

QUARTERLY STATEMENT

OF THE

**COMPUTER INSURANCE
COMPANY**

Of

Providence

in the state of RI

to the Insurance Department

of the State of

For the Period Ended

June 30, 2016

2016



QUARTERLY STATEMENT

As of June 30, 2016
of the Condition and Affairs of the

COMPUTER INSURANCE COMPANY

NAIC Group Code..... 0, 0 <small>(Current Period) (Prior Period)</small>	NAIC Company Code..... 34711	Employer's ID Number..... 05-0443418
Organized under the Laws of Rhode Island Incorporated/Organized..... January 1, 1989	State of Domicile or Port of Entry Rhode Island Commenced Business..... July 1, 1989	Country of Domicile US
Statutory Home Office	100 Westminster Street, 10th Floor..... Providence RI 02903 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	
Main Administrative Office	76 St. Paul Street, Ste 500..... Burlington VT <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	802-264-4589 <small>(Area Code) (Telephone Number)</small>
Mail Address	76 St. Paul Street, Ste 500..... Burlington VT <small>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</small>	
Primary Location of Books and Records	76 St. Paul Street, Ste 500..... Burlington VT <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	802-264-4589 <small>(Area Code) (Telephone Number)</small>
Internet Web Site Address		
Statutory Statement Contact	Andrea Sweeney <small>(Name)</small> Andrea.Sweeney@Aon.com <small>(E-Mail Address)</small>	802-264-4589 <small>(Area Code) (Telephone Number) (Extension)</small> 802-860-0440 <small>(Fax Number)</small>

OFFICERS

Name	Title	Name	Title
1. Robert Dring	President	2. Peter A Joy	Secretary
3. Robert Dring	Treasurer	4. Peter A Joy	Vice President

OTHER

DIRECTORS OR TRUSTEES

Margaret E. Scott Roy Bishop	Peter A. Joy	Pennanen Sami #	Robert Dring
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State of.....
County of.....

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

(Signature)	(Signature)	(Signature)
Robert Dring	Peter A Joy	Robert Dring
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

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 _____

See attached California
Jud. nr.

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

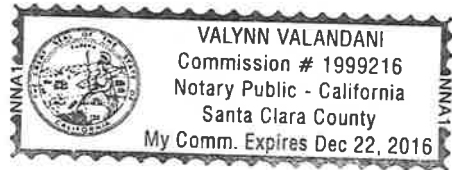
STATE OF CALIFORNIA)
COUNTY OF SANTA CLARA)

Subscribed and sworn to (or affirmed) before me on this 19th day of July, 2016,

Robert Dring, proved to me on the basis of satisfactory evidence to be the person
who appeared before me.

Valynn Valandani (SEAL)
SIGNATURE OF NOTARY

My Commission Expires: 12/22/2016





QUARTERLY STATEMENT

As of June 30, 2016
of the Condition and Affairs of the

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 Statutory Statement Contact Andrea Sweeney 802-264-4589
 (Name) (Area Code) (Telephone Number) (Extension)
 Andrea.Sweeney@Aon.com 802-860-0440
 (E-Mail Address) (Fax Number)

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OTHER

DIRECTORS OR TRUSTEES

Margaret E. Scott Roy Bishop	Peter A. Joy	Pennanen Sami #	Robert Dring
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State of.....
County of.....

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) Robert Dring 1. (Printed Name) President (Title)	_____ (Signature) Peter A Joy 2. (Printed Name) Secretary (Title)	_____ (Signature) Robert Dring 3. (Printed Name) Treasurer (Title)
---	--	---

Subscribed and sworn to before me
 This 9th day of August, 2016

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.....			.0	
2. Stocks:				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate:				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....(37,993)), cash equivalents (\$.....0) and short-term investments (\$.....23,541,073).....	23,503,080		23,503,080	23,646,698
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives.....			.0	
8. Other invested assets.....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets.....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	23,503,080	.0	23,503,080	23,646,698
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	.20		.20	.3
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.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....			.0	
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	
18.2 Net deferred tax asset.....			.0	
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.....	1,959	.0	1,959	2,084
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	23,505,059	.0	23,505,059	23,648,785
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	23,505,059	.0	23,505,059	23,648,785

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. Miscellaneous Receivables.....	1,959		1,959	2,084
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).....	1,959	.0	1,959	2,084

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Losses (current accident year \$.....0).....		
2. Reinsurance payable on paid losses and loss adjustment expenses.....		
3. Loss adjustment expenses.....		
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....	2,775	4,450
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	(486,222)	(436,504)
7.2 Net deferred tax liability.....		
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....		
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.....		
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).....	(483,447)	(432,054)
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	(483,447)	(432,054)
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	2,500,000	2,500,000
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.....	7,500,000	7,500,000
35. Unassigned funds (surplus).....	13,988,506	14,080,839
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).....	23,988,506	24,080,839
38. Totals (Page 2, Line 28, Col. 3).....	23,505,059	23,648,785

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
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....0).....			
1.2 Assumed..... (written \$.....0).....			
1.3 Ceded..... (written \$.....0).....			
1.4 Net..... (written \$.....0).....	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$.....0):			
2.1 Direct.....			
2.2 Assumed.....			
2.3 Ceded.....			
2.4 Net.....	0	0	0
3. Loss adjustment expenses incurred.....			
4. Other underwriting expenses incurred.....	155,632	205,209	295,097
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	155,632	205,209	295,097
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	(155,632)	(205,209)	(295,097)
INVESTMENT INCOME			
9. Net investment income earned.....	13,581	1,573	2,968
10. Net realized capital gains (losses) less capital gains tax of \$.....0.....			
11. Net investment gain (loss) (Lines 9 + 10).....	13,581	1,573	2,968
OTHER INCOME			
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).....	(142,051)	(203,636)	(292,129)
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).....	(142,051)	(203,636)	(292,129)
19. Federal and foreign income taxes incurred.....	(49,718)	(71,273)	(102,246)
20. Net income (Line 18 minus Line 19) (to Line 22).....	(92,333)	(132,363)	(189,883)
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	24,080,839	24,270,722	24,270,722
22. Net income (from Line 20).....	(92,333)	(132,363)	(189,883)
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....			
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....			
27. Change in nonadmitted assets.....			
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).....	(92,333)	(132,363)	(189,883)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	23,988,506	24,138,359	24,080,839

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
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....			
2. Net investment income.....	13,564	1,572	2,966
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	13,564	1,572	2,966
5. Benefit and loss related payments.....			
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	157,307	253,584	345,098
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	157,307	253,584	345,098
11. Net cash from operations (Line 4 minus Line 10).....	(143,743)	(252,012)	(342,132)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....			
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....			
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	0	0
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).....	0	0	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	125	123	655
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	125	123	655
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(143,618)	(251,889)	(341,477)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	23,646,698	23,988,175	23,988,175
19.2 End of period (Line 18 plus Line 19.1).....	23,503,080	23,736,286	23,646,698

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

20.0001			
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NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

Computer Insurance Company (the Company), domiciled in the State of Rhode Island, is a wholly owned subsidiary of Hewlett-Packard Company (the Parent) and is licensed in 24 states. The Company currently has no underwriting activity. Starting in 2012, management elected to suspend all underwriting activity while various options are explored to utilize the Company's underwriting capacity to compliment the Parent's global risk management and marketing goals and objectives. Underwriting activity in the more recent years (prior to 2012) was limited to inland marine business for the Parent's customers. Prior to 2002, the Company was a wholly owned subsidiary of Compaq Financial Services, which was wholly owned by Compaq Computer Corporation (Compaq). On May 3, 2002, Compaq entered into a merger agreement with the Parent. As a result of the merger, Compaq Financial Services became known as Hewlett-Packard Financial Services, and a wholly owned subsidiary of the Parent, a California-based, Delaware Corporation.

A. *Accounting Practices*

The accompanying financial statements have been prepared in conformity with accounting practices prescribed or permitted by the Department of Business Regulation, Insurance Division by the State of Rhode Island.

				State of Rhode Island Domicile		
				June 30, 2016		December 31, 2015
Net Income (Loss)						
1) Company State of Domicile - RI				\$	(92,333)	\$ (189,883)
2) State Prescribed Paracticed: NONE					-	-
3) State Permitted Practices: NONE					-	-
4) NAIC SAP				\$	(92,333)	\$ (189,883)
Surplus						
1) Company State of Domicile - RI				\$	23,988,506	\$ 24,080,839
2) State Prescribed Paracticed: NONE					-	-
3) State Permitted Practices: NONE					-	-
4) NAIC SAP				\$	23,988,506	\$ 24,080,839

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

No Change.

C. *Accounting Policies*

No Change.

2. Accounting Changes and Corrections of Errors

No Change.

3. A. Business Combinations and Goodwill

No Change.

4. Discontinued Operations

A. No Change.

5. Investments

The Company's Investments were limited to Cash, Repurchase Agreements, and Short term investments.

A. Mortgage Loans

The Company did not have investments in mortgage loans at June 30, 2016 or December 31, 2015.

B. Debt Restructuring

The Company did not have invested assets that were restructured debt at June 30, 2016 or December 31, 2015.

C. Reverse Mortgages

The Company did not have invested assets that were reverse mortgages at June 30, 2016 or December 31, 2015.

NOTES TO FINANCIAL STATEMENTS**D. Loan-Backed Securities**

The Company did not have investments in loan-backed securities at June 30, 2016 or December 31, 2015.

E. Repurchase Agreements

The Company has an account with Bank of America under a repurchase agreement that holds Federal National Mortgage Association securities.

F. Real Estate

The Company did not have invested assets in real estate at June 30, 2016 or December 31, 2015.

G. Low-income Housing Tax Credits

The Company did not have invested assets that generate low-income housing tax credits at June 30, 2016 or December 31, 2015.

H. Restricted Assets

(1) Restricted assets (including pledged) summarized by restricted asset category

Restricted Asset Category	Gross Restricted					Percentage				
	2016					6	7	8	9	10
	1	2	3	4	5					
	Total General Account (G/A)	G/A Supporting S/A Restricted Assets (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown										
b. Collateral held under security lending arrangements										
c. Subject to repurchase agreements	4,631,492				4,631,492	4,788,444	(156,952)	4,631,492	20%	20%
d. Subject to reverse repurchase agreements										
e. Subject to dollar repurchase agreements										
f. Subject to dollar reverse repurchase agreements										
g. Placed under option contracts										
h. Letter stock or securities restricted as to sale										

NOTES TO FINANCIAL STATEMENTS

i. On deposit with state	2,210,047				2,210,047	2,206,450	3,597	2,210,047	9%	9%
j. On deposit with other regulatory bodies										
k. Pledged as collateral not captured in other categories										
l. Other restricted assets										
m. Total restricted assets	6,841,539				6,841,539	6,994,894	(153,355)	6,841,539	29%	29%

(2) The Company does not have assets pledged as collateral not captured in other categories (reported on line K. above)

(3) The Company does not have other restricted assets (reported on line L. above)

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Detail for Those Greater than 10% of Admitted Assets

The Company had no investments in Joint Ventures, Partnerships, or Limited Liability Companies that exceed 10% of its admitted assets as of June 30, 2016 or December 31, 2015

B. Write-downs for Impairments

The Company did not have any write downs or impairments as of June 30, 2016, or December 31, 2015.

7. Investment Income

A. Accrued Investment Income

No Change.

B. Amounts Non-admitted

No Change.

8. Derivative Instruments

A. The Company does not have investments in derivative instruments as of June 30, 2016 or December 31, 2015.

9. Income Taxes

A. Components of Net Deferred Tax Assets ("DTAs")

The Company's taxable income is included in the consolidated tax returns of the Parent, Hewlett-Packard Company.

The Company does not have any deferred tax assets recognized in the Company's June 30, 2016 and December 31, 2015 statutory statements of admitted assets, liabilities, and capital and surplus.

The Company did not elect to admit DTAs pursuant to SSAP No. 10R, Income Taxes-Revised.

B. Unrecognized Deferred Tax Liabilities ("DTLs")

There were no unrecognized DTLs.

C. Current Tax and Change in Deferred Tax

The provisions for federal income taxes incurred on earnings for the years ended:

Description	June 30, 2016	December 31, 2015
Current income tax expense (benefit)	\$ (49,718)	\$ (102,246)

The Company has no DTAs and DTLs for the quarter ended June 30, 2016 and the year ended December 31, 2015

NOTES TO FINANCIAL STATEMENTS

- D. For the quarter ended June 30, 2016, federal income tax (benefit) expense is different from the amount computed by applying the statutory federal tax rate to net income before federal income taxes as follows:

	June 30, 2016	%
Expected federal tax expense	\$ (49,718)	35%
DTA for temporary differences adjusted through equity	0	0%
Actual federal tax expense reported as of June 30, 2016	\$ (49,718)	35%

- E. Operating Loss and Tax Credit Carryforwards

1. At June 30, 2016, the Company had \$486,222 of unused operating loss carry-forwards available to offset against future taxable income.
2. The following income tax expense is available for recoupment in the event of future net losses:

Year	Amount
2015	(102,246)
2014	(92,905)
2013	(89,589)
2012	(231,396)
2011	200,233

- F. Consolidated Federal Income Tax Return

The Company's federal income tax return is consolidated with its parent in accordance with a written tax sharing agreement.

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. All capital stock of Computer Insurance Company is owned by Hewlett-Packard Company.

- B. Change in Terms of Intercompany Arrangements

No Change.

- C. Amounts Due to or from Related Parties

No Change.

- D. Guarantees or Contingencies for Related Parties

No Change.

- E. Management, Service Contracts and Cost Sharing Arrangements

No Change.

- F. Nature of Relationships that Could Affect Operations

No Change.

- G. Amount Deducted for Investment in Upstream Company

No Change.

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

No Change.

- I. Write-down for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies

No Change.

11. Debt

The Company has no capital notes or other debt obligations outstanding as of June 30, 2016 or December 31, 2015.

12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plans

The Company has no defined benefit plans.

NOTES TO FINANCIAL STATEMENTS

B. Defined Contribution Plans

The Company has no defined contribution plans.

C. Multiemployer Plans

The Company has no multiemployer plans.

D. Consolidated/Holding Company Plans

The Company is not a party to any consolidated/holding company plans.

E. Post-employment Benefits and Compensated Absences

The Company has no obligations for post-employment benefits and compensated absences.

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

A. Outstanding Shares

No Change.

B. Dividend Rate of Preferred Stock

No Change.

C., D. and E. Dividend Restrictions

No Change.

F. Mutual Surplus Advances

No Change.

G. Company Stock Held for Special Purposes

No Change.

H. Changes in Special Surplus Funds

No Change.

I. Changes in Unassigned Surplus (Deficit)

No Change.

J. Surplus Notes

No Change.

K. and L. Quasi-Reorganizations

No Change.

14. Contingencies

A. Contingent Commitments

No Change.

B. Guaranty Fund and Other Assessments

No Change.

C. Gain Contingencies

No Change.

D. All Other Contingencies

No Change.

15. Leases

No Change.

NOTES TO FINANCIAL STATEMENTS

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk
- No Change.
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
- The Company has not transferred any receivables reported as sales, transferred or serviced any financial assets, or entered into any wash sales involving transactions for securities with a NAIC designation of 3 or below, or unrated.
18. Gain or Loss to the Reporting Entity from Uninsured Accident and Health Plans and the Uninsured Portion of Partially Insured Plans
- No Change.
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
- No Change.
20. Fair Value Measurements at Reporting Date
- (1) The Company holds only Level 1 assets and liabilities, defined as having a valuation based on unadjusted quoted prices in active markets for identical assets or liabilities that the Company has the ability to access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment. The Company's level one assets as of June 30, 2016 are:
- Short Term investments: \$23,503,080
- (2) The Company does not have any fair value measurements categorized within Level 3.
- (3) The Company has had no transfers between levels recognized. The company held only level 1 assets and liabilities for quarter ending June 30, 2016 and year ended December 31, 2015.
- (4) The Company has no fair value measurements categorized within Level 2 or 3.
21. Other Items
- A. Extraordinary Items
- No Change.
- B. Troubled Debt Restructuring of Debtors
- No Change.
- C. Other Disclosures
- No Change.
- D. Uncollectible Premiums Receivable
- No Change.
- E. Business Interruption Insurance Recoveries
- No Change.
22. Events Subsequent
- A. There were no events occurring subsequent to June 30, 2016 through the date of this filing meriting disclosure.
23. Reinsurance
- A. Unsecured Reinsurance Recoverables
- No Change.
- B. Reinsurance Recoverables in Dispute
- No Change.

NOTES TO FINANCIAL STATEMENTS

C. Reinsurance Assumed and Ceded

1. The Company has no reinsurance assumed or ceded at June 30, 2016, or December 31, 2015.
2. The Company has no agency agreements or ceded reinsurance contracts that provide for additional or return commissions based on loss experience.
3. The Company does not use protected cells as an alternative to traditional reinsurance.

D. Uncollectible Reinsurance

No Change.

E. Commutation of Ceded Reinsurance

No Change.

F. Retroactive Reinsurance

No Change.

G. Reinsurance Accounted for as a Deposit

No Change.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

No Change.

25. Changes in Incurred Losses and LAE

The Company has no changes in incurred losses and LAE as of June 30, 2016 and December 31, 2015.

26. Intercompany Pooling Arrangements

No Change.

27. Structured Settlements

No Change.

28. Health Care Receivables

Not Applicable.

29. Participating Accident and Health Policies

Not Applicable.

30. Premium Deficiency Reserves

No Change.

31. High Deductibles

No Change.

32. Discounting of Liabilities for Unpaid Losses and Unpaid LAE

No Change.

33. Asbestos/Environmental Reserves

No Change.

34. Subscriber Savings Accounts

No Change

35. Multiple Peril Crop

No Change.

36. Financial Guaranty Insurance

No Change

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). 10/02/2015
- 6.4 By what department or departments?

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

- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

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

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

- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 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 [X] No []
- 11.2 If yes, give full and complete information relating thereto:
Bank of America Checking Account is subject to repurchase agreement
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 [X]
- 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

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

- 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
Total	XXX	XXX	0	0	0	0	0	0	0	0

- 5.1 Operating Percentages:
- 5.1 A&H loss percent 0.000%
- 5.2 A&H cost containment percent 0.000%
- 5.3 A&H expense percent excluding cost containment expenses 0.000%
- 6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
- 6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 6.4 If yes, please provide the amount of funds administered as of the reporting date. \$ 0

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

COMPUTER INSURANCE COMPANY

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	L						
4. Arkansas.....AR	N						
5. California.....CA	L						
6. Colorado.....CO	N						
7. Connecticut.....CT	L						
8. Delaware.....DE	N						
9. District of Columbia.....DC	L						
10. Florida.....FL	L						
11. Georgia.....GA	L						
12. Hawaii.....HI	N						
13. Idaho.....ID	N						
14. Illinois.....IL	L						
15. Indiana.....IN	L						
16. Iowa.....IA	N						
17. Kansas.....KS	N						
18. Kentucky.....KY	N						
19. Louisiana.....LA	N						
20. Maine.....ME	L						
21. Maryland.....MD	N						
22. Massachusetts.....MA	L						
23. Michigan.....MI	L						
24. Minnesota.....MN	L						
25. Mississippi.....MS	N						
26. Missouri.....MO	L						
27. Montana.....MT	N						
28. Nebraska.....NE	N						
29. Nevada.....NV	N						
30. New Hampshire.....NH	L						
31. New Jersey.....NJ	L						
32. New Mexico.....NM	N						
33. New York.....NY	L						
34. North Carolina.....NC	L						
35. North Dakota.....ND	N						
36. Ohio.....OH	L						
37. Oklahoma.....OK	N						
38. Oregon.....OR	N						
39. Pennsylvania.....PA	L						
40. Rhode Island.....RI	L						
41. South Carolina.....SC	N						
42. South Dakota.....SD	N						
43. Tennessee.....TN	L						
44. Texas.....TX	L						
45. Utah.....UT	N						
46. Vermont.....VT	L						
47. Virginia.....VA	N						
48. Washington.....WA	N						
49. West Virginia.....WV	N						
50. Wisconsin.....WI	L						
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)....24	0	0	0	0	0	0

DETAILS OF WRITE-INS

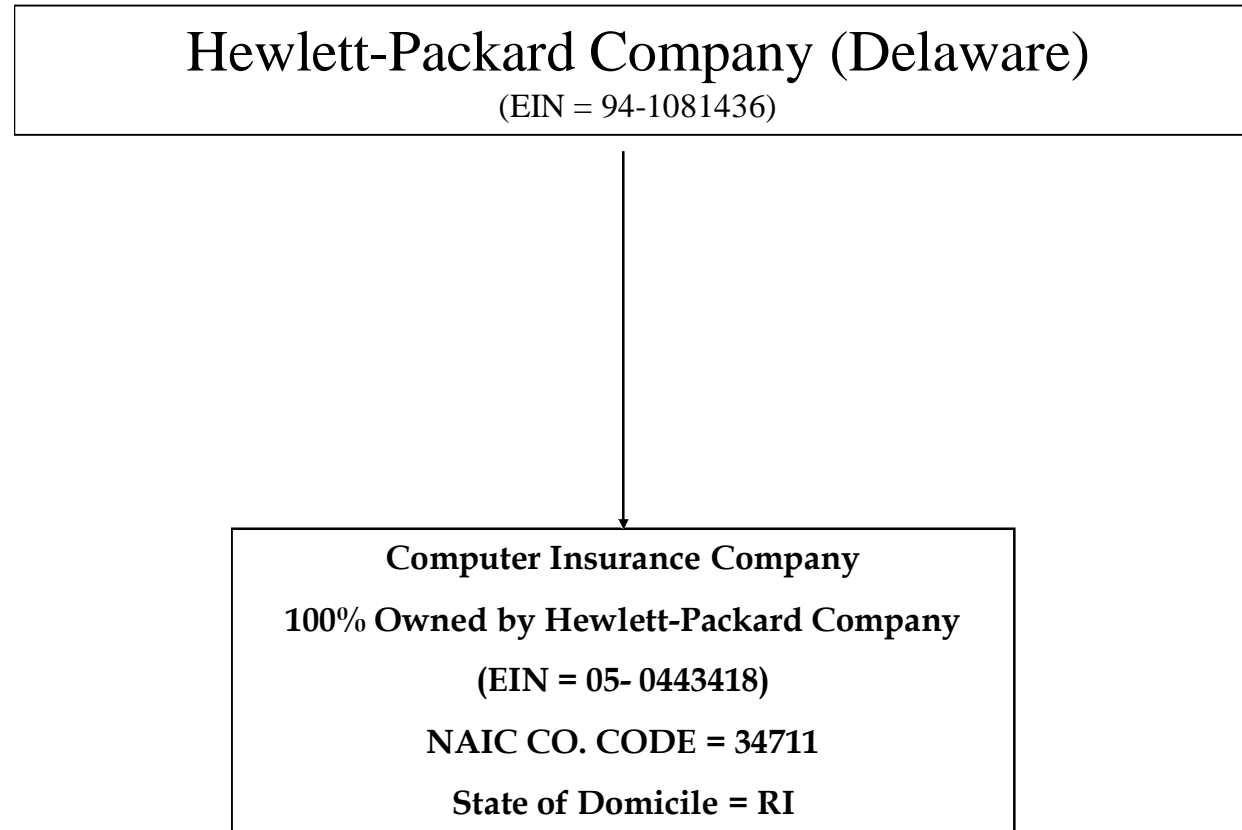
58001.....	XXX						
58002.....	XXX						
58003.....	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.....	XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above).....	XXX	0	0	0	0	0	0

(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.

Organizational Structure



Q11

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)	*
Members														
0000...	Hewlett-Packard Company.....	00000.....	94-4081436..	.....	.....	HPQ.....	Hewlett Packard Company.....	DE.....	UDP.....	Hewlett Packard Company.....	Ownership.....	...100.000	Hewlett Packard Company.....	.....
0000...	Computer Insurance Company.....	34711.....	05-0443418..	.....	.....	.....	Computer Insurance Company.....	RI.....	IA.....	Hewlett Packard Company.....	Ownership.....	...100.000	Hewlett Packard Company.....	.....

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.....			.00	
2. Allied lines.....			.00	
3. Farmowners multiple peril.....			.00	
4. Homeowners multiple peril.....			.00	
5. Commercial multiple peril.....			.00	
6. Mortgage guaranty.....			.00	
8. Ocean marine.....			.00	
9. Inland marine.....			.00	
10. Financial guaranty.....			.00	
11.1. Medical professional liability - occurrence.....			.00	
11.2. Medical professional liability - claims-made.....			.00	
12. Earthquake.....			.00	
13. Group accident and health.....			.00	
14. Credit accident and health.....			.00	
15. Other accident and health.....			.00	
16. Workers' compensation.....			.00	
17.1. Other liability-occurrence.....			.00	
17.2. Other liability-claims made.....			.00	
17.3. Excess workers' compensation.....			.00	
18.1. Products liability-occurrence.....			.00	
18.2. Products liability-claims made.....			.00	
19.1, 19.2. Private passenger auto liability.....			.00	
19.3, 19.4. Commercial auto liability.....			.00	
21. Auto physical damage.....			.00	
22. Aircraft (all perils).....			.00	
23. Fidelity.....			.00	
24. Surety.....			.00	
26. Burglary and theft.....			.00	
27. Boiler and machinery.....			.00	
28. Credit.....			.00	
29. International.....			.00	
30. Warranty.....			.00	
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	.00	
35. Totals.....	.0	.0	.00	

NONE

DETAILS OF WRITE-INS

3401. ....			.00	
3402. ....			.00	
3403. ....			.00	
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	.0	.0	.00	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	.0	.0	.00	

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.....			.....0			.....0				.....0	.....0	.....0	.....0
5. Subtotals 2015 + Prior.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2016.....	.....XXX	.....XXX	.....XXX	.....XXX		.....0	.....XXX			.....0	.....XXX	.....XXX	.....XXX
7. Totals.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. Prior Year-End's Surplus As Regards Policyholders	.....24,081												
											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. ....0.0 %	3. ....0.0 %
													Col. 13, Line 7 Line 8
													4. ....0.0 %

Q14

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

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

Bar Code:



**Overflow Page
NONE**

**Sch. A - Verification
NONE**

**Sch. B - Verification
NONE**

**Sch. BA - Verification
NONE**

**Sch. D - Verification
NONE**

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	23,601,333	23,541,073	23,601,333		23,601,333	23,541,073		23,646,798
2. NAIC 2 (a).....						0		
3. NAIC 3 (a).....						0		
4. NAIC 4 (a).....						0		
5. NAIC 5 (a).....						0		
6. NAIC 6 (a).....						0		
7. Total Bonds.....	23,601,333	23,541,073	23,601,333	0	23,601,333	23,541,073	0	23,646,798
PREFERRED STOCK								
8. NAIC 1.....						0		
9. NAIC 2.....						0		
10. NAIC 3.....						0		
11. NAIC 4.....						0		
12. NAIC 5.....						0		
13. NAIC 6.....						0		
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	23,601,333	23,541,073	23,601,333	0	23,601,333	23,541,073	0	23,646,798

QS102

(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 \$.....0; 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.....	23,541,073	XXX.....	23,541,073	13,581	

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.....	23,646,698	23,988,832
2. Cost of short-term investments acquired.....	23,541,073	23,646,698
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	23,646,698	23,988,832
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).....	23,541,073	23,646,698
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	23,541,073	23,646,698

**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**

**Sch. D - Pt. 3
NONE**

**Sch. D - Pt. 4
NONE**

**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	
Open Depositories								
Bank of America.....			.119				(37,993)	XXX
0199999. Total Open Depositories.....	XXX	XXX	.119	.0	.0	.0	(37,993)	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.119	.0	.0	.0	(37,993)	XXX
0599999. Total Cash.....	XXX	XXX	.119	.0	.0	.0	(37,993)	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

QE13