



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Amica Property and Casualty Insurance Company

NAIC Group Code 0028 0028 NAIC Company Code 12287 Employer's ID Number 26-0115568

Organized under the Laws of Rhode Island, State of Domicile or Port of Entry RI
Country of Domicile United States of America

Incorporated/Organized 05/11/2005 Commenced Business 01/01/2006

Statutory Home Office 100 Amica Way, Lincoln, RI, US 02865-1156
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 100 Amica Way, Lincoln, RI, US 02865-1156
(Street and Number) (City or Town, State, Country and Zip Code)
800-652-6422 (Area Code) (Telephone Number)

Mail Address P.O. Box 6008, Providence, RI, US 02940-6008
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 100 Amica Way, Lincoln, RI, US 02865-1156
(Street and Number) (City or Town, State, Country and Zip Code)
800-652-6422 (Area Code) (Telephone Number)

Internet Website Address www.amica.com

Statutory Statement Contact David Joseph Macedo, 800-652-6422-24014
(Name) (Area Code) (Telephone Number)
dmacedo@amica.com, 401-334-2270
(E-mail Address) (FAX Number)

OFFICERS

Chairman, President and Chief Executive Officer Robert Anthony DiMuccio
Senior Vice President, Chief Financial Officer and Treasurer James Parker Loring
Senior Assistant Vice President and Secretary Suzanne Ellen Casey

OTHER

Jill Holton Andy, Senior Vice President Robert Karl Benson, Sr VP & Chief Investment Officer James Arthur Bussiere, Senior Vice President
Peter Ernest Moreau, Senior Vice President & Chief Information Officer Theodore Charles Murphy, Senior Vice President Paul Alfred Pyne, Executive Vice President & Chief Operations Officer
Robert Paul Suglia, Sr VP and General Counsel

DIRECTORS OR TRUSTEES

Jeffrey Paul Aiken Debra Ann Canales Patricia Walsh Chadwick
Edward Francis DeGraan Robert Anthony DiMuccio Barry George Hittner
Michael David Jeans Ronald Keith Machtley Richard Alan Plotkin
Donald Julian Reaves Cheryl Watkins Snead Thomas Alfred Taylor

State of Rhode Island SS:
County of Providence

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.

Robert Anthony DiMuccio Suzanne Ellen Casey James Parker Loring
Chairman, President and Chief Executive Officer Senior Assistant Vice President and Secretary Senior Vice President, Chief Financial Officer and Treasurer

Subscribed and sworn to before me this 11th day of February, 2015
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.....

Ann Marie Oceau
Notary Public
June 14, 2018



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0028

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2014

NAIC Company Code 12287

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 accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....	4,282,772	7,884,947		2,139,512	8,868,382	4,889,094	11,878,840	1,469,020	1,001,222	3,128,222		154,691
19.2 Other private passenger auto liability .....	8,060,656	16,870,519		4,003,025	20,849,463	10,187,296	32,744,219	1,428,591	649,274	4,427,508		282,918
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....	4,717,341	9,891,001		2,259,665	6,110,239	4,696,986	1,083,830	207,109	108,947	141,790		168,280
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 .....												
35. TOTALS (a) .....	17,060,769	34,646,467		8,402,202	35,828,084	19,773,376	45,706,889	3,104,720	1,759,443	7,697,520		605,889
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

(a) Finance and service charges not included in Lines 1 to 35 \$ 164,115

(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 .....

19 NJ



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0028

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2014

NAIC Company Code 12287

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 accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....	470,221	129,773		340,448	12,887	80,177	67,290	2,479	20,197	17,718		9,857
19.2 Other private passenger auto liability .....	820,802	225,569		595,233	35,345	115,687	80,342	1,278	10,807	9,529		18,245
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....	561,696	150,808		410,888	112,974	173,766	60,792	2,817	11,016	8,199		10,850
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 .....												
35. TOTALS (a) .....	1,852,719	506,150		1,346,569	161,206	369,630	208,424	6,574	42,020	35,446		38,952
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,137

(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 .....

19.NY



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0028

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2014

NAIC Company Code 12287

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 accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....	4,752,993	8,014,720		2,479,960	8,881,269	4,969,271	11,946,130	1,471,499	1,021,419	3,145,940		164,548
19.2 Other private passenger auto liability .....	8,881,458	17,096,088		4,598,258	20,884,808	10,302,983	32,824,561	1,429,869	660,081	4,437,037		301,163
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....	5,279,037	10,041,809		2,670,553	6,223,213	4,870,752	1,144,622	209,926	119,963	149,989		179,130
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 .....												
35. TOTALS (a) .....	18,913,488	35,152,617		9,748,771	35,989,290	20,143,006	45,915,313	3,111,294	1,801,463	7,732,966		644,841
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

(a) Finance and service charges not included in Lines 1 to 35 \$ 166,252

(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 .....

19.GT

Schedule F - Part 1

**N O N E**

Schedule F - Part 2

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

**SCHEDULE F - PART 3**

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
05-0348344	19976	Amica Mutual Insurance Company	RI		17,865	2,708	408	29,273	4,685	16,642	4,311	9,749		67,776	933		66,843		
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					17,865	2,708	408	29,273	4,685	16,642	4,311	9,749		67,776	933		66,843		
0499999. Total Authorized - Affiliates - U.S. Non-Pool					17,865	2,708	408	29,273	4,685	16,642	4,311	9,749		67,776	933		66,843		
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999. Total Authorized - Affiliates					17,865	2,708	408	29,273	4,685	16,642	4,311	9,749		67,776	933		66,843		
0999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
0999999. Total Authorized - Other U.S. Unaffiliated Insurers																			
AA-9991160	00000	New Jersey Unsatisfied Claim & Judgement Fund	NJ		552														
AA-9991162	00000	New Jersey Automobile Insurance Risk Exchange	NJ		496														
1099999. Total Authorized - Pools - Mandatory Pools					1,048														
1299998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																			
1299999. Total Authorized - Other Non-U.S. Insurers																			
1399999. Total Authorized					18,913	2,708	408	29,273	4,685	16,642	4,311	9,749		67,776	933		66,843		
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool																			
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)																			
2199999. Total Unauthorized - Affiliates																			
2299998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
2299999. Total Unauthorized - Other U.S. Unaffiliated Insurers																			
2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																			
2599999. Total Unauthorized - Other Non-U.S. Insurers																			
2699999. Total Unauthorized																			
3099999. Total Certified - Affiliates - U.S. Non-Pool																			
3399999. Total Certified - Affiliates - Other (Non-U.S.)																			
3499999. Total Certified - Affiliates																			
3599998. Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
3599999. Total Certified - Other U.S. Unaffiliated Insurers																			
3899998. Total Certified - Other Non-U.S. Insurers (Under \$100,000)																			
3899999. Total Certified - Other Non-U.S. Insurers																			
3999999. Total Certified																			
4099999. Total Authorized, Unauthorized and Certified					18,913	2,708	408	29,273	4,685	16,642	4,311	9,749		67,776	933		66,843		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

**SCHEDULE F - PART 3**

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
4199999. Total Protected Cells																			
9999999 Totals						18,913	2,708	408	29,273	4,685	16,642	4,311	9,749		67,776	933		66,843	

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.  
The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

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

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

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1.	Amica Mutual Insurance Company .....	67,776	17,865	Yes [ X ] No [ ]
2.	.....	.....	.....	Yes [ ] No [ ]
3.	.....	.....	.....	Yes [ ] No [ ]
4.	.....	.....	.....	Yes [ ] No [ ]
5.	.....	.....	.....	Yes [ ] No [ ]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

**SCHEDULE F - PART 4**

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11
				5 Current	6 Overdue					10 Total Overdue Cols. 6 + 7 + 8 + 9			
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days	10				
05-0348344	19976	Amica Mutual Insurance Company	RI	3,116						3,116			
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other				3,116						3,116			
0499999. Total Authorized - Affiliates - U.S. Non-Pool				3,116						3,116			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)													
0899999. Total Authorized - Affiliates				3,116						3,116			
1399999. Total Authorized				3,116						3,116			
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool													
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)													
2199999. Total Unauthorized - Affiliates													
2699999. Total Unauthorized													
3099999. Total Certified - Affiliates - U.S. Non-Pool													
3399999. Total Certified - Affiliates - Other (Non-U.S.)													
3499999. Total Certified - Affiliates													
3999999. Total Certified													
4099999. Total Authorized, Unauthorized and Certified				3,116						3,116			
4199999. Total Protected Cells													
9999999 Totals				3,116						3,116			



Schedule F - Part 5

**N O N E**

Schedule F - Part 5 - Bank Footnote

**N O N E**

Schedule F - Part 6 - Section 1 - Provision for Reinsurance Ceded to Certified Reinsurers

**N O N E**

Schedule F - Part 6 - Section 1 - Bank Footnote

**N O N E**

Schedule F - Part 6 - Section 2 - Provision for Overdue Reinsurance Ceded to Certified Reinsurers

**N O N E**

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

**N O N E**

Schedule F - Part 8 - Provision for Overdue Reinsurance

**N O N E**

**SCHEDULE F - PART 9**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	17,648,187		17,648,187
2. Premiums and considerations (Line 15) .....	7,354,258		7,354,258
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	3,116,352	(3,116,352)	
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....	781,171		781,171
6. Net amount recoverable from reinsurers .....		66,843,304	66,843,304
7. Protected cell assets (Line 27) .....			
8. Totals (Line 28) .....	28,899,968	63,726,952	92,626,920
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....		54,911,366	54,911,366
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	2,851		2,851
11. Unearned premiums (Line 9) .....		9,748,771	9,748,771
12. Advance premiums (Line 10) .....	16,244		16,244
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....	933,185	(933,185)	
15. Funds held by company under reinsurance treaties (Line 13) .....			
16. Amounts withheld or retained by company for account of others (Line 14) .....	5,742		5,742
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....	2,056,741		2,056,741
19. Total liabilities excluding protected cell business (Line 26) .....	3,014,763	63,726,952	66,741,715
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37)	25,885,205	XXX	25,885,205
22. Totals (Line 38)	28,899,968	63,726,952	92,626,920

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

If yes, give full explanation: Effective January 1, 2013 the Company amended the quota share reinsurance agreement with Amica Mutual Insurance Company. From inception of business to December 31, 2012 Amica Property and Casualty maintained quota share reinsurance ceding 80% of all premiums, losses and loss adjustment expenses under all policies covered with Amica Mutual Insurance Company. Beginning January 1, 2013, the ceding share changed from 80% to 100%.

Schedule H - Part 1

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

Schedule H - Part 3 - Prior Year's Claim Reserves and Liabilities

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY  
**SCHEDULE P - PART 1A - HOMEOWNERS/FAROWNERS**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2005.....												
3. 2006.....												
4. 2007.....												
5. 2008.....												
6. 2009.....												
7. 2010.....												
8. 2011.....												
9. 2012.....												
10. 2013.....												
11. 2014.....												
12. Totals	XXX	XXX	XXX									XXX

**NONE**

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2005.....													
3. 2006.....													
4. 2007.....													
5. 2008.....													
6. 2009.....													
7. 2010.....													
8. 2011.....													
9. 2012.....													
10. 2013.....													
11. 2014.....													
12. Totals													

**NONE**

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2005.....											
3. 2006.....											
4. 2007.....											
5. 2008.....											
6. 2009.....											
7. 2010.....											
8. 2011.....											
9. 2012.....											
10. 2013.....											
11. 2014.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY**  
**SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2005.....												
3. 2006.....	12,103	9,709	2,394	5,391	4,313	869	695	2,773	2,218	122	1,807	1,348
4. 2007.....	28,029	22,600	5,429	20,837	16,810	2,598	2,094	3,784	3,029	325	5,286	3,200
5. 2008.....	26,435	21,262	5,173	19,703	15,847	2,270	1,833	3,084	2,470	486	4,906	3,014
6. 2009.....	26,513	21,309	5,204	23,170	18,937	3,005	2,468	2,882	2,320	355	5,331	3,538
7. 2010.....	28,851	23,218	5,633	25,457	21,775	3,312	2,858	2,966	2,406	805	4,695	3,836
8. 2011.....	31,836	25,582	6,254	26,701	23,393	2,994	2,681	3,011	2,483	255	4,149	3,947
9. 2012.....	34,792	27,946	6,846	22,144	20,565	2,215	2,110	2,621	2,299	344	2,006	3,716
10. 2013.....	35,973	35,973		17,056	17,056	1,126	1,126	2,542	2,542	105		3,878
11. 2014.....	25,111	25,111		5,695	5,695	331	331	1,023	1,023	82		2,298
12. Totals	XXX	XXX	XXX	166,154	144,391	18,720	16,196	24,685	20,791	2,879	28,181	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2005.....													
3. 2006.....	15	15			2	2			1	1			1
4. 2007.....	270	270			44	44			2	2			2
5. 2008.....	385	385			63	63			4	4			4
6. 2009.....	988	988			161	161			10	10			10
7. 2010.....	1,242	1,242	155	155	203	203	29	29	22	22			23
8. 2011.....	4,569	4,569	463	463	742	742	88	88	65	65			67
9. 2012.....	8,667	8,667	1,395	1,395	1,412	1,412	263	263	170	170			174
10. 2013.....	6,981	6,981	4,218	4,218	1,139	1,139	791	791	341	341			350
11. 2014.....	5,663	5,663	9,759	9,759	859	859	1,787	1,787	619	619			635
12. Totals	28,780	28,780	15,990	15,990	4,625	4,625	2,958	2,958	1,235	1,235			1,266

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005.....											
3. 2006.....	9,051	7,244	1,807	74.8	74.6	75.5					
4. 2007.....	27,535	22,249	5,286	98.2	98.4	97.4					
5. 2008.....	25,509	20,602	4,906	96.5	96.9	94.8					
6. 2009.....	30,215	24,884	5,331	114.0	116.8	102.4					
7. 2010.....	33,386	28,691	4,695	115.7	123.6	83.4					
8. 2011.....	38,633	34,484	4,149	121.4	134.8	66.3					
9. 2012.....	38,886	36,881	2,006	111.8	132.0	29.3					
10. 2013.....	34,195	34,195		95.1	95.1						
11. 2014.....	25,736	25,736		102.5	102.5						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 1E - Commercial Multiple Peril

**N O N E**

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

**N O N E**

Schedule P - Part 1H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made

**N O N E**

Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY**  
**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(98)	(98)	2	2	(1)	(1)	138	XXX	
2. 2013.....	14,375	14,375		9,086	9,086	220	220	937	937	4,540	5,911	
3. 2014.....	10,042	10,042		6,965	6,965	168	168	547	547	2,354	4,354	
4. Totals	XXX	XXX	XXX	15,953	15,953	390	390	1,483	1,483	7,032	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2013.....	33	33			4	4			1	1			4
3. 2014.....	460	460	652	652	56	56	90	90	27	27			133
4. Totals	493	493	652	652	60	60	90	90	28	28			137

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2013.....	10,281	10,281		71.5	71.5						
3. 2014.....	8,966	8,966		89.3	89.3						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1K - Fidelity/Surety

**N O N E**

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

**N O N E**

Schedule P - Part 1M - International

**N O N E**

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 1T - Warranty

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

**SCHEDULE P - PART 2A - HOMEOWNERS/FAROWNERS**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XXX							
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

1. Prior												
2. 2005												
3. 2006	XXX	1,102	1,843	1,571	1,481	1,352	1,276	1,262	1,252	1,252		(10)
4. 2007	XXX	XXX	4,090	4,678	5,588	5,466	5,024	4,815	4,531	4,531		(284)
5. 2008	XXX	XXX	XXX	4,995	5,024	5,071	4,886	4,517	4,293	4,293		(224)
6. 2009	XXX	XXX	XXX	XXX	4,541	5,585	6,503	5,762	4,770	4,770		(992)
7. 2010	XXX	XXX	XXX	XXX	XXX	4,646	6,291	6,949	4,136	4,136		(2,813)
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	5,072	7,451	3,621	3,621		(3,830)
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,861	1,684	1,684		(5,177)
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												(13,330)

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

1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XXX							
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XXX							
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

**SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL**

1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XXX							
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

**N O N E**

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY  
**SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

**SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	597				(597)
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												(597)

**SCHEDULE P - PART 2K - FIDELITY/SURETY**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

**SCHEDULE P - PART 2M - INTERNATIONAL**

1. Prior.....												
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 2T - Warranty

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

**SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014			
1. Prior	.000												
2. 2005													
3. 2006	XXX												
4. 2007	XXX	XXX											
5. 2008	XXX	XXX	XXX										
6. 2009	XXX	XXX	XXX	XXX									
7. 2010	XXX	XXX	XXX	XXX	XXX								
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

1. Prior	.000												
2. 2005													
3. 2006	XXX	291	749	926	1,059	1,223	1,248	1,252	1,252	1,252	880	467	
4. 2007	XXX	XXX	1,312	2,744	3,407	3,950	4,478	4,531	4,531	4,531	2,113	1,085	
5. 2008	XXX	XXX	XXX	1,114	2,605	3,351	4,034	4,293	4,293	4,293	1,993	1,017	
6. 2009	XXX	XXX	XXX	XXX	1,333	2,714	4,015	4,770	4,770	4,770	2,325	1,203	
7. 2010	XXX	XXX	XXX	XXX	XXX	1,393	3,228	4,136	4,136	4,136	2,587	1,226	
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1,634	3,621	3,621	3,621	2,691	1,189	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,684	1,684	1,684	2,463	1,079	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			2,492	1,036	
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,132	531	

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

1. Prior	.000												
2. 2005													
3. 2006	XXX												
4. 2007	XXX	XXX											
5. 2008	XXX	XXX	XXX										
6. 2009	XXX	XXX	XXX	XXX									
7. 2010	XXX	XXX	XXX	XXX	XXX								
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

1. Prior	.000												
2. 2005													
3. 2006	XXX												
4. 2007	XXX	XXX											
5. 2008	XXX	XXX	XXX										
6. 2009	XXX	XXX	XXX	XXX									
7. 2010	XXX	XXX	XXX	XXX	XXX								
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

1. Prior	.000												
2. 2005													
3. 2006	XXX												
4. 2007	XXX	XXX											
5. 2008	XXX	XXX	XXX										
6. 2009	XXX	XXX	XXX	XXX									
7. 2010	XXX	XXX	XXX	XXX	XXX								
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 3G - Special Liability

**N O N E**

Schedule P - Part 3H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY  
**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
 EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014			
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	630	200
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,890	1,017
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,485	736

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior	.000											XXX	XXX
2. 2005												XXX	XXX
3. 2006	XXX											XXX	XXX
4. 2007	XXX	XXX										XXX	XXX
5. 2008	XXX	XXX	XXX									XXX	XXX
6. 2009	XXX	XXX	XXX	XXX								XXX	XXX
7. 2010	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

**N O N E**

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

**N O N E**

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 3T - Warranty

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

**SCHEDULE P - PART 4A - HOMEOWNERS/FAROWNERS**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XX							
6. 2009.....	XXX	XXX	XX	XX						
7. 2010.....	XXX	XXX	XX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2005.....										
3. 2006.....	XXX	375	719	278	115	58				
4. 2007.....	XXX	XXX	1,092	507	603	383	200			
5. 2008.....	XXX	XXX	XXX	1,998	860	442	267			
6. 2009.....	XXX	XXX	XXX	XXX	1,543	797	704	122		
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1,505	870	407		
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,549	1,060		
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,581		
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XX	XX						
7. 2010.....	XXX	XXX	XX	XX	XX					
8. 2011.....	XXX	XXX	XX	XX	XX	XX				
9. 2012.....	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XX	XX						
7. 2010.....	XXX	XXX	XX	XX	XX					
8. 2011.....	XXX	XXX	XX	XX	XX	XX				
9. 2012.....	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

**SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XX	XX						
7. 2010.....	XXX	XXX	XX	XX	XX					
8. 2011.....	XXX	XXX	XX	XX	XX	XX				
9. 2012.....	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 4G - Special Liability

**N O N E**

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.162		
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4K - FIDELITY/SURETY**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4M - INTERNATIONAL**

1. Prior										
2. 2005										
3. 2006	XXX									
4. 2007	XXX	XXX								
5. 2008	XXX	XXX	XXX							
6. 2009	XXX	XXX	XXX	XXX						
7. 2010	XXX	XXX	XXX	XXX	XXX					
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 4T - Warranty

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY**  
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....										
2. 2005.....										
3. 2006.....	XXX	344	745	822	852	875	878	880	880	880
4. 2007.....	XXX	XXX	1,142	1,812	1,994	2,064	2,095	2,105	2,110	2,113
5. 2008.....	XXX	XXX	XXX	1,025	1,739	1,884	1,946	1,979	1,991	1,993
6. 2009.....	XXX	XXX	XXX	XXX	1,259	1,981	2,160	2,252	2,309	2,325
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1,444	2,229	2,420	2,537	2,587
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,520	2,330	2,587	2,691
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,487	2,242	2,463
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,689	2,492
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,132

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....										
2. 2005.....										
3. 2006.....	XXX	607	155	68	43	11	5	3	1	1
4. 2007.....	XXX	XXX	1,098	334	154	60	22	8	5	2
5. 2008.....	XXX	XXX	XXX	1,100	305	147	63	22	6	4
6. 2009.....	XXX	XXX	XXX	XXX	1,126	340	201	92	29	10
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1,187	391	217	88	23
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,270	419	179	67
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,188	370	174
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,157	350
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	635

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....										
2. 2005.....										
3. 2006.....	XXX	1,105	1,297	1,326	1,347	1,348	1,348	1,348	1,348	1,348
4. 2007.....	XXX	XXX	2,812	3,101	3,180	3,194	3,199	3,198	3,200	3,200
5. 2008.....	XXX	XXX	XXX	2,671	2,953	3,000	3,011	3,014	3,014	3,014
6. 2009.....	XXX	XXX	XXX	XXX	3,073	3,425	3,509	3,527	3,537	3,538
7. 2010.....	XXX	XXX	XXX	XXX	XXX	3,389	3,744	3,812	3,829	3,836
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	3,506	3,854	3,932	3,947
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,312	3,636	3,716
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,530	3,878
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,298

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5T - Warranty - Section 1

**N O N E**

Schedule P - Part 5T - Warranty - Section 2

**N O N E**

Schedule P - Part 5T - Warranty - Section 3

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P - Part 6E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 6E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 6M - International - Section 1

**N O N E**

Schedule P - Part 6M - International - Section 2

**N O N E**



Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

**N O N E**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

**N O N E**

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

**N O N E**

**SCHEDULE P INTERROGATORIES**

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? ..... Yes [ ] No [ X ]  
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? ..... \$ .....
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? ..... Yes [ ] No [ X ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [ X ]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? ..... Yes [ ] No [ ] N/A [ X ]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....		
1.602 2005 .....		
1.603 2006 .....		
1.604 2007 .....		
1.605 2008 .....		
1.606 2009 .....		
1.607 2010 .....		
1.608 2011 .....		
1.609 2012 .....		
1.610 2013 .....		
1.611 2014 .....		
1.612 Totals		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? ..... Yes [ X ] No [ ]

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? ..... Yes [ X ] No [ ]

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? ..... Yes [ ] No [ X ]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.  
 Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for:  
 (in thousands of dollars) 5.1 Fidelity .....  
 5.2 Surety .....

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

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? ..... Yes [ X ] No [ ]

7.2 (An extended statement may be attached.)  
 Effective January 1, 2013 the Company amended the quota share reinsurance contract with its ultimate parent, Amica Mutual Insurance Company, from 80% to 100%. The quota share contract covers all premiums, losses and loss adjustment expenses. ....

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
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					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY 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)	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)	*
0028	Amica Mutual Insurance Company	19976	05-0348344				Amica Mutual Insurance Company	RI	UDP					
0028	Amica Mutual Insurance Company	10896	06-1504067				Amica Lloyd's of Texas	TX	IA	Amica Lloyd's of Texas, Inc.	Attorney-In-Fact		Amica Mutual Insurance Company	
0028	Amica Mutual Insurance Company		06-1504064				Amica Lloyd's of Texas, Inc.	TX	NIA	Amica Mutual Insurance Company	Ownership	100.000	Amica Mutual Insurance Company	
0028	Amica Mutual Insurance Company	72222	05-0340166				Amica Life Insurance Company	RI	IA	Amica Mutual Insurance Company	Ownership	100.000	Amica Mutual Insurance Company	
0028	Amica Mutual Insurance Company	12287	26-0115568				Amica Property and Casualty Insurance Company	RI	RE	Amica Mutual Insurance Company	Ownership	100.000	Amica Mutual Insurance Company	
0028	Amica Mutual Insurance Company		05-0430401				Amica General Agency, Inc.	RI	NIA	Amica Mutual Insurance Company	Ownership	100.000	Amica Mutual Insurance Company	
0028	Amica Mutual Insurance Company		94-3315125				Amica General Insurance Agency of California, Inc.	CA	NIA	Amica Mutual Insurance Company	Ownership	100.000	Amica Mutual Insurance Company	

Asterisk	Explanation
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SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
19976	05-0348344	Amica Mutual Insurance Company		(50,000,000)			19,265,021	25,240,496			(5,494,483)	(75,930,989)
10896	06-1504067	Amica Lloyd's of Texas					(7,944,140)	(18,888,481)			(26,832,621)	8,154,501
72222	05-0340166	Amica Life Insurance Company		50,000,000			(2,550,228)				47,449,772	
12287	26-0115568	Amica Property and Casualty Insurance Company					(6,640,756)	(6,352,015)			(12,992,771)	67,776,488
	05-0430401	Amica General Agency, Inc.					(2,094,398)				(2,094,398)	
	94-3315125	Amica General Insurance Agency of California, Inc.					(35,499)				(35,499)	
9999999 Control Totals										XXX		

# ANNUAL STATEMENT FOR THE YEAR 2014 OF THE AMICA PROPERTY AND CASUALTY INSURANCE COMPANY

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

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

The following supplemental reports are required to be filed as part of your annual 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 supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.










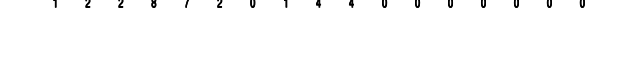
<b>MARCH FILING</b>	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1? .....	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? .....	NO
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....	NO
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? .....	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? .....	NO
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? .....	YES
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? .....	NO
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....	NO
<b>APRIL FILING</b>	
28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	NO
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	NO
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	NO
<b>AUGUST FILING</b>	
33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO

Explanations:












2. No employees

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Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Financial Guaranty Insurance Exhibit [Document Identifier 240]	
14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
15. Supplement A to Schedule T [Document Identifier 455]	
16. Trusteed Surplus Statement [Document Identifier 490]	
17. Premiums Attributed to Protected Cells [Document Identifier 385]	
18. Reinsurance Summary Supplemental Filing [Document Identifier 401]	
19. Medicare Part D Coverage Supplement [Document Identifier 365]	
21. Reinsurance Attestation Supplement [Document Identifier 399]	
22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

23. Bail Bond Supplement [Document Identifier 500]	 1 2 2 8 7 2 0 1 4 5 0 0 0 0 0 0 0 0
24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]	 1 2 2 8 7 2 0 1 4 5 0 5 0 0 0 0 0 0
25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 2 2 8 7 2 0 1 4 2 2 4 0 0 0 0 0 0
26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 2 2 8 7 2 0 1 4 2 2 5 0 0 0 0 0 0
27. Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 2 2 8 7 2 0 1 4 2 2 6 0 0 0 0 0 0
28. Credit Insurance Experience Exhibit [Document Identifier 230]	 1 2 2 8 7 2 0 1 4 2 3 0 0 0 0 0 0 0
29. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 2 2 8 7 2 0 1 4 3 0 6 0 0 0 0 0 0
30. Accident and Health Policy Experience Exhibit [Document Identifier 210]	 1 2 2 8 7 2 0 1 4 2 1 0 0 0 0 0 0 0
31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 1 2 2 8 7 2 0 1 4 2 1 6 0 0 0 0 0 0
32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 1 2 2 8 7 2 0 1 4 2 1 7 0 0 0 0 0 0
33. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 1 2 2 8 7 2 0 1 4 2 2 3 0 0 0 0 0 0



**NONE**

## ALPHABETICAL INDEX

### ANNUAL STATEMENT BLANK

Assets .....	2
Cash Flow .....	5
Exhibit of Capital Gains (Losses) .....	12
Exhibit of Net Investment Income .....	12
Exhibit of Nonadmitted Assets .....	13
Exhibit of Premiums and Losses (State Page) .....	19
Five-Year Historical Data .....	17
General Interrogatories .....	15
Jurat Page .....	1
Liabilities, Surplus and Other Funds .....	3
Notes To Financial Statements .....	14
Overflow Page For Write-ins .....	100
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI10
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D - Section 1 .....	E22
Schedule DB - Part D - Section 2 .....	E23
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E24
Schedule DL - Part 2 .....	E25
Schedule E - Part 1 - Cash .....	E26
Schedule E - Part 2 - Cash Equivalents .....	E27
Schedule E - Part 3 - Special Deposits .....	E28
Schedule E - Verification Between Years .....	SI15
Schedule F - Part 1 .....	20
Schedule F - Part 2 .....	21
Schedule F - Part 3 .....	22
Schedule F - Part 4 .....	23
Schedule F - Part 5 .....	24
Schedule F - Part 6 - Section 1 .....	25
Schedule F - Part 6 - Section 2 .....	26
Schedule F - Part 7 .....	27
Schedule F - Part 8 .....	28
Schedule F - Part 9 .....	29

**ANNUAL STATEMENT BLANK (Continued)**

Schedule H - Accident and Health Exhibit - Part 1 .....	30
Schedule H - Part 2, Part 3 and 4 .....	31
Schedule H - Part 5 - Health Claims .....	32
Schedule P - Part 1 - Summary .....	33
Schedule P - Part 1A - Homeowners/Farmowners .....	35
Schedule P - Part 1B - Private Passenger Auto Liability/Medical .....	36
Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical .....	37
Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	38
Schedule P - Part 1E - Commercial Multiple Peril .....	39
Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence .....	40
Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made .....	41
Schedule P - Part 1G - Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery) .....	42
Schedule P - Part 1H - Section 1 - Other Liability - Occurrence .....	43
Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made .....	44
Schedule P - Part 1I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) .....	45
Schedule P - Part 1J - Auto Physical Damage .....	46
Schedule P - Part 1K - Fidelity/Surety .....	47
Schedule P - Part 1L - Other (Including Credit, Accident and Health) .....	48
Schedule P - Part 1M - International .....	49
Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property .....	50
Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability .....	51
Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines .....	52
Schedule P - Part 1R - Section 1 - Products Liability - Occurrence .....	53
Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made .....	54
Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty .....	55
Schedule P - Part 1T - Warranty .....	56
Schedule P - Part 2, Part 3 and Part 4 - Summary .....	34
Schedule P - Part 2A - Homeowners/Farmowners .....	57
Schedule P - Part 2B - Private Passenger Auto Liability/Medical .....	57
Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical .....	57
Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	57
Schedule P - Part 2E - Commercial Multiple Peril .....	57
Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence .....	58
Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made .....	58
Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) .....	58
Schedule P - Part 2H - Section 1 - Other Liability - Occurrence .....	58
Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made .....	58
Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft) .....	59
Schedule P - Part 2J - Auto Physical Damage .....	59
Schedule P - Part 2K - Fidelity, Surety .....	59
Schedule P - Part 2L - Other (Including Credit, Accident and Health) .....	59
Schedule P - Part 2M - International .....	59
Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property .....	60
Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability .....	60
Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines .....	60
Schedule P - Part 2R - Section 1 - Products Liability - Occurrence .....	61
Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made .....	61
Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty .....	61
Schedule P - Part 2T - Warranty .....	61
Schedule P - Part 3A - Homeowners/Farmowners .....	62
Schedule P - Part 3B - Private Passenger Auto Liability/Medical .....	62
Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical .....	62
Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	62
Schedule P - Part 3E - Commercial Multiple Peril .....	62
Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence .....	63
Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made .....	63
Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) .....	63
Schedule P - Part 3H - Section 1 - Other Liability - Occurrence .....	63
Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made .....	63
Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft) .....	64
Schedule P - Part 3J - Auto Physical Damage .....	64
Schedule P - Part 3K - Fidelity/Surety .....	64
Schedule P - Part 3L - Other (Including Credit, Accident and Health) .....	64
Schedule P - Part 3M - International .....	64
Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property .....	65
Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability .....	65
Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines .....	65
Schedule P - Part 3R - Section 1 - Products Liability - Occurrence .....	66
Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made .....	66
Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty .....	66
Schedule P - Part 3T - Warranty .....	66

**ANNUAL STATEMENT BLANK (Continued)**

Schedule P - Part 4A - Homeowners/Farmowners .....	67
Schedule P - Part 4B - Private Passenger Auto Liability/Medical .....	67
Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical .....	67
Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	67
Schedule P - Part 4E - Commercial Multiple Peril .....	67
Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence .....	68
Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made .....	68
Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) .....	68
Schedule P - Part 4H - Section 1 - Other Liability - Occurrence .....	68
Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made .....	68
Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft) .....	69
Schedule P - Part 4J - Auto Physical Damage .....	69
Schedule P - Part 4K - Fidelity/Surety .....	69
Schedule P - Part 4L - Other (Including Credit, Accident and Health) .....	69
Schedule P - Part 4M - International .....	69
Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property .....	70
Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability .....	70
Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines .....	70
Schedule P - Part 4R - Section 1 - Products Liability - Occurrence .....	71
Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made .....	71
Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty .....	71
Schedule P - Part 4T - Warranty .....	71
Schedule P - Part 5A - Homeowners/Farmowners .....	72
Schedule P - Part 5B - Private Passenger Auto Liability/Medical .....	73
Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical .....	74
Schedule P - Part 5D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	75
Schedule P - Part 5E - Commercial Multiple Peril .....	76
Schedule P - Part 5F - Medical Professional Liability - Claims-Made .....	78
Schedule P - Part 5F - Medical Professional Liability - Occurrence .....	77
Schedule P - Part 5H - Other Liability - Claims-Made .....	80
Schedule P - Part 5H - Other Liability - Occurrence .....	79
Schedule P - Part 5R - Products Liability - Claims-Made .....	82
Schedule P - Part 5R - Products Liability - Occurrence .....	81
Schedule P - Part 5T - Warranty .....	83
Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical .....	84
Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	84
Schedule P - Part 6E - Commercial Multiple Peril .....	85
Schedule P - Part 6H - Other Liability - Claims-Made .....	86
Schedule P - Part 6H - Other Liability - Occurrence .....	85
Schedule P - Part 6M - International .....	86
Schedule P - Part 6N - Reinsurance - Nonproportional Assumed Property .....	87
Schedule P - Part 6O - Reinsurance - Nonproportional Assumed Liability .....	87
Schedule P - Part 6R - Products Liability - Claims-Made .....	88
Schedule P - Part 6R - Products Liability - Occurrence .....	88
Schedule P - Part 7A - Primary Loss Sensitive Contracts .....	89
Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts .....	91
Schedule P Interrogatories .....	93
Schedule T - Exhibit of Premiums Written .....	94
Schedule T - Part 2 - Interstate Compact .....	95
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	96
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	97
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	98
Statement of Income .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	99
Underwriting and Investment Exhibit Part 1 .....	6
Underwriting and Investment Exhibit Part 1A .....	7
Underwriting and Investment Exhibit Part 1B .....	8
Underwriting and Investment Exhibit Part 2 .....	9
Underwriting and Investment Exhibit Part 2A .....	10
Underwriting and Investment Exhibit Part 3 .....	11