



QUARTERLY STATEMENT

AS OF JUNE 30, 2015
OF THE CONDITION AND AFFAIRS OF THE

Gateway Insurance Company

NAIC Group Code	04795	04795	NAIC Company Code	28339	Employer's ID Number	43-0762309
	(Current Period)	(Prior Period)				
Organized under the Laws of	Missouri		State of Domicile or Port of Entry	Missouri		
Country of Domicile	United States					
Incorporated/Organized	05/21/1986		Commenced Business	12/01/1986		
Statutory Home Office	1401 S Brentwood Blvd., Ste 925		St. Louis, MO, US 63144-1416			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	150 Northwest Point Blvd, 3rd Floor		Elk Grove Village, IL, US 60007		847-472-6700	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	150 Northwest Point Blvd, 3rd Floor		Elk Grove Village, IL, US 60007			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	150 Northwest Point Blvd, 3rd Floor		Elk Grove Village, IL, US 60007		847-700-8603	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.atlas-fin.com					
Statutory Statement Contact	Paul Anthony Romano		847-700-8603			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	promano@atlas-fin.com		847-264-2716			
	(E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title	Name	Title
Scott David Wollney	President, CEO	Paul Anthony Romano	VP, CFO, Treasurer
Leslie Patterson DiMaggio	Secretary, VP Operations		

OTHER OFFICERS

Bruce Wayne Giles	VP Product Development & Underwriting	Joseph Raymond Shugrue	VP Claims
-------------------	---------------------------------------	------------------------	-----------

DIRECTORS OR TRUSTEES

Daniel Joseph Boxell	Leslie Patterson DiMaggio	Bruce Wayne Giles	Serena Marie Lintker
Zenovia Diane Love	Paul Anthony Romano	Joseph Raymond Shugrue	Lyn Dianne Ward
Scott David Wollney			

State of _____ Illinois _____
County of _____ Cook _____ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Scott David Wollney President, CEO	Paul Anthony Romano VP, CFO, Treasurer	Leslie Patterson DiMaggio Secretary, VP Operations

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

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

Subscribed and sworn to before me this
10th day of August, 2015

Imelda Bayani, Senior Staff Accountant
April 3, 2017



STATEMENT AS OF JUNE 30, 2015 OF THE Gateway Insurance Company

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	32,757,445	0	32,757,445	31,257,861
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0		0	0
3.2 Other than first liens	0		0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$ encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances)	0	0	0	0
5. Cash (\$1,860,633), cash equivalents (\$0) and short-term investments (\$789,463)	2,650,096	0	2,650,096	2,427,670
6. Contract loans (including \$ premium notes)	0		0	0
7. Derivatives	0		0	0
8. Other invested assets	221,254	0	221,254	0
9. Receivables for securities	0		0	0
10. Securities lending reinvested collateral assets	0		0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	35,628,796	0	35,628,796	33,685,531
13. Title plants less \$ charged off (for Title insurers only)	0		0	0
14. Investment income due and accrued	191,234	0	191,234	183,646
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,715,438	0	1,715,438	1,730,026
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	9,484,651	0	9,484,651	10,056,768
15.3 Accrued retrospective premiums	0		0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	2,342,588		2,342,588	3,779,012
16.2 Funds held by or deposited with reinsured companies	0		0	0
16.3 Other amounts receivable under reinsurance contracts	0		0	0
17. Amounts receivable relating to uninsured plans	0		0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	154,712		154,712	351,145
18.2 Net deferred tax asset	3,243,122	1,534,788	1,708,334	1,071,163
19. Guaranty funds receivable or on deposit	2,052		2,052	3,478
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0		0	0
23. Receivables from parent, subsidiaries and affiliates	4,950		4,950	5,379
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	190,960	164,392	26,568	32,197
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	52,958,503	1,699,180	51,259,323	50,898,344
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	52,958,503	1,699,180	51,259,323	50,898,344
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Receivable from pools	26,568		26,568	32,197
2502. Prepaid expense	118,516	118,516	0	0
2503. Other assets - security deposit	25,831	25,831	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	20,045	20,045	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	190,960	164,392	26,568	32,197

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$3,659,070)	13,829,064	14,581,162
2. Reinsurance payable on paid losses and loss adjustment expenses	1,400,180	3,014,075
3. Loss adjustment expenses	2,885,470	2,921,815
4. Commissions payable, contingent commissions and other similar charges	1,272,888	1,046,172
5. Other expenses (excluding taxes, licenses and fees)	347,442	448,481
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	157,093	228,681
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	0	0
7.2 Net deferred tax liability	0	0
8. Borrowed money \$0 and interest thereon \$	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$12,388,741 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)	12,326,802	11,064,530
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	2,298,225	5,894,202
13. Funds held by company under reinsurance treaties	800,000	800,000
14. Amounts withheld or retained by company for account of others	34,518	80,368
15. Remittances and items not allocated	6,159	8,550
16. Provision for reinsurance (including \$ certified)	153,000	153,000
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	538,530	1,073,936
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ and interest thereon \$	0	0
25. Aggregate write-ins for liabilities	(2,239,421)	(3,310,345)
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	33,809,950	38,004,627
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	33,809,950	38,004,627
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	3,815,000	3,815,000
31. Preferred capital stock	0	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	3,000,000	0
34. Gross paid in and contributed surplus	7,434,572	7,434,572
35. Unassigned funds (surplus)	3,199,801	1,644,145
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)	0	0
36.2 shares preferred (value included in Line 31 \$)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	17,449,373	12,893,718
38. Totals (Page 2, Line 28, Col. 3)	51,259,323	50,898,344
DETAILS OF WRITE-INS		
2501. Unearned ceding commissions.....	238,753	87,972
2502. Escheatables.....	96,049	29,238
2503. GAB loss fund.....	42,784	77,384
2598. Summary of remaining write-ins for Line 25 from overflow page	(2,617,007)	(3,504,940)
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	(2,239,421)	(3,310,345)
2901.		0
2902.		0
2903.		0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.		0
3202.		0
3203.		0
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	to Date	to Date	December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 12,688,303)	10,451,188	5,508,680	12,855,674
1.2 Assumed (written \$ 13,075,972)	11,812,009	9,002,307	19,572,247
1.3 Ceded (written \$ 12,695,598)	10,456,792	5,458,978	12,803,157
1.4 Net (written \$ 13,068,676)	11,806,404	9,052,009	19,624,764
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 4,839,939):			
2.1 Direct	2,689,721	2,650,370	3,313,514
2.2 Assumed	4,635,782	4,516,451	7,086,579
2.3 Ceded	2,684,518	2,585,356	3,239,993
2.4 Net	4,640,985	4,581,465	7,160,100
3. Loss adjustment expenses incurred	2,083,547	1,086,658	5,055,597
4. Other underwriting expenses incurred	3,608,233	2,687,042	5,776,399
5. Aggregate write-ins for underwriting deductions	10,843	0	0
6. Total underwriting deductions (Lines 2 through 5)	10,343,608	8,355,166	17,992,096
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	1,462,796	696,843	1,632,668
INVESTMENT INCOME			
9. Net investment income earned	232,387	213,943	451,354
10. Net realized capital gains (losses) less capital gains tax of \$ 45,832	(69,836)	(18,676)	(35,825)
11. Net investment gain (loss) (Lines 9 + 10)	162,551	195,268	415,529
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ (93) amount charged off \$ 27,592)	(27,685)	(56,163)	(92,851)
13. Finance and service charges not included in premiums	57,268	39,481	89,708
14. Aggregate write-ins for miscellaneous income	23,761	37,568	44,191
15. Total other income (Lines 12 through 14)	53,344	20,886	41,048
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,678,691	912,997	2,089,245
17. Dividends to policyholders	0	0	(391)
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)	1,678,691	912,997	2,089,635
19. Federal and foreign income taxes incurred	590,601	277,088	414,101
20. Net income (Line 18 minus Line 19)(to Line 22)	1,088,090	635,909	1,675,534
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	12,893,718	11,249,572	11,249,572
22. Net income (from Line 20)	1,088,090	635,909	1,675,534
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ (26,774)	(51,972)	0	0
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	82,084	41,312	1,618,724
27. Change in nonadmitted assets	437,454	93,634	(1,497,113)
28. Change in provision for reinsurance	0	0	(153,000)
29. Change in surplus notes	3,000,000	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	0	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	4,555,656	770,854	1,644,146
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	17,449,373	12,020,426	12,893,718
DETAILS OF WRITE-INS			
0501. Premium deficiency expense	10,843	0	0
0502.		0	0
0503.		0	0
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	10,843	0	0
1401. Retroactive reinsurance income	21,414	35,732	42,553
1402. Miscellaneous income	2,889	237	646
1403. Gain/loss on sale of fixed assets		1,920	1,920
1498. Summary of remaining write-ins for Line 14 from overflow page	(542)	(321)	(929)
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	23,761	37,568	44,191
3701.		0	0
3702.		0	0
3703.		0	0
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

CASH FLOW

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	To Date	To Date	December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	10,059,404	9,877,339	21,673,608
2. Net investment income	329,799	318,662	632,719
3. Miscellaneous income	53,344	20,886	41,048
4. Total (Lines 1 to 3)	10,442,548	10,216,887	22,347,375
5. Benefit and loss related payments	5,392,504	3,639,973	8,902,389
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	5,779,092	4,583,357	8,481,541
8. Dividends paid to policyholders	0	0	1,562
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	440,000	200,000	935,000
10. Total (Lines 5 through 9)	11,611,596	8,423,330	18,320,492
11. Net cash from operations (Line 4 minus Line 10)	(1,169,048)	1,793,557	4,026,883
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	3,848,193	777,674	4,131,792
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	1	529,967	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,848,194	1,307,641	4,131,792
13. Cost of investments acquired (long-term only):			
13.1 Bonds	5,476,784	1,816,503	11,420,787
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	300,000	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	5,776,784	1,816,503	11,420,787
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,928,590)	(508,862)	(7,288,995)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	3,000,000	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	320,064	2,113,787	2,977,754
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	3,320,064	2,113,787	2,977,754
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	222,426	3,398,482	(284,358)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	2,427,670	2,712,029	2,712,029
19.2 End of period (Line 18 plus Line 19.1)	2,650,096	6,110,511	2,427,670

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies:

A. Accounting Practices

The accompanying financial statements of Gateway Insurance Company (the Company) have been prepared in conformity with accounting practices prescribed or permitted by the Missouri Department of Insurance.

The Missouri Department of Insurance recognizes only statutory accounting practices (SAP) prescribed or permitted by the State of Missouri for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Missouri Insurance Law. The National Association of Insurance Commissioners’ (NAIC) *Accounting Practices and Procedures manual*, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Missouri.

The Missouri Department of Insurance has adopted certain prescribed accounting practices that differ from those found in the NAIC SAP. The company did not utilize any of the Missouri prescribed or permitted accounting practices that depart from NAIC SAP during 2015 or 2014.

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

NET INCOME		State of Domicile	2015	2014
(1)	Missouri Company state basis (page 4, line 20, columns 1 & 3)	MO	\$ 1,088,090	\$ 1,675,534
(2)	State prescribed practices that increase/(decrease) NAIC SAP:	MO	\$ 0	\$ 0
(3)	NAIC SAP (1-2=3)	MO	\$ 1,088,090	\$ 1,675,534
SURPLUS				
(4)	Missouri Company state basis (page 3, line 37, columns 1 & 2)	MO	\$ 17,449,373	\$ 12,893,718
(5)	State prescribed practices that increase/(decrease) NAIC SAP:	MO	\$ 0	\$ 0
(6)	NAIC SAP (4-5=6)	MO	\$ 17,449,373	\$ 12,893,718

C. Accounting Policy

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

No significant changes to the remainder of the note.

2. Accounting Changes and Corrections of Errors:

No significant changes.

3. Business Combinations and Goodwill:

No significant changes.

4. Discontinued Operations:

No significant changes.

5. Investments:

D. Loan-Backed Securities

- 1) Prepayment assumptions were obtained from Bloomberg market data and the Company’s investment manager’s internal estimates.
- 2) The Company does not have any loan-backed securities with a recognized other-than-temporary impairment.
- 3) The Company does not have any loan-backed securities with a recognized other-than-temporary impairment.
- 4) All impaired securities for which an other-than-temporary impairment has not been recognized in earnings as a realized loss are as follows:

(a)	The aggregate amount of unrealized losses:	1.	Less than 12 Months	\$ 26,065
		2.	12 Months or Longer	\$ 84,613
(b)	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	\$ 4,120,263
		2.	12 Months or Longer	\$ 2,346,107

- 5) Bonds in an unrealized loss position are regularly reviewed for other-than-temporary declines in value. Factors considered in determining whether a decline is other-than-temporary include the length of time a bond has been in an unrealized loss position and the reasons for the decline in value. Assessments include judgments about an obligor’s or guarantor’s current and projected financial position, projected ability to service and repay its debt obligations, the existence of, and realizable value for, any collateral backing the obligations, and the macro-economic and micro-economic outlooks for specific industries and issuers. Estimating the future cash flows of loan-

NOTES TO FINANCIAL STATEMENTS

backed securities also involves assumptions regarding the underlying collateral such as prepayment rates, default and recovery rates, existence of subordinated classes capable of absorbing losses, and third-party servicing abilities.

E. Repurchase Agreements

The Company does not have any repurchase agreements.

I. Working Capital Finance Investments

The Company does not have any working capital finance investments.

J. Offsetting and Netting of Assets and Liabilities

The Company does not have offsetting or netting to report.

No significant changes to the remainder of the note.

6. Joint Ventures, Partnerships, and Limited Liability Companies:

No significant changes.

7. Investment Income:

No significant changes.

8. Derivative Investments:

No significant changes.

9. Income Taxes:

No significant changes.

10. Information Concerning Parent, Subsidiaries and Affiliates:

A. On March 11, 2015, Atlas Financial Holdings, Inc. (AFH) and American Insurance Acquisition, Inc. (AIA), the Company's ultimate parent and direct parent, respectively, acquired Anchor Holdings Group, Inc. (AHG), the parent company of Global Liberty Insurance Company of New York (GLI) along with its affiliated underwriting and premium finance companies. AFH and AIA purchased all the outstanding common shares of AHG, GLI, and affiliates for a combination of cash and AFH preferred shares subject to final adjustment based on year-end financial results.

On May 1, 2015, the Company received a contribution of \$3.0 million in the form of a surplus note from its parent, AIA.

No significant changes for the remainder of the note.

11. Debt:

During the period covered by this statement, the Company had no outstanding debt.

12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Post-retirement Benefit Plans:

A. Defined Benefit Plan

The Company does not participate in a defined benefit plan.

No significant changes to the remainder of the note.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations:

11) The Company issued the following surplus debentures or similar obligations:

<u>Date Issued</u>	<u>Interest Rate</u>	<u>Par Value (Face Amount of Note)</u>	<u>Carrying Value of Note</u>	<u>Principal and/or Interest Paid Current Year</u>	<u>Total Principal and/or Interest Paid</u>	<u>Unapproved Principal and/or Interest</u>	<u>Date of Maturity</u>
May 1, 2015	Prime + 2% not to exceed 10%	\$3,000,000	\$3,000,000	\$0	\$0	\$3,026,392	May 1, 2020

A surplus note in the amount of \$3,000,000 was issued to AIA in exchange for cash.

The surplus note has the following repayment conditions and restrictions: Each payment of interest on and principal of the surplus note may be made only with the prior approval of the Missouri Department of Insurance and only to the extent the Company has sufficient surplus earnings to make such payment. In addition, no principal or interest shall be paid if the payment reduces the Company’s surplus below \$12,900,000.

The surplus note has the following subordination terms: Repayment of the principal and interest shall be and is hereby subordinated to the prior payment of, or provision for, all general liabilities of the Company and the claims of policyholders and creditors of the Company, but shall rank superior to the claim, interest and equity of the shares or shareholders of the Company, and such subordination shall be equally applicable in the case of any merger,

NOTES TO FINANCIAL STATEMENTS

consolidation, liquidation, rehabilitation, reorganization, dissolution, sale or other disposal of all, or substantially all, of the assets of the Company.

No significant changes for the remainder of the note.

14. Liabilities, Contingencies and Assessments:

No significant changes.

15. Leases:

No significant changes.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk:

No significant changes.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities:

The Company had no transfers of receivables reported as sales, no transfers and servicing of financial assets and no wash sales.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans:

No significant changes.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators:

No significant changes.

20. Fair Value Measurement:

A. The Company does not have any assets or liabilities that are measured at fair value at June 30, 2015.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Long Term Bonds	\$32,880,369	\$32,757,445	\$4,184,732	\$28,695,637	\$0	\$0
Short Term Bonds	\$789,463	\$789,463	\$789,463	\$0	\$0	\$0

D. The Company does not have any assets that are not practicable to estimate fair value as of March 31, 2015.

21. Other Items:

I. Risk Sharing Provisions of the Affordable Care Act

The Company does not transact any accident and health business.

No significant changes for the remainder of the note.

22. Events Subsequent:

There are no material subsequent events.

23. Reinsurance:

No significant changes.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination:

No significant changes.

25. Change in Incurred Losses and Loss Adjustment Expenses:

Reserves as of December 31, 2014 were \$17.5 million. As of June 30, 2015, \$5.8 million has been paid for incurred losses and loss adjustment expenses attributable to insured events of prior accident years. Reserves remaining for prior years are now \$11.4 million as a result of re-estimation of unpaid claims and claim adjustment expenses principally on private passenger and commercial auto lines of business. Therefore, there has been favorable prior-year development of \$282,000 from December 31, 2014 to June 30, 2015. Any change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements:

No significant changes.

27. Structured Settlements:

No significant changes.

NOTES TO FINANCIAL STATEMENTS

28.

Health Care Receivables:

No significant changes.
29.

Participating Policies:

No significant changes.
30.

Premium Deficiency Reserves:

No significant changes.
31.

High Deductibles:

No significant changes.
32.

Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses:

No significant changes.
33.

Asbestos/Environmental Reserves:

No significant changes.
34.

Subscriber Savings Accounts:

No significant changes.
35.

Multiple Peril Crop Insurance:

No significant changes.
36.

Financial Guaranty Insurance:

The Company does not transact any financial guaranty business.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☒
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2011
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2011
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/16/2013
- 6.4

By what department or departments?

Missouri Department of Insurance
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☒ No ☐ NA ☐
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(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.

Yes [X] No []

9.11

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

9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]

9.21

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

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

9.31

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

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [X] No []

10.2

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

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

11.2

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

12.

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

13.

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

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [] No []

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity’s security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page
- \$

\$

\$

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

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

1	2
Name of Custodian(s)	Custodian Address
Bank of America.....	135 South LaSalle Street, Chicago, IL 60603.....

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

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

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

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

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

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

1	2	3
Central Registration Depository	Name(s)	Address
109875.....	Asset Allocation & Management Company, LLC.....	30 W Monroe Street, 3rd Floor, Chicago, IL 60603.....

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

- 18.2 If no, list exceptions:
-

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]
3.2 If yes, give full and complete information thereto.
.....

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

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
TOTAL			0	0	0	0	0	0	0	0

5. Operating Percentages:
5.1 A&H loss percent %
5.2 A&H cost containment percent %
5.3 A&H expense percent excluding cost containment expenses %
6.1 Do you act as a custodian for health savings accounts?..... Yes [] No [X]
6.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$
6.3 Do you act as an administrator for health savings accounts?..... Yes [] No [X]
6.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$

STATEMENT AS OF JUNE 30, 2015 OF THE Gateway Insurance Company

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

Showing All New Reinsurers - Current Year to Date						
1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
NONE						

60

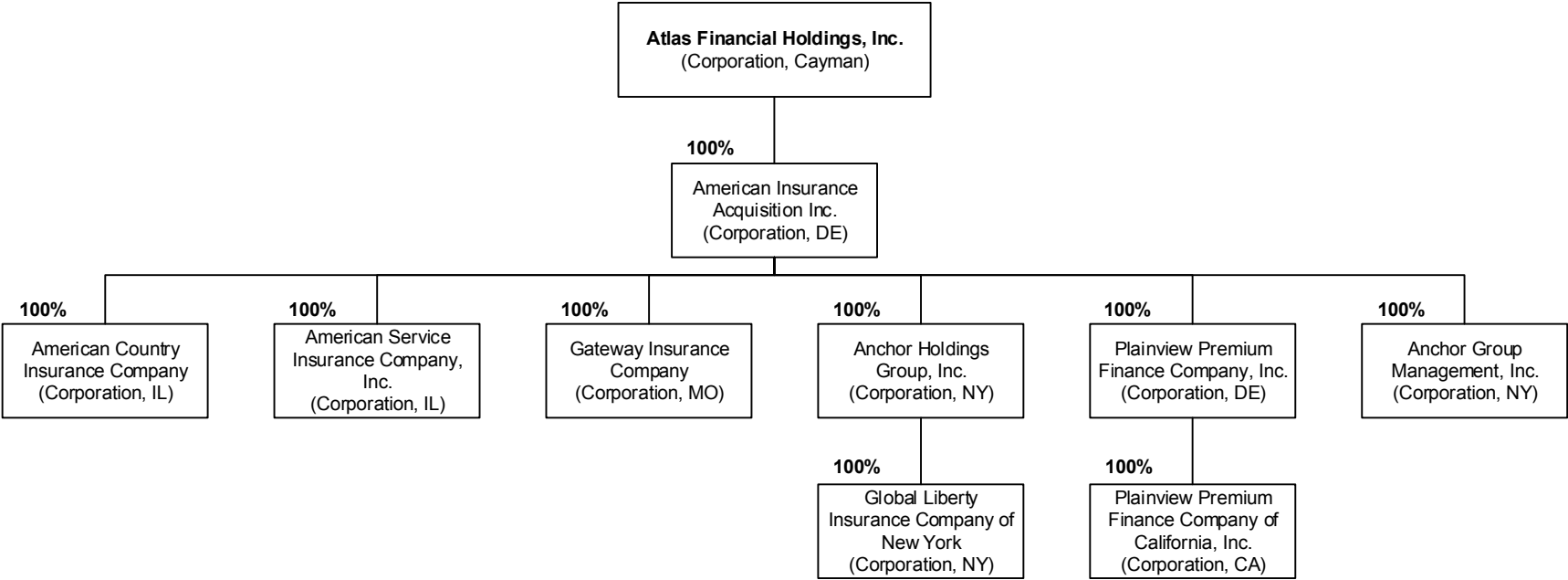
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories							
States, etc.	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama	AL L	13,375	9,721	157,500	522	64,627	192,622
2. Alaska	AK L	0	(36,567)	0	0	0	20,724
3. Arizona	AZ L	52,381	122,535	72,641	69,745	169,504	405,978
4. Arkansas	AR L	0	0	0	239	68,074	56,525
5. California	CA L	5,228,067	2,583,331	1,475,190	529,492	2,976,669	2,797,481
6. Colorado	CO L	107,030	197,949	8,879	322,652	106,662	36,786
7. Connecticut	CT N	0	0	0	0	0	0
8. Delaware	DE L	0	0	0	0	0	16,727
9. Dist. Columbia	DC L	0	0	0	0	0	0
10. Florida	FL L	0	26,571	149,405	701,771	1,039,462	2,135,496
11. Georgia	GA L	0	13,588	0	0	447,851	375,540
12. Hawaii	HI L	0	0	81,973	112,030	15,100	441,751
13. Idaho	ID L	(1,940)	19,215	40,000	0	(3,804)	71,754
14. Illinois	IL L	31,278	93,084	605,243	522,151	2,230,858	3,502,219
15. Indiana	IN L	58,122	(15,285)	127,003	240,952	976,243	591,970
16. Iowa	IA L	15,933	17,020	33,213	218,271	86,598	488,205
17. Kansas	KS L	120,399	260,098	3,653	67,249	81,764	204,103
18. Kentucky	KY L	315,767	364,284	109,649	102,799	224,475	380,896
19. Louisiana	LA L	1,742,400	312,947	200,565	147,928	390,772	290,618
20. Maine	ME L	263,851	266,857	47,453	7,448	182,205	79,430
21. Maryland	MD L	11,766	1,618	100,906	5,000	37,108	303,801
22. Massachusetts	MA N	0	0	0	0	0	0
23. Michigan	MI L	0	(28,637)	0	0	0	6,328
24. Minnesota	MN L	1,091,373	2,641	53,601	95,004	275,167	349,150
25. Mississippi	MS L	126,966	84,918	43,408	65,003	284,587	461,380
26. Missouri	MO L	329,174	33,319	328,279	240,258	844,594	1,646,337
27. Montana	MT L	0	0	0	0	0	44,365
28. Nebraska	NE L	184,988	190,547	20,532	37,951	376,062	278,449
29. Nevada	NV L	0	(1,044)	0	0	0	37,437
30. New Hampshire	NH N	0	0	0	0	0	0
31. New Jersey	NJ N	0	0	0	0	0	0
32. New Mexico	NM L	1,103	40,552	377	0	9,312	58,962
33. New York	NY L	0	21,960	64,807	26,227	427,880	839,322
34. No. Carolina	NC L	0	(6,184)	0	4,000	0	17,479
35. No. Dakota	ND L	1,959	(102)	4,782	5,311	33,466	26,548
36. Ohio	OH L	0	7,909	161,033	45,700	299,649	654,774
37. Oklahoma	OK L	30,968	(28,136)	29,188	116,259	77,313	311,104
38. Oregon	OR L	0	0	0	2,548	0	(2,548)
39. Pennsylvania	PA L	0	(18,762)	25,882	435,227	74,977	1,694,120
40. Rhode Island	RI L	0	0	0	0	0	0
41. So. Carolina	SC L	179,948	191,795	119,332	123,123	410,392	316,350
42. So. Dakota	SD L	43,931	39,077	1,788	5,465	30,509	202,534
43. Tennessee	TN L	(54,742)	45,073	30,367	224,025	835,017	764,062
44. Texas	TX L	461,419	481,019	640,586	438,943	963,031	2,264,358
45. Utah	UT L	0	0	0	0	155,588	250,436
46. Vermont	VT L	0	0	0	0	0	0
47. Virginia	VA L	0	11,595	16,442	44,835	44,718	166,929
48. Washington	WA L	1,895,070	460,103	118,455	123,409	319,288	181,430
49. West Virginia	WV L	312,815	329,580	38,830	11,870	141,036	183,482
50. Wisconsin	WI L	124,902	198,756	273,157	171,844	2,277,823	1,239,484
51. Wyoming	WY L	0	0	0	0	0	0
52. American Samoa	AS N	0	0	0	0	0	0
53. Guam	GU N	0	0	0	0	0	0
54. Puerto Rico	PR N	0	0	0	0	0	0
55. U.S. Virgin Islands	VI N	0	0	0	0	0	0
56. Northern Mariana Islands	MP N	0	0	0	0	0	0
57. Canada	CAN N	0	0	0	0	0	0
58. Aggregate Other Alien	OT XXX	0	0	0	0	0	0
59. Totals	(a) 47	12,688,303	6,292,945	5,184,117	5,265,251	16,974,576	24,384,897
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
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and Other Alien.

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

As At:
June 30, 2015



Atlas Ownership Percentages

Public Shareholders Holding Less Than 10% Each	100%
Total	100%

12

12

12

1212

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire	0	0	0.0	0.0
2.	Allied lines	0	0	0.0	0.0
3.	Farmowners multiple peril	0	0	0.0	0.0
4.	Homeowners multiple peril	0	0	0.0	0.0
5.	Commercial multiple peril	0	0	0.0	0.0
6.	Mortgage guaranty	0	0	0.0	0.0
8.	Ocean marine	0	0	0.0	0.0
9.	Inland marine	0	0	0.0	49.8
10.	Financial guaranty	0	0	0.0	0.0
11.1	Medical professional liability -occurrence	0	0	0.0	0.0
11.2	Medical professional liability -claims made	0	0	0.0	0.0
12.	Earthquake	0	0	0.0	0.0
13.	Group accident and health	0	0	0.0	0.0
14.	Credit accident and health	0	0	0.0	0.0
15.	Other accident and health	0	0	0.0	0.0
16.	Workers' compensation	0	(64,057)	0.0	82.3
17.1	Other liability occurrence	85,295	50,839	59.6	(525.9)
17.2	Other liability-claims made	0	0	0.0	0.0
17.3	Excess Workers' Compensation	0	0	0.0	0.0
18.1	Products liability-occurrence	0	0	0.0	0.0
18.2	Products liability-claims made	0	0	0.0	0.0
19.1,19.2	Private passenger auto liability	0	0	0.0	0.0
19.3,19.4	Commercial auto liability	9,832,572	2,460,288	25.0	48.9
21.	Auto physical damage	533,321	242,652	45.5	54.6
22.	Aircraft (all perils)	0	0	0.0	0.0
23.	Fidelity	0	0	0.0	0.0
24.	Surety	0	0	0.0	0.0
26.	Burglary and theft	0	0	0.0	0.0
27.	Boiler and machinery	0	0	0.0	0.0
28.	Credit	0	0	0.0	0.0
29.	International	0	0	0.0	0.0
30.	Warranty	0	0	0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0.0	0.0
35.	TOTALS	10,451,188	2,689,721	25.7	48.1
DETAILS OF WRITE-INS					
3401.				0.0	0.0
3402.				0.0	0.0
3403.				0.0	0.0
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	0	0	0
2.	Allied lines	0	0	0
3.	Farmowners multiple peril	0	0	0
4.	Homeowners multiple peril	0	0	0
5.	Commercial multiple peril	0	0	0
6.	Mortgage guaranty	0	0	0
8.	Ocean marine	0	0	0
9.	Inland marine	0	0	42
10.	Financial guaranty	0	0	0
11.1	Medical professional liability-occurrence	0	0	0
11.2	Medical professional liability-claims made	0	0	0
12.	Earthquake	0	0	0
13.	Group accident and health	0	0	0
14.	Credit accident and health	0	0	0
15.	Other accident and health	0	0	0
16.	Workers' compensation	0	0	(97,006)
17.1	Other liability occurrence	78,556	144,774	17,952
17.2	Other liability-claims made	0	0	0
17.3	Excess Workers' Compensation	0	0	0
18.1	Products liability-occurrence	0	0	0
18.2	Products liability-claims made	0	0	0
19.1,19.2	Private passenger auto liability	0	0	0
19.3,19.4	Commercial auto liability	5,513,198	11,891,833	6,104,429
21.	Auto physical damage	380,711	651,696	267,527
22.	Aircraft (all perils)	0	0	0
23.	Fidelity	0	0	0
24.	Surety	0	0	0
26.	Burglary and theft	0	0	0
27.	Boiler and machinery	0	0	0
28.	Credit	0	0	0
29.	International	0	0	0
30.	Warranty	0	0	0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0
35.	TOTALS	5,972,465	12,688,303	6,292,945
DETAILS OF WRITE-INS				
3401.		0		0
3402.		0		0
3403.		0		0
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2015 Loss and LAE Payments on Claims Reported as of Prior Year-End	2015 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2015 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2012 + Prior	4,534	1,059	5,593	1,918	213	2,131	3,540	393	(622)	3,311	924	(1,075)	(151)
2. 2013	3,360	100	3,460	1,170	130	1,300	3,347	372	(1,608)	2,111	1,157	(1,206)	(49)
3. Subtotals 2013 + prior	7,894	1,159	9,053	3,088	343	3,431	6,887	765	(2,230)	5,422	2,081	(2,281)	(200)
4. 2014	2,861	5,590	8,451	2,135	237	2,372	3,858	429	1,710	5,997	3,132	(3,214)	(82)
5. Subtotals 2014 + prior	10,755	6,749	17,504	5,223	580	5,803	10,745	1,194	(520)	11,419	5,213	(5,495)	(282)
6. 2015	XXX	XXX	XXX	XXX	1,709	1,709	XXX	1,354	3,942	5,296	XXX	XXX	XXX
7. Totals	10,755	6,749	17,504	5,223	2,289	7,512	10,745	2,548	3,422	16,715	5,213	(5,495)	(282)
8. Prior Year-End Surplus As Regards Policy-holders	12,894										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. 48.5	2. (81.4)	3. (1.6)
											Col. 13, Line 7 Line 8		
											4. (2.2)		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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


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

Explanation:

- 1.
- 2.
- 3.
- 4.


Bar Code:

1.




28339201549000002

2.




28339201545500002

3.



28339201536500002

4.



28339201550500002

OVERFLOW PAGE FOR WRITE-INS

PQ002 Additional Aggregate Lines for Page 02 Line 25.
*ASSETS

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
2504. Other receivables.....	20,045	20,045	0	0
2505.			0	0
2506.			0	0
2597. Summary of remaining write-ins for Line 25 from Page 02	20,045	20,045	0	0

PQ003 Additional Aggregate Lines for Page 03 Line 25.
*LIAB

	1 Current Statement Date	2 December 31, Prior Year
2504. Other liability - premium deficiency reserve.....	1,153	
2505. Miscellaneous payable.....	105	446
2506. Retroactive reinsurance reserve ceded.....	(2,618,264)	(3,505,385)
2597. Summary of remaining write-ins for Line 25 from Page 03	(2,617,007)	(3,504,940)

PQ004 Additional Aggregate Lines for Page 04 Line 14.
*STMTINCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1404. Fines and penalties.....	(542)	(321)	(929)
1497. Summary of remaining write-ins for Line 14 from Page 04	(542)	(321)	(929)

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Current year change in encumbrances .....		.0
4. Total gain (loss) on disposals .....		.0
5. Deduct amounts received on disposals .....		.0
6. Total foreign exchange change in book/adjusted carrying value .....		.0
7. Deduct current year's other-than-temporary impairment recognized .....		.0
8. Deduct current year's depreciation .....		.0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	.0	.0
10. Deduct total nonadmitted amounts .....	.0	.0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		.0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Total valuation allowance .....		.0
13. Subtotal (Line 11 plus Line 12) .....	.0	.0
14. Deduct total nonadmitted amounts .....	.0	.0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	300,000	.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease)	(78,746)	.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and depreciation .....		.0
9. Total foreign exchange change in book/adjusted carrying value .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	221,254	.0
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	221,254	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	31,257,856	24,079,338
2. Cost of bonds and stocks acquired	5,476,782	11,420,787
3. Accrual of discount	3,452	5,443
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	(24,004)	88,732
6. Deduct consideration for bonds and stocks disposed of	3,848,192	4,131,792
7. Deduct amortization of premium	108,453	204,652
8. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
9. Deduct current year's other-than-temporary impairment recognized .....	.0	.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	32,757,441	31,257,856
11. Deduct total nonadmitted amounts .....	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	32,757,441	31,257,856

STATEMENT AS OF JUNE 30, 2015 OF THE Gateway Insurance Company

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	26,965,429	8,478,656	7,030,577	(350,035)	26,965,429	28,063,473	0	28,028,610
2. NAIC 2 (a).....	4,117,205	1,074,857	0	291,375	4,117,205	5,483,437	0	3,925,304
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	31,082,634	9,553,513	7,030,577	(58,660)	31,082,634	33,546,910	0	31,953,914
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	31,082,634	9,553,513	7,030,577	(58,660)	31,082,634	33,546,910	0	31,953,914

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$0 ; NAIC 2 \$0 ;
NAIC 3 \$0 ; NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	789,463	XXX	789,463	0	0

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	696,053	243,106
2. Cost of short-term investments acquired	5,447,501	11,457,698
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	5,354,091	11,004,750
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	789,463	696,053
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	789,463	696,053

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

E04

[illegible]

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0

E05

E05

E05

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF JUNE 30, 2015 OF THE Gateway Insurance Company

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter							
1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total Cash Equivalents					0	0	0