



# QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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
<u>ANDREW JAMES KIRKPATRICK</u> ,	<u>PRESIDENT</u>	<u>MELISSA WADDELL SHARER</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>PATRICIA ANNE RYAN</u> ,	<u>EXECUTIVE VICE PRESIDENT &amp; GENERAL COUNSEL</u>		

### DIRECTORS OR TRUSTEES

<u>DEBRA JANE ROBERTS</u>	<u>JAMES LANDO ZECH</u>	<u>WILLIAM ROBERT ZECH</u>	<u>ROCHELLE PAPESH FYFE</u>
<u>PATRICIA ANNE RYAN</u>			

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 SHARER  
SECRETARY

MARK FRANCIS BANAR  
TREASURER

a. Is this an original filing? Yes [X] No [ ]

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

- b. If no:
1. State the amendment number \_\_\_\_\_
  2. Date filed \_\_\_\_\_
  3. Number of pages attached \_\_\_\_\_

BRENDA R. WALSH, NOTARY PUBLIC  
JANUARY 28, 2018

**STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE 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 .....				
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 (\$ .....6,746,171 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... ) .....	6,746,171		6,746,171	8,659,610
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) .....	6,746,171		6,746,171	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 .....	13,060,672		13,060,672	12,187,492
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	39,182,015		39,182,015	36,562,476
15.3 Accrued retrospective premiums .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	11,385,250		11,385,250	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 .....	467,783		467,783	48,169
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	70,841,891		70,841,891	65,241,631
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	70,841,891		70,841,891	65,241,631
<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. OTHER ASSETS .....	467,783		467,783	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) .....	467,783		467,783	48,169

**STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY**

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... )	2,400	1,200
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses	27,762	27,387
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	142,551	194,507
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	(1,360,362)	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 (after deducting unearned premiums for ceded reinsurance of \$ .....89,280,718 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)	61,541,110	54,574,234
13. Funds held by company under reinsurance treaties	4,092,621	3,589,986
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	1,327,202	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	68,607	7,120
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	65,841,891	60,241,631
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	65,841,891	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)	5,000,000	5,000,000
38. Totals (Page 2, Line 28, Col. 3)	70,841,891	65,241,631
<b>DETAILS OF WRITE-INS</b>		
2501. PAYABLE TO MGAs.....	68,607	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)	68,607	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)		

**STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY**

**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 \$ 279,038,111 )	282,748,143	332,854,727	423,560,359
1.2 Assumed (written \$ )			
1.3 Ceded (written \$ 251,229,063 )	254,939,095	299,530,984	380,665,164
1.4 Net (written \$ 27,809,048 )	27,809,048	33,323,743	42,895,195
DEDUCTIONS:			
2. Losses incurred (current accident year \$ ):			
2.1 Direct	177,916,374	204,112,167	248,516,634
2.2 Assumed			
2.3 Ceded	177,915,186	204,112,741	248,516,008
2.4 Net	1,188	(574)	626
3. Loss adjustment expenses incurred	375	(1,125)	(750)
4. Other underwriting expenses incurred	27,516,658	33,034,634	42,524,898
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)	27,518,221	33,032,935	42,524,774
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	290,827	290,808	370,421
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	(290,827)	(290,808)	(387,750)
10. Net realized capital gains (losses) less capital gains tax of \$			
11. Net investment gain (loss) (Lines 9 + 10)	(290,827)	(290,808)	(387,750)
<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)			(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)			
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	5,000,000	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			
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)			
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	5,000,000	5,000,000	5,000,000
<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 SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE 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.....	31,283,205	28,156,115	36,776,893
2. Net investment income .....	(290,827)	(290,808)	(387,750)
3. Miscellaneous income .....			
4. Total (Lines 1 to 3) .....	30,992,378	27,865,307	36,389,143
5. Benefit and loss related payments .....	3,601,352	(4,731,426)	(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 .....	29,304,465	32,867,758	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) .....	32,905,817	28,136,332	35,823,594
11. Net cash from operations (Line 4 minus Line 10) .....	(1,913,439)	(271,025)	565,549
<b>Cash from Investments</b>			
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 (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....			
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock.....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied).....			
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....			
<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) .....	(1,913,439)	(271,025)	565,549
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	8,659,610	8,094,061	8,094,061
19.2 End of period (Line 18 plus Line 19.1) .....	6,746,171	7,823,036	8,659,610

**STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

1. Summary of Significant Accounting Policies:

A. 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).

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Texas. The State of Texas requires that insurance companies domiciled in Texas 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 Texas Insurance Commissioner. The impact of any permitted accounting practices on statutory surplus was not material.

Below is the table covering SSAP No. 1, Disclosure of Accounting Policies, Risks and Uncertainties, and Other Disclosures. There is no accounting practice that creates a difference between the state and SAP basis.

		State of Domicile	September 30, 2015	December 31, 2014
<b>NET INCOME</b>				
(1)	Old American County Mutual state basis (Page 4, Line 20, Columns 1 & 2)	Texas	\$ 0.00	\$ 0.00
(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	\$ <u>0.00</u>	\$ <u>0.00</u>
<b>SURPLUS</b>				
(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)	Texas	\$ <u>5,000,000</u>	\$ <u>5,000,000</u>

B. No change.

C. 6. Accounting Policies for loan-backed securities: Not applicable

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  
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.

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

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

7. Investment Income: No change.

## NOTES TO FINANCIAL STATEMENTS

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. Contingencies: 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:
  - 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. 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: No applicable.
21. Other Items:
  - A. Extraordinary Items: Not applicable.
  - B. Troubled Debt Restructuring: Not applicable.
  - C. Other Disclosures: The Company elected to use rounding in reporting amounts in this statement.
  - D. Uncollectible Premium Balances: Not applicable.
  - E. Business Interruption Insurance Recoveries: Not applicable.
  - F. State Transferable Tax Credits: Not applicable.
  - G. Subprime Mortgage Related Risk Exposure: Not applicable.
22. Events Subsequent: No change.
23. Reinsurance
  - A. Unsecured Reinsurance Recoverables: No change.
  - B. Reinsurance Recoverable in Dispute: Not applicable.
  - C. Reinsurance Assumed and Ceded: No change.
  - D. Uncollectible Reinsurance: Not applicable.
  - E. Commutation of Ceded Reinsurance: No change.
  - F. Retroactive Reinsurance: Not applicable.
  - G. Reinsurance Accounted for as a Deposit: 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:

The current reserves reflect the Company's retention on one remaining reinsurance treaty, which was commuted in previous years. Net reserves as of December 31, 2014 were \$28,587. As of September 30, 2015, net reserves were slightly higher at \$30,162, with an increase of \$1,563 due to unfavorable loss and loss adjustment expense development attributable to insured events of prior years.
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.

## NOTES TO FINANCIAL STATEMENTS

- 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



**STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY**

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [X]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [X] 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 [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [X]
- 4.2 If yes, provide 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 [X] 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. ....12/31/2010
- 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. ....12/31/2010
- 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). ....07/05/2012
- 6.4 By what department or departments?  
THE TEXAS DEPARTMENT OF INSURANCE.....
- 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 [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [X] 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 [X]
- 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 [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 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

**STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY**

**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  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

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

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

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

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

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

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.

**STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY**

**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
TEXAS COMPTROLLER OF PUBLIC ACCOUNTS.....	AUSTIN, TX.....

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

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

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

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

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

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

**STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY**

**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:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 TOTAL
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 SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY**

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

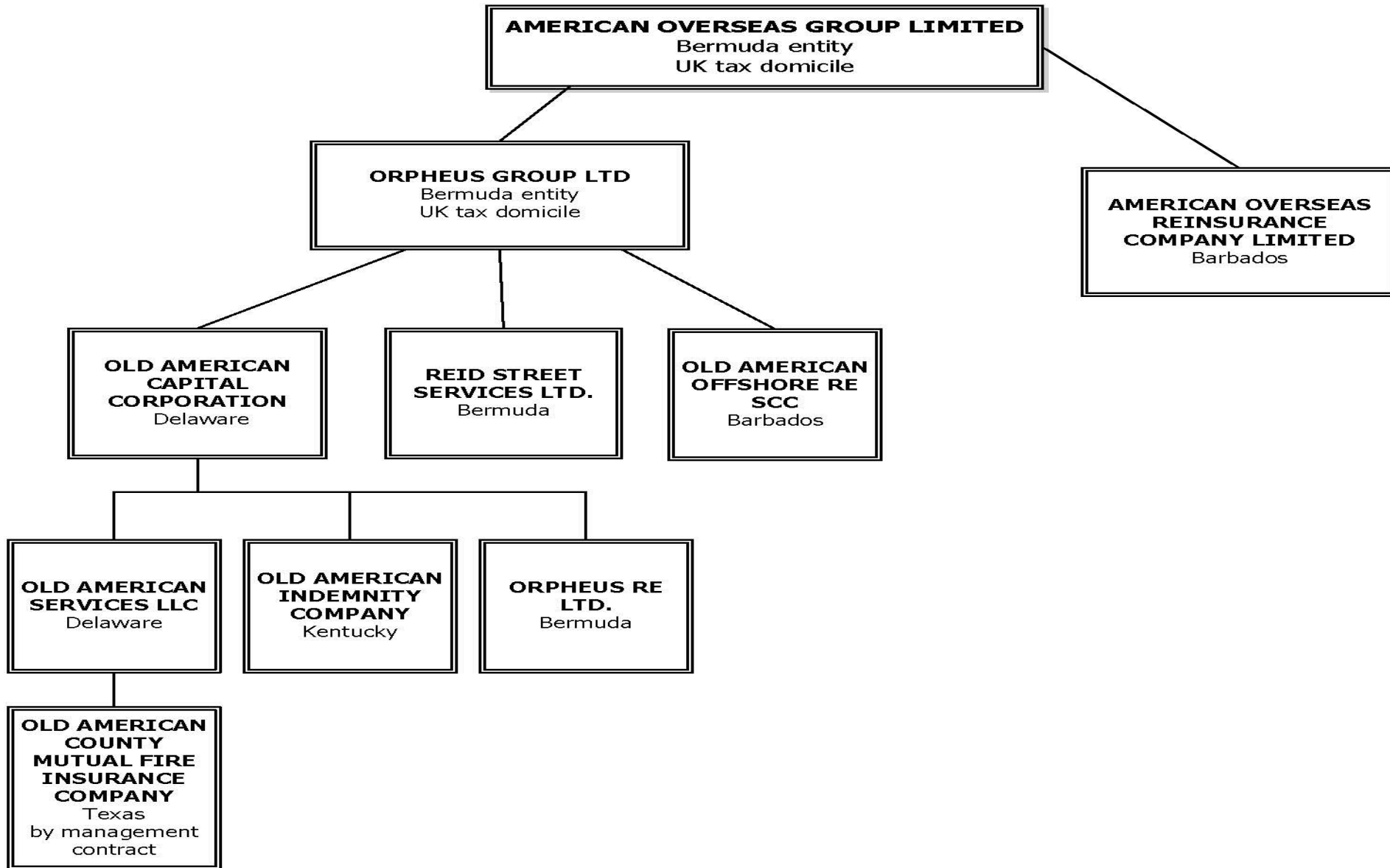
**Current Year to Date - Allocated by States and Territories**

States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date	
1. Alabama	AL							
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	279,038,111	318,013,477	187,887,248	213,675,068	163,369,015	193,028,027
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		279,038,111	318,013,477	187,887,248	213,675,068	163,369,015	193,028,027
<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; (N) None of the above - Not allowed to write business in the state.

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

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



STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE 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
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00000		00000					AMERICAN OVERSEAS GROUP LTD.	BMJ	UIP				AMERICAN OVERSEAS GROUP LTD.	
00000		00000					ORPHEUS GROUP LTD.	BMJ	UIP	AMERICAN OVERSEAS GROUP LTD.	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	
00000		00000					AMERICAN OVERSEAS RE LTD.	BRB	IA	AMERICAN OVERSEAS GROUP LTD.	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	
00000		00000					OLD AMERICAN OFFSHORE RE	BRB	IA	ORPHEUS GROUP LTD.	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	
00000		00000					REID STREET SERVICES LTD.	BMJ	NIA	ORPHEUS GROUP LTD.	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	
00000		00000	27-2941857				OLD AMERICAN CAPITAL CORPORATION	DE	UDP	ORPHEUS GROUP LTD.	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	
00000		00000	27-2941985				OLD AMERICAN SERVICES LLC	DE	NIA	OLD AMERICAN CAPITAL CORPORATION	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	
04762		29378	75-0728676				OLD AMERICAN COUNTY MUTUAL	TX	RE	OLD AMERICAN SERVICES LLC	MANAGEMENT CONTRACT		AMERICAN OVERSEAS GROUP LTD.	
04762		11665	61-0533007				OLD AMERICAN INDEMNITY COMPANY	KY	IA	OLD AMERICAN CAPITAL CORPORATION	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	
00000		00000	30-0708277				ORPHEUS RE LTD.	BMJ	IA	OLD AMERICAN CAPITAL CORPORATION	OWNERSHIP	100.0	AMERICAN OVERSEAS GROUP LTD.	

12

Asterisk	Explanation



**STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY**

**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	168,449,691	125,624,133	74.6	74.6
19.3,19.4 Commercial auto liability				
21. Auto physical damage	86,383,354	52,292,241	60.5	54.4
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	27,915,098			
35. TOTALS	282,748,143	177,916,374	62.9	61.3
<b>DETAILS OF WRITE-INS</b>				
3401. GROSS POLICY FEES	27,915,098			
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	27,915,098			

**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		52,104,190	166,112,651
19.3,19.4 Commercial auto liability			195,317,552
21. Auto physical damage		26,661,157	85,010,362
22. Aircraft (all perils)			89,298,682
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	8,836,878	27,915,098	33,397,243
35. TOTALS	87,602,225	279,038,111	318,013,477
<b>DETAILS OF WRITE-INS</b>			
3401. GROSS POLICY FEES	8,836,878	27,915,098	33,397,243
3402.			
3403.			
3498. Sum. of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	8,836,878	27,915,098	33,397,243

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE 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)	2015 Loss and LAE Payments on Claims Reported as of Prior Year-End	2015 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2015 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. 2012 + Prior .....	28		28				30			30	2		2
2. 2013 .....													
3. Subtotals 2013 + prior .....	28		28				30			30	2		2
4. 2014 .....													
5. Subtotals 2014 + prior .....	28		28				30			30	2		2
6. 2015 .....	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals .....	28		28				30			30	2		2
8. Prior Year-End Surplus As Regards Policy-holders	5,000										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. 7.1	2.	3. 7.1
													Col. 13, Line 7 Line 8
													4. 0.0

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE COMPANY

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?	.....SEE EXPLANATION.....
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	.....SEE EXPLANATION.....
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	.....SEE EXPLANATION.....
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	.....SEE EXPLANATION.....

**Explanation:**

- 1. BUSINESS NOT WRITTEN
- 2. BUSINESS NOT WRITTEN
- 3. BUSINESS NOT WRITTEN
- 4. BUSINESS NOT WRITTEN

**Bar Code:**



STATEMENT AS OF SEPTEMBER 30, 2015 OF THE OLD AMERICAN COUNTY MUTUAL FIRE INSURANCE  
COMPANY

**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
NONE							
8699999 Total Cash Equivalents							



STATEMENT AS OF SEPTEMBER 30, 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 program 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)	547,816	581,435		211,096	359,050	318,274	186,582	3,526	(5,406)	52,409	144,518	10,698
19.2 Other private passenger auto liability	165,564,835	167,868,255		55,899,724	135,957,047	125,305,859	157,767,620	3,801,974	3,011,647	19,382,627	43,677,279	3,233,273
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	85,010,362	86,383,354		33,169,898	51,571,151	52,292,241	5,414,813	342,919	292,357	713,422	22,426,388	1,660,145
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	27,915,098	27,915,098										
35. TOTALS (a)	279,038,111	282,748,142		89,280,718	187,887,248	177,916,374	163,369,015	4,148,419	3,298,598	20,148,458	66,248,185	4,904,116
DETAILS OF WRITE-INS												
3401. GROSS POLICY FEES	27,915,098	27,915,098										
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)	27,915,098	27,915,098										

(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

15S.TX