



**QUARTERLY STATEMENT**

AS OF MARCH 31, 2016

OF THE CONDITION AND AFFAIRS OF THE

**COVENTRY INS CO**

NAIC Group Code 0000, 0000 NAIC Company Code 45055 Employer's ID Number 05-0420799  
(Current Period) (Prior Period)

Organized under the Laws of RHODE ISLAND, State of Domicile or Port of Entry Rhode Island

Country of Domicile US

Incorporated/Organized June 6, 1986 Commenced Business June 6, 1986

Statutory Home Office 12220 LANDRUM WAY, BOYNTON BEACH, Florida, US 33437  
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 30 PARK AVENUE, MANHASSET, New York, US 11030 516-365-7440  
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 30 PARK AVENUE, MANHASSET, New York, US 11030  
(Street and Number or P. O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 30 PARK AVENUE, MANHASSET, New York, US 11030  
(Street and Number, City or Town, State, Country and Zip Code)  
516-365-7440  
(Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact MYRON SELIG ROSS 561-369-2962  
(Name) (Area Code) (Telephone Number) (Extension)  
MBROSS1@BELLSOUTH.NET 561-733-5891  
(E-Mail Address) (Fax Number)

**OFFICERS**

MICHAEL A ORLANDO (PRESIDENT)  
 MICHAEL P ORLANDO (SECRETARY)  
 JOHN ORLANDO (TREASURER)

**OTHER OFFICERS**

**DIRECTORS OR TRUSTEES**

JOHN ORLANDO  
 MARK MAHER  
 MICHAEL A ORLANDO  
 DANIEL J MOGELNICKI  
 MICHAEL P ORLANDO

State of New York }  
 County of nassau } 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 there from 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.

\_\_\_\_\_  
 MICHAEL A ORLANDO  
 PRESIDENT

\_\_\_\_\_  
 MICHAEL P ORLANDO  
 SECRETARY

\_\_\_\_\_  
 JOHN ORLANDO#  
 TREASURER

Subscribed and sworn to before me this  
 day of April, 2016

- a. Is this an original filing? Yes (X) No ( )
- b. If no: 1. State the amendment number \_\_\_\_\_
- 2. Date filed \_\_\_\_\_
- 3. Number of pages attached \_\_\_\_\_

**ASSETS**

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Col. 1 minus Col. 2)	December 31 Prior Year Net Admitted Assets
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	1,653,717		1,653,717	1,645,052
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 (\$ ..... 37,410 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... )	37,410		37,410	30,601
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 (Line 1 through Line 11)	1,691,127		1,691,127	1,675,653
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				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... )				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
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	3,585		3,585	8,280
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$ ..... )				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$ ..... ) and other amounts receivable				
25. Aggregate write-ins for other-than-invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 12 to Line 25)	1,694,712		1,694,712	1,683,933
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Totals (Line 26 and Line 27)	1,694,712		1,694,712	1,683,933
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)				
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)				

STATEMENT AS OF MARCH 31, 2016 OF THE COVENTRY INS CO  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ .....		
2. Reinsurance payable on paid losses and loss adjustment expenses .....		
3. Loss adjustment expenses .....		
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....		1,500
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		
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 \$ ..... 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) .....		
13. Funds held by company under reinsurance treaties .....		
14. Amounts withheld or retained by company for account of others .....		
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ ..... certified) .....		
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....	25,000	25,000
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 .....		
26. Total liabilities excluding protected cell liabilities (Line 1 through Line 25) .....	25,000	26,500
27. Protected cell liabilities .....		
28. Total liabilities (Line 26 and Line 27) .....	25,000	26,500
29. Aggregate write-ins for special surplus funds .....		
30. Common capital stock .....	232,485	232,485
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....		
33. Surplus notes .....		
34. Gross paid in and contributed surplus .....	1,525,000	1,525,000
35. Unassigned funds (surplus) .....	(87,774)	(100,052)
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 (Line 29 through Line 35, less Line 36) .....	1,669,711	1,657,433
38. Totals (Page 2, Line 28, Column 3) .....	1,694,711	1,683,933
<b>DETAILS OF WRITE-INS</b>		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above) .....		
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....		
2999. Totals (Line 2901 through Line 2903 plus Line 2998) (Line 29 above) .....		
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....		
3299. Totals (Line 3201 through Line 3203 plus Line 3298) (Line 32 above) .....		

## STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ .....			
1.2 Assumed (written \$ .....			
1.3 Ceded (written \$ .....			
1.4 Net (written \$ .....			
DEDUCTIONS:			
2. Losses incurred (current accident year \$ .....			
2.1 Direct .....			
2.2 Assumed .....			
2.3 Ceded .....			
2.4 Net .....			
3. Loss adjustment expenses incurred .....			
4. Other underwriting expenses incurred .....			
5. Aggregate write-ins for underwriting deductions .....			
6. Total underwriting deductions (Line 2 through Line 5) .....			
7. Net income of protected cells .....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) .....			
<b>INVESTMENT INCOME</b>			
9. Net investment income earned .....	9,509	39,746	88,725
10. Net realized capital gains (losses) less capital gains tax of \$ .....	35,678	(30,357)	(245,561)
11. Net investment gain (loss) (Line 9 plus Line 10) .....	45,187	9,389	(156,836)
<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 (Line 12 through Line 14) .....			
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 8 plus Line 11 plus Line 15) .....	45,187	9,389	(156,836)
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) .....	45,187	9,389	(156,836)
19. Federal and foreign income taxes incurred .....	415	(821)	4,365
20. Net income (Line 18 minus Line 19) (to Line 22) .....	44,772	10,210	(161,201)
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year .....	1,657,433	1,889,700	1,889,700
22. Net income (from Line 20) .....	44,772	10,210	(161,201)
23. Net transfers (to) from Protected Cell accounts .....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ .....	(32,494)	(35,032)	(72,566)
25. Change in net unrealized foreign exchange capital gain (loss) .....			
26. Change in net deferred income tax .....			
27. Change in nonadmitted assets .....		(5,250)	1,500
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 (Line 22 through Line 37) .....	12,278	(30,072)	(232,267)
39. Surplus as regards policyholders, as of statement date (Line 21 plus Line 38) .....	1,669,711	1,859,628	1,657,433
<b>DETAILS OF WRITE-INS</b>			
0501. ....			
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 5 from overflow page .....			
0599. TOTALS (Line 0501 through Line 0503 plus Line 0598) (Line 5 above) .....			
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. TOTALS (Line 1401 through Line 1403 plus Line 1498) (Line 14 above) .....			
3701. ROUNDOFFS .....			
3702. ....			
3703. ....			
3798. Summary of remaining write-ins for Line 37 from overflow page .....			
3799. TOTALS (Line 3701 through Line 3703 plus Line 3798) (Line 37 above) .....			

**CASH FLOW**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance			
2. Net investment income	7,998	38,245	88,725
3. Miscellaneous income			
4. Total (Line 1 through Line 3)	7,998	38,245	88,725
5. Benefit and loss related payments			
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions			
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(4,280)	3,392	11,692
10. Total (Line 5 through Line 9)	(4,280)	3,392	11,692
11. Net cash from operations (Line 4 minus Line 10)	12,278	34,853	77,033
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds			
12.2 Stocks	100,000	387,641	1,531,843
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 (Line 12.1 through Line 12.7)	100,000	387,641	1,531,843
13. Cost of investments acquired (long-term only):			
13.1 Bonds			
13.2 Stocks	105,469	394,738	1,584,716
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Line 13.1 through Line 13.6)	105,469	394,738	1,584,716
14. Net increase or (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(5,469)	(7,097)	(52,873)
<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 Line 15 plus Line 17)	6,809	27,756	24,160
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	30,601	6,441	6,441
19.2 End of period (Line 18 plus Line 19.1)	37,410	34,197	30,601

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

20.0001			
20.0002			
20.0003			
20.0004			
20.0005			
20.0006			
20.0007			
20.0008			
20.0009			
20.0010			

## NOTES TO FINANCIAL STATEMENTS

## 1. BASIS FOR PRESENTATION-No Changes

1.A.	<u>CURRENT</u>	<u>PRIOR YEAR'S</u>
Net Income-State Basis	\$ 44,772	\$ -161,201
Net Income-NAIC SAP	\$44,772	\$ -161,201
Statutory Surplus-Basis	\$ 1,669,711	\$ 1,657,433
Statutory Surplus-NAIC SAP	\$ 1,669,711	\$ 1,657,433

## 2. ACCOUNTING CHANGES-None

## 3. BUSINERSS COMBINATIONS AND GOODWILL-None

## 4. DISCONTINUED OPERATIONS-None

## 5. INVESTMENTS:

A. MORTGAGE LOANS INCLUDINE MEZZANINE REAL ESTATE LOANS-None

B. DEBT RESTRUCTURING-None

## 6. JOINT VENTURES, PARTNERSHIPS, AND LIMITED LIABILITY COMPANIES-None

## 7. INVESTMENT INCOME-No Changes

## 8. DERIVITIVE INSTRUMENTS-None

## 9. INCOME TAXES:

A. COMPONENTS OF THE NET DEFERRED TAX ASSETS/(LIABILITY) AT THE END OF THE REPORTING PERIOD ARE AS FOLLOWS

	<u>END OF REPORTING</u>		<u>END OF PRIOR</u>		<u>CHANGE</u>	
	<u>PERIOD</u>		<u>YEAR</u>			
	1	3	1	3	1	3
	ORDINARY	TOTAL	ORDINARY	TOTAL	ORDINARY	TOTAL
1a. Gross Deferred Tax Assets	0	0	0	0	0	0
c. Adjusted Gross Tax Assets	0	0	0	0	0	0
0 d. Deferred Tax Assets Nonadmitted	0	0	0	0	0	0
e. Deferred Tax Assets Nonadmitted	0	0	0	0	0	0
f. Deferred Tax Liability	0	0	0	0	0	0
g. Net deferred tax asset	0	0	0	0	0	0

## 2. Admission Calculation Components SSAP 101-NONE

## 3. NONE

## 4. Impact of Tax Planning Strategies:

	<u>END OF REPORTING</u>		<u>END OF PRIOR</u>		<u>CHANGE</u>	
	<u>PERIOD</u>		<u>YEAR</u>			
	1	3	1	3	1	3
	ORDINARY	TOTAL	ORDINARY	TOTAL	ORDINARY	TOTAL
	<u>PERCENT</u>		<u>PERCENT</u>		<u>PERCENT</u>	
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by character as a percentage.						
1.Adjusted Gross DTAs amount from Note 9A1(c)	0		0		0	
2.Percentage of adjusted gross DTAs by tax character attributed to the impact of tax planning strategies.	0		0		0	
3.Net Admitted Gross DTAs amount from Note 9A1(e)	0		0		0	
4.Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies.	0		0		0	

## C. Current income taxes incurred consist of the following major components:

	<u>END OF REPORTING</u>		<u>END OF PRIOR</u>		<u>CHANGE</u>	
	<u>PERIOD</u>		<u>YEAR</u>			
	1	3	1	3	1	3
1. Current Income Tax:						
a. Federal	415		4,365		-3,950	
c. Sub Total	415		4,365		-3,950	
g. Federal and foreign income taxes incurred	415		4,365		-3,950	
3. Deferred Tax Liabilities						
a. Ordinary						
1. Investment	0		0		0	
99. Subtotal	0		0		0	
c. Deferred tax liabilities	0		0		0	
4. Net deferred tax assets/liabilities	0		0		0	

## NOTES TO FINANCIAL STATEMENTS

**10E. INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFILIATES & OTHER RELATED PARTIES-None**

**11. DEBT-None**

**12. A. PENSION & OTHER DEFERRRED COMPENSATION POSTRETIREMENT BENEFITS AND COMPENSATED ANSENCES AND OTHER POSTRETIREMENT PLANS-None**

**B. SUMMARY OF ASSETS,OBLIGATIONS AND ASSUMPTIONS OF PENSIONS & OTHER POST RETIREMENTS BENIFITS PLANS-None**

**13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS-None (Portion of surplus increased by cumulative unrealized gain \$50,146**

**14. CONTINGENCIES-None**

**15 A& B LEASES-None**

**16.1 INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATION OF CREDIT RISK-None**

**17 SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISMENT OF LIABILITES-None**

**18 GAINS OR LOSES TO THE REPORTING ENTITY-None**

**19. DIRECT PREMIUMS WRITTED/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS-None**

**20. FAIR VALUE MEASUREMENTS AT REPORTING DATE:**

Assets at fair value

<u>DESCRIPTION:</u>	<u>LEVEL 1</u>	<u>LEVEL 2</u>	<u>LEVEL 3</u>	<u>TOTAL</u>
COMMON STOCK	\$1,653,717	0	0	\$1,653,717
TOTAL	\$1,653,717	0	0	\$1,653,717

Liabilities at fair value

DUE TO AFFILIATES	\$ 25,000	0	0	\$ 25,000
CURRENT FIT PAYABLE	0	0	0	0
201b99 LIABILITES AT FV	\$ 25,000	0	0	\$ 25,000

**20A2 FAIR VALUE MEASUREMENT IN (LEVEL 3) OF THE FAIR VALUE HIERARCHY-NONE**

**20C. PRACTICABLE TO ESTIMATE FAIR VALUE:**

<u>TYPE OF FINANCIAL INSTRUMENT</u>	<u>AGGREGATE FAIR VALUE</u>	<u>ADMITTED ASSETS</u>	<u>LEVEL 1</u>
Aggregate fair value for all financial instruments			
COMMON STOCK	\$ 1,653,717	\$1,653,717	\$1,653,717

**21. OTHER ITEMS:**

**H2. SUBPRIME MORTGAGE RELATED RISK EXPOSURE-None**

**H3. DIRECT EXPOSURE THROUGH OTHER INVESTMENTS:**

	<u>ACTUAL COST</u>	<u>BOOK/ADJUSTED CARRYING VALUE</u>	<u>FAIR VALUE</u>	<u>OTHER THAN TEMP LOSSES RECOGNIZED</u>
1. Other Assets	\$1,636,053	\$1,653,717	\$1,653,717	0

**22. EVENTS SUBSEQUENT-None**

**23. REINSURANCE-None**

**24. RETROSPECTIVELY RATED CONTRACTS SUBJECT TO REDETERMINATION-None**

**25. SEPTEMBER 11TH EVENTS-None**

**26. CHANGES IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES-None**

**NOTES TO FINANCIAL STATEMENTS**

---

27. STRUCTURED SETTLEMENTS-None

28. HEALTH CARE RECEIVABLES-None

29. PARTICIPATING POLICIES-None

30. PREMIUM DEFICIENCY RESERVES-None

32 . DISCOUNTING OF LIABILITIES FOR UNPAID POSSES OR UNPAID LOSS ADJUSTMENT  
EXPENSE-None

33 . ASBESTOS/ENVIRONMENTAL RESERVES-None

34. SUBSRIBER SAVINGS ACCOUNTS-None

35. MULTIPLE PER CROP INSURANCE-None

36. FINANCIAL GUARENTEE INSURANCE-None



**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 the response to 4.1 is 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 ( ) N/A (X)
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....
- 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. .....
- 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). .....
- 6.4 By what department or departments? .....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes ( ) No ( ) N/A (X)
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes ( ) No ( ) N/A (X)
- 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
---------------------	-----------------------------	----------	----------	-----------	----------

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes (X) No ( )
  - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
  - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
  - (c) Compliance with applicable governmental laws, rules and regulations;
  - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
  - (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain: .....
- 9.2 Has the code of ethics for senior managers been amended? Yes ( ) No (X)
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s). .....
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes ( ) No (X)
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s). .....

**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes (X) No ( )
- 10.2 If yes, indicate the amounts receivable from parent included in the Page 2 amount: \$ .....

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes ( ) No (X)
- 11.2 If yes, give full and complete information relating thereto:  
 .....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ .....
13. Amount of real estate and mortgages held in short-term investments: \$ .....

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes ( ) No (X)

14.2 If yes, please complete the following:

	1 Prior Year-End Book/ Adjusted Carrying Value	2 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 or Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Line 14.21 to Line 14.26) .....	\$ .....	\$ .....
14.28 Total Investment in Parent included in Line 14.21 to Line 14.26 above .....	\$ .....	\$ .....

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes ( ) No (X)

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

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
- 16.2 Total book adusted/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 ( ) No (X)

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

1 Name of Custodian (s)	2 Custodian Address

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

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

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

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes ( ) No ( )

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

**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement of the reporting entity's participation change? If yes, attach an explanation. Yes ( ) No ( ) N/A (X)

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? If yes, attach an explanation. Yes ( ) No (X)

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

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. \$ .....

**Page 9**

Schedule F - Ceded Reinsurance

**NONE**

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

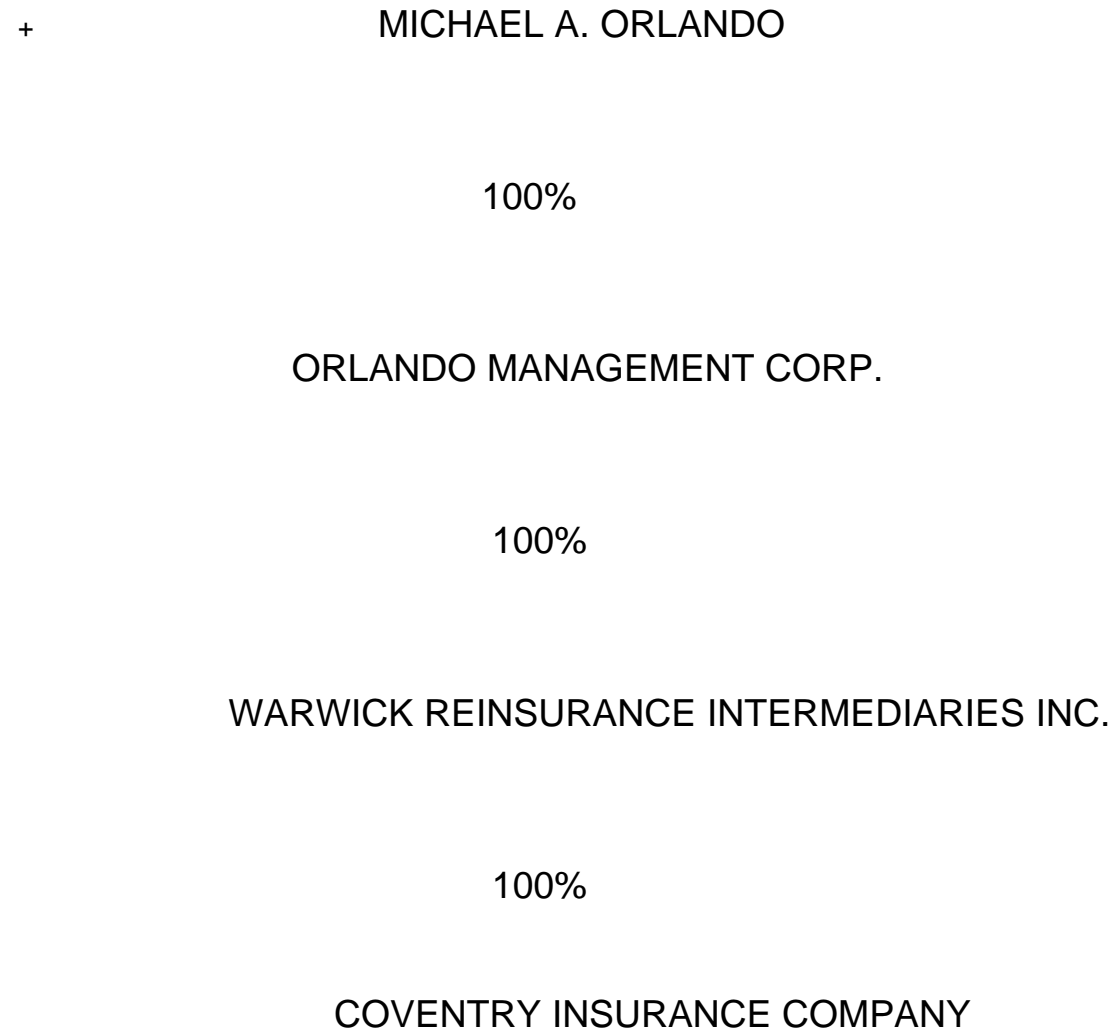
States, etc.	1		Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
	Active Status		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	N						
2. Alaska	AK	N						
3. Arizona	AZ	N						
4. Arkansas	AR	N						
5. California	CA	N						
6. Colorado	CO	N						
7. Connecticut	CT	N						
8. Delaware	DE	N						
9. District of Columbia	DC	N						
10. Florida	FL	N						
11. Georgia	GA	N						
12. Hawaii	HI	N						
13. Idaho	ID	N						
14. Illinois	IL	N						
15. Indiana	IN	N						
16. Iowa	IA	N						
17. Kansas	KS	N						
18. Kentucky	KY	N						
19. Louisiana	LA	N						
20. Maine	ME	N						
21. Maryland	MD	N						
22. Massachusetts	MA	N						
23. Michigan	MI	N						
24. Minnesota	MN	N						
25. Mississippi	MS	N						
26. Missouri	MO	N						
27. Montana	MT	N						
28. Nebraska	NE	N						
29. Nevada	NV	N						
30. New Hampshire	NH	N						
31. New Jersey	NJ	N						
32. New Mexico	NM	N						
33. New York	NY	N						
34. North Carolina	NC	N						
35. North Dakota	ND	N						
36. Ohio	OH	N						
37. Oklahoma	OK	N						
38. Oregon	OR	N						
39. Pennsylvania	PA	N						
40. Rhode Island	RI	L						
41. South Carolina	SC	N						
42. South Dakota	SD	N						
43. Tennessee	TN	N						
44. Texas	TX	N						
45. Utah	UT	N						
46. Vermont	VT	N						
47. Virginia	VA	N						
48. Washington	WA	N						
49. West Virginia	WV	N						
50. Wisconsin	WI	N						
51. Wyoming	WY	N						
52. American Samoa	AS	N						
53. Guam	GU	N						
54. Puerto Rico	PR	N						
55. U. S. Virgin Islands	VI	N						
56. Northern Mariana Islands	MP	N						
57. Canada	CAN	N						
58. Aggregate Other Alien	OT	XXX						
59. Totals	(a)	1						
<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 (Line 58001 through Line 58003 plus Line 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**



**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)	*
000	N/A	00000	05-0420792		N/A		WARWICK REINSURANCE INTERMEDIARIES INC.	RI	PAR	ORLANDO MANAGEMENT CORP	OWNERSHIP	100.000	MICHAEL A ORLANDO	N/A
000	N/A	00000	11-2469256		N/A		ORLANDO MANAGEMENT CORP	NY	PAR	MICHAEL A ORLANDO	OWNERSHIP	100.000	MICHAEL A ORLANDO	N/A
	N/A	45055	05-0420799		N/A		COVENTRY INS CO	RI	PAR	WARWICK REINSURANCE INTERMEDIARIES	OWNERSHIP	100.000	MICHAEL A ORLANDO	N/A

Asterisk

Explanation

**NONE**

**Page 13**

Part 1 - Loss Experience

**NONE**

Part 2 - Direct Premiums Written

**NONE**

**Page 14**

Part 3 - Loss and Loss Adjustment Expense Reserves

**NONE**



## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?

NO

EXPLANATION:

NONE REQUIRED

BARCODE:

Document Identifier 490:



2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?

NO

EXPLANATION:

NONE REQUIRED

BARCODE:

Document Identifier 455:



3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

EXPLANATION:

NONE REQUIRED

BARCODE:

Document Identifier 365:



4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

EXPLANATION:

NONE REQUIRED

BARCODE:

Document Identifier 505:



**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE****SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**NONE****SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE****SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,645,052	1,910,306
2. Cost of bonds and stocks acquired	105,469	1,584,716
3. Accrual of discount		
4. Unrealized valuation increase (decrease)	(32,482)	(72,566)
5. Total gain (loss) on disposals	35,678	(245,561)
6. Deduct consideration for bonds and stocks disposed of	100,000	1,531,843
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9)	1,653,717	1,645,052
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	1,653,717	1,645,052

**Page SI02**

Schedule D, Part 1B

**NONE**

**Page SI03**

Schedule DA, Part 1

**NONE**

Schedule DA, Verification

**NONE**

**Page SI04**

Schedule DB, Part A, Verification

**NONE**

Schedule DB, Part B, Verification

**NONE**

**Page SI05**

Schedule DB, Pt. C, Section 1, Replicated (Synthetic Assets) Open

**NONE**

**Page SI06**

Sch DB, Pt C, Sn 2, Replication (Syn Assets) Transactions Open

**NONE**

**Page SI07**

Schedule DB, Verification

**NONE**

**Page SI08**

Schedule E, Verification (Cash Equivalents)

**NONE**

**Page E01**

Sch. A, Pt. 2, Real Estate Acquired

**NONE**

Sch. A, Pt. 3, Real Estate Disposed

**NONE**

**Page E02**

Schedule B, Part 2, Mortgage Loans Acquired

**NONE**

Schedule B, Part 3, Mortgage Loans Disposed

**NONE**

**Page E03**

Sch. BA, Pt. 2, Other Long-Term Invested Assets Acquired

**NONE**

Sch. BA, Pt. 3, Other Long-Term Invested Assets Disposed

**NONE**

STATEMENT AS OF MARCH 31, 2016 OF THE COVENTRY INS CO

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Common Stocks - Industrial and Miscellaneous (Unaffiliated)									
46135F-11-5	MKT OPP LOW OIL BENEF 15-1		01/25/2016	OPPENHEIMER & CO INC	21.000	187			L
9099999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)								
Common Stocks - Mutual Funds									
40168W-69-9	GUGGENHEIM HIGH YOELD FD CLA		01/04/2016	OPPENHEIMER & CO INC	38.536	399			L
72201P-10-0	PIONEER MULTI ASSET INCOME		01/05/2016	OPPENHEIMER & CO INC	182.417	1,857			L
40168W-69-9	GUGGENHEIM HIGH YIELD FD CL A		02/01/2016	OPPENHEIMER & CO INC	41.238	420			L
72201P-10-0	PIONEER MULTI ASSET INCOE		02/02/2016	OPPENHEIMER & CO INC	102.769	1,013			L
40168W-69-9	GUGGENHEIM HI YIELD FUND		03/01/2016	OPPENHEIMER & CO INC	57.165	575			L
72201P-10-0	PIONEER MULTI ASSET FUND		03/02/2016	OPPENHEIMER & CO INC	104.644	1,018			L
45890C-60-6	INTEGRITY WILLISTON BSN		03/23/2016	OPPENHEIMER & CO INC	21,413.278	100,000			L
9299999	Subtotal - Common Stocks - Mutual Funds								
9799997	Subtotal - Common Stocks - Part 3								
9799999	Subtotal - Common Stocks								
9899999	Subtotal - Preferred and Common Stocks								
9999999	TOTALS								

E04

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

STATEMENT AS OF MARCH 31, 2016 OF THE COVENTRY INS CO

**SCHEDULE D - PART 4**

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

1 CUSIP Identifi- cation	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designa- tion or Market Indi- cator (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amort- ization)/ Accretion	13 Current Year's Other- Than-Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
Common Stocks - Mutual Funds																					
26958A-10-4	EAGLE GROWTH & INCOME FUND		03/23/2016	OPPENHYEIMER & CO INC.	5,672.150	100,000		64,322	97,902	(33,580)					64,322		35,678	35,678			L
9299999	- Subtotal - Common Stocks - Mutual Funds					100,000		64,322	97,902	(33,580)					64,322		35,678	35,678			
9799997	- Subtotal - Common Stocks - Part 4					100,000		64,322	97,902	(33,580)					64,322		35,678	35,678			
9799999	- Subtotal - Common Stocks					100,000		64,322	97,902	(33,580)					64,322		35,678	35,678			
9899999	- Subtotal - Preferred and Common Stocks					100,000		64,322	97,902	(33,580)					64,322		35,678	35,678			
9999999	- TOTALS					100,000		64,322	97,902	(33,580)					64,322		35,678	35,678			

E05

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

**Page E06**

Schedule DB, Part A, Section 1

**NONE**

Description of Hedged Risk (s)

**NONE**

Financial or Economic Impact of the Hedge

**NONE**

**Page E07**

Schedule DB, Part B, Section 1

**NONE**

Schedule DB, Part B, Section 1, Broker Name

**NONE**

Schedule DB, Part B, Description of Hedged Risk (s)

**NONE**

Schedule DB, Part B, Financial or Economic Impact of the Hedge

**NONE**

**Page E08**

Schedule DB, Part D, Section 1

**NONE**

**SCHEDULE DB - Part D - Section 2**

Collateral for Derivative Instruments Open as of Current Statement Date

1 Exchange, Counterparty or Central Clearinghouse		2	3	4	5	6	7	8	9
Name	Legal Entity Identifier (LEI)	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)

Collateral Pledged by Reporting Entity

NONE

0199999 - Total Collateral Pledged by Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse		2	3	4	5	6	7	8	9
Name	Legal Entity Identifier (LEI)	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)

**NONE**

**Page E10**  
Schedule DL, Part 1  
**NONE**

**Page E11**  
Schedule DL, Part 2  
**NONE**



**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository		2	3	4	5	9 Book Balance at End of Each Month During Current Quarter		
						6	7	8
Name	Location and Supplemental Information	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month
Open Depositories								
0199998 - Deposits in ..... 2 depositories that do not exceed the allowable limit in any one depository (See								
Instructions) - Open Depositories						30,605	33,266	37,410
0199999 - TOTAL - Open Depositories						30,605	33,266	37,410
0399999 - TOTAL Cash on Deposit						30,605	33,266	37,410
0599999 - TOTALS						30,605	33,266	37,410

**Page E13**

Schedule E, Part 2, Cash Equivalents

**NONE**