



ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

Ameriprise Insurance Company

NAIC Group Code..... 4, 4 <small>(Current Period) (Prior Period)</small>	NAIC Company Code..... 12504	Employer's ID Number..... 65-1261374
Organized under the Laws of Wisconsin	State of Domicile or Port of Entry Wisconsin	Country of Domicile US
Incorporated/Organized..... October 14, 2005	Commenced Business..... January 26, 2006	
Statutory Home Office	3500 Packerland Drive..... De Pere WI US 54115-9070 <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	
Main Administrative Office	3500 Packerland Drive..... De Pere WI US..... <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	920-330-5100 <small>(Area Code) (Telephone Number)</small>
Mail Address	3500 Packerland Drive..... De Pere WI US <small>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</small>	
Primary Location of Books and Records	3500 Packerland Drive..... De Pere WI US <small>(Street and Number) (City or Town, State, Country and Zip Code)</small>	920-330-5100 <small>(Area Code) (Telephone Number)</small>
Internet Web Site Address	www.ameriprise.com	
Statutory Statement Contact	Michelle W Papendick <small>(Name)</small> michelle.papendick@ampf.com <small>(E-Mail Address)</small>	920-330-5402 <small>(Area Code) (Telephone Number) (Extension)</small> 920-330-5603 <small>(Fax Number)</small>

OFFICERS

Name	Title	Name	Title
1. Kenneth John Ciak	President	2. Thomas Richard Moore	Secretary
3. James Louis Hamalainen	Treasurer	4.	

OTHER

Thomas John Boogaard	Vice President	Thomas Scott Botsford	Sr Vice President
Lisa Kay Jossart	Sr Vice President	Christopher Francis Malone	Sr Vice President
Jason Robert Manns #	Vice President	Rebecca Lea Roever	Sr Vice President
Gordon Howard Sissingh	Vice President		

DIRECTORS OR TRUSTEES

Thomas Scott Botsford	Kenneth John Ciak	James Louis Hamalainen	Christopher Francis Malone
Rebecca Lea Roever	Joseph Edward Sweeney	Michael Richard Greene	

State of..... Wisconsin
County of..... Brown

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.

_____ (Signature) Kenneth J Ciak	_____ (Signature) Michelle W Papendick	_____ (Signature) Christopher F Malone
1. (Printed Name) President	2. (Printed Name) Asst Secretary	3. (Printed Name) Asst Treasurer
_____ (Title)	_____ (Title)	_____ (Title)

Subscribed and sworn to before me
This 16th day of February 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 Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	43,971,518		43,971,518	42,232,640
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....128,560, Schedule E-Part 1), cash equivalents (\$.....1,799,922, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	1,928,482		1,928,482	2,593,141
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	45,900,000	.0	45,900,000	44,825,781
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	527,871		527,871	530,007
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			.0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			.0	
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....			.0	
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	
18.2 Net deferred tax asset.....			.0	
19. Guaranty funds receivable or on deposit.....			.0	
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....	1,552,190		1,552,190	1,622,186
24. Health care (\$.....0) and other amounts receivable.....			.0	
25. Aggregate write-ins for other than invested assets.....	.0	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	47,980,062	.0	47,980,062	46,977,974
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTALS (Lines 26 and 27).....	47,980,062	.0	47,980,062	46,977,974

DETAILS OF WRITE-INS

1101.....			.0	
1102.....			.0	
1103.....			.0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0
2501.....			.0	
2502.....			.0	
2503.....			.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.0	.0	.0	.0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....		
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....		
4. Commissions payable, contingent commissions and other similar charges.....		
5. Other expenses (excluding taxes, licenses and fees).....		
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....		231
7.1 Current federal and foreign income taxes (including \$.....12,449 on realized capital gains (losses)).....	33,279	36,228
7.2 Net deferred tax liability.....	6,304	9,416
8. Borrowed money \$.....0 and interest thereon \$.....0.....		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....8,767,634 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 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 (Schedule F, Part 3, Column 19).....		
14. Amounts withheld or retained by company for account of others.....		
15. Remittances and items not allocated.....		
16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 8).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....	1,718,728	1,795,487
20. Derivatives.....		
21. Payable for securities.....		
22. Payable for securities lending.....		
23. Liability for amounts held under uninsured plans.....		
24. Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	1,758,311	1,841,362
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	1,758,311	1,841,362
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	8,000,000	8,000,000
31. Preferred capital stock.....		
32. Aggregate write-ins for other than special surplus funds.....	0	0
33. Surplus notes.....		
34. Gross paid in and contributed surplus.....	37,726,474	37,726,474
35. Unassigned funds (surplus).....	495,277	(589,861)
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39).....	46,221,751	45,136,613
38. TOTALS (Page 2, Line 28, Col. 3).....	47,980,062	46,977,975

DETAILS OF WRITE-INS

2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....	0	0

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....		
DEDUCTIONS		
2. Losses incurred (Part 2, Line 35, Column 7).....		
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	0	(0)
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	702,811	695,595
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	702,811	695,595
7. Net income of protected cells.....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	(702,811)	(695,595)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	1,573,100	1,669,052
10. Net realized capital gains (losses) less capital gains tax of \$ 12,449 (Exhibit of Capital Gains (Losses)).....	23,121	17,903
11. Net investment gain (loss) (Lines 9 + 10).....	1,596,221	1,686,955
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	
13. Finance and service charges not included in premiums.....		
14. Aggregate write-ins for miscellaneous income.....	0	0
15. Total other income (Lines 12 through 14).....	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	893,410	991,360
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).....	893,410	991,360
19. Federal and foreign income taxes incurred.....	(188,617)	(57,230)
20. Net income (Line 18 minus Line 19) (to Line 22).....	1,082,027	1,048,590
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	45,136,613	43,958,129
22. Net income (from Line 20).....	1,082,027	1,048,590
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....		
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....	3,112	129,894
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....		
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....		
29. Change in surplus notes.....		
30. Surplus (contributed to) withdrawn from protected cells.....		
31. Cumulative effect of changes in accounting principles.....		
32. Capital changes:		
32.1 Paid in.....		
32.2 Transferred from surplus (Stock Dividend).....		
32.3 Transferred to surplus.....		
33. Surplus adjustments:		
33.1 Paid in.....		
33.2 Transferred to capital (Stock Dividend).....		
33.3. Transferred from capital.....		
34. Net remittances from or (to) Home Office.....		
35. Dividends to stockholders.....		
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....		
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	1,085,139	1,178,484
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	46,221,752	45,136,613
DETAILS OF WRITE-INS		
0501.		
0502.		
0503.		
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0
1401.		
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0
3701.		
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....		
2. Net investment income.....	1,749,296	1,731,638
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	1,749,296	1,731,638
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.....	703,042	700,682
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(173,219)	312,186
10. Total (Lines 5 through 9).....	529,823	1,012,868
11. Net cash from operations (Line 4 minus Line 10).....	1,219,473	718,770
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	6,854,500	10,001,921
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	6,854,500	10,001,921
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	8,731,868	12,480,168
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	8,731,868	12,480,168
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(1,877,368)	(2,478,247)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	(6,763)	1,094,932
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(6,763)	1,094,932
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	(664,658)	(664,545)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	2,593,138	3,257,683
19.2 End of year (Line 18 plus Line 19.1).....	1,928,480	2,593,138

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

20.0001		
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**Ex. of Premiums Earned
NONE**

**Underwriting and Investment Ex. - Pt. 1A - Recapitulation of All Premiums
NONE**

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5)
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire.....						.0
2. Allied lines.....						.0
3. Farmowners multiple peril.....						.0
4. Homeowners multiple peril.....						.0
5. Commercial multiple peril.....						.0
6. Mortgage guaranty.....						.0
8. Ocean marine.....						.0
9. Inland marine.....						.0
10. Financial guaranty.....						.0
11.1 Medical professional liability - occurrence.....						.0
11.2 Medical professional liability - claims-made.....						.0
12. Earthquake.....						.0
13. Group accident and health.....						.0
14. Credit accident and health (group and individual).....						.0
15. Other accident and health.....						.0
16. Workers' compensation.....						.0
17.1 Other liability - occurrence.....						.0
17.2 Other liability - claims-made.....						.0
17.3 Excess workers' compensation.....						.0
18.1 Products liability - occurrence.....						.0
18.2 Products liability - claims-made.....						.0
19.1, 19.2 Private passenger auto liability.....	24,190,519			24,190,519		.0
19.3, 19.4 Commercial auto liability.....						.0
21. Auto physical damage.....	12,455,562			12,455,562		.0
22. Aircraft (all perils).....						.0
23. Fidelity.....						.0
24. Surety.....						.0
26. Burglary and theft.....						.0
27. Boiler and machinery.....						.0
28. Credit.....						.0
29. International.....						.0
30. Warranty.....						.0
31. Reinsurance - nonproportional assumed property.....	XXX					.0
32. Reinsurance - nonproportional assumed liability.....	XXX					.0
33. Reinsurance - nonproportional assumed financial lines.....	XXX					.0
34. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0
35. TOTALS.....	36,646,081	.0	.0	36,646,081	.0	.0

DETAILS OF WRITE-INS

3401. ....						.0
3402. ....						.0
3403. ....						.0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	.0	.0	.0	.0	.0	.0

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

If yes: 1. The amount of such installment premiums \$.....0.

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.....0.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire.....				0			0	0.00
2. Allied lines.....				0			0	0.00
3. Farmowners multiple peril.....				0			0	0.00
4. Homeowners multiple peril.....				0			0	0.00
5. Commercial multiple peril.....				0			0	0.00
6. Mortgage guaranty.....				0			0	0.00
8. Ocean marine.....				0			0	0.00
9. Inland marine.....				0			0	0.00
10. Financial guaranty.....				0			0	0.00
11.1 Medical professional liability - occurrence.....				0			0	0.00
11.2 Medical professional liability - claims-made.....				0			0	0.00
12. Earthquake.....				0			0	0.00
13. Group accident and health.....				0			0	0.00
14. Credit accident and health (group and individual).....				0			0	0.00
15. Other accident and health.....				0			0	0.00
16. Workers' compensation.....				0			0	0.00
17.1 Other liability - occurrence.....				0			0	0.00
17.2 Other liability - claims-made.....				0			0	0.00
17.3 Excess workers' compensation.....				0			0	0.00
18.1 Products liability - occurrence.....				0			0	0.00
18.2 Products liability - claims-made.....				0			0	0.00
19.1, 19.2 Private passenger auto liability.....	22,115,416		22,115,416	0			0	0.00
19.3, 19.4 Commercial auto liability.....				0			0	0.00
21. Auto physical damage.....	11,188,229		11,188,229	0			0	0.00
22. Aircraft (all perils).....				0			0	0.00
23. Fidelity.....				0			0	0.00
24. Surety.....				0			0	0.00
26. Burglary and theft.....				0			0	0.00
27. Boiler and machinery.....				0			0	0.00
28. Credit.....				0			0	0.00
29. International.....				0			0	0.00
30. Warranty.....				0			0	0.00
31. Reinsurance - nonproportional assumed property.....	XXX			0			0	0.00
32. Reinsurance - nonproportional assumed liability.....	XXX			0			0	0.00
33. Reinsurance - nonproportional assumed financial lines.....	XXX			0			0	0.00
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0.00
35. TOTALS.....	33,303,645	0	33,303,645	0	0	0	0	0.00

DETAILS OF WRITE-INS

3401.				0			0	0.00
3402.				0			0	0.00
3403.				0			0	0.00
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0.00

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

Line of Business	Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire.....				0				0	
2. Allied lines.....				0				0	
3. Farmowners multiple peril.....				0				0	
4. Homeowners multiple peril.....				0				0	
5. Commercial multiple peril.....				0				0	
6. Mortgage guaranty.....				0				0	
8. Ocean marine.....				0				0	
9. Inland marine.....				0				0	
10. Financial guaranty.....				0				0	
11.1 Medical professional liability - occurrence.....				0				0	
11.2 Medical professional liability - claims-made.....				0				0	
12. Earthquake.....				0				0	
13. Group accident and health.....				0			(a)	0	
14. Credit accident and health (group and individual).....				0				0	
15. Other accident and health.....				0			(a)	0	
16. Workers' compensation.....				0				0	
17.1 Other liability - occurrence.....				0				0	
17.2 Other liability - claims-made.....				0				0	
17.3 Excess workers' compensation.....				0				0	
18.1 Products liability - occurrence.....				0				0	
18.2 Products liability - claims-made.....				0				0	
19.1, 19.2 Private passenger auto liability.....	17,448,656		17,448,656	0	11,578,146		11,578,146	0	
19.3, 19.4 Commercial auto liability.....				0				0	
21. Auto physical damage.....	550,033		550,033	0	(288,645)		(288,645)	0	
22. Aircraft (all perils).....				0				0	
23. Fidelity.....				0				0	
24. Surety.....				0				0	
26. Burglary and theft.....				0				0	
27. Boiler and machinery.....				0				0	
28. Credit.....				0				0	
29. International.....				0				0	
30. Warranty.....				0				0	
31. Reinsurance - nonproportional assumed property.....	XXX			0	XXX			0	
32. Reinsurance - nonproportional assumed liability.....	XXX			0	XXX			0	
33. Reinsurance - nonproportional assumed financial lines.....	XXX			0	XXX			0	
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0	0	0	0
35. TOTALS.....	17,998,689	0	17,998,689	0	11,289,501	0	11,289,501	0	0
DETAILS OF WRITE-INS									
3401.				0				0	
3402.				0				0	
3403.				0				0	
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0	0	0	0

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(a) Including \$.....0 for present value of life indemnity claims.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct.....				0
1.2 Reinsurance assumed.....				0
1.3 Reinsurance ceded.....	2,718,430			2,718,430
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	(2,718,430)	0	0	(2,718,430)
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....				0
2.2 Reinsurance assumed, excluding contingent.....				0
2.3 Reinsurance ceded, excluding contingent.....		6,596,295		6,596,295
2.4 Contingent - direct.....				0
2.5 Contingent - reinsurance assumed.....				0
2.6 Contingent - reinsurance ceded.....				0
2.7 Policy and membership fees.....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	(6,596,295)	0	(6,596,295)
3. Allowances to manager and agents.....				0
4. Advertising.....		811,429	258	811,687
5. Boards, bureaus and associations.....	31,071	283,425	17	314,513
6. Surveys and underwriting reports.....	30,245	394,453		424,698
7. Audit of assureds' records.....				0
8. Salary and related items:				
8.1 Salaries.....	1,744,051	2,815,088	44,087	4,603,227
8.2 Payroll taxes.....	133,132	212,496	1,728	347,357
9. Employee relations and welfare.....	381,990	654,947	8,082	1,045,019
10. Insurance.....	289	165,839		166,129
11. Directors' fees.....				0
12. Travel and travel items.....	22,377	39,411	809	62,597
13. Rent and rent items.....	57,397	158,671	37,688	253,756
14. Equipment.....	121,071	304,605	1,088	426,763
15. Cost or depreciation of EDP equipment and software.....	49,666	193,113	21,076	263,855
16. Printing and stationery.....	710	101,281	690	102,682
17. Postage, telephone and telegraph, exchange and express.....	91,981	184,200	435	276,616
18. Legal and auditing.....	37,805	77,907	3,102	118,814
19. Totals (Lines 3 to 18).....	2,701,787	6,396,865	119,061	9,217,713
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....		110		110
20.2 Insurance department licenses and fees.....	9,588	51,956	4	61,547
20.3 Gross guaranty association assessments.....				0
20.4 All other (excluding federal and foreign income and real estate).....		3,666		3,666
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	9,588	55,732	4	65,323
21. Real estate expenses.....	7,055	97,713	1,152	105,920
22. Real estate taxes.....			21,966	21,966
23. Reimbursements by uninsured plans.....				0
24. Aggregate write-ins for miscellaneous expenses.....	0	748,796	9,027	757,823
25. Total expenses incurred.....	0	702,811	151,210	(a).....854,021
26. Less unpaid expenses - current year.....		33,279		33,279
27. Add unpaid expenses - prior year.....		231		231
28. Amounts receivable relating to uninsured plans, prior year.....				0
29. Amounts receivable relating to uninsured plans, current year.....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	0	669,763	151,210	820,973

DETAILS OF WRITE-INS

2401. Aggrgate Write-ins for Misc Expenses.....		748,796	9,027	757,823
2402.				0
2403.				0
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498) (Line 24 above).....	0	748,796	9,027	757,823

(a) Includes management fees of \$.....7,292,570 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....37,434	.....37,404
1.1 Bonds exempt from U.S. tax.....	(a).....1,675,919	.....1,673,813
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....13,093	.....13,093
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....1,726,446	.....1,724,310
11. Investment expenses.....	.....	(g).....151,206
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....4
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....151,210
17. Net investment income (Line 10 minus Line 16).....	.....	.....1,573,100

DETAILS OF WRITE-INS

0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page.....		.....0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....		.....0

- (a) Includes \$.....8,289 accrual of discount less \$.....182,349 amortization of premium and less \$.....25,000 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....13,093 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....			.....0		
1.1 Bonds exempt from U.S. tax.....	.....35,569		.....35,569		
1.2 Other bonds (unaffiliated).....			.....0		
1.3 Bonds of affiliates.....			.....0		
2.1 Preferred stocks (unaffiliated).....			.....0		
2.11 Preferred stocks of affiliates.....			.....0		
2.2 Common stocks (unaffiliated).....			.....0		
2.21 Common stocks of affiliates.....			.....0		
3. Mortgage loans.....			.....0		
4. Real estate.....			.....0		
5. Contract loans.....			.....0		
6. Cash, cash equivalents and short-term investments.....			.....0		
7. Derivative instruments.....			.....0		
8. Other invested assets.....			.....0		
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....35,569	.....0	.....35,569	.....0	.....0

DETAILS OF WRITE-INS

0901.					
0902. ....			.....0		
0903. ....			.....0		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0	.....0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			.0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			.0
2.2 Common stocks.....			.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			.0
3.2 Other than first liens.....			.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			.0
4.2 Properties held for the production of income.....			.0
4.3 Properties held for sale.....			.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			.0
6. Contract loans.....			.0
7. Derivatives (Schedule DB).....			.0
8. Other invested assets (Schedule BA).....			.0
9. Receivables for securities.....			.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0
11. Aggregate write-ins for invested assets.....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.0	.0	.0
13. Title plants (for Title insurers only).....			.0
14. Investment income due and accrued.....			.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			.0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			.0
16.2 Funds held by or deposited with reinsured companies.....			.0
16.3 Other amounts receivable under reinsurance contracts.....			.0
17. Amounts receivable relating to uninsured plans.....			.0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0
18.2 Net deferred tax asset.....			.0
19. Guaranty funds receivable or on deposit.....			.0
20. Electronic data processing equipment and software.....			.0
21. Furniture and equipment, including health care delivery assets.....			.0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0
23. Receivables from parent, subsidiaries and affiliates.....			.0
24. Health care and other amounts receivable.....			.0
25. Aggregate write-ins for other than invested assets.....	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	.0	.0	.0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0
28. TOTALS (Lines 26 and 27).....	.0	.0	.0

NONE

DETAILS OF WRITE-INS

1101.....			.0
1102.....			.0
1103.....			.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0
2501.....			.0
2502.....			.0
2503.....			.0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.0	.0	.0

NOTES TO FINANCIAL STATEMENTS**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****A. Accounting Practices**

The accompanying financial statements of Ameriprise Insurance Company (Company) have been prepared on the basis of accounting practices prescribed or permitted by the Office of the Commissioner of Insurance of the State of Wisconsin.

The Office of the Commissioner of Insurance of the State of Wisconsin requires insurance companies domiciled in the State of Wisconsin to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' NAIC *Accounting Practice and Procedures Manual* subject to any deviations prescribed or permitted by the Office of the Commissioner of Insurance of the State of Wisconsin.

No Permitted statutory accounting practices were used in the preparation of these financial statements.

A reconciliations of net income and policyholders' surplus between the amounts reported in the accompanying financial statements and NAIC SAP follow:

	State of Domicile	2015	2014
NET INCOME			
(1) Ameriprise Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	WI	\$ 1,082,027	\$ 1,048,590
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	WI	\$ 1,082,027	\$ 1,048,590
SURPLUS			
(5) Ameriprise Insurance Company state basis (Page 3, line 37, Columns 1 & 2)	WI	\$ 46,221,751	\$ 45,136,613
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	WI	\$ 46,221,751	\$ 45,136,613

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements of the Company in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual requires the use of management's estimates and assumptions that affect the amounts reported in these financial statements and notes. Actual results could differ from those estimates.

C. Accounting Policies

Premiums are earned ratably over the terms of the policies. The reserves for unearned premiums are calculated on a daily basis and represent the unexpired portion of premiums written. All of the premiums written by the Company are ceded to the Parent. Expenses incurred in connection with acquiring new insurance business, including acquisition costs, are charged to operations as incurred.

Net investment income earned consists primarily of interest and dividends less investment related expense. Realized capital gains and losses are determined using the specific identification basis when securities are sold, redeemed or otherwise disposed.

In addition, the Company uses the following accounting policies:

- 1) Short-term investments are stated at amortized cost using the straight-line method.
- 2) Investment grade bonds, other than loan-backed and structured securities, are stated at amortized value using the interest method. Non-Investment grade bonds with NAIC designation of 3 through 6 are stated at the lower of amortized value or fair value.
- 3) The Company has no common stocks.
- 4) The Company has no preferred stocks.
- 5) The Company has no mortgage loans.
- 6) Loan-backed and structured securities are carried at amortized cost using the scientific amortization method and include anticipated prepayments. Changes in estimated cash flow and in coupon interest cash flows from original purchase assumptions are accounted for using the retrospective method.
- 7) The Company has no investments in subsidiaries, controlled and affiliated companies.
- 8) The Company has no investments in joint ventures, partnerships or limited liability companies.
- 9) The Company has no derivative investments.
- 10) The Company does not use anticipated investment income as a factor in the premium deficiency calculation.

NOTES TO FINANCIAL STATEMENTS

11) Reserve Estimation Methods

Losses and loss adjustment expenses represent management's best estimate of the ultimate net cost of all reported and unreported losses incurred during each respective period. The Company does not discount loss and loss adjustment expense reserves. The reserves for unpaid losses and loss adjustment expenses are estimated using individual case-basis valuations and statistical analyses. The reserves are 100% ceded to the Parent pursuant to a reinsurance agreement.

12) The Company has a written capitalization policy for purchase of items such as electronic data processing equipment, software, furniture, other equipment and leasehold improvements. The predefined capitalization thresholds under this policy have not changed from those of the prior year.

13) The Company has no pharmaceutical rebate receivables.

NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

Not Applicable

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL

- A. The Company was not involved in any business combinations during the course of the year.
- B. The Company was not involved in any merger activity during the course of the year.
- C. Since the Company was not involved in any business combinations or merger activity, no impairment loss was recognized.

NOTE 4 – DISCONTINUED OPERATIONS

The Company had no discontinued operations during the calendar year.

NOTE 5 – INVESTMENTS

- A. Mortgage Loans - The Company has no mortgage backed investments.
- B. Debt Restructuring - The Company has no restructured debt.
- C. Reverse Mortgages - The Company has no reverse mortgages.
- D. Loan-Backed Securities.

- 1) Prepayment assumptions for loan-backed and structured securities are based on financial information provided by a licensed data provider. These assumptions are consistent with the current interest rate and economic environment. The retrospective method is used to value all types of these securities except in a situation where rate changes result in recalculation of the effective yield. The recalculation yield is used to amortize the investment as of the rate change date.
- 2) The Company has no loan-backed or structured securities for which an other-than-temporary impairment ("OTTI") was recognized due to intent to sell or inability or lack of intent to retain for a period of time sufficient to recover the amortized cost basis.
- 3) The Company has no loan-backed or structured securities for which an OTTI has been recognized due to the fact that the present value of cash flows expected to be collected is less than amortized cost basis of the securities.
- 4) The following table provides information about loan-backed and structured securities for which the carrying value (amortized cost) exceeds fair value and the length of time that individual securities have continuously had amortized cost in excess of fair value, as of December 31, 2015:

	The aggregate amount of unrealized losses:	1.	Less than 12 Months	\$	-
		2.	12 Months or Longer	\$	-
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	\$	-
		2.	12 Months or Longer	\$	-

- 5) For all loan-backed securities for which carrying value exceeds fair value, the Company has the intent and ability to retain the investment in the security for a period of time sufficient to recover the carrying value.

- E. Repurchase Agreements and/or Securities Lending Transactions - The Company has not entered into any repurchasing agreements or securities lending transactions.
- F. Investments in Real Estate - The Company had no real estate investments, impairments or retail land sales.
- G. Low Income Housing Tax Credits - The Company has no investments in low income housing tax credits.

NOTES TO FINANCIAL STATEMENTS**H. Restricted Assets****(1) Restricted assets, including pledged**

	Gross Restricted							Percentage		
	Current Period					6	7	8	9	10
	1	2	3	4	5					
	Total General Account (G/A)	G/A Supporting Protected Cell Restricted Assets (a)	Total Protected Cell Restricted Assets	Protected Cell Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Period Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown										
b. Collateral held under security lending arrangements										
c. Subject to repurchase agreements										
d. Subject to reverse repurchase agreements										
e. Subject to dollar repurchase agreements										
f. Subject to dollar reverse repurchase agreements										
g. Placed under option contracts										
h. Letter stock or securities restricted as to sale-excluding FHLB capital stock										
i. FHLB capital stock										
j. On deposit with state	\$ 3,712,684				\$ 3,712,684	\$ 3,727,731	\$ (15,047)	\$ 3,712,684	7.7%	7.7%
k. On deposit with other regulatory bodies										
l. Pledged as collateral to FHLB (including assets backing funding agreements)										
m. Pledged as collateral not captured in other categories										
n. Other restricted assets										
o. Total Restricted Assets	\$ 3,712,684	\$	\$	\$	\$ 3,712,684	\$ 3,728,731	\$ (15,047)	\$ 3,712,684	7.7%	7.7%

- (a) Subset of column 1
(b) Subset of column 3

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate): None

(3) Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate): None

NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES

- A. The Company had no investments in joint ventures, partnerships or limited liability companies that exceeded 10% of admitted assets.
B. The Company did not recognize any impairment write-down for investments in joint ventures, partnerships or limited liability companies.

NOTE 7 – INVESTMENT INCOME

- A.. Accrued Investment Income - All investment income due and accrued is reported as admitted assets in the Company's financial statements.
B. Amounts Nonadmitted - The Company did not exclude any due and accrued interest income from admitted assets during the statement period. The Company had no interest income due and accrued over 90 days past due.

NOTE 8 – DERIVATIVE INSTRUMENTS

- A. – F. The Company neither holds nor has issued any derivative financial instruments.

NOTES TO FINANCIAL STATEMENTS**NOTE 9 – INCOME TAXES**

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability) and the change from the prior year are comprised of the following:

	2015			2014			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	\$	\$	\$	\$ 1,903	\$	\$ 1,903	\$ (1,903)	\$	\$ (1,903)
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)				\$ 1,903		\$ 1,903	\$ (1,903)		\$ (1,903)
d. Deferred tax assets nonadmitted									
e. Subtotal net admitted deferred tax asset (1c-1d)				\$		\$	\$		\$
f. Deferred tax liabilities	\$ 101	\$ 6,203	\$ 6,304		\$ 11,319	\$ 11,319	\$ 101	\$ (5,116)	\$ (5,015)
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ (101)	\$ (6,203)	\$ (6,304)	\$ 1,903	\$ (11,319)	\$ (9,416)	\$ (2,004)	\$ 5,116	\$ 3,112

2. Admission Calculation Components SSAP No 101

	2015			2014			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:									
Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
Adjusted gross deferred tax assets allowed per limitation threshold									
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities				\$ 1,903		\$ 1,903	\$ (1,903)		\$ (1,903)
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c)	\$	\$	\$	\$ 1,903	\$	\$ 1,903	\$ (1,903)	\$	\$ (1,903)

NOTES TO FINANCIAL STATEMENTS

3. Other Admissibility Criteria

		2015	2014
a.	Ratio percentage used to determine recovery period and threshold limitation amount	NA	NA
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	NA	NA

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/15		12/31/14		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	\$	\$	\$ 1,903	\$	\$ (1,903)	\$
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies						
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)			1,903		(1,903)	
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0%	0%	0%	0%	0%	0%

(b) Does the company's tax planning strategies include the use of reinsurance? NO

B. Deferred Tax Liabilities Not Recognized

There are no temporary differences for which deferred tax liabilities are not recognized

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2015	2 2014	3 (Col 1-2) Change
a. Federal	\$ (186,614)	\$ (177,031)	\$ (9,584)
b. Foreign			
c. Subtotal	(186,617)	(177,031)	(9,584)
d. Federal income tax on net capital gains	12,449	9,642	2,807
e. Other			
f. Prior year (over)/under accrual of tax provision	(2,003)	119,801	(121,804)
g. Federal and Foreign income taxes incurred	\$ (176,168)	\$ (47,588)	\$ (128,581)

2. Deferred Tax Assets

	1 2015	2 2014	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$	\$	\$
2. Unearned premium reserve			
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted			
11. Net operating loss carry-forward			
12. Tax credit carry-forward			
13. Other (including items <5% of total ordinary tax assets)		\$ 1,903	(1,903)
99. Subtotal	\$	\$ 1,903	\$ (1,903)
b. Statutory valuation allowance adjustment			
c. Nonadmitted			
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	\$	\$ 1,903	\$ (1,903)
e. Capital:			
1. Investments	\$	\$	\$
2. Net capital loss carry-forward			
3. Real estate			
4. Other (including items <5% of total capital tax assets)			
99. Subtotal	\$	\$	\$
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	\$	\$ 1,903	\$

NOTES TO FINANCIAL STATEMENTS

3. Deferred Tax Liabilities

	1 2015	2 2014	3 (Col 1-2) Change
a. Ordinary:			
1. Investments	\$	\$	\$
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (including items <5% of total ordinary tax liabilities)	101		(101)
99. Subtotal	101	\$	\$ (101)
b. Capital:			
1. Investments		\$ 11,319	\$ (11,319)
2. Real estate			
3. Other (including items <5% of total capital tax liabilities)	\$ 6,203		6,203
99. Subtotal	\$ 6,203	\$ 11,319	\$ (5,116)
c. Deferred tax liabilities (3a99+3b99)	\$ 6,304	\$ 11,319	\$ (5,015)
4. Net Deferred Tax Assets (2i - 3c)	\$ (6,304)	\$ (9,416)	\$ 3,112

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

Among the more significant book to tax adjustments were the following:

	Amount	Tax Effect at 35%	Effective Tax Rate
Net gain from operations before federal income taxes	\$ 870,288	\$	
Realized capital gains	35,570		
Income before taxes	<u>\$ 905,858</u>	\$ 317,050	35.0%
Permanent differences:			
Tax Exempt Muni Interest	(1,419,068)	(496,674)	-54.8%
Other	(16)	(6)	0.0%
Penalties	1,000	350	0.1%
Total		<u>\$ (179,279)</u>	<u>-19.7%</u>
Federal and foreign income taxes incurred		\$ (176,167)	-19.4%
Change in net deferred income taxes		(3,112)	-0.3%
Total statutory income tax		<u>\$ (179,279)</u>	<u>-19.7%</u>

E. Tax Carryforwards and Protective Tax Deposits

At December 31, 2015, the Company did not have any unused loss carryforwards available to offset against future taxable income.

The following is income tax expense for 2015 and 2014 that is available for recoupment in the event of future net losses:

Year	Amount
2015	\$ NONE
2014	\$ NONE

The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

- 1) The Company's taxable income is included in the the consolidated federal income tax return of Ameriprise Financial, Inc. and its subsidiaries including; Ameriprise Certificate Company, Ameriprise Financial Services, Inc., Investors Syndicate Development Corporation, Ameriprise Advisor Capital, LLC, Advisory Capital Strategies Group, Inc., Riversource Tax Advantaged Investments, Inc., Ameriprise Holdings, Inc., J&W Seligman & Co. Incorporated, AMPF Property Corporation, AMPF Realty Corporation, RiverSource Life Insurance Company, Riversource Distributors, Inc., Columbia Management Investment Services Corp., Ameriprise Auto & Home Insurance Agency, Inc., American Enterprise Investment Services, Inc., Ameriprise Trust Company, Ameriprise National Trust Bank, Columbia Management Investment Distributors, WAM Acquisition GP, Inc., AMPF Holding Corporation, IDS Property Casualty Insurance Company, Ameriprise Insurance Company, Ameriprise Captive Insurance Co., and RiverSource Life Insurance Co. of New York.
- 2) The method of allocation among the companies is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with current credit for net losses to the extent they are utilized by the consolidated group. Inter-company tax balances are settled quarterly in accordance with the terms of the written agreement.

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

NOTES TO FINANCIAL STATEMENTS

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

- A. Nature of Relationships - Ameriprise Insurance Company (the "Company") is a Wisconsin-domiciled, wholly owned subsidiary of IDS Property Casualty Insurance Company (the "Parent"), also domiciled in the State of Wisconsin. The Parent is a wholly owned subsidiary of Ameriprise Financial, Inc. ("Ameriprise Financial"), domiciled in the State of Delaware. The Company was organized October 14, 2005 and commenced business on January 26, 2006. The Company was capitalized on January 17, 2006.
- B. Detail of Affiliate Transactions Greater than 1/2% of Admitted Assets in 2015 - The Company receives certain services from the Parent. The Company paid \$6,764,357 in 2015 and \$7,405,235 in 2014 for management, accounting, administrative, and compliance services. The terms of the settlement require these amounts to be settled on a quarterly basis. The basis for these allocations has been determined by management of the Company and the Parent. Expenses allocated to the Company may not be reflective of expenses that would have been incurred by the Company on a stand-alone basis. The Company received \$6,596,295 or a ceding commission from the Parent for expenses related to the overall management and administration for business ceded, excluding loss expenses, to the Parent.
- C. Change in Terms of Inter-company Arrangements - There was no changes to the terms of any inter-company arrangements during the calendar year that impacted the results of the financial statements.
- D. Amounts Due to or from Related (Affiliate) Parties - At December 31, 2015 and 2014, respectively, the Company reported \$1,718,728 and \$1,795,487 as amounts due to Parent for management and cost sharing arrangements. At December 31, 2015 and 2014, respectively, the Company reported \$1,552,190 and \$1,622,186 as amounts due from Parent for ceding commission due pursuant to the Reinsurance Agreement. The terms of the settlement require these amounts to be settled on a quarterly basis.
- E. Guarantees or Undertakings for Related Parties - There have not been any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party that resulted in a material contingent exposure of the reporting entity's or any related party's assets or liabilities.
- F. Management, Service Contracts, Cost Sharing Arrangements
- 1) The Company has a Service and Cost Allocation Agreement, effective January 1, 2006 with its Parent for which the Company pays for marketing, sales, and advertising; policyholder service, claims processing, and contract issuance; actuarial; accounting, finance, audit, investment underwriting, compliance and legal service; data processing and human resources.
 - 2) Federal Income Tax Sharing Agreement effective December 1, 2010 and State Income Tax Sharing Agreement effective January 1, 2010 between the Parent and Ameriprise Financial, Inc. that outlines the allocation method for any federal and state income tax charges or refunds that the Company may incur.
 - 3) Pursuant to the Reinsurance Agreement, amended February 1, 2012 between the Company and Parent, the Company agrees to cede and the Parent agrees to reinsure certain liabilities under or arising out of property or casualty insurance policies that have been issued or renewed by the Company on a 100% quota share basis. The Company receives an 18% ceding commission in consideration for the Company's expenses for business ceded under the Reinsurance Agreement.
 - 4) Investment Management and Services Agreement, effective January 1, 2006, between the Company and Columbia Management Investment Services Corp., LLC, whereby Columbia Management Investments Services Corp, LLC agrees to provide investment management and accounting services for the Company assets.
 - 5) Inter-company Agency Agreement, effective January 1, 2006, between the Company and Ameriprise Auto & Home Insurance Agency Inc. whereby the Company will provide sales, servicing, accounting, compliance, audit, legal and other general administrative services.
- G. Nature of Relationships that Could Affect Operations - All outstanding shares of the Company are owned by Parent.
- H. Amount Deducted for Investment in Upstream Company - The Company holds no ownership in any upstream intermediate entity including the parent company, Ameriprise, and therefore has no reduction for the value of such ownership in admitted assets that were reported at the end of the statement period.
- I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets - The Company does not own any investments in affiliates.
- J. Write-down's for Impairment of Investments in Affiliates - The Company recorded no write-downs for impairment of assets in any affiliates during the calendar year.
- K. Foreign Subsidiary Valued Using CARVM - The Company has no investment in a foreign insurance subsidiary.
- L. Downstream Holding Company Valued Using Look-Through Method - The Company has no investment in downstream noninsurance holding company.

NOTE 11 – DEBT

- A. The Company has no debt.
- B. The Company has no funding agreements with the Federal Home Loan Bank.

NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

- A. Defined Benefit Plan - The Company does not sponsor any defined benefit plans.
- B. Defined Contribution Plans - The Company does not sponsor any defined contribution plans. The Company had no employees in 2015.
- C. Multi-employer Plans - The Company does not participate in any multi-employer plans.

NOTES TO FINANCIAL STATEMENTS

- D. Consolidated/Holding Company Plans -The Company does not participate in any consolidated/holding company plans.
- E. Post-Employment Benefits and Compensated Absences - Since the Company has no employees, there exists no obligation to accrue any post-employment benefits.
- F. Impact of Medicare Modernization Act on Postretirement Benefits - The Company has no employees.

NOTE 13 – CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS

- A. Outstanding Shares - The Company has 5,000,000 shares of authorized common stock with 3,200,000 shares issued and outstanding. The par value of each share of common stock is \$2.50.
- B. Dividend Rate of Preferred Stock - The Company has no preferred stock outstanding.
- C. Dividend Restrictions - Dividends paid by the Company are restricted by Wisconsin insurance regulations. The payment of dividends by the Company is limited and cannot be made except from earned profits of the Company and in certain circumstances, without prior approval of the Office of the Commissioner of Insurance (OCI) of the State of Wisconsin.

The maximum dividend available for distribution, without prior approval of the Office of the Commissioner of Insurance of the State of Wisconsin, is the lesser of 10% of the previous year-end capital and surplus or greater of 1) previous year's net income less realized capital gains, or 2) aggregate net income of previous three years less realized capital gains.

- D. Dividend Payments - The Company did not make a dividend payment to its Parent in 2015 or in 2014.
- E. Amount of Ordinary Dividends That May Be Paid - See note 13.C above.
- F. Restrictions on Unassigned Funds - See note 13.C above.
- G. Mutual Surplus Advances - Not applicable.
- H. Company Stock Held for Special Purposes - Not applicable.
- I. Changes in Special Surplus Funds - Not applicable.
- J. Changes in Unassigned Funds

The portion of unassigned funds represented or reduced by each item below is as follows:

	2015 Change	2014 Change
1) Unrealized gains and losses:	\$ 0	\$ 0
2) Nonadmitted asset values:	0	0
3) Separate account business:	0	0
4) Asset valuation reserve:	0	0
5) Provision for reinsurance:	0	0

- K. Surplus Notes - Not applicable.
- L. Impact of Quasi Reorganizations - Not applicable.
- M. Date of Quasi Reorganizations - Not applicable.

NOTE 14 – LIABILITIES, CONTINGENCIES AND ASSESSMENTS

- A. Contingent Commitments - The Company has no contingent commitments.

The Company has made no guarantees on behalf of affiliates. See Note 10E.

- B. Guaranty Fund and Other Assessments

The Company is subject to guaranty fund and other assessments by the states in which it writes business. Most assessments are recorded either at the time the assessments are levied or, in the case of premium-based assessments, at the time the premiums are written. The Company is not subject to loss-based assessments.

Insurance company insolvencies in states when the Company writes business may result in guaranty fund assessments on future premiums. These assessments will be recorded as future premiums are written.

The Company has no assessments outstanding that could have a material impact on the reported financial results. The amounts recorded represent management's best estimates based on assessment rate information received from the states in which the Company writes business and the direct premiums written in those states.

NOTES TO FINANCIAL STATEMENTS

- C. Gain Contingencies - Not applicable.
- D. Extra Contractual Obligation and Bad Faith Losses - The Company has not identified any contractual obligations or alleged bad faith losses that could have a material impact on the reported financial results.
- E. Product Warranties - Not applicable.
- F. Joint and Several Liabilities - Not applicable.
- G. Other Contingencies - In the normal course of its business operations, the Company is involved in litigation with claimants and others. The Company's management believes that the resolution of those actions will not have a material effect on the Company's financial position or results of operations.

NOTE 15 – LEASES

- A. Lessee Leasing Arrangements - Not applicable.
- B. Lessor Leasing Arrangements - Not applicable.

NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK

- A. Face or Contract Amounts - The Company has no financial instruments with off-balance sheet risk.
- B. Nature and Terms - The Company has no financial instruments with off-balance sheet risk or concentrations of credit risk.
- C. Exposure to Credit-Related Losses - The Company has no exposure to credit related losses.
- D. Collateral Policy - The Company holds no collateral.

NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

- A. Transfers of Receivables Reported as Sales - Not applicable.
- B. Transfers and Servicing of Financial Assets - Not applicable.
- C. Wash Sales - Not applicable.

NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE PORTION OF PARTIALLY INSURED PLANS

- A. Administrative Services Only (ASO) Plans - Not applicable.
- B. Administrative Services Contract (ASC) Plans - Not applicable.
- C. Medicare or Other Similarly Structured Cost Based Reimbursement Contracts - Not applicable.

NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS

The Company does not have any direct written premium produced by managing general agents or third party administrators that exceeds 5% of policyholders' surplus.

NOTE 20 – FAIR VALUE MEASUREMENTS

- A. 1. The Company does not have any assets or liabilities reported at fair value as of December 31, 2015.
- 2. Roll forward of Level 3 Items - Not Applicable
- 3. Policy on Transfers Into and out of Level 3: The Company recognizes transfers between levels of the fair value hierarchy as of the beginning of the quarter in which each transfer occurred.
- 4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values: The Company categorizes its fair value measurements according to a three-level hierarchy. The hierarchy prioritizes the inputs used by the Company's valuation techniques. A level is assigned to each fair value measurement based on the lowest level input that is significant to the fair value measurement in its entirety. The three levels of the fair value hierarchy are defined as follows:
 - Level 1 Unadjusted quoted prices for identical assets or liabilities in active markets that are accessible at the measurement date.
 - Level 2 Prices or valuations based on observable inputs other than quoted prices in active markets for identical assets and liabilities.
 - Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The Company uses valuation techniques consistent with the market and income approaches to measure the fair value of its assets and liabilities. The Company's market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. The Company's income approach uses valuation techniques to convert future projected cash flows to a single discounted present value amount. When applying either approach, the Company maximizes the use of observable inputs and minimizes the use of unobservable inputs.

- 5. Derivative Fair Values: The Company does not have any derivative assets or liabilities as of December 31, 2015.

NOTES TO FINANCIAL STATEMENTS

- B. Other Fair Value Disclosures - See Notes 1 and 5.
- C. The following table provides the carrying value and the estimated fair value of financial instruments that are not reported at fair value as of December 31, 2015:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Fair Value			Not Practicable (Carrying Value)
			(Level 1)	(Level 2)	(Level 3)	
Bonds	\$ 45,940,534	\$ 43,971,518	\$ 912,754	\$ 45,027,780		
Cash equivalents	\$ 1,799,922	\$ 1,799,922		\$ 1,799,922		

Bonds

When available, fair value is based on quoted prices in active markets. If quoted prices are not available, fair values are obtained from third-party pricing services, non-binding broker quotes, or other model-based valuation techniques. Level 1 securities include U.S. Treasuries. Level 2 securities include municipal bonds. The fair value of these Level 2 securities is based on a market approach with prices obtained from third-party pricing services. Observable inputs used to value these securities can include, but are not limited to, reported trades, benchmark yields, issuer spreads and non-binding broker quotes.

Cash equivalents

Cash equivalents include highly liquid investments with original maturities of three months or less. Cash equivalents are classified as Level 2 and measured at amortized cost, which is a reasonable estimate of fair value because of the short time between the purchase of the instrument and its expected realization.

- D. Not Practical to Estimate Fair Values- Not applicable.

NOTE 21 – OTHER ITEMS

- A. Extraordinary Items - Not applicable.
- B. Troubled Debt Restructuring for Debtors - Not applicable.
- C. Other Disclosures – Assets in the amount of \$3,712,684 and \$3,727,731 at December 31, 2015 and December 31, 2014 respectively, were on deposit with government authorities as required by law.
- D. Uncollectible Premiums Receivable- The Company has no reported admitted assets for premiums receivable due from policyholders at the end of the years 2015 or 2014.
- E. Business Interruption Insurance Recoveries - The Company did not have any business interruption insurance recoveries.
- F. State Transferable Tax Credits - Not applicable.
- G. Subprime Mortgage Related Risk Exposure - Not applicable. The company has no subprime mortgage securities.

NOTE 22 – EVENTS SUBSEQUENT

The Company has evaluated events or transactions that may have occurred since December 31, 2015, that would merit recognition or disclosure in the financial statements. The Company is not aware of any events subsequent to December 31, 2015, which would materially affect its financial condition. This evaluation was completed through February 16, 2016, the date the financial statements were available to be issued.

NOTE 23 – REINSURANCE

- A. Unsecured Reinsurance Recoverables - The Company does not have any unsecured aggregate recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premium with any individual reinsurers, authorized or unauthorized, that exceeds 3% of the Company policyholder surplus.
- B. Reinsurance Recoverable in Dispute - The Company does not have any reinsurance recoverable on paid and unpaid losses, including IBNR that is in dispute of payment by the participating reinsurer.
- C. Reinsurance Assumed and Ceded and Protected Cells

- 1) The following table summarizes ceded and assumed unearned premiums and the related commission equity at the end of the current year.

Debit/(Credit)	Assumed Reinsurance		Ceded Reinsurance		Net	
	(1) Unearned Premiums	(2) Commission Equity	(3) Unearned Premiums	(4) Commission Equity	(5) Unearned Premiums	(6) Commission Equity
a. Affiliates	\$ -	\$ -	\$8,767,634	\$ -	\$(8,767,634)	\$ -
b. All Other	-	-	-	-	-	-
c. Total	\$ -	\$ -	\$8,767,634	\$ -	\$(8,767,634)	\$ -
d. Direct Unearned Premium Reserves:			\$8,767,634			

NOTES TO FINANCIAL STATEMENTS

- 2) There are no additional commissions that are predicated on loss experience or any other form of profit sharing arrangements in this annual statement as a result of existing contractual arrangements.
- 3) The Company does not use protective cells as an alternative to traditional reinsurance.
- D. Uncollectible Reinsurance - The Company has not written off any uncollectible reinsurance during the course of the current calendar year.
- E. Commutation of Ceded Reinsurance - The Company had no commutation of ceded reinsurance during the course of the current calendar year.
- F. Retroactive Reinsurance - Not applicable.
- G. Reinsurance Accounted for as a Deposit - Not applicable.
- H. Disclosures for the Transfer of Property and Casualty Run-off Agreements - Not Applicable.
- I. Certified Reinsurer Downgraded or Status Subject to Revocation - Not Applicable.
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation - Not Applicable.

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS AND CONTRACTS SUBJECT TO REDTERMINATION

A. – F. Not applicable. The Company is not involved in any retrospectively rated contracts or contracts subject to redetermination.

NOTE 25 – CHANGE IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES

The Company has a reinsurance agreement with the Parent whereby the Company agrees to cede and the Parent agrees to reinsure liabilities arising from policies that have been issued or renewed by the Company on a 100% quota share basis.

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS

The Company was not involved in any inter-company pooling arrangements during the statement period.

NOTE 27 – STRUCTURED SETTLEMENTS

- A. Reserves Released Due to Purchase of Annuities - Not applicable.
- B. Annuity Insurers with Balances Due Greater than 1% of Policyholders' Surplus - Not applicable.

NOTE 28 – HEALTH CARE RECEIVABLES

A.- B. The Company has no health care receivables.

NOTE 29 – PARTICIPATING POLICIES

The Company has no participating accident and health policies.

NOTE 30 – PREMIUM DEFICIENCY RESERVES

The Company evaluated the need to record a premium deficiency reserve as of the end of the current year and no reserve was required. This evaluation was completed on January 15, 2016. The Company does not anticipate investment income when evaluating the need for premium deficiency reserves.

NOTE 31 – HIGH DEDUCTIBLES

The Company had no reserve credits recorded at the end of the reporting period for unpaid claims with high deductibles.

NOTE 32 – DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES

A.-C. The Company does not discount unpaid losses or unpaid loss adjustment expenses for financial reporting.

NOTE 33 – ASBESTOS/ENVIRONMENTAL RESERVES

A.- F. The Company has no expense for asbestos and/or environmental claims

NOTE 34 – SUBSCRIBER SAVINGS ACCOUNTS

A. The Company is not a reciprocal insurance company.

NOTE 35 – MULTIPLE PERIL CROP INSURANCE

A. Not applicable.

NOTE 36 – FINANCIAL GUARANTY INSURANCE

A.- B. The Company has no financial guaranty insurance premiums, earnings or obligations.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes No
If yes, complete Schedule Y, Parts 1, 1A and 2.
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes No N/A
- 1.3 State regulating? Wisconsin
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013
- 3.2 State as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2013
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 02/20/2015
- 3.4 By what department or departments?
State of Wisconsin Office of the Commissioner of Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes No N/A
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No N/A
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes No
- 4.12 renewals? Yes No
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes No
- 4.22 renewals? Yes No
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 5.2 If yes, provide 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

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes No
- 7.2 If yes,
- 7.21 State the percentage of foreign control _____ %
- 7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes No
- 8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Ameriprise Enterprise Investment Services, Inc.	Minneapolis, MN				YES
Ameriprise Certificate Company	Minneapolis, MN				YES
Ameriprise Financial Services, Inc.	Minneapolis, MN				YES
Ameriprise Financial, Inc.	Minneapolis, MN				YES
Columbia Wanger Asset Management, LLC.	Chicago, IL				YES
RiverSource Distributors, Inc.	Minneapolis, MN				YES
Columbia Management Investment Advisers, LLC.	Boston, MA				YES
Columbia Management Investment Services, Co.	Boston, MA				YES
J. & W. Seligman & Co. Incorporated	New York, NY				YES
Columbia Management Investment Distributors, Inc.	New York, NY				YES
WAM Acquisition GP, Inc.	Chicago, IL				YES
Ameriprise National Trust Bank	Minneapolis, MN		YES		

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PricewaterhouseCoopers LLP, Milwaukee, WI
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [X] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain:
Ameriprise Insurance Company is not required to comply because the premiums do not meet the threshold.
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Christopher P. Walker, Principal, PricewaterhouseCoopers LLP, Chicago, IL
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved 0
- 12.13 Total book/adjusted carrying value \$ 0
- 12.2 If yes, provide explanation
- 13. FOR UNITED STATES BRANCES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

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

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$ 0
- 20.12 To stockholders not officers \$ 0
- 20.13 Trustees, supreme or grand (Fraternal only) \$ 0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$ 0
- 20.22 To stockholders not officers \$ 0
- 20.23 Trustees, supreme or grand (Fraternal only) \$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$ 0
- 21.22 Borrowed from others \$ 0
- 21.23 Leased from others \$ 0

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

	21.24 Other	\$	0
22.1	Does this statement include payments for assessments as described in the <i>Annual Statement Instructions</i> other than guaranty fund or guaranty association assessments?		Yes [] No [X]
22.2	If answer is yes:		
	22.21 Amount paid as losses or risk adjustment	\$	0
	22.22 Amount paid as expenses	\$	0
	22.23 Other amounts paid	\$	0
23.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?		Yes [X] No []
23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$	1,552,190

INVESTMENT

24.01	Were all of the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?		Yes [] No [X]
24.02	If no, give full and complete information, relating thereto: <u>JP Morgan is the custodian.</u>		
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off balance sheet (an alternative is to reference Note 17 where this information is also provided).		
24.04	Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ?	Yes [] No [] N/A [X]	
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$	0
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$	0
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?		Yes [] No [] N/A [X]
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?		Yes [] No [] N/A [X]
24.09.	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?		Yes [] No [] N/A [X]
24.10	For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:		
	24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$	0
	24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$	0
	24.103 Total payable for securities lending reported on the liability page:	\$	0
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)		Yes [X] No []
25.2	If yes, state the amount thereof at December of the current year:		
	25.21 Subject to repurchase agreements	\$	0
	25.22 Subject to reverse repurchase agreements	\$	0
	25.23 Subject to dollar repurchase agreements	\$	0
	25.24 Subject to reverse dollar repurchase agreements	\$	0
	25.25 Placed under option agreements	\$	0
	25.26 Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$	0
	25.27 FHLB Capital Stock	\$	0
	25.28 On deposit with states	\$	3,712,684
	25.29 On deposit with other regulatory bodies	\$	0
	25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$	0
	25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$	0
	25.32 Other	\$	0

25.3	For category (25.26) provide the following:								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; text-align: center;">1 Nature of Restriction</td> <td style="width: 33%; border: 1px solid black; text-align: center;">2 Description</td> <td style="width: 33%; border: 1px solid black; text-align: center;">3 Amount</td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black; text-align: right;">\$</td> </tr> </table>	1 Nature of Restriction	2 Description	3 Amount			\$		
1 Nature of Restriction	2 Description	3 Amount							
		\$							

26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?		Yes [] No [X]
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.		Yes [] No [] N/A [X]

27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?		Yes [] No [X]
27.2	If yes, state the amount thereof at December of the current year:	\$	0

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

28.01	For all agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:						
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; text-align: center;">1 Name of Custodian(s)</td> <td style="width: 50%; border: 1px solid black; text-align: center;">2 Custodian Address</td> </tr> <tr> <td style="border: 1px solid black;">JP Morgan</td> <td style="border: 1px solid black;">New York, NY</td> </tr> </table>	1 Name of Custodian(s)	2 Custodian Address	JP Morgan	New York, NY		
1 Name of Custodian(s)	2 Custodian Address						
JP Morgan	New York, NY						

28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; text-align: center;">1 Name(s)</td> <td style="width: 33%; border: 1px solid black; text-align: center;">2 Location(s)</td> <td style="width: 33%; border: 1px solid black; text-align: center;">3 Complete Explanation(s)</td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> </table>	1 Name(s)	2 Location(s)	3 Complete Explanation(s)					
1 Name(s)	2 Location(s)	3 Complete Explanation(s)							

28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?		Yes [] No [X]
28.04	If yes, give full and complete information relating thereto:		

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

28.05 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
50189	Columbia Management Investment Advisors, LLC	Boston, MA

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

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

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

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

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

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	45,771,440	47,740,456	1,969,016
30.2	Preferred Stocks	0	0	0
30.3	Totals	45,771,440	47,740,456	1,969,016

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

The fair value of bonds is based on quoted prices in active markets. If quoted prices are not available, fair values are obtained from nationally recognized pricing services, broker quotes or other model-based valuation techniques.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

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

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

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 0

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

1 Name	2 Amount Paid
	\$

34.1 Amount of payments for legal expenses, if any? \$ 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

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

1 Name	2 Amount Paid
	\$

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

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?			Yes []	No [X]
1.2	If yes, indicate premium earned on U.S. business only.		\$		0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?		\$		0
1.31	Reason for excluding:				
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.		\$		0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.		\$		0
1.6	Individual policies:				
	Most current three years:				
1.61	Total premium earned		\$		0
1.62	Total incurred claims		\$		0
1.63	Number of covered lives				0
	All years prior to most current three years:				
1.64	Total premium earned		\$		0
1.65	Total incurred claims		\$		0
1.66	Number of covered lives				0
1.7	Group policies:				
	Most current three years:				
1.71	Total premium earned		\$		0
1.72	Total incurred claims		\$		0
1.73	Number of covered lives				0
	All years prior to most current three years:				
1.74	Total premium earned		\$		0
1.75	Total incurred claims		\$		0
1.76	Number of covered lives				0
2.	Health Test:				
		1		2	
		Current Year		Prior Year	
2.1	Premium Numerator	\$	0	\$	0
2.2	Premium Denominator	\$	0	\$	0
2.3	Premium Ratio (2.1/2.2)				
2.4	Reserve Numerator	\$	0	\$	0
2.5	Reserve Denominator	\$	0	\$	0
2.6	Reserve Ratio (2.4/2.5)				
3.1	Does the reporting entity issue both participating and non-participating policies?			Yes []	No [X]
3.2	If yes, state the amount of calendar year premiums written on:				
3.21	Participating policies		\$		0
3.22	Non-participating policies		\$		0
4.	FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:				
4.1	Does the reporting entity issue assessable policies?			Yes []	No []
4.2	Does the reporting entity issue non-assessable policies?			Yes []	No []
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders?				%
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.		\$		0
5.	FOR RECIPROCAL EXCHANGES ONLY:				
5.1	Does the exchange appoint local agents?			Yes []	No []
5.2	If yes, is the commission paid:				
5.21	Out of Attorney's-in-fact compensation			Yes []	No []
5.22	As a direct expense of the exchange			Yes []	No []
5.3	What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?				
5.4	Has any Attorney-in-fact compensation, contingent on fulfillments of certain conditions, been deferred?			Yes []	No []
5.5	If yes, give full information:				
6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss? <u>N/A</u>				
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: <u>AonBenfield models and RMS Risk Link model. Ameriprise writes in 2 states across the US and subject to cat exposures from Gulf and Atlantic.</u>				
6.3	What provision has this reporting entity made (such as catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? <u>The company has a reinsurance arrangement whereby all risk relative to property exposures is ceded to an affiliate insurer, IDS Property Casualty. IDS Property Casualty buys catastrophe reinsurance protection to cover both direct and assumed losses arising from property damage.</u>				
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?			Yes [X]	No []
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss:				
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?			Yes []	No [X]

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

7.2	If yes, indicate the number of reinsurance contracts containing such provisions.	0
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?	Yes [] No []
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?	Yes [] No [X]
8.2	If yes, give full information	
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results: (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term; (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer; (c) Aggregate stop loss reinsurance coverage; (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party; (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?	Yes [] No [X]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where: (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.	Yes [] No [X]
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9: (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.	
9.4	Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either: (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?	Yes [] No [X]
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.	
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria: (a) The entity does not utilize reinsurance; or (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.	Yes [] No [X] Yes [X] No [] Yes [] No [X]
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?	Yes [] No [] N/A [X]
11.1	Has the reporting entity guaranteed policies issued by any other entity and now in force?	Yes [] No [X]
11.2	If yes, give full information	
12.1	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for: 12.11 Unpaid losses 12.12 Unpaid underwriting expenses (including loss adjustment expenses)	\$ 0 \$ 0
12.2	Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	\$ 0
12.3	If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?	Yes [] No [] N/A [X]
12.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement: 12.41 From 12.42 To	% %
12.5	Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?	Yes [] No [X]
12.6	If yes, state the amount thereof at December 31 of current year: 12.61 Letters of Credit 12.62 Collateral and other funds	\$ 0 \$ 0
13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$ 750,000
13.2	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?	Yes [] No [X]
13.3	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.	

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

- 14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [] No [X]
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [] No []
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No []
- 14.5 If the answer to 14.4 is no, please explain:
- 15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X]
- 15.2 If yes, give full information

- 16.1 Does the reporting entity write any warranty business? Yes [] No [X]
- If yes, disclose the following information for each of the following types of warranty coverage:

		1	2	3	4	5
		Direct Losses Incurred	Direct Losses Unpaid	Direct Written Premium	Direct Premium Unearned	Direct Premium Earned
16.11	Home	\$ 0	\$ 0	\$ 0	\$ 0	0
16.12	Products	\$ 0	\$ 0	\$ 0	\$ 0	0
16.13	Automobile	\$ 0	\$ 0	\$ 0	\$ 0	0
16.14	Other*	\$ 0	\$ 0	\$ 0	\$ 0	0

* Disclose type of coverage:

- 17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5. Yes [] No [X]
- Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:

17.11	Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5	\$ 0
17.12	Unfunded portion of Interrogatory 17.11	\$ 0
17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$ 0
17.14	Case reserves portion of Interrogatory 17.11	\$ 0
17.15	Incurred but not reported portion of Interrogatory 17.11	\$ 0
17.16	Unearned premium portion of Interrogatory 17.11	\$ 0
17.17	Contingent commission portion of Interrogatory 17.11	\$ 0

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

17.18	Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5	\$ 0
17.19	Unfunded portion of Interrogatory 17.18	\$ 0
17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$ 0
17.21	Case reserves portion of Interrogatory 17.18	\$ 0
17.22	Incurred but not reported portion of Interrogatory 17.18	\$ 0
17.23	Unearned premium portion of Interrogatory 17.18	\$ 0
17.24	Contingent commission portion of Interrogatory 17.18	\$ 0

- 18.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0
- 18.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0

FIVE-YEAR HISTORICAL DATA

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

	1 2015	2 2014	3 2013	4 2012	5 2011
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	24,190,519	24,769,253	22,197,583	18,461,511	12,294,749
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	12,455,562	12,442,983	10,542,985	8,550,061	6,161,583
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
5. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
6. Total (Line 35).....	36,646,081	37,212,236	32,740,568	27,011,572	18,456,332
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....					
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
11. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
12. Total (Line 35).....	0	0	0	0	0
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	(702,811)	(695,595)	(534,206)	5,083	(704,324)
14. Net investment gain (loss) (Line 11).....	1,596,221	1,686,955	1,643,371	1,598,549	1,692,789
15. Total other income (Line 15).....					
16. Dividends to policyholders (Line 17).....					
17. Federal and foreign income taxes incurred (Line 19).....	(188,617)	(57,230)	(112,966)	13,186	(76,434)
18. Net income (Line 20).....	1,082,027	1,048,590	1,222,131	1,590,446	1,064,899
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	47,980,062	46,977,974	46,129,574	43,693,304	41,769,654
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....					
20.2 Deferred and not yet due (Line 15.2).....					
20.3 Accrued retrospective premiums (Line 15.3).....					
21. Total liabilities excluding protected cell business (Page 3, Line 26).....	1,758,311	1,841,362	2,171,444	980,677	541,652
22. Losses (Page 3, Line 1).....					
23. Loss adjustment expenses (Page 3, Line 3).....					
24. Unearned premiums (Page 3, Line 9).....					
25. Capital paid up (Page 3, Lines 30 & 31).....	8,000,000	8,000,000	8,000,000	8,000,000	8,000,000
26. Surplus as regards policyholders (Page 3, Line 37).....	46,221,751	45,136,613	43,958,130	42,712,627	41,228,002
Cash Flow (Page 5)					
27. Net cash from operations (Line 11).....	1,219,473	718,775	2,002,293	1,355,687	1,533,232
Risk-Based Capital Analysis					
28. Total adjusted capital.....	46,221,751	45,136,613	43,958,130	42,712,627	41,228,002
29. Authorized control level risk-based capital.....	265,608	223,797	368,805	365,202	323,752
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1).....	95.8	94.2	92.4	94.7	97.4
31. Stocks (Lines 2.1 & 2.2).....					
32. Mortgage loans on real estate (Lines 3.1 & 3.2).....					
33. Real estate (Lines 4.1, 4.2 & 4.3).....					
34. Cash, cash equivalents and short-term investments (Line 5).....	4.2	5.8	7.6	5.3	2.6
35. Contract loans (Line 6).....					
36. Derivatives (Line 7).....					
37. Other invested assets (Line 8).....					
38. Receivable for securities (Line 9).....					
39. Securities lending reinvested collateral assets (Line 10).....					
40. Aggregate write-ins for invested assets (Line 11).....					
41. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1).....					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1).....					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1).....					
45. Affiliated short-term investments (subtotals included in Schedule DA, Verification, Column 5, Line 10).....					
46. Affiliated mortgage loans on real estate.....					
47. All other affiliated.....					
48. Total of above lines 42 to 47.....	0	0	0	0	0
49. Total investment in parent included in Lines 42 to 47 above.....					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0).....	0.0				

FIVE-YEAR HISTORICAL DATA

(Continued)

	1	2	3	4	5
	2015	2014	2013	2012	2011
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24).....					
52. Dividends to stockholders (Line 35).....					(3,500,000)
53. Change in surplus as regards policyholders for the year (Line 38).....	1,085,139	1,178,484	1,245,502	1,484,625	(2,345,838)
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	22,115,416	18,759,098	14,774,291	10,077,481	6,529,936
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	11,188,229	10,391,502	8,591,477	12,614,214	5,408,445
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
59. Total (Line 35).....	33,303,645	29,150,600	23,365,768	22,691,695	11,938,381
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....					
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....					
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....					
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....					
65. Total (Line 35).....	0	0	0	0	0
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1).....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2).....					
68. Loss expenses incurred (Line 3).....					
69. Other underwriting expenses incurred (Line 4).....					
70. Net underwriting gain (loss) (Line 8).....					
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....					
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....					
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....					
One Year Loss Development (000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....					
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100).....					
Two Year Loss Development (000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....					
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0).....					

If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of

SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						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 (Cols. 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.....	.....	.....	.....	.....	.....	.....	.....	.....0.....	.....XXX.....
2. 2006.....	.....	.....	.....0.....	.....	.....	.....	.....	.....	.....	.....	.....0.....	.....XXX.....
3. 2007.....	.....16.....	.....16.....	.....0.....	.....	.....	.....	.....	.....	.....	.....	.....0.....	.....XXX.....
4. 2008.....	.....735.....	.....735.....	.....0.....	.....545.....	.....545.....	.....6.....	.....6.....	.....1.....	.....1.....	.....54.....	.....0.....	.....XXX.....
5. 2009.....	.....2,888.....	.....2,888.....	.....0.....	.....2,673.....	.....2,673.....	.....358.....	.....358.....	.....28.....	.....28.....	.....317.....	.....0.....	.....XXX.....
6. 2010.....	.....8,670.....	.....8,670.....	.....0.....	.....8,820.....	.....8,820.....	.....1,124.....	.....1,124.....	.....87.....	.....87.....	.....1,038.....	.....0.....	.....XXX.....
7. 2011.....	.....16,387.....	.....16,387.....	.....0.....	.....14,912.....	.....14,912.....	.....2,474.....	.....2,474.....	.....194.....	.....194.....	.....2,112.....	.....0.....	.....XXX.....
8. 2012.....	.....25,155.....	.....25,155.....	.....0.....	.....29,390.....	.....29,390.....	.....3,293.....	.....3,293.....	.....297.....	.....297.....	.....3,960.....	.....0.....	.....XXX.....
9. 2013.....	.....31,438.....	.....31,438.....	.....0.....	.....25,359.....	.....25,359.....	.....2,884.....	.....2,884.....	.....281.....	.....281.....	.....3,835.....	.....0.....	.....XXX.....
10. 2014.....	.....36,354.....	.....36,354.....	.....0.....	.....25,809.....	.....25,809.....	.....1,750.....	.....1,750.....	.....244.....	.....244.....	.....3,856.....	.....0.....	.....XXX.....
11. 2015.....	.....37,086.....	.....37,086.....	.....0.....	.....20,173.....	.....20,173.....	.....481.....	.....481.....	.....204.....	.....204.....	.....3,074.....	.....0.....	.....XXX.....
12. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....127,681.....	.....127,681.....	.....12,370.....	.....12,370.....	.....1,336.....	.....1,336.....	.....18,246.....	.....0.....	.....XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0.....	.....XXX.....
2. 2006.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0.....	.....XXX.....
3. 2007.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0.....	.....XXX.....
4. 2008.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0.....	.....XXX.....
5. 2009.....	.....81.....	.....81.....	.....130.....	.....130.....	.....	.....	.....73.....	.....73.....	.....7.....	.....7.....	.....0.....	.....XXX.....
6. 2010.....	.....374.....	.....374.....	.....276.....	.....276.....	.....	.....	.....183.....	.....183.....	.....28.....	.....28.....	.....0.....	.....XXX.....
7. 2011.....	.....1,058.....	.....1,058.....	.....356.....	.....356.....	.....	.....	.....645.....	.....645.....	.....76.....	.....76.....	.....0.....	.....XXX.....
8. 2012.....	.....2,054.....	.....2,054.....	.....518.....	.....518.....	.....	.....	.....1,356.....	.....1,356.....	.....161.....	.....161.....	.....0.....	.....XXX.....
9. 2013.....	.....3,778.....	.....3,778.....	.....72.....	.....72.....	.....	.....	.....2,176.....	.....2,176.....	.....223.....	.....223.....	.....0.....	.....XXX.....
10. 2014.....	.....4,372.....	.....4,372.....	.....2,629.....	.....2,629.....	.....	.....	.....3,156.....	.....3,156.....	.....338.....	.....338.....	.....0.....	.....XXX.....
11. 2015.....	.....6,282.....	.....6,282.....	.....7,308.....	.....7,308.....	.....	.....	.....2,219.....	.....2,219.....	.....727.....	.....727.....	.....0.....	.....XXX.....
12. Totals.....	.....17,999.....	.....17,999.....	.....11,289.....	.....11,289.....	.....0.....	.....0.....	.....9,808.....	.....9,808.....	.....1,560.....	.....1,560.....	.....0.....	.....XXX.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 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.....	.....0.....	.....0.....
2. 2006.....	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....	.....	.....	.....0.....	.....0.....
3. 2007.....	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.0.....	.....0.0.....	.....	.....	.....	.....0.....	.....0.....
4. 2008.....	.....552.....	.....552.....	.....0.....	.....75.1.....	.....75.1.....	.....0.0.....	.....	.....	.....	.....0.....	.....0.....
5. 2009.....	.....3,350.....	.....3,350.....	.....0.....	.....116.0.....	.....116.0.....	.....0.0.....	.....	.....	.....	.....0.....	.....0.....
6. 2010.....	.....10,892.....	.....10,892.....	.....0.....	.....125.6.....	.....125.6.....	.....0.0.....	.....	.....	.....	.....0.....	.....0.....
7. 2011.....	.....19,715.....	.....19,715.....	.....0.....	.....120.3.....	.....120.3.....	.....0.0.....	.....	.....	.....	.....0.....	.....0.....
8. 2012.....	.....37,069.....	.....37,069.....	.....0.....	.....147.4.....	.....147.4.....	.....0.0.....	.....	.....	.....	.....0.....	.....0.....
9. 2013.....	.....34,773.....	.....34,773.....	.....0.....	.....110.6.....	.....110.6.....	.....0.0.....	.....	.....	.....	.....0.....	.....0.....
10. 2014.....	.....38,298.....	.....38,298.....	.....0.....	.....105.3.....	.....105.3.....	.....0.0.....	.....	.....	.....	.....0.....	.....0.....
11. 2015.....	.....37,394.....	.....37,394.....	.....0.....	.....100.8.....	.....100.8.....	.....0.0.....	.....	.....	.....	.....0.....	.....0.....
12. Totals.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....XXX.....	.....0.....	.....0.....	.....XXX.....	.....0.....	.....0.....

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

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										DEVELOPMENT	
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior.....											.0	0
2. 2006.....											.0	0
3. 2007.....	.XXX										.0	0
4. 2008.....	.XXX	.XXX									.0	0
5. 2009.....	.XXX	.XXX	.XXX								.0	0
6. 2010.....	.XXX	.XXX	.XXX	.XXX							.0	0
7. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX						.0	0
8. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					.0	0
9. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.0	0
10. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			.0	.XXX
11. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX
12. Totals.....											.0	0

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11	12
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior.....	.000										.XXX	.XXX
2. 2006.....											.XXX	.XXX
3. 2007.....	.XXX										.XXX	.XXX
4. 2008.....	.XXX	.XXX									.XXX	.XXX
5. 2009.....	.XXX	.XXX	.XXX								.XXX	.XXX
6. 2010.....	.XXX	.XXX	.XXX	.XXX							.XXX	.XXX
7. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX						.XXX	.XXX
8. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX					.XXX	.XXX
9. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				.XXX	.XXX
10. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			.XXX	.XXX
11. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		.XXX	.XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior.....										
2. 2006.....										
3. 2007.....	.XXX									
4. 2008.....	.XXX	.XXX								
5. 2009.....	.XXX	.XXX	.XXX							
6. 2010.....	.XXX	.XXX	.XXX	.XXX						
7. 2011.....	.XXX	.XXX	.XXX	.XXX	.XXX					
8. 2012.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2013.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2014.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2015.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

Ameriprise Insurance Company SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....AL	L								
2. Alaska.....AK	L								
3. Arizona.....AZ	L								
4. Arkansas.....AR	L								
5. California.....CA	N								
6. Colorado.....CO	L								
7. Connecticut.....CT	N								
8. Delaware.....DE	L								
9. District of Columbia.....DC	L								
10. Florida.....FL	N								
11. Georgia.....GA	L	8,852,745	8,251,320		7,826,255	7,726,050	3,668,529	45,522	
12. Hawaii.....HI	N								
13. Idaho.....ID	N								
14. Illinois.....IL	L								
15. Indiana.....IN	L								
16. Iowa.....IA	L								
17. Kansas.....KS	L								
18. Kentucky.....KY	L								
19. Louisiana.....LA	N								
20. Maine.....ME	L								
21. Maryland.....MD	L								
22. Massachusetts.....MA	L								
23. Michigan.....MI	L								
24. Minnesota.....MN	N								
25. Mississippi.....MS	L								
26. Missouri.....MO	L								
27. Montana.....MT	L								
28. Nebraska.....NE	L								
29. Nevada.....NV	L								
30. New Hampshire.....NH	N								
31. New Jersey.....NJ	N								
32. New Mexico.....NM	L								
33. New York.....NY	L	27,793,335	27,977,477		25,477,390	25,240,726	25,619,661	151,638	
34. North Carolina.....NC	N								
35. North Dakota.....ND	L								
36. Ohio.....OH	L								
37. Oklahoma.....OK	L								
38. Oregon.....OR	L								
39. Pennsylvania.....PA	L								
40. Rhode Island.....RI	L								
41. South Carolina.....SC	L								
42. South Dakota.....SD	L								
43. Tennessee.....TN	N								
44. Texas.....TX	L								
45. Utah.....UT	L								
46. Vermont.....VT	L								
47. Virginia.....VA	L								
48. Washington.....WA	N								
49. West Virginia.....WV	L								
50. Wisconsin.....WI	L								
51. Wyoming.....WY	L								
52. American Samoa.....AS	N								
53. Guam.....GU	N								
54. Puerto Rico.....PR	N								
55. US Virgin Islands.....VI	N								
56. Northern Mariana Islands.....MP	N								
57. Canada.....CAN	N								
58. Aggregate Other Alien.....OT	XXX	0	0	0	0	0	0	0	0
59. Totals.....	(a) .39	36,646,081	36,228,798	0	33,303,645	32,966,776	29,288,190	197,160	0

DETAILS OF WRITE-INS

58001.....	XXX								
58002.....	XXX								
58003.....	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Insert the number of "L" responses except for Canada and Other Alien.
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.
Explanation of Basis of Allocation of Premiums by States, etc.
Actual Premium by state no allocation

**INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART**

	<u>ID Number</u>	<u>STATE</u>	<u>NAIC #</u>
Ameriprise Financial, Inc.....	13-3180631		
| Ameriprise Advisor Capital, LLC.....	27-0544454		
| Ameriprise Capital Trust I.....	45-6157641		
| Ameriprise Capital Trust II.....	45-6157643		
| Ameriprise Capital Trust III.....	45-6157644		
| Ameriprise Capital Trust IV.....	45-6157645		
| Ameriprise Captive Insurance Company.....	20-5761939	VT	12852
| Ameriprise Certificate Company.....	41-6009975		
| Investors Syndicate Development Corporation.....	41-0951695		
| Ameriprise Holdings, Inc.....	26-3878824		
| 201 Eleventh Street South, LLC.....	45-5464028		
| Ameriprise India Insurance Brokers Services Private Limited (19%).....			
| Ameriprise India Private Limited.....			
| Ameriprise India Insurance Brokers Services Private Limited (7%).....			
| Ameriprise National Trust Bank.....	06-1791061		
| Ameriprise Trust Company.....	41-6219335		
| AMPF Holding Corporation.....	38-2722519		
| American Enterprise Investment Services Inc.....	41-1667086		
| Ameriprise Financial Services, Inc.....	41-0973005		
| TIC TPS Portland 35, LLC.....	47-1967350		
| AMPF Property Corporation.....	38-3050688		
| AMPF Realty Corporation.....	38-3050690		
| IDS Property Casualty Insurance Company.....	39-1173498	WI	29068
| Ameriprise Auto & Home Insurance Agency, Inc.....	82-0541142	WI	
| Ameriprise Insurance Company.....	65-1261374	WI	12504
| RiverSource Distributors, Inc.....	42-1690915		
| RiverSource Life Insurance Company.....	41-0823832	MN	65005
| RiverSource Life Insurance Co. of New York.....	41-0987741	NY	80594
| RiverSource NY REO, LLC.....	27-0380139		
| RiverSource REO 1, LLC.....	26-4164569		
| RiverSource Tax Advantaged Investments, Inc.....	13-6178563		
| AEXP Affordable Housing Portfolio, LLC.....	41-1977631		
| CREA Corporate Tax Credit Fund XXVIII, LLC.....			
| Columbia Management Investment Advisers, LLC.....	41-1533211		
| Advisory Capital Strategies Group, Inc.....	41-1624224		
| Columbia Focused Large Cap Growth Private Fund, LLC (Private Invest Fund).....			
| Columbia Institutional High Yield Fixed Income Private Fund.....			
| Columbia Institutional High Yield Fixed Income Private Fund, LLC.....	45-5077345		
| Columbia Institutional High Yield Fixed Income Private (Master) Fund.....	98-1165738		
| Columbia U.S. Contrarian Core Equity Private Fund, LLC.....			
| Centurion Global Sovereign CBO I, Limited.....			
| Centurion CDO IV Limited.....			
| Centurion CDO 7 Limited.....	98-0416968		
| Centurion CDO IX Limited.....	98-0446511		
| Centurion CDO 10 Limited.....	98-0465083		
| Cent CLO 11 Limited.....	98-0463886		
| Cent CLO 12 Limited.....	98-0507952		
| Cent CLO 14 Limited.....	98-0509628		
| Cent CLO 15 Limited.....	98-0528007		
| Cent CLO 17 Limited.....	98-1087757		
| Cent CLO 18 Limited.....	98-1105047		
| Cent CLO 19 Limited.....	98-1132125		
| Cent CLO 20 Limited.....	98-1141714		
| Cent CLO 21 Limited.....	98-1174078		
| Cent CLO 22 Limited.....	98-1191437		
| Cent CLO 23 Limited.....	98-1210182		
| Cent CLO 24 Limited.....			
| Columbia Adaptive Risk Allocation Fund, LLC.....	46-4892631		
| Columbia Adaptive Risk Allocation (Master) Fund.....	98-1156583		
| Columbia Diversified Real Return Fund.....	46-4469208		
| Columbia Global Alpha Opportunities (Master) Fund.....	98-1111310		
| Columbia Short Duration High Yield Private (Master) Fund.....	98-1046237		
| Columbia U.S. Social Bond Fund.....	47-2947408		
| Columbia Wanger Asset Management, LLC.....	04-3519872		
| GA Legacy, LLC.....	26-2639148		
| J. & W. Seligman & Co. Incorporated.....	13-3043476		
| Columbia Management Investment Distributors, Inc.....	13-3043478		
| Seligman Partners, LLC.....	13-4200160		
| RiverSource CDO Seed Investments, LLC.....	87-0812264		
| WAM Acquisition GP, Inc.....	04-3519867		
| Columbia Management Investment Services Corp.....	41-1861053		

**INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART**

	<u>ID Number</u>	<u>STATE</u>	<u>NAIC #</u>
Ameriprise Financial, Inc. (continued).....	13-3180631		
Ameriprise International Holdings GmbH.....			
Ameriprise Asset Management Holdings GmbH.....			
Ameriprise Asset Management Holdings Singapore (Pte.) Ltd.....			
Threadneedle Asset Management Malaysia Sdn. Bhd.....			
Threadneedle Investments Singapore (Pte.) Ltd.....			
Threadneedle Investments Taiwan Ltd.....			
Ameriprise Holdings Singapore (Pte.) Ltd.....			
Threadneedle Asset Management Holdings Sarl.....			
CTM Holdings Limited.....			
TAM Investment Ltd.....			
Threadneedle International Investments GmbH.....			
Threadneedle Management Luxembourg S.A.....			
Threadneedle Portfolio Services Hong Kong Ltd.....			
Threadneedle Holdings Ltd.....			
TAM UK Holdings Ltd.....			
Threadneedle Asset Management Holdings Ltd.....			
Columbia Threadneedle Foundation.....			
TC Financing Limited.....			
Threadneedle Asset Management Ltd.....	98-0691981		
Threadneedle Investment Services Ltd.....	98-0691982		
Threadneedle Asia Contrarian Equity.....			
Threadneedle Asian Focus.....			
Threadneedle Asset Management (Nominees) Ltd.....			
Sackville TIPP Property (GP) Ltd.....			
Threadneedle Asset Management Finance Ltd.....			
TMS Investment Ltd.....			
Threadneedle International Ltd.....			
Threadneedle Investments Ltd.....			
Threadneedle Investments (Channel Islands) Ltd.....			
Threadneedle Management Services Ltd.....			
Threadneedle Securities Ltd.....			
Threadneedle Navigator ISA Manager Ltd.....			
Threadneedle Pensions Ltd.....			
Sackville (TPEN) (75%).....			
Threadneedle Portfolio Services Ltd.....			
Threadneedle Portfolio Services AG.....			
Threadneedle Property Investments Ltd.....			
Sackville LCW (GP) Ltd.....			
Sackville Property (GP) Ltd.....			
Sackville SPF IV (GP) No. 1 Ltd.....			
Sackville SPF IV (GP) No. 2 Ltd.....			
Sackville SPF IV (GP) No. 3 Ltd.....			
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