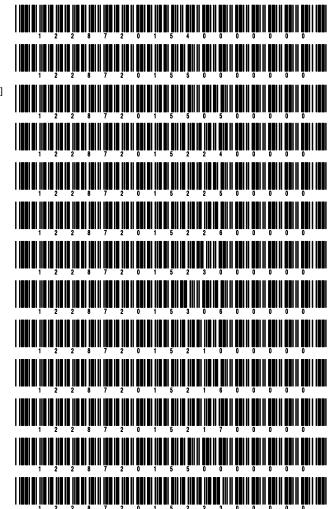
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted 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.

	==	=	Responses
	MARCH FILING		
1.	Will an actuarial opinion be filed by March 1?		YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by Man		SEE EXPLANATION
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?		YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if rec	quired by March 1?	YES
	APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by		YES
6.	Will Management's Discussion and Analysis be filed by April 1?		YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?		YES
	MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the N	NAIC by May 1?	YES
	JUNE FILING		
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
		,	
	AUGUST FILING		
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the	e state of domicile by August 1?	YES
	owing supplemental reports are required to be filed as part of your annual statement filir		
	report must be filed, your response of NO to the specific interrogatory will be accepted		v. If the supplemental is
require	d of your company but is not being filed for whatever reason enter SEE EXPLANATION	♣ and provide an explanation following the interrogatory questions.	
	MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of dom		NO NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?		NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of control of the Medicare Supplement Insurance Experience Exhibit be filed with the state of control of the Medicare Supplement Insurance Experience Exhibit be filed with the state of control of the Medicare Supplement Insurance Experience Exhibit be filed with the state of control of the Medicare Supplement Insurance Experience Exhibit be filed with the state of control of the Medicare Supplement Insurance Experience Exhibit be filed with the state of control of the Medicare Supplement Insurance Experience Exhibit be filed with the state of control of the Medicare Supplement Insurance Experience Exhibit be filed with the state of control of the Medicare Supplement Insurance Experience Exhibit be filed with the state of control of the Medicare Supplement Insurance Experience Exhibit be filed with the state of the Medicare Supplement Insurance Experience Exhibit be filed with the Supplement Insurance Experience Exhibit be filed with the Supplement Insurance Exhib		NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed		NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC b		
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?		NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be file		NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile		NO VEO
20.	Will the Confidential Actuarial Opinion Summary be filed with the state of domicile, if re		YES NO
21. 22.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of the Supplement be filed with		NO NO
22. 23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by Mar	rch 1?	NO NO
23. 24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of		NO NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five		IIV
	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?		NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Re		
	NAIC by March 1?		NO NO
	APRIL FILING		
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the	NAIC by April 1?	NO
29.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicil		NO NO
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?		NO NO
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of c		NO
32.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Alloc		NO
33.	April 1?		NO NO
33.	AUGUST FILING		NO
34.	Will Management's Report of Internal Control Over Financial Reporting be filed with the		NO
٠	Explanations:	to date of dominions by ridgest 1.	
2.	No employees		
12.	140 cmployees		
13.			
14.			
15.			
16. 17.			
18.			
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23.			
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30.			
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32.			
33.			
34.			
	Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	ا (100 الراوع الراوة الرواز و 100 الراو إن الوراد والرواز والورز الرواز والورز والورز والورز والورز	
10	Financial Cuarenty Incurance Exhibit [Decument Identifier 240]		
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]		
		1 2 2 8 7 2 0 1 5 2 4 0 0 0	0 0 0
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]		88 88 88 188
	,		
		1 2 2 8 7 2 0 1 5 3 6 0 0 0	0 0 0
15.	Supplement A to Schedule T [Document Identifier 455]		88 88 88 88
			ı X eli il Xe li il Xe li ileni
40	Tarata ad Correlate Otata and ID assume at Idantifica 4003		
16.	Trusteed Surplus Statement [Document Identifier 490]		
		1 2 2 8 7 2 0 1 5 4 9 0 0 0	0 0 0
17.	Premiums Attributed to Protected Cells [Document Identifier 385]		
	in the state of th	ا المال المال المالية المهارا	
			ı İmili İmili İğil (IM)
		1 2 2 8 7 2 0 1 5 3 8 5 0 0	U U U
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	ا (100 الراقع الرقال الأولول الراق إلى الكراف الكراف الكراف الرقال الكراف الرقال الرقال الرقال الكراف الكراف ا	
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19.	Medicare Part D Coverage Supplement [Document Identifier 365]		88 88 98 188
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21. Reinsurance Attestation Supplement [Document Identifier 399]

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- 22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]
- [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]
- 28. Credit Insurance Experience Exhibit [Document Identifier 230]
- 29. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 30. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 33. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]
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