



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT
For the Year Ended December 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

NAIC Group Code	04762	04762	NAIC Company Code	29378	Employer's ID Number	75-0728676
	(Current Period)	(Prior Period)				
Organized under the Laws of	Texas			State of Domicile or Port of Entry	Texas	
Country of Domicile				United States		
Incorporated/Organized	08/10/1946			Commenced Business	08/10/1946	
Statutory Home Office	17304 PRESTON ROAD, SUITE 1100			DALLAS, TX, US 75252		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	17304 PRESTON ROAD, SUITE 1100			DALLAS, TX, US 75252	214-561-1991	
	(Street and Number)			(City or Town, State, Country and Zip Code)	(Area Code)	(Telephone Number)
Mail Address	P.O. BOX 793747			DALLAS, TX, US 75379-3747		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	17304 PRESTON ROAD, SUITE 1100			DALLAS, TX, US 75252	214-561-1973	
	(Street and Number)			(City or Town, State, Country and Zip Code)	(Area Code)	(Telephone Number)
Internet Web Site Address	COUNTYMUTUAL.COM					
Statutory Statement Contact	MARK FRANCIS BANAR			214-561-1973		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	mark.banar@oldam.com			214-561-1990		
	(E-Mail Address)			(Fax Number)		

OFFICERS

Name	Title	Name	Title
ANDREW JAMES KIRKPATRICK	PRESIDENT	MELISSA WADDELL SHARER	SECRETARY
MARK FRANCIS BANAR	TREASURER		

OTHER OFFICERS

DEBRA JANE ROBERTS	CHIEF EXECUTIVE OFFICER	ROCHELLE PAPESH FYFE	EXECUTIVE VICE PRESIDENT & CHIEF FINANCIAL OFFICER
PATRICIA ANNE RYAN	EXECUTIVE VICE PRESIDENT & GENERAL COUNSEL		

DIRECTORS OR TRUSTEES

DEBRA JANE ROBERTS	JAMES LANDO ZECH	WILLIAM ROBERT ZECH	ROCHELLE PAPESH FYFE
PATRICIA ANNE RYAN			

State ofTEXAS.....
County ofDALLAS.....

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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.

ANDREW JAMES KIRKPATRICK PRESIDENT	MELISSA WADDELL SHARER SECRETARY	MARK FRANCIS BANAR TREASURER
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 _____

BRENDA R. WALSH, NOTARY PUBLIC
JANUARY 28, 2018

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....				
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$7,645,920 , Schedule E-Part 1), cash equivalents (\$, Schedule E-Part 2) and short-term investments (\$, Schedule DA).....	7,645,920		7,645,920	8,659,610
6. Contract loans (including \$ premium notes).....				
7. Derivatives (Schedule DB).....				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities lending reinvested collateral assets (Schedule DL).....				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	7,645,920		7,645,920	8,659,610
13. Title plants less \$ charged off (for Title insurers only).....				
14. Investment income due and accrued				
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	16,458,376		16,458,376	12,187,492
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....	38,402,879		38,402,879	36,562,476
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	8,384,358		8,384,358	7,783,884
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset.....				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software.....				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$) and other amounts receivable.....				
25. Aggregate write-ins for other-than-invested assets	175,125		175,125	48,169
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	71,066,658		71,066,658	65,241,631
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....				
28. Total (Lines 26 and 27)	71,066,658		71,066,658	65,241,631
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502. OTHER ASSETS.....	175,125		175,125	48,169
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	175,125		175,125	48,169

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	1,200	1,200
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	375	27,387
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	185,951	194,507
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	266,964	1,266,380
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		
7.2 Net deferred tax liability		
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$91,643,999 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)		
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	60,607,575	54,574,234
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)	3,709,119	3,589,986
14. Amounts withheld or retained by company for account of others	205,954	
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ certified) (Schedule F, Part 8)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	623,680	580,817
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities	465,840	7,120
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	66,066,658	60,241,631
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	66,066,658	60,241,631
29. Aggregate write-ins for special surplus funds		
30. Common capital stock		
31. Preferred capital stock		
32. Aggregate write-ins for other-than-special surplus funds		
33. Surplus notes	4,700,000	4,700,000
34. Gross paid in and contributed surplus		
35. Unassigned funds (surplus)	300,000	300,000
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		
36.2 shares preferred (value included in Line 31 \$)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	5,000,000	5,000,000
38. Totals (Page 2, Line 28, Col. 3)	71,066,658	65,241,631
DETAILS OF WRITE-INS		
2501. PAYABLE TO MGA'S.....	465,840	7,120
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	465,840	7,120
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)	36,813,613	42,895,195
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	(12)	626
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	(27,012)	(750)
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	36,452,882	42,524,898
5. Aggregate write-ins for underwriting deductions		
6. Total underwriting deductions (Lines 2 through 5)	36,425,858	42,524,774
7. Net income of protected cells		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	387,755	370,421
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	(387,755)	(387,750)
10. Net realized capital gains (losses) less capital gains tax of \$	(Exhibit of Capital Gains (Losses))	
11. Net investment gain (loss) (Lines 9 + 10)	(387,755)	(387,750)
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$	amount	
charged off \$)	
13. Finance and service charges not included in premiums		
14. Aggregate write-ins for miscellaneous income		
15. Total other income (Lines 12 through 14)		
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)		(17,329)
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)		(17,329)
19. Federal and foreign income taxes incurred		(17,329)
20. Net income (Line 18 minus Line 19) (to Line 22)		
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	5,000,000	5,000,000
22. Net income (from Line 20)		
23. Net transfers (to) from Protected Cell accounts		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$		
25. Change in net unrealized foreign exchange capital gain (loss)		
26. Change in net deferred income tax		
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)		
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)		
29. Change in surplus notes		
30. Surplus (contributed to) withdrawn from protected cells		
31. Cumulative effect of changes in accounting principles		
32. Capital changes:		
32.1 Paid in		
32.2 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 (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)		
37. Aggregate write-ins for gains and losses in surplus		
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)		
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	5,000,000	5,000,000
DETAILS OF WRITE-INS		
0501.		
0502.		
0503.		
0598. Summary of remaining write-ins for Line 5 from overflow page		
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)		
1401.		
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page		
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)		
3701.		
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page		
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	36,735,667	36,776,893
2. Net investment income	(387,755)	(387,750)
3. Miscellaneous income		
4. Total (Lines 1 through 3)	36,347,912	36,389,143
5. Benefit and loss related payments	600,462	(5,183,863)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	36,761,140	41,024,786
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		(17,329)
10. Total (Lines 5 through 9)	37,361,602	35,823,594
11. Net cash from operations (Line 4 minus Line 10)	(1,013,690)	565,549
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)		
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)		
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
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)		
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(1,013,690)	565,549
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	8,659,610	8,094,061
19.2 End of year (Line 18 plus Line 19.1)	7,645,920	8,659,610

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS EARNED

Line of Business		1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1.	Fire				
2.	Allied lines				
3.	Farmowners multiple peril				
4.	Homeowners multiple peril				
5.	Commercial multiple peril				
6.	Mortgage guaranty				
8.	Ocean marine				
9.	Inland marine				
10.	Financial guaranty				
11.1	Medical professional liability-occurrence				
11.2	Medical professional liability-claims-made				
12.	Earthquake				
13.	Group accident and health				
14.	Credit accident and health (group and individual)				
15.	Other accident and health				
16.	Workers' compensation				
17.1	Other liability-occurrence				
17.2	Other liability-claims-made				
17.3	Excess workers' compensation.....				
18.1	Products liability-occurrence				
18.2	Products liability-claims-made				
19.1,19.2	Private passenger auto liability	(140,700)			(140,700)
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				
32.	Reinsurance-nonproportional assumed liability				
33.	Reinsurance-nonproportional assumed financial lines				
34.	Aggregate write-ins for other lines of business	36,954,313			36,954,313
35.	TOTALS	36,813,613			36,813,613
DETAILS OF WRITE-INS					
3401.	GROSS POLICY FEES.....	36,954,313			36,954,313
3402.	.....			
3403.	.....			
3498.	Sum. of remaining write-ins for Line 34 from overflow page				
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	36,954,313			36,954,313

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business		1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1.	Fire					
2.	Allied lines					
3.	Farmowners multiple peril					
4.	Homeowners multiple peril					
5.	Commercial multiple peril					
6.	Mortgage guaranty					
8.	Ocean marine					
9.	Inland marine					
10.	Financial guaranty					
11.1	Medical professional liability-occurrence					
11.2	Medical professional liability-claims-made					
12.	Earthquake					
13.	Group accident and health					
14.	Credit accident and health (group and individual)					
15.	Other accident and health					
16.	Workers' compensation					
17.1	Other liability-occurrence					
17.2	Other liability-claims-made					
17.3	Excess workers' compensation					
18.1	Products liability-occurrence					
18.2	Products liability-claims-made					
19.1,19.2	Private passenger auto liability	NONE				
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					
32.	Reinsurance-nonproportional assumed liability					
33.	Reinsurance-nonproportional assumed financial lines					
34.	Aggregate write-ins for other lines of business					
35.	TOTALS					
36.	Accrued retrospective premiums based on experience					
37.	Earned but unbilled premiums					
38.	Balance (Sum of Lines 35 through 37)					
DETAILS OF WRITE-INS						
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Sum. of remaining write-ins for Line 34 from overflow page.....					
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)					

(a) State here basis of computation used in each case.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire						
2. Allied lines						
3. Farmowners multiple peril						
4. Homeowners multiple peril						
5. Commercial multiple peril						
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Financial guaranty						
11.1 Medical professional liability-occurrence						
11.2 Medical professional liability-claims-made						
12. Earthquake						
13. Group accident and health						
14. Credit accident and health (group and individual)						
15. Other accident and health						
16. Workers' compensation						
17.1 Other liability-occurrence						
17.2 Other liability-claims-made						
17.3 Excess workers' compensation						
18.1 Products liability-occurrence						
18.2 Products liability-claims- made						
19.1,19.2 Private passenger auto liability	222,672,561			1,942,023	220,871,238	(140,700)
19.3,19.4 Commercial auto liability						
21. Auto physical damage	112,410,828			611,679	111,799,149	
22. Aircraft (all perils)						
23. Fidelity						
24. Surety						
26. Burglary and theft						
27. Boiler and machinery						
28. Credit						
29. International						
30. Warranty						
31. Reinsurance- nonproportional assumed property	XXX					
32. Reinsurance- nonproportional assumed liability	XXX					
33. Reinsurance- nonproportional assumed financial lines	XXX					
34. Aggregate write-ins for other lines of business	36,954,313					36,954,313
35. TOTALS	372,037,702			2,553,702	332,670,387	36,813,613
DETAILS OF WRITE-INS						
3401. GROSS POLICY FEES	36,954,313					36,954,313
3402.						
3403.						
3498. Sum. of remaining write- ins for Line 34 from overflow page						
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	36,954,313					36,954,313

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]

If yes: 1. The amount of such installment premiums \$

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

		Losses Paid Less Salvage				5	6	7	8
		1	2	3	4				
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 - 3)	Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1.	Fire								
2.	Allied lines								
3.	Farmowners multiple peril								
4.	Homeowners multiple peril								
5.	Commercial multiple peril								
6.	Mortgage guaranty								
8.	Ocean marine								
9.	Inland marine								
10.	Financial guaranty								
11.1	Medical professional liability-occurrence								
11.2	Medical professional liability-claims-made								
12.	Earthquake								
13.	Group accident and health								
14.	Credit accident and health (group and individual)								
15.	Other accident and health								
16.	Workers' compensation								
17.1	Other liability-occurrence								
17.2	Other liability-claims-made								
17.3	Excess workers' compensation								
18.1	Products liability-occurrence								
18.2	Products liability-claims-made								
19.1,19.2	Private passenger auto liability	181,663,211		181,663,211		1,200	1,200		
19.3,19.4	Commercial auto liability								
21.	Auto physical damage	67,821,451		67,821,463	(12)			(12)	
22.	Aircraft (all perils)								
23.	Fidelity								
24.	Surety								
26.	Burglary and theft								
27.	Boiler and machinery								
28.	Credit								
29.	International								
30.	Warranty								
31.	Reinsurance-nonproportional assumed property	XXX							
32.	Reinsurance-nonproportional assumed liability	XXX							
33.	Reinsurance-nonproportional assumed financial lines	XXX							
34.	Aggregate write-ins for other lines of business								
35.	TOTALS	249,484,662		249,484,674	(12)	1,200	1,200	(12)	0.0
DETAILS OF WRITE-INS									
3401.	.....							
3402.	.....							
3403.	.....							
3498.	Sum. of remaining write-ins for Line 34 from overflow page								
3499.	Totals (Lines 3401 through 3403 + 3498) (Line 34 above)								

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business		Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Cols. 4 +5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
		1	2	3	4	5	6	7		
		Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded		
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								(a)	
14.	Credit accident and health (group and individual)								(a)	
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	93,031,894		93,030,694	1,200	55,488,000		55,488,000	1,200	375
19.3,19.4	Commercial auto liability									
21.	Auto physical damage	6,222,790		6,222,790		(394,000)		(394,000)		
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				
32.	Reinsurance-nonproportional assumed liability	XXX				XXX				
33.	Reinsurance-nonproportional assumed financial lines	XXX				XXX				
34.	Aggregate write-ins for other lines of business									
35.	TOTALS	99,254,684		99,253,484	1,200	55,094,000		55,094,000	1,200	375
DETAILS OF WRITE-INS										
3401.	.....								
3402.	.....								
3403.	.....								
3498.	Sum. of remaining write-ins for Line 34 from overflow page									
3499.	Totals (Lines 3401 through 3403 + 3498) (Line 34 above)									

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct	26,241,085			26,241,085
1.2 Reinsurance assumed				
1.3 Reinsurance ceded	26,268,097			26,268,097
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	(27,012)			(27,012)
2. Commission and brokerage:				
2.1 Direct, excluding contingent		87,970,176		87,970,176
2.2 Reinsurance assumed, excluding contingent				
2.3 Reinsurance ceded, excluding contingent		68,439,513		68,439,513
2.4 Contingent-direct				
2.5 Contingent-reinsurance assumed				
2.6 Contingent-reinsurance ceded				
2.7 Policy and membership fees				
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)		19,530,663		19,530,663
3. Allowances to manager and agents				
4. Advertising		21,669		21,669
5. Boards, bureaus and associations		72,427		72,427
6. Surveys and underwriting reports		169,819		169,819
7. Audit of assureds' records				
8. Salary and related items:				
8.1 Salaries		8,111,967		8,111,967
8.2 Payroll taxes				
9. Employee relations and welfare		206,384		206,384
10. Insurance		311,578		311,578
11. Directors' fees		50,000		50,000
12. Travel and travel items		272,162		272,162
13. Rent and rent items		429,314		429,314
14. Equipment		170,018		170,018
15. Cost or depreciation of EDP equipment and software		56,863		56,863
16. Printing and stationery		57,612		57,612
17. Postage, telephone and telegraph, exchange and express		157,205		157,205
18. Legal and auditing		301,565		301,565
19. Totals (Lines 3 to 18)		10,388,583		10,388,583
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$		6,510,660		6,510,660
20.2 Insurance department licenses and fees		22,976		22,976
20.3 Gross guaranty association assessments				
20.4 All other (excluding federal and foreign income and real estate)				
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)		6,533,636		6,533,636
21. Real estate expenses				
22. Real estate taxes				
23. Reimbursements by uninsured plans				
24. Aggregate write-ins for miscellaneous expenses				
25. Total expenses incurred	(27,012)	36,452,882	(a)	36,425,870
26. Less unpaid expenses-current year	375	452,915		453,290
27. Add unpaid expenses-prior year	27,387	1,460,887		1,488,274
28. Amounts receivable relating to uninsured plans, prior year				
29. Amounts receivable relating to uninsured plans, current year				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)		37,460,854		37,460,854
DETAILS OF WRITE-INS				
2401.				
2402.				
2403.				
2498. Summary of remaining write-ins for Line 24 from overflow page				
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)				

(a) Includes management fees of \$ 10,037,537 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a).....	.....
1.1 Bonds exempt from U.S. tax	(a).....	.....
1.2 Other bonds (unaffiliated)	(a).....	.....
1.3 Bonds of affiliates	(a).....	.....
2.1 Preferred stocks (unaffiliated)	(b).....	.....
2.11 Preferred stocks of affiliates	(b).....	.....
2.2 Common stocks (unaffiliated) .....	.....	.....
2.21 Common stocks of affiliates .....	.....	.....
3. Mortgage loans	(c).....	.....
4. Real estate	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments	(e).....	.....
7. Derivative instruments	(f).....	.....
8. Other invested assets .....	.....	.....
9. Aggregate write-ins for investment income .....	.....	.....
10. Total gross investment income .....	.....	.....
11. Investment expenses		(g).....
12. Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13. Interest expense		(h).....387,755
14. Depreciation on real estate and other invested assets		(i).....
15. Aggregate write-ins for deductions from investment income .....		.....
16. Total deductions (Lines 11 through 15) .....		.....387,755
17. Net investment income (Line 10 minus Line 16) .....		.....(387,755)
DETAILS OF WRITE-INS		
0901. ....	.....	.....
0902. ....	.....	.....
0903. ....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....

(a) Includes \$accrual of discount less \$amortization of premium and less \$paid for accrued interest on purchases.
(b) Includes \$accrual of discount less \$amortization of premium and less \$paid for accrued dividends on purchases.
(c) Includes \$accrual of discount less \$amortization of premium and less \$paid for accrued interest on purchases.
(d) Includes \$for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
(e) Includes \$accrual of discount less \$amortization of premium and less \$paid for accrued interest on purchases.
(f) Includes \$accrual of discount less \$amortization of premium.
(g) Includes \$investment expenses and \$investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes \$interest on surplus notes and \$ interest on capital notes.
(i) Includes \$depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

NONE

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern:

(a) Description of Business

Old American County Mutual Fire Insurance Company (the Company) is a county mutual property and casualty insurance company domiciled in the State of Texas. Its operations consist primarily of nonstandard automobile liability and physical damage insurance products. The Company underwrites insurance business produced by Texas-based managing general agents, companies, and other agents. A substantial portion of the business is then ceded to reinsurers.

The Company is controlled through a management contract owned by Old American Services, LLC (OASLLC).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Texas is shown below:

	State of Domicile	2015	2014
NET INCOME			
(1) Old American County Mutual Fire Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	Texas	\$ -	\$ -
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:		-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP:		-	-
(4) NAIC SAP (1-2-3=4)	Texas	\$ -	\$ -
SURPLUS			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	Texas	\$ 5,000,000	\$ 5,000,000
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:		-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP:		-	-
(8) NAIC SAP (5-6-7=8)		\$ 5,000,000	\$ 5,000,000

(b) Basis of Presentation

The Company prepares its statutory financial statements in conformity with the NAIC *Annual Statement Instructions*. The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenue and losses and expenses during the reporting period. Actual results could differ from those estimates.

(c) Short-Term Investments: Not applicable.

(d) Revenue Recognition, Unearned Premiums and Acquisition Costs

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods and are based on reports received from ceding companies for reinsurance. Certain assets designated as non-admitted are excluded from the statutory balance sheet and changes in such amounts are charged or credited directly to unassigned surplus. Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

(e) Reserve for Losses and Loss Adjustment Expenses

Reserves for losses, loss adjustment expenses (LAE) and unearned premiums ceded or retroceded to reinsurers have been reported as reductions of the related reserves. Amounts recoverable from reinsurers are estimated in a manner consistent with the loss liability associated with the reinsured business. A liability is established for unsecured, unauthorized reinsurance and overdue authorized reinsurance recoverables.

(f) Federal Income Taxes

The provision for federal income taxes is composed of two components, current income taxes and deferred income taxes. Deferred federal income taxes arise from changes during the year in cumulative temporary differences between the statutory basis and tax basis of assets and liabilities, and are recognized in accordance with Statement of Statutory Accounting Principles (SSAP) No. 101, *Income Taxes*.

(g) Use of Estimates

Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates, based on reports received from ceding companies for reinsurance, and an amount for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and adjustments are reflected in the period determined.

(h) Going Concern

According to management’s evaluation, as of December 31, 2015, there were no principal conditions or events that raised substantial doubt about the Company’s ability to continue as a going concern.

NOTES TO FINANCIAL STATEMENTS

2. Accounting Changes and Corrections of Errors: Not applicable.
3. Business Combinations and Goodwill: Not applicable.
4. Discontinued Operations: Not applicable.
5. Investments:

(a) Mortgage Loans: Not applicable.

(b) Debt Restructuring: Not applicable.

(c) Reverse Mortgages: Not applicable.

(d) Loan-Backed Securities: Not applicable.

(e) Repurchase Agreements and/or Securities Lending Transactions: Not applicable.

(f) Real Estate: Not applicable.

(g) Investments in Low-Income Housing Tax Credits (LIHTC): Not applicable.

(h) Restricted Assets:

1. Restricted Assets (Including Pledged) a) – i) and k) – n) are not applicable.
- | Restricted Asset Category | Gross Restricted | | | | | | | 8 | Percentage | | |
|----------------------------|-----------------------------|--|--|--|------------------|-----------------------|----------------------------------|--|----------------------------------|--|--|
| | Current Year | | | | | 6 | 7 | | | | |
| | 1 | 2 | 3 | 4 | 5 | | | | | | |
| | Total General Account (G/A) | G/A Supporting Protected Cell Account Activity (a) | Total Protected Cell Account Restricted Assets | Protected Cell Account 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 | |
| j. On deposit with states | \$ 75,000 | - | - | - | \$ 75,000 | \$ 75,000 | \$ - | \$ 75,000 | 0.1% | 0.1% | |
| o. Total Restricted Assets | \$ 75,000 | - | - | - | \$ 75,000 | \$ 75,000 | \$ - | \$ 75,000 | 0.1% | 0.1% | |
- (i) Working Capital Finance Investments: Not applicable.

(j) Offsetting and Netting of Assets and Liabilities: Not applicable.

(k) Structured Notes: Not applicable.
6. Joint Ventures, Partnerships and Limited Liability Companies: Not applicable.

7. Investment Income:

(a) Surplus excludes due and accrued investment income if amounts are over 90 days past due.

(b) At December 31, 2015 the Company had no past due accrued investment income.

8. Derivative Instruments: Not applicable.

9. Income Taxes:

(a) 1. Not applicable.

2. The Company follows Statements of Statutory Accounting Principles (SSAP) No. 10R, *Income Taxes*. The Company did not recognize any admitted deferred tax assets or liabilities at December 31, 2015 or 2014. The Company’s federal tax return is not consolidated with any other entities. The Company’s federal income tax expense for the years ended December 31, 2015 and 2014 was approximately zero and (\$17,329), respectively.

3. Not applicable.

4. Not applicable.

(b) Not applicable.

(c) Not applicable.

(d) Not applicable.

(e) Not applicable.

(f) Not applicable.

(g) Not applicable.

14.1

NOTES TO FINANCIAL STATEMENTS

10. Information Concerning Parent, Subsidiaries and Affiliates:

Management of the Company is provided under the terms of a management contract until the year 2036. The management contract provides that the Manager shall promote, develop, and manage the business of the Company for a management fee. This fee is based upon statutory net income before management fee of the Company, and subject to certain surplus adjustments. Should the Company incur a net loss, no compensation would be paid to the Manager, and the Manager would forego all future compensation until the Company has net income to offset the prior net losses. However, in no event shall the management fee reduce the total Policyholder Surplus of the Company below the greatest of (1) Five Million Dollars (\$5,000,000.00); (2) one-third (1/3) of net retained writings of the Company, over the previous twelve (12) months; or (3) the minimum surplus required by law.

The management contract is held by Old American Services LLC. Management fee expense incurred by the Company for the years ended December 31, 2015 and 2014 was \$10,037,537 and \$10,403,033, respectively.

11. Debt:

In 2006, the Company obtained approval from the Texas Department of Insurance to increase its required surplus from \$2 million to \$5 million through the issuance of a subordinated surplus note payable. The note payable provides for interest on the unpaid principal balance at the annual rate of 8.25% and calls for principal payments due only if in excess of the surplus floor of \$5,000,000. Repayment of the principal balance is due on December 31, 2033. The payment of interest and principal is payable out of statutory surplus, payable only if in excess of the surplus floor, as defined in the note agreement and is subject to the approval of the Commissioner of Insurance of the State of Texas. The surplus note payable at December 31, 2015 and 2014 was \$4,700,000. The Company did not make any payments of principal in 2015 or 2014. Interest paid on the surplus note for the years ended December 31, 2015 and 2014 was \$387,750.

The note payable provides, among other items, that in the event of any liquidation or sale of assets or business, reinsurance, or winding up which is involuntary in nature, the instrument will be subordinate to the rights attributable to the insurance policies of the Company, but shall be prior and superior entitlement to the distribution of assets remaining after reinsurance or transfer of policies and reserves and payment of expenses of liquidation or sale to the rights of any security holder of the Company.

12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans: Not applicable.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations:

The minimum required surplus of the Company at December 2015 and 2014 was \$5,000,000.

14. Liabilities, Contingencies and Assessments: Not applicable.

15. Leases: Not applicable.

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk: Not applicable.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities: Not applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans: Not applicable.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators:

The Company writes personal automobile liability and physical damage insurance policies through contractual agreements, which delegate marketing, underwriting, policy servicing, and claim handling responsibilities to managing general agents.

During 2015, net written premiums of \$335,083,389 before policy fees were written by 19 active and 5 run-off managing general agents.

The net written premium for virtually all of the managing general agents exceeded 5% of the Company’s surplus. The top ten managing general agents for premium written during 2015 are as follows:

		Total Direct Premiums	
		FEIN	Written/
<u>Name</u>	<u>Address</u>	<u>Number</u>	<u>Produced by</u>
United Group Underwriters	1313 NW 167 th St. Miami, FL 33169	26-0180489	\$ 77,446,116
Empower MGA, Inc.	P.O. Box 137089 Ft. Worth, TX 76136	20-0734630	45,499,275
AmWINS Specialty Auto, Inc.	2600 N Central Expy #700 Richardson, TX 75080	74-3009541	39,097,492
Acceptance Insurance Agency of TN	P.O. Box 23410 Nashville, TN 37202	62-1552707	34,851,936
Affirmative Insurance Services of Texas	4450 Sojourn Dr. Addison, TX 75001	75-2828832	23,770,644
Tejas Seguros LLC	4500 Fuller Dr., Ste 400 Dallas, TX 75038	27-3029234	20,279,672
Connect MGA	P.O. Box 2149 Frisco, TX 75034	45-1475095	18,492,220
Lonestar Managing General Agency, Inc.	6640 S. Cicero Ave. Bedford Park, IL 60638	20-1008449	15,256,697
Venture General Agency LLC	P.O. Box 1970, Marble Falls, TX 78654	80-1816944	9,917,922
Midlands Management	5050 Quorum Drive, Ste 400 Dallas, TX 75254	75-1298078	9,864,558

20. Fair Value Measurement: Not applicable.

NOTES TO FINANCIAL STATEMENTS

21. Other Items:

- (a) Extraordinary Items: Not applicable.
- (b) Troubled Debt Restructuring: Not applicable.
- (c) Other Disclosures and Unusual Items: The Company elected to use rounding in reporting amounts in this statement.
- (d) Business Interruption Insurance Recoveries: Not applicable.
- (e) State Transferable and Non-Transferable Tax Credits: Not applicable.
- (f) Subprime Mortgage Related Risk Exposure: Not applicable.

22. Events Subsequent: None.

23. Reinsurance

(a) Unsecured Reinsurance Recoverables.

The Company has unsecured aggregate recoverables, for paid and unpaid losses, including IBNR, loss adjustment expenses and unearned premium from the following reinsurers that exceed 3% of the Company’s policyholders’ surplus as of December 31, 2015:

Name of Reinsurer	NAIC #	FEIN#	Amount
21 st Century N.A. Ins. Co.	32220	13-3333609	\$ 2,254,543
Markel Global Reins. (fka Alterra Reins)	10829	06-1481194	15,865,389
Arch Reinsurance Company	10348	06-1430254	1,084,267
Church Mutual Insurance Company	18767	39-0712210	243,486
Dorinco Reinsurance Company	33499	38-2145898	37,464,496
Employers Mutual Casualty Co.	21415	42-0234980	243,486
Kentucky Farm Bureau Mutual Ins. Co.	22993	61-0392792	168,340
Motorists Mutual Insurance Co.	14621	31-4259550	168,340
NGM Insurance Company	14788	02-0170490	32,238,383
Partner Re Company of the US	38636	13-3031176	4,317,532
SCOR Reinsurance Company	30058	75-1444207	309,369
Tokio Millennium Re AG US Branch	15529	30-0703280	25,620,032

(b) Reinsurance Recoverable in Dispute: Not applicable.

(c) Reinsurance Assumed and Ceded:

The Company has various quota-share and excess of loss reinsurance agreements with reinsurers. A summary of significant amounts for direct insurance less deductions for reinsurance ceded affecting the accompanying statutory financial statements is as follows (in thousands):

	2015		2014	
	Direct	Ceded	Direct	Ceded
Reserves for losses and loss				
adjustment expenses	\$ 178,821	\$ 178,820	\$ 201,811	\$ 201,783
Unearned premium reserve	91,644	91,644	92,991	92,911
Premiums earned	336,430	336,571	380,555	380,665
Losses and loss adjustment				
expenses incurred	256,735	256,762	276,297	276,297

The Company remains liable to its policyholders for all of its policy obligations and the reinsuring companies are obligated to the Company to the extent of the reinsured portion of the risks.

Due to the nature of the Company's reinsurance programs, a concentration of risk exists with 4 reinsurers having in excess of 5% of the Company's total net recoverable in 2015. These 4 reinsurers account for approximately 92% of total net recoverables from reinsurers. Net recoverables from reinsurers rated A or better accounted for virtually all of the net recoverables in 2015.

During 2015, the Company obtained collateral of cash and letters of credit totaling \$165.4 Million to offset the overall reinsurance credit risk. If the counter parties to these reinsurance contracts completely failed to perform under these contracts, which management believes is a remote possibility, the potential loss to the Company is the amount of the uncollateralized reserves for losses and loss adjustment expenses, reinsurance recoverables, reinsurance payables, and unearned premium from these reinsurers of approximately \$85.2 Million.

NOTES TO FINANCIAL STATEMENTS

(d) *Uncollectible Reinsurance:* Not applicable.

(e) *Commutation of Ceded Reinsurance:*

In 2011, the Company commuted one reinsurer’s participation on various reinsurance contracts that were in runoff. Due to this commutation, the Company’s net loss and expense reserves for the years ended December 31, 2015 and 2014 was \$1,575 and \$28,587, respectively.

(f) *Retroactive Reinsurance:* Not applicable.

(g) *Reinsurance Accounted for as a Deposit:* Not applicable.

(h) *Disclosure for the Transfer of Property and Casualty Run-off Agreements:* Not applicable.

(i) *Certified reinsurer Rating Downgraded or Status Subject to Revocation:* Not applicable.

24. **Retrospectively Rated Contracts and Contracts Subject to Redetermination:** Not applicable.

25. **Changes in Incurred Losses and Loss Adjustment Expenses:**

Activity in the liability for losses and loss adjustment expenses is summarized as follows (in thousands):

	2015	2014
Gross balance at beginning of year	\$ 201,811	239,999
Less ceded loss and loss adjustment expenses	(201,782)	(239,963)
Net balance at beginning of year	29	36
Claims incurred during the year related to:		
Current year	-	-
Prior years	(27)	-
Total claims incurred (recovered)	(27)	-
Claims paid during the year related to:		
Current year	-	-
Prior years	1	7
Total claims paid	1	7
Net balance at end of year	1	29
Add ceded loss and loss adjustment expenses	178,820	201,782
Gross balance at end of year	\$ 178,821	201,811

The favorable development in loss and loss adjustment expense reserves is generally the result of ongoing analysis of recent loss development trends.

26. **Intercompany Pooling Arrangements:** Not applicable.

27. **Structured Settlements:** Not applicable.

28. **Health Care Receivables:** Not applicable.

29. **Participating Policies:** Not applicable.

30. **Premium Deficiency Reserves:** Not applicable.

31. **High Deductibles:** Not applicable.

32. **Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses:** Not applicable.

33. **Asbestos/Environmental Reserves:** Not applicable.

34. **Subscriber Savings Accounts:** Not applicable.

35. **Multiple Peril Crop Insurance:** Not applicable.

36. **Financial Guaranty Insurance Exposures:** Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [X] No []
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] N/A []
- 1.3

State Regulating?

TEXAS.....
- 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

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2015
- 3.2

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.

.....12/31/2010
- 3.3

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).

.....07/05/2012
- 3.4

By what department or departments? THE TEXAS DEPARTMENT OF INSURANCE.....
- 3.5

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]
- 3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [] No [X]

4.12 renewals? Yes [] No [X]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [] No [X]

4.22 renewals? Yes [] No [X]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]
- 5.2

If yes, provide the name of the 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
.....
.....
.....
.....
.....

- 6.1

Has the 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]
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [X] No []
- 7.2

If yes,

7.21 State the percentage of foreign control100.0

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
BERMUDA.....	HOLDING COMPANY.....
.....
.....
.....
.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by 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 response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
DELOITTE & TOUCHE LLP, JPMORGAN CHASE TOWER, 2200 ROSS AVENUE, SUITE 1600, DALLAS, TX 75201.....
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
MR. JOHN R. BUTCHER, TOWERS WATSON, 5420 LBJ FREEWAY, SUITE 800, DALLAS, TEXAS 7240-6290.....
12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
12.11 Name of real estate holding company
12.12 Number of parcels involved
12.13 Total book/adjusted carrying value \$.....
12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
14.1 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.
14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
14.21 If the response to 14.2 is yes, provide information related to amendment(s)

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?
- Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
- 20.12 To stockholders not officers \$.....
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
- 20.22 To stockholders not officers \$.....
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
- 21.22 Borrowed from others \$.....
- 21.23 Leased from others \$.....
- 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [] No [X]
- 24.02 If no, give full and complete information, relating thereto
- N/A.....
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
- 24.103 Total payable for securities lending reported on the liability page \$.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES

- 25.1

Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [] No [X]
- 25.2

If yes, state the amount thereof at December 31 of the current year:

25.21

Subject to repurchase agreements

\$

25.22

Subject to reverse repurchase agreements

\$

25.23

Subject to dollar repurchase agreements

\$

25.24

Subject to reverse dollar repurchase agreements

\$

25.25

Placed under option agreements

\$

25.26

Letter stock or securities restricted as to sale – excluding FHLB Capital Stock

\$

25.27

FHLB Capital Stock

\$

25.28

On deposit with states

\$

25.29

On deposit with other regulatory bodies

\$

25.30

Pledged as collateral – excluding collateral pledged to an FHLB

\$

25.31

Pledged as collateral to FHLB – including assets backing funding agreements

\$

25.32

Other

\$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....
.....
.....
.....
.....

- 26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [] No [] N/A [X]
- 27.1

Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [] No [X]
- 27.2

If yes, state the amount thereof at December 31 of the current year.

\$
28.

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 [] No [X]

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

1 Name of Custodian(s)	2 Custodian's Address
N/A.....

28.02 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)
.....
.....
.....

- 28.03

Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [] No [X]
- 28.04

If yes, give full and complete information relating thereto:

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES

28.05 Identify all investment advisors, brokers/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 Number(s)	2 Name	3 Address

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....			
30.2 Preferred Stocks.....			
30.3 Totals			

30.4 Describe the sources or methods utilized in determining the fair values:

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [] No [X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$159,422
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
INSURANCE SERVICE ORGANIZATION.....	\$.....89,051

- 34.1 Amount of payments for legal expenses, if any? \$131,647
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
MITCHELL, WILLIAMS SELIG GATES, PLLC.....	\$.....82,482
ROANLAW, PLLC.....	\$.....55,226

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
1.2 If yes, indicate premium earned on U. S. business only. \$
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$
1.31 Reason for excluding
.....
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$
1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$
1.6 Individual policies:
Most current three years:
1.61 Total premium earned \$
1.62 Total incurred claims \$
1.63 Number of covered lives
All years prior to most current three years:
1.64 Total premium earned \$
1.65 Total incurred claims \$
1.66 Number of covered lives
1.7 Group policies:
Most current three years:
1.71 Total premium earned \$
1.72 Total incurred claims \$
1.73 Number of covered lives
All years prior to most current three years:
1.74 Total premium earned \$
1.75 Total incurred claims \$
1.76 Number of covered lives
2. Health Test:
1 2
Current Year Prior Year
2.1 Premium Numerator \$ \$
2.2 Premium Denominator \$36,813,613 \$42,895,195
2.3 Premium Ratio (2.1/2.2)
2.4 Reserve Numerator \$ \$
2.5 Reserve Denominator \$1,575 \$28,587
2.6 Reserve Ratio (2.4/2.5)
3.1 Does the reporting entity issue both participating and non-participating policies? Yes [] No [X]
3.2 If yes, state the amount of calendar year premiums written on:
3.21 Participating policies..... \$
3.22 Non-participating policies..... \$
4. For Mutual reporting entities and Reciprocal Exchanges only:
4.1 Does the reporting entity issue assessable policies?..... Yes [] No [X]
4.2 Does the reporting entity issue non-assessable policies?..... Yes [] No [X]
4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders?..... %
4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. \$
5. For Reciprocal Exchanges Only:
5.1 Does the exchange appoint local agents?..... Yes [] No [X]
5.2 If yes, is the commission paid:
5.21 Out of Attorney's-in-fact compensation..... Yes [] No [] N/A [X]
5.22 As a direct expense of the exchange..... Yes [] No [] N/A [X]
5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?
.....
5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?..... Yes [] No [X]
5.5 If yes, give full information
.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:
6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:
6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?
6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?
6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss
THE COMPANY HAS 100% QUOTA SHARE REINSURANCE AGREEMENTS IN PLACE ON ALL ONGOING PROGRAMS.
7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?
7.2 If yes, indicate the number of reinsurance contracts containing such provisions.
7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?
8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?
8.2 If yes, give full information
9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.
9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.
9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?
9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
(a) The entity does not utilize reinsurance; or,
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.
10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force: Yes [] No [X]
11.2 If yes, give full information
12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
12.11 Unpaid losses \$
12.12 Unpaid underwriting expenses (including loss adjustment expenses) \$
12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds? \$
12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [] No [] N/A [X]
12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
12.41 From %
12.42 To %
12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [] No [X]
12.6 If yes, state the amount thereof at December 31 of current year:
12.61 Letters of Credit \$
12.62 Collateral and other funds \$
13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$
13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [] No [X]
13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. 22
14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [] No [X]
14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [] No []
14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No []
14.5 If the answer to 14.4 is no, please explain:
15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X]
15.2 If yes, give full information
16.1 Does the reporting entity write any warranty business? Yes [] No [X]
If yes, disclose the following information for each of the following types of warranty coverage:

	1	2	3	4	5
	Direct Losses Incurred	Direct Losses Unpaid	Direct Written Premium	Direct Premium Unearned	Direct Premium Earned
16.11 Home	\$	\$	\$	\$	\$
16.12 Products	\$	\$	\$	\$	\$
16.13 Automobile	\$	\$	\$	\$	\$
16.14 Other*	\$	\$	\$	\$	\$

* Disclose type of coverage:

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5. Yes [] No [X]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:

17.11	Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5	\$
17.12	Unfunded portion of Interrogatory 17.11	\$
17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$
17.14	Case reserves portion of Interrogatory 17.11	\$
17.15	Incurred but not reported portion of Interrogatory 17.11	\$
17.16	Unearned premium portion of Interrogatory 17.11	\$
17.17	Contingent commission portion of Interrogatory 17.11	\$

Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above.

17.18	Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5	\$
17.19	Unfunded portion of Interrogatory 17.18	\$
17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$
17.21	Case reserves portion of Interrogatory 17.18	\$
17.22	Incurred but not reported portion of Interrogatory 17.18	\$
17.23	Unearned premium portion of Interrogatory 17.18	\$
17.24	Contingent commission portion of Interrogatory 17.18	\$

18.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
18.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

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

	1 2015	2 2014	3 2013	4 2012	5 2011
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	222,672,561	252,409,512	311,535,745	332,388,020	334,780,371
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	112,410,828	117,718,944	145,838,575	152,630,363	143,993,857
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	36,954,313	43,005,445	58,678,404	72,102,005	73,605,562
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6. Total (Line 35)	372,037,702	413,133,901	516,052,724	557,120,388	552,379,790
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	(140,700)	(110,250)			
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)					
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	36,954,313	43,005,445	58,678,404	72,102,005	73,605,562
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12. Total (Line 35)	36,813,613	42,895,195	58,678,404	72,102,005	73,605,562
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	387,755	370,421	388,322	485,097	494,664
14. Net investment gain (loss) (Line 11)	(387,755)	(387,750)	(386,216)	(393,439)	(386,076)
15. Total other income (Line 15)					605
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)		(17,329)	2,106	91,658	109,193
18. Net income (Line 20)					
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	71,066,658	65,241,631	85,918,616	113,314,210	88,037,747
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	16,458,376	12,187,492	16,186,153	19,975,002	50,797,127
20.2 Deferred and not yet due (Line 15.2)	38,402,879	36,562,476	48,558,459	59,925,006	50,797,127
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	66,066,658	60,241,631	80,918,616	108,314,210	83,037,747
22. Losses (Page 3, Line 1)	1,200	1,200	7,963	53,519	144,957
23. Loss adjustment expenses (Page 3, Line 3)	375	27,387	28,137	3,750	39,406
24. Unearned premiums (Page 3, Line 9)					
25. Capital paid up (Page 3, Lines 30 & 31)					
26. Surplus as regards policyholders (Page 3, Line 37)	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	(1,013,690)	565,549	1,832,215	191,569	1,035,729
Risk-Based Capital Analysis					
28. Total adjusted capital	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000
29. Authorized control level risk-based capital	5,000,000	5,000,000	5,000,000	5,000,000	5,000,000
Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
(Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)					
31. Stocks (Lines 2.1 & 2.2)					
32. Mortgage loans on real estate (Lines 3.1 and 3.2)					
33. Real estate (Lines 4.1, 4.2 & 4.3)					
34. Cash, cash equivalents and short-term investments (Line 5)	100.0	100.0	100.0	100.0	100.0
35. Contract loans (Line 6)					
36. Derivatives (Line 7)					
37. Other invested assets (Line 8)					
38. Receivables for securities (Line 9)					
39. Securities lending reinvested collateral assets (Line 10)					
40. Aggregate write-ins for invested assets (Line 11)					
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)					
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47					
49. Total Investment in parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
(Continued)					
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)					
52. Dividends to stockholders (Line 35)					
53. Change in surplus as regards policyholders for the year (Line 38)					
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	181,663,211	211,098,350	257,802,557	242,957,944	243,596,907
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	67,821,451	66,669,323	79,966,993	83,200,505	76,509,952
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
59. Total (Line 35)	249,484,662	277,767,673	337,769,550	326,158,449	320,106,859
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)		7,389	11,440	112,527	(110,631)
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	(12)			(1)	.56
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
65. Total (Line 35)	(12)	7,389	11,440	112,526	(110,575)
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	0.0	0.0	(0.1)	0.0	0.1
68. Loss expenses incurred (Line 3)	(0.1)	0.0	0.0	0.0	
69. Other underwriting expenses incurred (Line 4)	99.0	99.1	99.4	99.3	99.4
70. Net underwriting gain (loss) (Line 8)	1.1	0.9	0.7	0.7	0.7
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	99.0	99.1	99.4	99.3	99.4
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	(0.1)	0.0	0.0	0.0	(0.1)
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	736.3				
One Year Loss Development (000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	(28)		(8)	(11)	(790)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)	(0.6)		(0.2)	(0.2)	(1.6)
Two Year Loss Development (000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)	(28)	(8)	(19)	(100)	(84)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	(0.6)	(0.2)	(0.4)	(2.0)	(1.7)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []

If no, please explain



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 04762		BUSINESS IN THE STATE OF Texas				DURING THE YEAR 2015				NAIC Company Code 29378			
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b).....												
15.3	Guaranteed renewable A & H (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 A & H (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)	751,782	786,028		210,469	455,235	434,483	206,606	5,551	(7,768)	48,022	197,367	14,659
19.2	Other private passenger auto liability	221,920,778	221,824,562		58,299,360	181,207,976	161,102,456	148,313,288	4,874,637	1,666,498	16,964,815	58,261,348	4,327,130
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage	112,410,828	113,819,549		33,134,169	67,821,451	68,956,518	5,828,790	432,625	463,335	794,694	29,511,461	2,191,847
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business	36,954,313	36,954,313										
35.	TOTAL (a)	372,037,701	373,384,452		91,643,998	249,484,662	230,493,457	154,348,684	5,312,813	2,122,065	17,807,531	87,970,176	6,533,636
DETAILS OF WRITE-INS													
3401.	GROSS POLICY FEES.....	36,954,313	36,954,313										
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	36,954,313	36,954,313										

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 04762		BUSINESS IN THE STATE OF Consolidated				DURING THE YEAR 2015				NAIC Company Code 29378			
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b).....												
15.3	Guaranteed renewable A & H (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 A & H (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)	751,782	786,028		210,469	455,235	434,483	206,606	5,551	(7,768)	48,022	197,367	14,659
19.2	Other private passenger auto liability	221,920,778	221,824,562		58,299,360	181,207,976	161,102,456	148,313,288	4,874,637	1,666,498	16,964,815	58,261,348	4,327,130
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage	112,410,828	113,819,549		33,134,169	67,821,451	68,956,518	5,828,790	432,625	463,335	794,694	29,511,461	2,191,847
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business	36,954,313	36,954,313										
35.	TOTAL (a)	372,037,701	373,384,452		91,643,998	249,484,662	230,493,457	154,348,684	5,312,813	2,122,065	17,807,531	87,970,176	6,533,636
DETAILS OF WRITE-INS													
3401.	GROSS POLICY FEES.....	36,954,313	36,954,313										
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	36,954,313	36,954,313										

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On										Reinsurance Payable		18	19
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	7	8	9	10	11	12	13	14	15	16	17	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties	
Authorized - Affiliates - U.S. Non-Pool - Other																			
61-0533007	11665	OLD AMER IND CO	KY					53	11	22	7			93			93		
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other								53	11	22	7			93			93		
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total								53	11	22	7			93			93		
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates								53	11	22	7			93			93		
Authorized - Other U.S. Unaffiliated Insurers																			
13-3333609	32220	21ST CENTURY N AMER INS CO	NY	2	3,490	113		480	385	409		868		2,255			2,255		
75-2701220	10807	ACCC INS CO	TX	2	4,062	164	4	903	190	200	51	855		2,367	172		2,195	13	
06-0237820	20699	ACE PROP & CAS INS CO	PA	2		1		23	5	13				42			42		
34-1385465	42609	AFFIRMATIVE INS CO	IL	2				355		282	293			930			930	852	
06-1481194	10829	ALTERRA REINS USA INC	DE	2	18,005	470	83	7,535		2,721	1,724	3,332		15,865	2,702		13,163		
36-2661954	10103	AMERICAN AGRICULTURAL INS CO	IN	2	214	12	1	362	12	188	73			648			648	252	
06-1430254	10348	ARCH REINS CO	DE	2	438	47	4	461	9	233	113	217		1,084	231		853		
39-0712210	18767	CHURCH MUT INS CO	WI	2	308	13	2	67		37	16	108		243	115		128		
62-1695059	42781	DIRECT GEN INS CO	IN	2	4,773	440	16	689	2	802	180	2,140		4,269	157		4,112	171	
38-2145898	33499	DORINCO REINS CO	MI	2	44,039	1,220	314	14,726	297	6,309	3,384	11,215		37,465	10,744		26,721		
42-0234980	21415	EMPLOYERS MUT CAS CO	IA	2	308	13	2	67		37	16	108		243	115		128		
13-1963496	20281	FEDERAL INS CO	IN	2				14			2			16			16		
62-1613506	10336	FIRST ACCEPTANCE INS CO INC	TX	2	34,852			6,334	112	4,556	1,674	9,110		21,786	10,237		11,549	2,091	
73-1507369	29718	GHS INS CO	OK	2				56		22	13			91			91		
47-0718164	34037	HALLMARK INS CO	AZ	2				39		6	6			51			51		
61-0392792	22993	KENTUCKY FARM BUR MUT INS CO	KY	2	292	9	2	31		13	6	108		169	115		54		
43-1898350	11054	MAIDEN REINS N AMER INC	MO	2	44		1	1		2		33		37	32		5		
75-1767545	40150	MGA INS CO INC	TX	2	223			43	4	66	18	50		181	42		139		
75-2248748	31810	MIDDLE STATES INS CO INC	OK	2	799	34	6	219		92	47	288		686	490		196		
31-4259550	14621	MOTORISTS MUT INS CO	OH	2	292	8	2	31		13	6	108		168	115		53		
25-0687550	19445	NATIONAL UNION FIRE INS CO OF PITTS	PA	2		1		3		1				5			5		
02-0170490	14788	NGM INS CO	FL	2	36,937	1,213	185	12,362	192	4,914	2,703	10,669		32,238	8,976		23,262		
94-3092010	37850	PACIFIC SPECIALTY INS CO	CA	2						1	4			5			5		
13-3031176	38636	PARTNER REINS CO OF THE US	NY	2	4,016	331	34	1,179	44	972	347	1,411		4,318	1,381		2,937		
23-1641984	10219	QBE REINS CORP	PA	2		29	2	2		9	4			46			46		
36-2930605	26549	REINSURANCE CO OF AMER INC	IL	2				20	3	2				25			25	165	
31-1379882	25405	SAFE AUTO INS CO	OH	2	501	30	6	75		59	17	168		355	139		216		
75-1444207	30058	SCOR REINS CO	NY	2			1	200	34	48	26			309			309		
AA-3191295	00000	THIRD POINT REINS (USA) LTD	BMU	2	2,171	85	(3)	172		102	43	1,415		1,814	1,328		486		
30-0703280	15529	TOKIO MILLENNIUM RE AG (US BRANCH)	NY	2	41,449	1,653	104	6,337	6	3,718	1,429	12,372		25,619	10,579		15,040		
75-1976074	13781	US LLOYDS INS CO	TX	2	3,867			532		112	110	2,161		2,915	1,714		1,201	46	
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers					201,080	5,886	766	53,318	1,295	25,937	12,307	56,736		156,245	49,384		106,861	3,590	
1399999 - Total Authorized - Total Authorized					201,080	5,886	766	53,371	1,306	25,959	12,314	56,736		156,338	49,384		106,954	3,590	
Unauthorized - Affiliates - Other (Non-U.S.) - Other																			
00-0000000	00000	OLD AMERICAN OFFSHORE RE SCC SEG CELL A	BRB	2	(123)												93	119	
00-0000000	00000	OLD AMERICAN OFFSHORE RE SCC SEG CELL B	BRB	2	392			120	2	46	12	2		182	89				
30-0708277	00000	ORPHEUS RE	BMU	2	2,284	66		7,407	209	2,752	1,172	676		12,282	513		11,769		
1999999 - Total Unauthorized - Affiliates - Other (Non-U.S.) - Other					2,553	66		7,527	211	2,798	1,184	678		12,464	602		11,862	119	
2099999 - Total Unauthorized - Affiliates - Other (Non-U.S.) - Total					2,553	66		7,527	211	2,798	1,184	678		12,464	602		11,862	119	
2199999 - Total Unauthorized - Affiliates - Total Unauthorized - Affiliates					2,553	66		7,527	211	2,798	1,184	678		12,464	602		11,862	119	
Unauthorized - Other U.S. Unaffiliated Insurers																			
88-0510281	12303	NATIONSBUILDERS INS CO	DC	2	423	120		283		186	70	2		661	8		653		
65-0145688	35319	UNITED AUTOMOBILE INS CO	FL	2	77,446			18,527	4,846	17,783	310	20,644		62,110			62,110		
2299999 - Total Unauthorized - Other U.S. Unaffiliated Insurers					77,869	120		18,810	4,846	17,969	380	20,646		62,771	8		62,763		
Unauthorized - Other non-U.S. Insurers																			
AA-1460018	00000	CATLIN RE SWITZERLAND LTD	CHE	2	8,303	94	16	1,892	1	638	435	1,868		4,944	1,272		3,672		
AA-3770280	00000	GREENLIGHT REINS LTD	CYM	2				881		591				1,472			1,472		
AA-3191190	00000	HAMILTON RE LTD	BMU	2	2,832	52		935	26	336	194	1,014		2,557	772		1,785		
AA-3190958	00000	JRG REINS CO LTD	BMU	2	17,490	631	47	6,853	153	2,692	1,357	4,860		16,593	4,147		12,446		
AA-1128001	00000	LLOYD'S SYNDICATE NUMBER 2001	GBR	2	141														
AA-1780078	00000	PARTNER REINS EUROPE SE	IRL	2		5		134		6	23			168			168		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On										Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17			
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis-sions	Cols. 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties	
AA-1120145.....	00000.....	QBE REINS (UK) LTD.....	GBR.....	2.....	1,619.....	82.....	15.....	516.....	.....	174.....	81.....	421.....	.....	1,289.....	397.....	.....	892.....	.....
AA-3191179.....	00000.....	THIRD POINT REINS CO LTD.....	BMU.....	2.....	5,916.....	.....	.....	1,156.....	2.....	331.....	195.....	2,028.....	.....	3,712.....	1,540.....	.....	2,172.....	.....
AA-1460023.....	00000.....	TOKIO MILLENNIUM REINSURANCE LTD.....	CHE.....	2.....	10,337.....	297.....	3.....	5,693.....	37.....	3,073.....	1,423.....	1,833.....	.....	12,359.....	1,159.....	.....	11,200.....	.....
AA-3191250.....	00000.....	WATFORD RE LTD.....	BMU.....	2.....	7,084.....	243.....	61.....	1,486.....	.....	528.....	304.....	1,560.....	.....	4,182.....	1,326.....	.....	2,856.....	.....
2599999 - Total Unauthorized - Other Non-U.S. Insurers					53,722	1,404	142	19,546	219	8,369	4,012	13,584		47,276	10,613		36,663		
2699999 - Total Unauthorized - Total Unauthorized					134,144	1,590	142	45,883	5,276	29,136	5,576	34,908		122,511	11,223		111,288	119	
4099999 - Total Authorized, Unauthorized and Certified					335,224	7,476	908	99,254	6,582	55,095	17,890	91,644		278,849	60,607		218,242	3,709	
9999999 Totals					335,224	7,476	908	99,254	6,582	55,095	17,890	91,644		278,849	60,607		218,242	3,709	

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.	ACCC INS CO.....	35.250	.....	4,062	.....
2.	21ST CENTURY NORTH AMERICA INS CO.....	25.000	.....	3,490	.....
3.	DORINCO REINS CO.....	26.000	.....	44,039	.....
4.	NGM INSURANCE COMPANY.....	23.000	.....	36,937	.....
5.	UNITED AUTOMOBILE INS CO.....	27.750	.....	77,446	.....

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

1		2		3		4	
Name of Reinsurer		Total Recoverables		Ceded Premiums		Affiliated	
1.	DORINCO REINSURANCE COMPANY.....	37,465	.....	44,039	.....	Yes	[] No [X]
2.	FIRST ACCEPTANCE INS CO INC.....	21,786	.....	34,852	.....	Yes	[] No [X]
3.	NGM INSURANCE COMPANY.....	32,238	.....	36,937	.....	Yes	[] No [X]
4.	TOKIO MILLENNIUM RE AG (US BRANCH).....	25,619	.....	41,449	.....	Yes	[] No [X]
5.	UNITED AUTOMOBILE INS CO.....	62,110	.....	77,446	.....	Yes	[] No [X]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 4

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

1	2	3	4	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12	13
				5	Overdue					11		
					6	7	8	9	10			
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Current	1 to 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 6 + 7 + 8 + 9	Total Due Cols. 5 + 10	Percentage Overdue Col. 10/Col. 11	Percentage More Than 120 Days Overdue Col. 9 / Col. 11
Authorized - Other U.S. Unaffiliated Insurers												
13-3333609	32220	21ST CENTURY N AMER INS CO	NY	113						113		
75-2701220	10807	ACCC INS CO	TX	168						168		
34-1385465	42609	AFFIRMATIVE INS CO	IL									
06-1481194	10829	ALTERRA REINS USA INC	DE	746	229	(422)			(193)	553	(34.9)	
36-2661954	10103	AMERICAN AGRICULTURAL INS CO	IN	13						13		
06-1430254	10348	ARCH REINS CO	DE	51						51		
62-1695059	42781	DIRECT GEN INS CO	IN	456						456		
38-2145898	33499	DORINCO REINS CO	MI	1,709	(22)	(153)			(175)	1,534	(11.4)	
73-1507369	29718	GHS INS CO	OK									
61-0392792	22993	KENTUCKY FARM BUR MUT INS CO	KY	11						11		
43-1898350	11054	MAIDEN REINS N AMER INC	MO	1						1		
75-2248748	31810	MIDDLE STATES INS CO INC	OK	40						40		
31-4259550	14621	MOTORISTS MUT INS CO	OH	11						11		
02-0170490	14788	NGM INS CO	FL	1,233	386	(221)			165	1,398	11.8	
13-3031176	38636	PARTNER REINS CO OF THE US	NY	365						365		
23-1641984	10219	QBE REINS CORP	PA	29		1			1	30	3.3	
31-1379882	25405	SAFE AUTO INS CO	OH	37						37		
75-1444207	30058	SCOR REINS CO	NY	1						1		
AA-3191295	00000	THIRD POINT REINS (USA) LTD	NJ	82						82		
30-0703280	15529	TOKIO MILLENNIUM RE AG (US BRANCH)	NY	1,757						1,757		
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers				6,823	593	(795)			(202)	6,621	(3.1)	
1399999 - Total Authorized - Total Authorized				6,823	593	(795)			(202)	6,621	(3.1)	
Unauthorized - Affiliates - Other (Non-U.S.) - Other												
30-0708277	00000	ORPHEUS RE	BMU	(19)	(6)	91			85	66	128.8	
1999999 - Total Unauthorized - Affiliates - Other (Non-U.S.) - Other				(19)	(6)	91			85	66	128.8	
2099999 - Total Unauthorized - Affiliates - Other (Non-U.S.) - Total				(19)	(6)	91			85	66	128.8	
2199999 - Total Unauthorized - Affiliates - Total Unauthorized - Affiliates				(19)	(6)	91			85	66	128.8	
Unauthorized - Other U.S. Unaffiliated Insurers												
39-0712210	18767	CHURCH MUT INS CO	WI	15						15		
42-0234980	21415	EMPLOYERS MUT CAS CO	IA	15						15		
88-0510281	12303	NATIONSBUILDERS INS CO	DC	120						120		
2299999 - Total Unauthorized - Other U.S. Unaffiliated Insurers				150						150		
Unauthorized - Other Non-U.S. Insurers												
AA-1460018	00000	CATLIN RE SWITZERLAND LTD	CHE	110						110		
AA-3191190	00000	HAMILTON REINS CO LTD	BMU	(31)	78	6			84	53	158.5	
AA-3190958	00000	JRG REINS CO LTD	BMU	672	6				6	678	0.9	
AA-1780078	00000	PARTNER REINS EUROPE SE	IRL	(2)	7				7	5	140.0	
AA-1120145	00000	QBE REINS (UK) LTD	GBR	97						97		
AA-1460023	00000	TOKIO MILLENNIUM REINSURANCE LTD	CHE	301	(1)				(1)	300	(0.3)	
AA-3191250	00000	WATFORD RE LTD	BMU	304						304		
2599999 - Total Unauthorized - Other Non-U.S. Insurers				1,451	90	6			96	1,547	6.2	
2699999 - Total Unauthorized - Total Unauthorized				1,582	84	97			181	1,763	10.3	
4099999 - Total Authorized, Unauthorized and Certified				8,405	677	(698)			(21)	8,384	(0.3)	
9999999 Totals				8,405	677	(698)			(21)	8,384	(0.3)	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 OMITTED)

[illegible]

1. Amounts in dispute totaling \$ are included in Column 5.
2. Amounts in dispute totaling \$ are excluded from Column 14.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
	.0001.	3.	.021000089	CITIBANK, NEW YORK, NY.	8,209
	.0002.	1.	.026007993	UBS AG, STAMFORD BRANCH.	1,632
	.0002.	1.	.021000018	THE BANK OF NEW YORK MELLON.	609
	.0003.	1.	.072000096	COMERICA BANK, DETROIT, MI.	9,991
	.0003.	1.	.041001039	KEYBANK, CLEVELAND, OH.	4,173
	.0004.	1.	.026009920	NATIXIS, NEW YORK BRANCH, NY.	169
	.0005.	3.	.026004307	MIZUHO BANK, LTD, NEW YORK BRANCH , NY.	10,397
	.0006.	3.	.026002655	LLOYDS BANK NEW YORK.	2,963
	.0005.	1.	.026002574	BARCLAYS BANK PLC NEW YORK, NY.	3,542

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance			
	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	7,645,920		7,645,920
2. Premiums and considerations (Line 15)	54,861,255		54,861,255
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	8,384,358	(8,384,358)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	175,125		175,125
6. Net amount recoverable from reinsurers		214,325,349	214,325,349
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	71,066,658	205,940,991	277,007,649
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	1,575	178,819,640	178,821,215
10. Taxes, expenses, and other obligations (Lines 4 through 8)	452,915		452,915
11. Unearned premiums (Line 9)		91,643,999	91,643,999
12. Advance premiums (Line 10)			
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	60,607,575	(60,607,575)	
15. Funds held by company under reinsurance treaties (Line 13)	3,709,119	(3,709,119)	
16. Amounts withheld or retained by company for account of others (Line 14)	205,954	(205,954)	
17. Provision for reinsurance (Line 16)			
18. Other liabilities	1,089,520		1,089,520
19. Total liabilities excluding protected cell business (Line 26)	66,066,658	205,940,991	272,007,649
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	5,000,000	X X X	5,000,000
22. Totals (Line 38)	71,066,658	205,940,991	277,007,649

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [] No [X]

If yes, give full explanation:

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	122	122	4	4					XXX
2. 2006	312,531	312,531		279,468	279,431	26,818	26,818	15,087	15,087		37	XXX
3. 2007	279,328	279,328		276,920	276,920	19,588	19,588	23,343	23,343			XXX
4. 2008	428,101	428,701	(600)	278,665	278,675	22,063	22,063	20,012	20,012		(10)	XXX
5. 2009	452,896	455,364	(2,468)	297,971	297,993	18,707	18,702	19,821	19,821		(17)	XXX
6. 2010	495,109	497,846	(2,737)	344,544	344,529	24,778	24,778	22,478	22,478		15	XXX
7. 2011	484,282	486,269	(1,987)	323,812	323,812	21,835	21,835	25,156	25,156			XXX
8. 2012	479,345	479,345		341,221	341,221	21,694	21,694	26,656	26,656			XXX
9. 2013	477,873	477,873		290,830	290,830	16,065	16,065	21,736	21,736			XXX
10. 2014	380,555	380,665	(110)	212,652	212,652	3,618	3,618	24,479	24,479			XXX
11. 2015	336,430	336,571	(141)	119,573	119,573	684	684	18,152	18,152			XXX
12. Totals	XXX	XXX	XXX	2,765,778	2,765,758	175,854	175,849	216,920	216,920		25	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1.	1	1			2	2							XXX
2.					4	4							XXX
3.	60	60			3	3	5	5	3	3			XXX
4.	111	111			16	16	5	5	3	3			XXX
5.	216	215			75	75	11	11	7	7		1	XXX
6.	777	777	202	202	83	83	75	75	37	37			XXX
7.	1,360	1,360	542	542	155	155	146	146	70	70			XXX
8.	4,155	4,155	1,851	1,851	399	399	618	618	332	332			XXX
9.	13,149	13,149	4,788	4,788	1,230	1,230	1,286	1,286	687	687			XXX
10.	24,463	24,463	15,649	15,649	1,810	1,810	2,672	2,672	1,532	1,532			XXX
11.	54,963	54,963	32,062	32,062	2,806	2,806	6,407	6,407	3,994	3,994			XXX
12.	99,255	99,254	55,094	55,094	6,583	6,583	11,225	11,225	6,665	6,665		1	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	321,377	321,340	37	102.8	102.8						
3.	319,922	319,922		114.5	114.5						
4.	320,875	320,885	(10)	75.0	74.9	1.7					
5.	336,808	336,824	(16)	74.4	74.0	0.6				1	
6.	392,974	392,959	15	79.4	78.9	(0.5)					
7.	373,076	373,076		77.0	76.7						
8.	396,926	396,926		82.8	82.8						
9.	349,771	349,771		73.2	73.2						
10.	286,875	286,875		75.4	75.4						
11.	238,641	238,641		70.9	70.9						
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1	

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	One Year	Two Year
1. Prior	1,832	1,549	2,252	4,283	4,282	4,282	4,282	4,282	4,283	4,282	(1)	
2. 2006			(26)	50	50	74	64	64	64	37	(27)	(27)
3. 2007	XXX		(54)	9	9							
4. 2008	XXX	XXX	178			(1)	(10)	(10)	(10)	(10)		
5. 2009	XXX	XXX	XXX	14	14	1	(26)	(15)	(16)	(16)		(1)
6. 2010	XXX	XXX	XXX	XXX		(1)	24	15	15	15		
7. 2011	XXX	XXX	XXX	XXX	XXX		10					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
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											(28)	(28)

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior	000	461	4,072	4,205	4,282	4,282	4,282	4,282	4,282	4,282	XXX	XXX
2. 2006						8	37	37	37	37	XXX	XXX
3. 2007	XXX										XXX	XXX
4. 2008	XXX	XXX				(13)	(10)	(10)	(10)	(10)	XXX	XXX
5. 2009	XXX	XXX	XXX			(86)	(37)	(24)	(17)	(17)	XXX	XXX
6. 2010	XXX	XXX	XXX	XXX		(20)	15	15	15	15	XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX					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 4 - SUMMARY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	2,575	1,827	242	78	9					
2. 2006			(26)							
3. 2007	XXX		(54)	9	9					
4. 2008	XXX	XXX	153			3				
5. 2009	XXX	XXX	XXX	14		24				
6. 2010	XXX	XXX	XXX	XXX		5				
7. 2011	XXX	XXX	XXX	XXX	XXX		10			
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
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 1B - PRIVATE PASSENGER AUTO
LIABILITY/MEDICAL

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12	
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
1. Prior	XXX	XXX	XXX	127	127	4	4				XXX	
2. 2006	300,389	300,389		183,103	183,066	18,287	18,287	11,909	11,909		37	79,139
3. 2007	272,690	272,690		180,227	180,227	12,805	12,805	19,173	19,173			75,452
4. 2008	271,849	272,449	(600)	190,451	190,461	13,083	13,083	15,963	15,963		(10)	67,430
5. 2009	306,897	309,365	(2,468)	221,974	221,996	13,775	13,770	15,766	15,766		(17)	106,496
6. 2010	340,864	343,601	(2,737)	269,430	269,415	18,524	18,524	17,838	17,838		15	125,016
7. 2011	337,151	339,138	(1,987)	248,940	248,940	15,303	15,303	20,188	20,188			108,983
8. 2012	330,175	330,175		255,728	255,728	14,753	14,753	20,379	20,379			96,979
9. 2013	325,551	325,551		211,383	211,383	10,986	10,986	15,795	15,795			97,735
10. 2014	258,651	258,761	(110)	144,908	144,908	2,681	2,681	16,906	16,906			73,232
11. 2015	222,610	222,751	(141)	63,405	63,405	474	474	11,790	11,790			63,061
12. Totals	XXX	XXX	XXX	1,969,676	1,969,656	120,675	120,670	165,707	165,707		25	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	1	1			2	2							1
2.					4	4							4
3.	60	60			3	3	5	5	3	3			4
4.	111	111			15	15	5	5	3	3			4
5.	210	209			74	74	11	11	7	7		1	8
6.	777	777	203	203	82	82	75	75	37	37			54
7.	1,360	1,360	565	565	155	155	146	146	70	70			91
8.	4,128	4,128	1,915	1,915	396	396	618	618	330	330			297
9.	13,138	13,138	4,919	4,919	1,219	1,219	1,286	1,286	686	686			836
10.	24,400	24,400	15,917	15,917	1,784	1,784	2,667	2,667	1,521	1,521			2,165
11.	48,847	48,847	31,969	31,969	2,399	2,399	6,067	6,067	3,465	3,465			12,353
12.	93,032	93,031	55,488	55,488	6,133	6,133	10,880	10,880	6,122	6,122		1	15,817

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	213,303	213,266	37	71.0	71.0						
3.	212,276	212,276		77.8	77.8						
4.	219,631	219,641	(10)	80.8	80.6	1.7					
5.	251,817	251,833	(16)	82.1	81.4	0.6				1	
6.	306,966	306,951	15	90.1	89.3	(0.5)					
7.	286,727	286,727		85.0	84.5						
8.	298,247	298,247		90.3	90.3						
9.	259,412	259,412		79.7	79.7						
10.	210,784	210,784		81.5	81.5						
11.	168,416	168,416		75.7	75.6						
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1	

SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK
LIABILITY/MEDICAL

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2006	12,142	12,142		9,509	9,509	3,430	3,430	64	64			1,273
3. 2007	6,638	6,638		7,731	7,731	3,433	3,433					1,012
4. 2008	4,117	4,117		5,817	5,817	2,036	2,036					732
5. 2009	1,030	1,030		551	551	96	96					6
6. 2010	290	290		200	200			1	1			10
7. 2011	37	37		10	10	1	1					
8. 2012				(2)	(2)							
9. 2013												
10. 2014												
11. 2015												
12. Totals	XXX	XXX	XXX	23,816	23,816	8,996	8,996	65	65			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	13,003	13,003		107.1	107.1						
3.	11,164	11,164		168.2	168.2						
4.	7,853	7,853		190.7	190.7						
5.	647	647		62.8	62.8						
6.	201	201		69.3	69.3						
7.	11	11		29.7	29.7						
8.	(2)	(2)									
9.											
10.											
11.											
12.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	12
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX								XXX	
2. 2014											XXX	
3. 2015											XXX	
4. Totals	XXX	XXX	XXX								XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.													
2.													
3.													
4.													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.											
3.											
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	(284)	(284)	104	104	333	333			XXX
2. 2014	121,904	121,904		67,744	67,744	937	937	7,573	7,573			37,488
3. 2015	113,820	113,820		56,168	56,168	210	210	6,362	6,362			33,156
4. Totals	XXX	XXX	XXX	123,628	123,628	1,251	1,251	14,268	14,268			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	44	44	(219)	(219)	17	17			3	3			56
2.	63	63	(268)	(268)	26	26	5	5	11	11			200
3.	6,116	6,116	93	93	407	407	340	340	529	529			2,878
4.	6,223	6,223	(394)	(394)	450	450	345	345	543	543			3,134

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2.	76,091	76,091		62.4	62.4						
3.	70,225	70,225		61.7	61.7						
4.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior												
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	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
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												

NONE

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

1. Prior	4,401	4,130	3,937	3,942	3,942	3,942	(1,756)	(1,756)	(1,755)	(1,756)	(1)	
2. 2006			(20)	50	50	74	64	64	64	37	(27)	(27)
3. 2007	XXX		(44)	9	9							
4. 2008	XXX	XXX	192			(1)	(10)	(10)	(10)	(10)		
5. 2009	XXX	XXX	XXX	14		1	(26)	(15)	(16)	(16)		(1)
6. 2010	XXX	XXX	XXX	XXX		(1)	24	15	15	15		
7. 2011	XXX	XXX	XXX	XXX	XXX		10					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
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											(28)	(28)

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

1. Prior	1,990	1,978	1,717	1,722	1,722	1,722						
2. 2006			(6)									
3. 2007	XXX		(9)									
4. 2008	XXX	XXX	(14)									
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
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 2D- WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior												
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	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
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												

NONE

SCHEDULE P - PART 2E- COMMERCIAL MULTIPLE PERIL

1. Prior												
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	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
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												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	One Year	Two Year
1. Prior	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					
2. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.XXX
3. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX
4. Totals												

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

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

SCHEDULE P - PART 2K - FIDELITY, SURETY

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

NONE

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

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

NONE

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior												
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	.XXX	.XXX							
8. 2012	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX						
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												

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
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	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
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			

NONE

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

1. Prior	.000	3,259	3,899	3,942	3,942	3,942	(1,756)	(1,756)	(1,756)	(1,756)	168,869	110,956
2. 2006						8	37	37	37	37	49,450	29,685
3. 2007	XXX										45,776	29,672
4. 2008	XXX	XXX				(13)	(10)	(10)	(10)	(10)	39,354	28,072
5. 2009	XXX	XXX	XXX			(86)	(37)	(24)	(17)	(17)	56,718	49,770
6. 2010	XXX	XXX	XXX	XXX		(20)	15	15	15	15	65,494	59,468
7. 2011	XXX	XXX	XXX	XXX	XXX						54,709	54,183
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX					50,246	46,436
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX				49,719	47,180
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			34,759	36,308
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		23,290	27,418

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

1. Prior	.000	366	1,512	1,645	1,722	1,722	1,722	1,722	1,722	1,722	36,771	11,054
2. 2006											1,216	57
3. 2007	XXX										1,009	3
4. 2008	XXX	XXX									728	4
5. 2009	XXX	XXX	XXX								4	2
6. 2010	XXX	XXX	XXX	XXX							9	1
7. 2011	XXX	XXX	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
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 3D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

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	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
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			

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

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	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
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			

NONE

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SCHEDULE P - PART 3I - SPECIAL PROPERTY
(FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.000			XXX	XXX
2. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			XXX	XXX
3. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.000			13,014	3,326
2. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			21,800	15,488
3. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		16,902	13,376

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.000			XXX	XXX
2. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			XXX	XXX
3. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		XXX	XXX

NONE

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

1. Prior	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.000			XXX	XXX
2. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			XXX	XXX
3. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		XXX	XXX

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

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							XXX	XXX
7. 2011	.XXX	.XXX	.XXX	.XXX	.XXX						XXX	XXX
8. 2012	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					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

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior										
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	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
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	

NONE

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

1. Prior	457	183	(11)							
2. 2006			(20)							
3. 2007	XXX		(44)	9	9					
4. 2008	XXX	XXX	192			3				
5. 2009	XXX	XXX	XXX	14		24				
6. 2010	XXX	XXX	XXX	XXX		5				
7. 2011	XXX	XXX	XXX	XXX	XXX		10			
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
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

1. Prior	1,690	1,612	205	78						
2. 2006			(6)							
3. 2007	XXX		(9)							
4. 2008	XXX	XXX	(14)							
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
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 4D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior										
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	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
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	

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior										
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	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
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	

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
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			
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
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	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
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	

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	61,036	47,543	45,076	44,548	44,408	44,509	44,366	4	1	
2. 2006	34,420	46,006	48,506	49,089	49,246	49,420	49,442	49,443	49,447	49,450
3. 2007	XXX	32,920	42,842	44,978	45,369	45,729	45,747	45,770	45,775	45,776
4. 2008	XXX	XXX	27,358	36,714	38,057	39,150	39,288	39,340	39,354	39,354
5. 2009	XXX	XXX	XXX	41,902	51,795	55,178	55,743	56,211	56,556	56,718
6. 2010	XXX	XXX	XXX	XXX	47,384	59,877	62,567	63,940	64,960	65,494
7. 2011	XXX	XXX	XXX	XXX	XXX	40,282	48,802	51,883	53,620	54,709
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	33,345	44,808	47,914	50,246
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37,039	45,761	49,719
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,112	34,759
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,290

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	5,712	1,373	301	126	27	7	5	6	3	1
2. 2006	24,419	3,960	870	294	108	27	9	5	4	4
3. 2007	XXX	15,626	3,241	649	205	54	22	18	3	4
4. 2008	XXX	XXX	26,389	2,371	617	232	100	33	9	4
5. 2009	XXX	XXX	XXX	21,112	2,531	792	365	122	58	8
6. 2010	XXX	XXX	XXX	XXX	22,677	4,044	1,418	375	165	54
7. 2011	XXX	XXX	XXX	XXX	XXX	24,183	3,244	958	359	91
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	21,575	2,835	1,209	297
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,075	2,794	836
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,745	2,165
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,353

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	81,723	70,995	70,853	71,047	70,927	71,215	70,958	7	(1)	(2)
2. 2006	80,902	78,397	78,715	78,939	78,946	79,116	79,127	79,132	79,136	79,139
3. 2007	XXX	72,522	74,666	74,947	75,011	75,434	75,430	75,453	75,448	75,452
4. 2008	XXX	XXX	75,322	65,862	65,940	67,360	67,428	67,432	67,429	67,430
5. 2009	XXX	XXX	XXX	105,093	101,318	105,054	105,476	105,842	106,218	106,496
6. 2010	XXX	XXX	XXX	XXX	119,555	121,130	122,055	122,854	124,068	125,016
7. 2011	XXX	XXX	XXX	XXX	XXX	110,963	103,392	105,324	107,155	108,983
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	92,977	90,971	93,776	96,979
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	91,757	92,163	97,735
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	73,790	73,232
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	63,061

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	2,708	2,149	2,031	1,995	2,004	1,994	1,989			
2. 2006	907	1,133	1,171	1,209	1,216	1,216	1,216	1,216	1,216	1,216
3. 2007	XXX	768	986	986	1,009	1,009	1,009	1,009	1,009	1,009
4. 2008	XXX	XXX	480	698	728	728	728	728	728	728
5. 2009	XXX	XXX	XXX		2	4	4	4	4	4
6. 2010	XXX	XXX	XXX	XXX		9	9	9	9	9
7. 2011	XXX	XXX	XXX	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
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	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	50	72	18	19	9	3				
2. 2006	164	37	18	18	2					
3. 2007	XXX	166	42		7	1				
4. 2008	XXX	XXX	89	42	6					
5. 2009	XXX	XXX	XXX		1	1				
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
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	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	2,506	2,521	2,359	2,320	2,321	2,314	2,310			
2. 2006	1,116	1,225	1,245	1,284	1,275	1,273	1,273	1,273	1,273	1,273
3. 2007	XXX	935	1,030	988	1,018	1,013	1,012	1,012	1,012	1,012
4. 2008	XXX	XXX	572	744	738	732	732	732	732	732
5. 2009	XXX	XXX	XXX		3	7	6	6	6	6
6. 2010	XXX	XXX	XXX	XXX		10	10	10	10	10
7. 2011	XXX	XXX	XXX	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
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	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	(27,027)										
2. 2006	12,142										
3. 2007	XXX	6,638									
4. 2008	XXX	XXX	4,117								
5. 2009	XXX	XXX	XXX	1,030							
6. 2010	XXX	XXX	XXX	XXX	290						
7. 2011	XXX	XXX	XXX	XXX	XXX	37					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX					
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		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	(27,027)										
2. 2006	12,142										
3. 2007	XXX	6,638									
4. 2008	XXX	XXX	4,117								
5. 2009	XXX	XXX	XXX	1,030							
6. 2010	XXX	XXX	XXX	XXX	290						
7. 2011	XXX	XXX	XXX	XXX	XXX	37					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX					
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		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior											
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	XXX	XXX						
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX					
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		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior											
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	XXX	XXX						
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX					
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		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

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SCHEDULE P INTERROGATORIES

1.

The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1

Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or “ERE”) benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?
If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:

Yes [] No [X]
- 1.2

What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?

\$
- 1.3

Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?

Yes [] No [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 the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?

Yes [] No [] N/A [X]
- 1.6

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

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior .....	.....	.....
1.602	2006.....	.....	.....
1.603	2007.....	.....	.....
1.604	2008.....	.....	.....
1.605	2009.....	.....	.....
1.606	2010.....	.....	.....
1.607	2011.....	.....	.....
1.608	2012 .....	.....	.....
1.609	2013.....	.....	.....
1.610	2014 .....	.....	.....
1.611	2015.....	.....	.....
1.612	Totals .....	.....	.....

2.

The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as “Defense and Cost Containment” and “Adjusting and Other”) reported in compliance with these definitions in this statement?

Yes [X] No []
3.

The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement?:

Yes [X] No []
4.

Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10?

Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5.

What were the net premiums in force at the end of the year for:
(in thousands of dollars)

5.1 Fidelity

\$

5.2 Surety

\$
6.

Claim count information is reported per claim or per claimant. (indicate which).....CLAIM
If not the same in all years, explain in Interrogatory 7.
- 7.1

The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?

Yes [] No [X]
- 7.2

An extended statement may be attached.
.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories									
States, etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama AL									
2. Alaska AK									
3. Arizona AZ									
4. Arkansas AR									
5. California CA									
6. Colorado CO									
7. Connecticut CT									
8. Delaware DE									
9. Dist. Columbia DC									
10. Florida FL									
11. Georgia GA									
12. Hawaii HI									
13. Idaho ID									
14. Illinois IL									
15. Indiana IN									
16. Iowa IA									
17. Kansas KS									
18. Kentucky KY									
19. Louisiana LA									
20. Maine ME									
21. Maryland MD									
22. Massachusetts MA									
23. Michigan MI									
24. Minnesota MN									
25. Mississippi MS									
26. Missouri MO									
27. Montana MT									
28. Nebraska NE									
29. Nevada NV									
30. New Hampshire NH									
31. New Jersey NJ									
32. New Mexico NM									
33. New York NY									
34. No. Carolina NC									
35. No. Dakota ND									
36. Ohio OH									
37. Oklahoma OK									
38. Oregon OR									
39. Pennsylvania PA									
40. Rhode Island RI									
41. So. Carolina SC									
42. So. Dakota SD									
43. Tennessee TN									
44. Texas TX	L	372,037,701	373,384,452		249,484,662	230,493,457	154,348,684		
45. Utah UT									
46. Vermont VT									
47. Virginia VA									
48. Washington WA									
49. West Virginia WV									
50. Wisconsin WI									
51. Wyoming WY									
52. American Samoa AS									
53. Guam GU									
54. Puerto Rico PR									
55. U.S. Virgin Islands VI									
56. Northern Mariana Islands MP									
57. Canada CAN									
58. Aggregate other alien OT	XXX								
59. Totals	(a) 1	372,037,701	373,384,452		249,484,662	230,493,457	154,348,684		
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Sum. of remaining write-ins for Line 58 from overflow page	XXX								
58999. Totals (Lines 58001 through 58003 + 58998) (Line 58 above)	XXX								

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

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

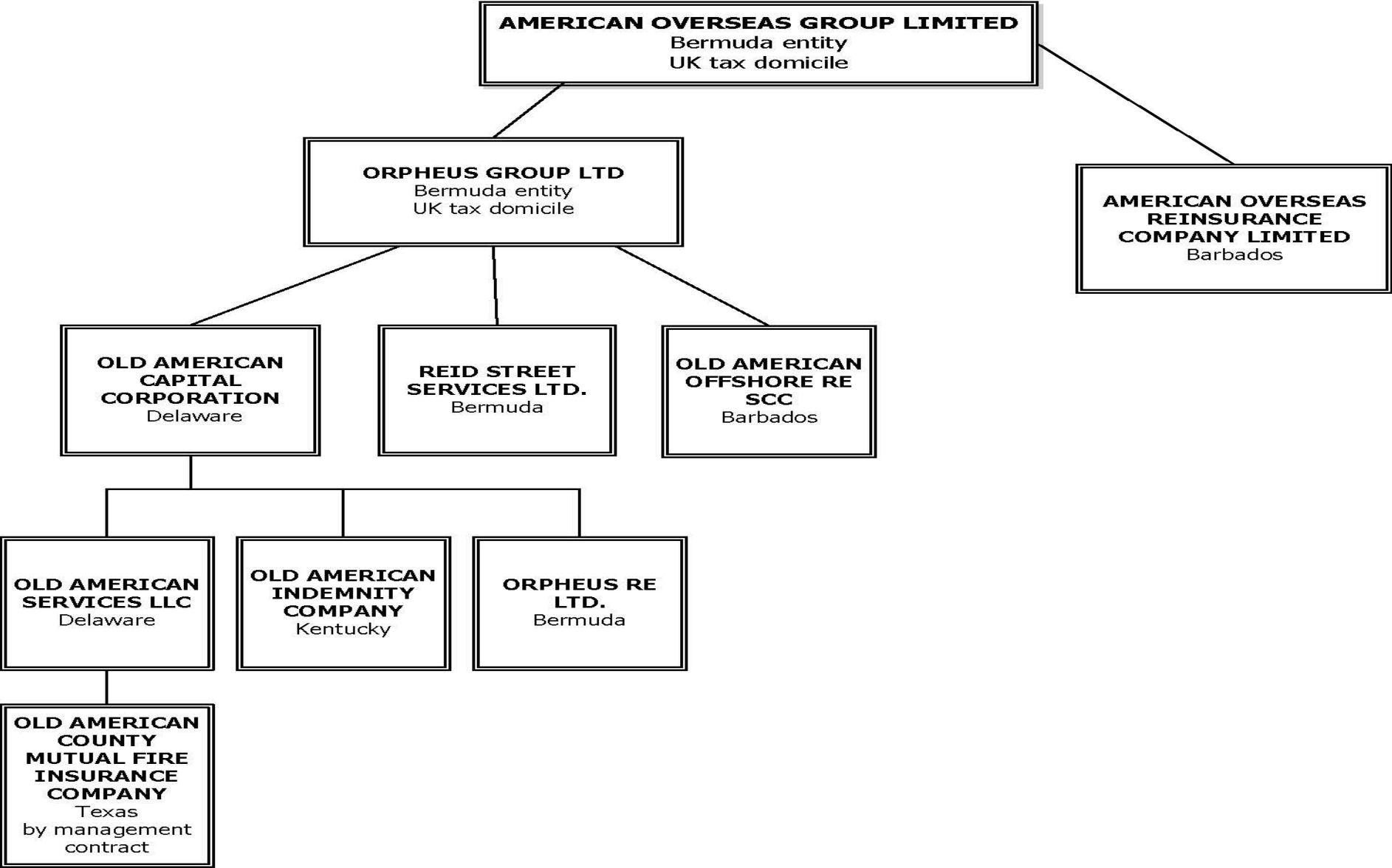
THE COMPANY WRITES IN ONE STATE (TEXAS) AND PREMIUMS ARE ALLOCATED AS SUCH.

(a) Insert the number of L responses except for Canada and Other Alien

LICENSED IN THE STATE OF TEXAS

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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9797

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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.

MARCH FILING		RESPONSES
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 March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....SEE EXPLANATION.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	.....SEE EXPLANATION.....
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	.....YES.....
6.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....SEE EXPLANATION.....
MAY FILING		
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	.....YES.....
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	.....SEE EXPLANATION.....
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....

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.

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	.....SEE EXPLANATION.....
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	.....SEE EXPLANATION.....
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	.....SEE EXPLANATION.....
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	.....YES.....
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....SEE EXPLANATION.....
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

APRIL FILING

28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?.....SEE EXPLANATION.....
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....SEE EXPLANATION.....
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....SEE EXPLANATION.....
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?.....SEE EXPLANATION.....
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?.....SEE EXPLANATION.....
33. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?.....SEE EXPLANATION.....

AUGUST FILING

34. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....SEE EXPLANATION.....

Explanation:

3. The Company's minimum surplus is determined by the Texas Insurance Code or regulation and is not subject to NAIC RBC.
4. The Company's minimum surplus is determined by the Texas Insurance Code or regulation and is not subject to NAIC RBC.
7. Not Required
9. Will be filed June 30, 2016
12. Not Required
13. Not Required
14. Not Required
15. Not Required
16. Not Required
17. Not Required
18. Not Required
19. Not Required
22. Not Required
23. Not Required
24. Not Required
25. Not Required at this time
26. Not Required at this time
27. Not Required at this time
28. Not Required
29. Not Required
30. Not Required
31. Not Required
32. Not Required
33.
34. Not Required at this time

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SUMMARY INVESTMENT SCHEDULE

	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1	2	3	4	5	6
Investment Categories	Amount	Percentage	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3+4) Amount	Percentage
1. Bonds:						
1.1 U.S. treasury securities						
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies						
1.22 Issued by U.S. government sponsored agencies						
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)						
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:						
1.41 States, territories and possessions general obligations						
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations.....						
1.43 Revenue and assessment obligations						
1.44 Industrial development and similar obligations.....						
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA.....						
1.512 Issued or guaranteed by FNMA and FHLMC.....						
1.513 All other.....						
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA.....						
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521.....						
1.523 All other.....						
2. Other debt and other fixed income securities (excluding short term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)						
2.2 Unaffiliated non-U.S. securities (including Canada).....						
2.3 Affiliated securities.....						
3. Equity interests:						
3.1 Investments in mutual funds						
3.2 Preferred stocks:						
3.21 Affiliated						
3.22 Unaffiliated						
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated						
3.32 Unaffiliated						
3.4 Other equity securities:						
3.41 Affiliated						
3.42 Unaffiliated						
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated						
3.52 Unaffiliated						
4. Mortgage loans:						
4.1 Construction and land development						
4.2 Agricultural						
4.3 Single family residential properties						
4.4 Multifamily residential properties						
4.5 Commercial loans						
4.6 Mezzanine real estate loans						
5. Real estate investments:						
5.1 Property occupied by company						
5.2 Property held for production of income (including \$of property acquired in satisfaction of debt).....						
5.3 Property held for sale (including \$ property acquired in satisfaction of debt)						
6. Contract loans						
7. Derivatives						
8. Receivables for securities						
9. Securities Lending (Line 10, Asset Page reinvested collateral).....				XXX.....	XXX.....	XXX.....
10. Cash, cash equivalents and short-term investments	7,645,920	100.000	7,645,920		7,645,920	100.000
11. Other invested assets						
12. Total invested assets	7,645,920	100.000	7,645,920		7,645,920	100.000

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE E - PART 1 - CASH

[illegible]

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR							
1. January	10,238,293	4. April	9,165,225	7. July	9,060,407	10. October	7,531,245
2. February	10,872,793	5. May	8,617,045	8. August	7,474,954	11. November	7,994,080
3. March	9,667,581	6. June	8,972,505	9. September	6,746,171	12. December	7,645,920

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE
COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year							
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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, etc.	1 Type of Deposits	2 Purpose of Deposits	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama AL						
2. Alaska AK						
3. Arizona AZ						
4. Arkansas AR						
5. California CA						
6. Colorado CO						
7. Connecticut CT						
8. Delaware DE						
9. District of Columbia DC						
10. Florida FL						
11. Georgia GA						
12. Hawaii HI						
13. Idaho ID						
14. Illinois IL						
15. Indiana IN						
16. Iowa IA						
17. Kansas KS						
18. Kentucky KY						
19. Louisiana LA						
20. Maine ME						
21. Maryland MD						
22. Massachusetts MA						
23. Michigan MI						
24. Minnesota MN						
25. Mississippi MS						
26. Missouri MO						
27. Montana MT						
28. Nebraska NE						
29. Nevada NV						
30. New Hampshire NH						
31. New Jersey NJ						
32. New Mexico NM						
33. New York NY						
34. North Carolina NC						
35. North Dakota ND						
36. Ohio OH						
37. Oklahoma OK						
38. Oregon OR						
39. Pennsylvania PA						
40. Rhode Island RI						
41. South Carolina SC						
42. South Dakota SD						
43. Tennessee TN						
44. Texas TX	ST	Statutory Deposit Section 912.305 & 912.306 of Texas Ins. Code			75,000	75,000
45. Utah UT						
46. Vermont VT						
47. Virginia VA						
48. Washington WA						
49. West Virginia WV						
50. Wisconsin WI						
51. Wyoming WY						
52. American Samoa AS						
53. Guam GU						
54. Puerto Rico PR						
55. US Virgin Islands VI						
56. Northern Mariana Islands MP						
57. Canada CAN						
58. Aggregate Other Alien OT	XXX	XXX				
59. Total	XXX	XXX			75,000	75,000
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Sum of remaining write-ins for Line 58 from overflow page	XXX	XXX				
5899. Totals (Lines 5801 - 5803 + 5898) (Line 58 above)	XXX	XXX				