



# QUARTERLY STATEMENT

AS OF JUNE 30, 2017  
OF THE CONDITION AND AFFAIRS OF THE

## OLD AMERICAN INDEMNITY COMPANY

NAIC Group Code 04762 , 04762 NAIC Company Code 11665 Employer's ID Number 61-0533007  
(Current Period) (Prior Period)

Organized under the Laws of Kentucky , State of Domicile or Port of Entry Kentucky

Country of Domicile United States

Incorporated/Organized 11/11/1956 Commenced Business 05/30/1957

Statutory Home Office 250 WEST MAIN STREET, SUITE 2300 , LEXINGTON, KY, US 40507-1758  
(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 17304 PRESTON ROAD, SUITE 1100 , DALLAS, TX, US 75252  
(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 214-561-1991  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address WWW.OLDAMERICANGROUP.COM

Statutory Statement Contact TRAVIS ALAN GLASS 214-561-1963  
(Name) (Area Code) (Telephone Number) (Extension)  
TRAVIS.GLASS@OLDAM.COM 214-561-1990  
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### OFFICERS

Name	Title	Name	Title
<u>ANDREW JAMES KIRKPATRICK</u>	<u>PRESIDENT</u>	<u>MELISSA WADDELL SAYLORS</u>	<u>SECRETARY</u>
<u>MARK FRANCIS BANAR</u>	<u>TREASURER</u>		

### OTHER OFFICERS

<u>DEBRA JANE ROBERTS</u>	<u>CHIEF EXECUTIVE OFFICER</u>	<u>ROCHELLE PAPESH FYFE</u>	<u>EXECUTIVE VICE PRESIDENT &amp; CHIEF FINANCIAL OFFICER</u>
<u>BRENT LAYNE MCGILL</u>	<u>EXECUTIVE VICE PRESIDENT &amp; CHIEF ACTUARY</u>		

### DIRECTORS OR TRUSTEES

<u>DEBRA JANE ROBERTS</u>	<u>ROCHELLE PAPESH FYFE</u>	<u>ANDREW JAMES KIRKPATRICK</u>
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State of .....TEXAS.....

County of .....DALLAS.....ss

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 SAYLORS  
SECRETARY

MARK FRANCIS BANAR  
TREASURER

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 \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
POLLYANNA YOUNG, NOTARY PUBLIC  
OCTOBER 28, 2018

STATEMENT AS OF JUNE 30, 2017 OF THE OLD AMERICAN INDEMNITY COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	7,905,930		7,905,930	7,670,490
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
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 (\$ .....898,612 ), cash equivalents (\$ .....848,764 ) and short-term investments (\$ .....1,243,254 ) .....	2,990,630		2,990,630	3,585,087
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	10,896,560		10,896,560	11,255,577
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	18,618		18,618	17,008
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	599,880		599,880	661,691
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	773,782		773,782	950,310
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	1,236,875		1,236,875	1,389,450
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 .....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	13,525,715		13,525,715	14,274,036
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	13,525,715		13,525,715	14,274,036
<b>DETAILS OF WRITE-INS</b>				
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. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				

STATEMENT AS OF JUNE 30, 2017 OF THE OLD AMERICAN INDEMNITY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ .....65,496 ) .....	266,649	324,205
2. Reinsurance payable on paid losses and loss adjustment expenses .....	(321)	4,651
3. Loss adjustment expenses .....	48,437	63,781
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....	60,383	125,493
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	147,866	98,985
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 (after deducting unearned premiums for ceded reinsurance of \$ .....1,120,729 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) .....	58,986	72,730
10. Advance premium .....		
11. Dividends declared and unpaid:		
11.1 Stockholders .....		
11.2 Policyholders .....		
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	1,186,211	1,550,571
13. Funds held by company under reinsurance treaties .....	997,071	1,313,525
14. Amounts withheld or retained by company for account of others .....		
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ ..... certified) .....		
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....	5,154	12,266
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 .....	1,287,152	1,152,511
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	4,057,588	4,718,718
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	4,057,588	4,718,718
29. Aggregate write-ins for special surplus funds .....		
30. Common capital stock .....	2,500,000	2,500,000
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....		
33. Surplus notes .....		
34. Gross paid in and contributed surplus .....	8,560,179	8,560,179
35. Unassigned funds (surplus) .....	(1,592,052)	(1,504,861)
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) .....	9,468,127	9,555,318
38. Totals (Page 2, Line 28, Col. 3)	13,525,715	14,274,036
<b>DETAILS OF WRITE-INS</b>		
2501. Payable to MGA .....	1,287,152	1,152,511
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)	1,287,152	1,152,511
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)		

## STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 2,236,949 )	2,511,838	6,007,373	9,356,284
1.2 Assumed (written \$ )			
1.3 Ceded (written \$ 2,089,379 )	2,350,523	5,673,148	8,781,731
1.4 Net (written \$ 147,570 )	161,315	334,225	574,553
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 103,878 ):			
2.1 Direct	3,126,805	5,755,056	9,584,198
2.2 Assumed	414		(4,231)
2.3 Ceded	2,978,182	5,602,043	9,286,512
2.4 Net	149,037	153,013	293,455
3. Loss adjustment expenses incurred	15,659	28,174	24,396
4. Other underwriting expenses incurred	114,292	221,160	380,588
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)	278,988	402,347	698,439
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(117,673)	(68,122)	(123,886)
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	30,482	4,655	14,443
10. Net realized capital gains (losses) less capital gains tax of \$		900	926
11. Net investment gain (loss) (Lines 9 + 10)	30,482	5,555	15,369
<b>OTHER INCOME</b>			
12. Net gain or (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)	(87,191)	(62,567)	(108,517)
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)	(87,191)	(62,567)	(108,517)
19. Federal and foreign income taxes incurred			
20. Net income (Line 18 minus Line 19)(to Line 22)	(87,191)	(62,567)	(108,517)
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	9,555,318	9,663,835	9,663,835
22. Net income (from Line 20)	(87,191)	(62,567)	(108,517)
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			
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	(87,191)	(62,567)	(108,517)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	9,468,127	9,601,268	9,555,318
<b>DETAILS OF WRITE-INS</b>			
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)			

STATEMENT AS OF JUNE 30, 2017 OF THE OLD AMERICAN INDEMNITY COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	21,550	290,278	703,278
2. Net investment income .....	28,872	24,886	38,385
3. Miscellaneous income .....			
4. Total (Lines 1 to 3) .....	50,422	315,164	741,663
5. Benefit and loss related payments .....	58,669	755,275	886,518
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	158,524	484,927	818,622
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....			
10. Total (Lines 5 through 9) .....	217,193	1,240,202	1,705,140
11. Net cash from operations (Line 4 minus Line 10) .....	(166,771)	(925,038)	(963,477)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	1,905,217	1,208,325	6,577,442
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 .....		900	926
12.7 Miscellaneous proceeds .....			
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	1,905,217	1,209,225	6,578,368
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	2,147,371	2,282,388	4,639,579
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) .....	2,147,371	2,282,388	4,639,579
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(242,154)	(1,073,163)	1,938,789
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied).....	(187,705)	414,865	(49,541)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(187,705)	414,865	(49,541)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(596,630)	(1,583,336)	925,771
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	3,585,087	2,659,316	2,659,316
19.2 End of period (Line 18 plus Line 19.1) .....	2,988,457	1,075,980	3,585,087

## NOTES TO FINANCIAL STATEMENTS

## 1. Summary of Significant Accounting Policies and Going Concern:

- A. Old American Indemnity Company (the "Company") was formed as a corporation under the laws of the State of Kentucky on November 11, 1956. The Company, formerly known as Citizens Insurance Company, received its license from the State of Kentucky on May 30, 1957. The Company subsequently changed its name to Viceroy Insurance Company. On June 5, 2012, the Kentucky Department of Insurance approved the change of the Company's name to Old American Indemnity Company.

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Kentucky. The State of Kentucky requires that insurance companies domiciled in Kentucky prepare their statutory basis financial statements in accordance with the National Association of Insurance Commissioners (NAIC) *Accounting Practices and Procedures Manual*, subject to any deviations prescribed or permitted by the Kentucky Insurance Commissioner. The impact of any permitted accounting practices on statutory surplus was not material.

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

	SSAP #	F/S Page	F/S Line #	June 30, 2017	December 31, 2016
<b>NET INCOME</b>					
(1) Old American Indemnity Company state basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ (87,191)	\$ (108,517)
(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)	XXX	XXX	XXX	\$ <u>(87,191)</u>	\$ <u>(108,517)</u>
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 9,468,127	\$ 9,555,318
(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)	XXX	XXX	XXX	\$ <u>9,468,127</u>	\$ <u>9,555,318</u>

- B. No change.

- C. 6. Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair value. The retrospective adjustment method is used to value all securities except for interest only securities, securities where the yield had become negative, or EITF 99-20 eligible securities which are valued using the prospective method.

- D. According to management's evaluation, as of June 30, 2017, there were no principal conditions or events that raised substantial doubt about the Company's ability to continue as a going concern.

## 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:

1. Prepayment assumptions for loan-backed securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonality), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning). On an ongoing basis, the rate of prepayment is monitored and the model is calibrated to reflect actual experience and market factors.
2. Aggregate Intent to sell or Aggregate Intent and Ability: Not applicable
3. Securities with an other than temporary impairment recognized in the reporting period: Not applicable
4. As of 6/30/2017 the Company owns loan-backed securities for which the amortized cost exceeds fair value but an other-than-temporary impairment has not been recognized in earnings as a realized loss, as reflected below.

Unrealized losses that have been in an unrealized loss position for less than one year –

- a) The aggregate amount of unrealized losses total \$6,911.
- b) The aggregate related fair value of securities with unrealized losses equals \$604,909.

Unrealized losses that have been in an unrealized loss position for more than one year –

- c) The aggregate amount of unrealized losses total \$0.
- d) The aggregate related fair value of securities with unrealized losses equals \$0.

- E. Repurchase Agreements and/or Securities Lending Transactions: Not applicable.

3.b. Collateral Received: Not applicable

- F. Real Estate: Not applicable.

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

- H. Restricted Assets: No change.

- I. Working Capital Finance Investments: Not applicable

2 and 3: Not applicable.

## NOTES TO FINANCIAL STATEMENTS

J. Offsetting and Netting of Assets and Liabilities: Not applicable

K. Structured Notes: No change.

6. **Joint Ventures, Partnerships and Limited Liability Companies:** Not applicable.

7. **Investment Income:** No change.

8. **Derivative Instruments:** Not applicable.

9. **Income Taxes:** No change.

10. **Information Concerning Parent, Subsidiaries and Affiliates:** No change.

11. **Debt:** Not applicable.

B. FHLB Agreements: Not applicable.

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

A.4. Defined Benefit Plan: Not applicable.

13. **Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations:** No change.

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.

A. Transfers of Receivables Reported as Sales: Not applicable.

B. Transfer and Servicing of Financial Assets: Not applicable.

2. Servicing Assets and Servicing Liabilities: Not applicable.

4. (a) and (b) Securitizations and Asset-backed Financing Arrangements: Not applicable

C. Wash Sales: 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:** No change.

20. **Fair Value Measurement:**

The Company does not own any investments that are considered to be other than temporarily impaired. All bonds held are NAIC Class 1, which are reported at amortized cost in the statement of financial position. Short term securities and cash equivalents are valued at amortized cost.

Fair value of the Company's invested assets is determined and reported for disclosure purposes in accordance with the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* when available. For those investments not valued by the NAIC Securities Valuation Office, prices were obtained from an independent pricing service vendor such as Interactive Data Corporation, Merrill Lynch indices, Reuters, S&P or Bloomberg. Under certain circumstances, if neither an SVO price nor a vendor price is available, a price may be obtained from a broker.

Transfers between fair value levels are recognized as of the end of the reporting period. During the year of 2016, the Company did not have any transfers between Levels 1, 2 or 3 for assets measured and reported at fair value.

As of June 30, 2017, the fair value of the Company's financial instruments is summarized as below:

	<u>Aggregate</u> <u>Book Value</u>	<u>Aggregate</u> <u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash, cash equivalents and short-term \$	2,990,630	2,990,630	898,613	2,092,017	—
Bonds	7,905,930	7,890,732	4,417,360	3,473,372	—
Cash and invested assets	<u>10,896,560</u>	<u>10,881,362</u>	<u>5,315,973</u>	<u>5,565,389</u>	<u>—</u>

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: No change.

## NOTES TO FINANCIAL STATEMENTS

- B. Reinsurance Recoverable in Dispute: Not applicable.
- C. Reinsurance Assumed and Ceded: No Change
- D. Uncollectible Reinsurance: Not applicable.
- E. Commutation of Ceded Reinsurance: Not applicable.
- 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.

- F. Risk-Sharing Provisions of the Affordable Care Act (ACA): Not applicable.

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

Reserves as of December 31, 2016 were \$388,000. As of June 30, 2017, \$192,000 has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$239,000 as a result of re-estimation of unpaid losses and loss adjustment expenses. Therefore, there has been an unfavorable loss and loss expense development of \$43,000 since December 31, 2016 through June 30, 2017 on prior accident years. The increase 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:** No change.

**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.

- B. Financial Guaranty Claim Liability: Not applicable.



**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes  No
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes  No
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes  No
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes  No   
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes  No
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes  No
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes  No  NA   
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2013
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....12/31/2013
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....04/29/2015
- 6.4 By what department or departments?  
.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes  No  NA
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes  No  NA
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes  No
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes  No
- 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
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

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

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

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

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

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

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [X]

11.2 If yes, give full and complete information relating thereto:  
 .....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....

13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [X]

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....	\$ .....
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ]

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
  - 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
  - 16.3 Total payable for securities lending reported on the liability page \$ .....

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address
Citibank.....	New York, NY.....

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

17.4 If yes, give full and complete information relating thereto:

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
New England Asset Management, Inc.....	U.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? ..... Yes [ X ] No [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? ..... Yes [ X ] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
CDR #10590.....	New England Asset Management, Inc.....	KUR85E5PS4GQFZTFC130.....	SEC.....	NO.....

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? ..... Yes [X] No [ ]

18.2 If no, list exceptions:  
.....

**GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

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

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

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

3.2 If yes, give full and complete information thereto.  
.....

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

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
TOTAL										

5. Operating Percentages:

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

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

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

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

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



STATEMENT AS OF JUNE 30, 2017 OF THE OLD AMERICAN INDEMNITY COMPANY

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

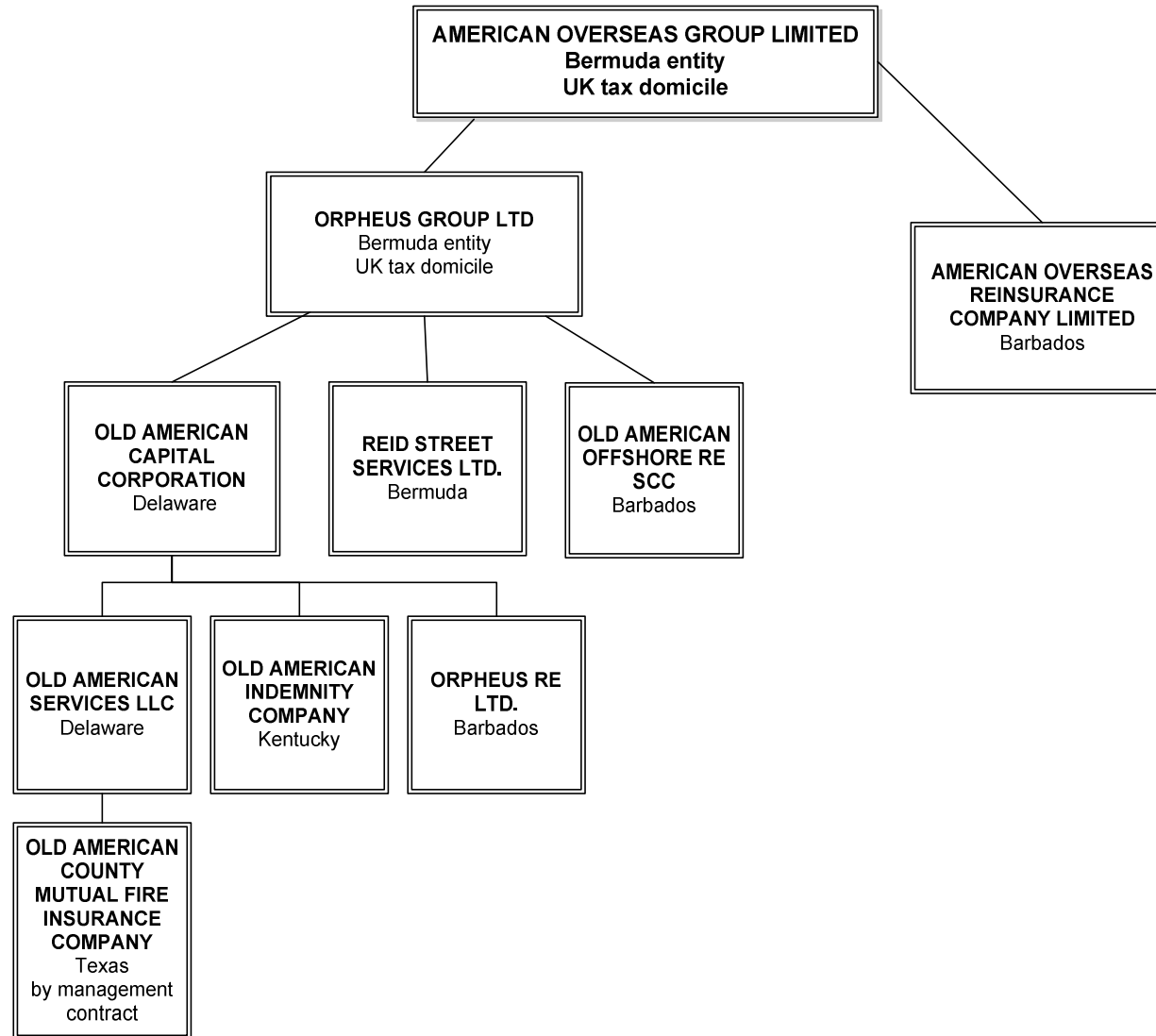
Current Year to Date – Allocated by States and Territories

States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	L					
2. Alaska	AK						
3. Arizona	AZ	L	(3,631)	3,061	53,420	34,017	116,031
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	L	1,273,506	3,417,301	3,126,864	4,132,904	3,218,430
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	IL						
15. Indiana	IN	L					
16. Iowa	IA						
17. Kansas	KS						
18. Kentucky	KY	L					
19. Louisiana	LA	L					
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO	L					
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	L					
35. No. Dakota	ND	L					
36. Ohio	OH						
37. Oklahoma	OK	L	975,607	643,414	541,887	263,998	781,855
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island	RI						
41. So. Carolina	SC	L					
42. So. Dakota	SD						
43. Tennessee	TN	L					
44. Texas	TX	L					
45. Utah	UT	L	(8,533)	75,668	177,348	122,296	278,385
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) 14		2,236,949	4,060,715	3,747,480	4,627,670	4,156,598
<b>DETAILS OF WRITE-INS</b>							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX						
58999. TOTALS (Lines 58001 through 58003 plus 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 (other than their state of domicile – see DSLI); (D) DSLI – Domestic Surplus Lines Insurer (DSLI) – Reporting entities authorized to write Surplus Lines in the state of domicile; (N) None of the above - Not allowed to write business in the state.

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

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



STATEMENT AS OF JUNE 30, 2017 OF THE OLD AMERICAN INDEMNITY COMPANY

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000				Bermuda Stock Exchange	AMERICAN OVERSEAS GROUP LTD.	BRB	UIP				AMERICAN OVERSEAS GROUP LTD.	N	
00000		00000					ORPHEUS GROUP LTD.	BMU	UIP	AMERICAN OVERSEAS GROUP LTD.	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	N	
00000		00000					AMERICAN OVERSEAS RE LTD.	BRB	IA	AMERICAN OVERSEAS GROUP LTD.	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	N	
00000		00000					OLD AMERICAN OFFSHORE RE	BRB	IA	ORPHEUS GROUP LTD.	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	N	
00000		00000					REID STREET SERVICES LTD.	BMU	NIA	ORPHEUS GROUP LTD.	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	N	
00000		00000	27-2941857				OLD AMERICAN CAPITAL CORPORATION	DE	UDP	ORPHEUS GROUP LTD.	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	N	
00000		00000	27-2941985				OLD AMERICAN SERVICES LLC	DE	NIA	OLD AMERICAN CAPITAL CORPORATION	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	N	
04762		29378	75-0728676				OLD AMERICAN COUNTY MUTUAL	TX	IA	OLD AMERICAN SERVICES LLC	MANAGEMENT CONTRACT		AMERICAN OVERSEAS GROUP LTD.	N	
04762		11665	61-0533007				OLD AMERICAN INDEMNITY COMPANY	KY	RE	OLD AMERICAN CAPITAL CORPORATION	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	N	
00000		00000	30-0708277				ORPHEUS RE LTD.	BRB	IA	OLD AMERICAN CAPITAL CORPORATION	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	N	

12

Asterisk	Explanation



**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire				
2. Allied lines				
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril				
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine				
10. Financial guaranty				
11.1 Medical professional liability -occurrence				
11.2 Medical professional liability -claims made				
12. Earthquake				
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation				
17.1 Other liability occurrence				
17.2 Other liability-claims made				
17.3 Excess Workers' Compensation				
18.1 Products liability-occurrence				
18.2 Products liability-claims made				
19.1,19.2 Private passenger auto liability	1,520,556	2,455,787	161.5	119.4
19.3,19.4 Commercial auto liability				
21. Auto physical damage	924,648	671,018	72.6	67.3
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	66,634			
35. TOTALS	2,511,838	3,126,805	124.5	95.8
<b>DETAILS OF WRITE-INS</b>				
3401. Policy Fees	66,634			
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	66,634			

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire			
2. Allied lines			
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril			
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine			
10. Financial guaranty			
11.1 Medical professional liability-occurrence			
11.2 Medical professional liability-claims made			
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability occurrence			
17.2 Other liability-claims made			
17.3 Excess Workers' Compensation			
18.1 Products liability-occurrence			
18.2 Products liability-claims made			
19.1,19.2 Private passenger auto liability		532,429	1,362,846
19.3,19.4 Commercial auto liability			2,327,414
21. Auto physical damage		327,079	807,469
22. Aircraft (all perils)			1,583,376
23. Fidelity			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Warranty			
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business		23,416	66,634
35. TOTALS		882,924	2,236,949
<b>DETAILS OF WRITE-INS</b>			
3401. Policy Fees		23,416	66,634
3402.			149,925
3403.			
3498. Sum. of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)		23,416	66,634

STATEMENT AS OF JUNE 30, 2017 OF THE OLD AMERICAN INDEMNITY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2017 Loss and LAE Payments on Claims Reported as of Prior Year-End	2017 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2017 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2014 + Prior .....	.69	.60	.129	.36		.36	.27		.53	.80	(.6)	(.7)	(.13)
2. 2015 .....	.14	.55	.69	.42	.11	.53	.12	.3	.41	.56	.40		.40
3. Subtotals 2015 + prior .....	.83	.115	.198	.78	.11	.89	.39	.3	.94	.136	.34	(.7)	.27
4. 2016 .....	.61	.129	.190	.62	.41	.103	.13	.9	.81	.103	.14	.2	.16
5. Subtotals 2016 + prior .....	.144	.244	.388	.140	.52	.192	.52	.12	.175	.239	.48	(.5)	.43
6. 2017 .....	XXX	XXX	XXX	XXX	.46	.46	XXX	.26	.50	.76	XXX	XXX	XXX
7. Totals .....	144	244	388	140	98	238	52	38	225	315	48	(5)	43
8. Prior Year-End Surplus As Regards Policy-holders	9,555										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. 33.3	2. (2.0)	3. 11.1
													Col. 13, Line 7 Line 8
													4. 0.5

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES





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

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

**Explanation:**

1. Business Not Written
2. Business Not Written
3. Business Not Written
4. Business Not Written

**Bar Code:**

1.	 1 1 6 6 5 2 0 1 7 4 9 0 0 0 0 0 2
2.	 1 1 6 6 5 2 0 1 7 4 5 5 0 0 0 0 2
3.	 1 1 6 6 5 2 0 1 7 3 6 5 0 0 0 0 2
4.	 1 1 6 6 5 2 0 1 7 5 0 5 0 0 0 0 2

**SCHEDULE A – VERIFICATION**

**Real Estate**

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

NONE

**SCHEDULE B – VERIFICATION**

**Mortgage Loans**

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

NONE

**SCHEDULE BA – VERIFICATION**

**Other Long-Term Invested Assets**

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

NONE

**SCHEDULE D – VERIFICATION**

**Bonds and Stocks**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	7,670,490	9,634,197
2. Cost of bonds and stocks acquired .....	2,147,371	4,639,579
3. Accrual of discount .....	996	1,403
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration for bonds and stocks disposed of .....	1,905,217	6,577,442
7. Deduct amortization of premium .....	7,710	27,247
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other-than-temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	7,905,930	7,670,490
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11)	7,905,930	7,670,490

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**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	10,476,781	4,237,887	4,866,753	(2,026)	10,476,781	9,845,889		10,826,743
2. NAIC 2 (a).....	151,018			(86)	151,018	150,932		151,121
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total Bonds	10,627,799	4,237,887	4,866,753	(2,112)	10,627,799	9,996,821		10,977,864
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock.....								
15. Total Bonds & Preferred Stock	10,627,799	4,237,887	4,866,753	(2,112)	10,627,799	9,996,821		10,977,864

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ .....2,092,017 ; NAIC 2 \$ ..... ;  
NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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**SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	1,243,254	XXX	1,243,207		

**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	3,307,373	2,194,820
2. Cost of short-term investments acquired .....	1,243,207	3,995,187
3. Accrual of discount .....	3,799	4,578
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals .....		.926
6. Deduct consideration received on disposals .....	3,311,125	2,888,138
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	1,243,254	3,307,373
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11)	1,243,254	3,307,373

**SCHEDULE E - VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....		
2. Cost of cash equivalents acquired .....	4,146,895	
3. Accrual of discount .....	1,868	
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals .....	3,300,000	
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	848,763	
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11)	848,763	

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SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Governments</b>									
912828-SD-3	UNITED STATES TREASURY NOTE		06/26/2017	CITIGROUP GLOBAL MARKETS		249,708	250,000	1,269	1
912828-ST-8	UNITED STATES TREASURY NOTE		05/01/2017	BARCLAYS CAPITAL		249,874	250,000	17	1
912828-T4-2	UNITED STATES TREASURY NOTE		06/26/2017	BARCLAYS CAPITAL		99,332	100,000	180	1
912828-XA-3	UNITED STATES TREASURY NOTE		04/07/2017	HSBC SECURITIES USA INC		499,396	500,000	2,017	1
912828-XK-1	UNITED STATES TREASURY NOTE		06/26/2017	HSBC SECURITIES USA INC		249,034	250,000	985	1
912828-XS-4	UNITED STATES TREASURY NOTE		06/26/2017	HSBC SECURITIES USA INC		199,657	200,000	184	1
<b>0599999 - Bonds - U.S. Governments</b>						1,547,001	1,550,000	4,652	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
037833-CP-3	APPLE INC		05/18/2017	GOLDMAN SACHS		150,107	150,000	77	1FE
458140-BC-3	INTEL CORP		05/18/2017	MARKETAXESS		150,263	150,000	77	1FE
747525-AS-2	QUALCOMM INC		05/19/2017	GOLDMAN SACHS		150,000	150,000		1FE
911312-BB-1	UNITED PARCEL SERVICE		05/11/2017	GOLDMAN SACHS		150,000	150,000		1FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						600,369	600,000	153	XXX
<b>8399997 - Subtotals - Bonds - Part 3</b>						2,147,371	2,150,000	4,805	XXX
<b>8399999 - Subtotals - Bonds</b>						2,147,371	2,150,000	4,805	XXX
<b>9999999 Totals</b>						2,147,371	XXX	4,805	XXX

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



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SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Governments</b>																					
36176E-0Z-7	GOVERNMENT NATL MTG ASSOC #763972		06/01/2017	PAYDOWN		17,008	17,008	18,198	17,088		(81)		(81)		17,008				244	01/15/2027	1FE
361786-0D-9	GOVERNMENT NATL MTG ASSOC #AA8552		06/01/2017	PAYDOWN		42,027	42,027	44,246	42,218		(191)		(191)		42,027				474	08/15/2027	1FE
36202F-VP-8	GOVERNMENT NATL MTG ASSOC 11 #005122		06/01/2017	PAYDOWN		6,593	6,593	7,030	6,634		(41)		(41)		6,593				96	07/20/2026	1FE
912828-K6-6	UNITED STATES TREASURY NOTE		04/30/2017	VARIOUS		750,000	750,000	748,948	749,819		181		181		750,000				1,875	04/30/2017	1
912828-XJ-4	UNITED STATES TREASURY NOTE		06/30/2017	MATURITY		500,000	500,000	499,592	499,896		104		104		500,000				1,563	06/30/2017	1
<b>0599999 - Bonds - U.S. Governments</b>						1,315,628	1,315,628	1,318,014	1,315,655		(28)		(28)		1,315,628				4,252	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
037833-AN-0	APPLE INC		05/05/2017	MATURITY		100,000	100,000	99,864	100,000						100,000				513	05/05/2017	1FE
717081-DP-5	PFIZER INC		05/15/2017	MATURITY		150,000	150,000	149,801	150,000						150,000				846	05/15/2017	1FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						250,000	250,000	249,665	250,000						250,000				1,359	XXX	XXX
<b>8399997 - Subtotals - Bonds - Part 4</b>						1,565,628	1,565,628	1,567,679	1,565,655		(28)		(28)		1,565,628				5,611	XXX	XXX
<b>8399999 - Subtotals - Bonds</b>						1,565,628	1,565,628	1,567,679	1,565,655		(28)		(28)		1,565,628				5,611	XXX	XXX
<b>9999999 Totals</b>						1,565,628	XXX	1,567,679	1,565,655		(28)		(28)		1,565,628				5,611	XXX	XXX

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

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SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
Bonds: U.S. Governments - Issuer Obligations							
TREASURY BILL		06/07/2017	0.792	07/06/2017	249,973		127
TREASURY BILL		06/07/2017	0.977	09/07/2017	249,540		156
TREASURY BILL		06/26/2017	0.942	09/21/2017	349,251		46
0199999 - Bonds: U.S. Governments - Issuer Obligations					848,764		329
0599999 - Bonds: U.S. Governments - Subtotals					848,764		329
7799999 - Total Bonds - Subtotals - Issuer Obligations					848,764		329
8399999 - Total Bonds - Subtotals - Bonds					848,764		329
8699999 Total Cash Equivalents					848,764		329