



QUARTERLY STATEMENT

AS OF MARCH 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

MENNONITE MUTUAL INSURANCE COMPANY

| | | | | | | |
|---------------------------------------|--|------------------------|--|------------|---|------------|
| NAIC Group Code | 0000 (Current Period) | 0000 (Prior Period) | NAIC Company Code | 17299 | Employer's ID Number | 34-0396080 |
| Organized under the Laws of | Ohio | | State of Domicile or Port of Entry | Ohio | | |
| Country of Domicile | United States | | | | | |
| Incorporated/Organized | 02/01/1905 | | Commenced Business | 02/01/1895 | | |
| Statutory Home Office | 1000 South Main Street (Street and Number) | | Orrville, OH 44667-0300 (City or Town, State and Zip Code) | | | |
| Main Administrative Office | 1000 South Main Street (Street and Number) | | Orrville, OH 44667-0300 (City or Town, State and Zip Code) | | 330-683-3730-21 (Area Code) (Telephone Number) | |
| Mail Address | PO Box 300 (Street and Number or P.O. Box) | | Orrville, OH 44667-0300 (City or Town, State and Zip Code) | | Orrville, OH 44667-0300 (City or Town, State and Zip Code) | |
| Primary Location of Books and Records | 1000 South Main Street (Street and Number) | | Orrville, OH 44667-0300 (City or Town, State and Zip Code) | | 330-683-3730-118 (Area Code) (Telephone Number) | |
| Internet Web Site Address | mennonitemutual.com | | | | | |
| Statutory Statement Contact | Ric Hochstetler (Name) | | 330-683-3730-118 (Area Code) (Telephone Number) (Extension) | | 330-683-2083 (Fax Number) | |
| | rhochstetler@mennonitemutual.com (E-Mail Address) | | | | | |

OFFICERS

| | | | |
|---------------------|-----------|------------------|-----------|
| Name | Title | Name | Title |
| DAVID LUTHER LEHMAN | President | GEORGE BIXLER JR | Secretary |
| DAVID LUTHER LEHMAN | Treasurer | | |

OTHER OFFICERS

| | | | |
|-------------|--------------------------------|----------------|--------------------------|
| J MARK ZOOK | Vice-President of Underwriting | J TODD NEVILLE | Vice-President of Claims |
|-------------|--------------------------------|----------------|--------------------------|

DIRECTORS OR TRUSTEES

| | | | |
|-------------------------|---------------------|--------------------|---------------------|
| ROBERT EUGENE ASCHILMAN | GEORGE BIXLER JR | PAUL BONTRAGER | DAVID LUTHER LEHMAN |
| MORRIS STUTZMAN | CRAIG THOMAS MERCER | DONALD DRAVENSTOTT | TYSON L STUCKEY |

State of Ohio
County of Wayne

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.

| | | |
|----------------------------------|--------------------------------|----------------------------------|
| DAVID LUTHER LEHMAN President | GEORGE BIXLER, JR Secretary | DAVID LUTHER LEHMAN Treasurer |
|----------------------------------|--------------------------------|----------------------------------|

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
13 day of May, 2011

Melanie J Alger, Notary Public
April 9, 2016

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 11,489,780 | | 11,489,780 | 10,653,775 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | 0 | 0 |
| 2.2 Common stocks | 1,416,279 | | 1,416,279 | 1,351,577 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | 77,549 | | 77,549 | 79,008 |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | 815,940 | | 815,940 | 825,918 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | 0 | 0 |
| 4.3 Properties held for sale (less \$ encumbrances) | | | 0 | 0 |
| 5. Cash (\$ (129,433)), cash equivalents (\$ 0) | | | | |
| and short-term investments (\$ 2,356,259) | 2,226,826 | | 2,226,826 | 2,811,731 |
| 6. Contract loans (including \$ premium notes) | | | 0 | 0 |
| 7. Derivatives | | | 0 | 0 |
| 8. Other invested assets | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | .0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 16,026,374 | .0 | 16,026,374 | 15,722,009 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | 0 | 0 |
| 14. Investment income due and accrued | 115,980 | | 115,980 | .78,083 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 266,691 | | 266,691 | 284,248 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | 2,494,130 | | 2,494,130 | 2,352,251 |
| 15.3 Accrued retrospective premiums | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | | | 0 | 468,214 |
| 16.2 Funds held by or deposited with reinsured companies | | | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | | | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | | | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | 0 | 0 |
| 18.2 Net deferred tax asset | 552,108 | .365,661 | .186,447 | .207,400 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software | 152,709 | .137,734 | .14,975 | .28,728 |
| 21. Furniture and equipment, including health care delivery assets (\$) | .84,589 | .84,589 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | | | 0 | 0 |
| 24. Health care (\$) and other amounts receivable | | | 0 | 0 |
| 25. Aggregate write-ins for other than invested assets | .26,731 | .131 | .26,600 | .26,600 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 19,719,312 | 588,115 | 19,131,197 | 19,167,533 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 19,719,312 | 588,115 | 19,131,197 | 19,167,533 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | 0 | 0 |
| 1102. | | | | |
| 1103. | | | | |
| 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. Workers Comp Deposit | .131 | .131 | 0 | 0 |
| 2502. Federal Home Loan Bank | .26,600 | | .26,600 | .26,600 |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | .0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | .26,731 | .131 | .26,600 | .26,600 |

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31, Prior Year |
|--|--------------------------------|---------------------------------|
| 1. Losses (current accident year \$) | 1,240,491 | 1,506,765 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | 0 | 0 |
| 3. Loss adjustment expenses | 155,250 | 153,200 |
| 4. Commissions payable, contingent commissions and other similar charges | 560,991 | 684,553 |
| 5. Other expenses (excluding taxes, licenses and fees) | 86,057 | 254,639 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | 107,837 | 116,178 |
| 7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses)) | 155,186 | 96,686 |
| 7.2 Net deferred tax liability | 0 | 0 |
| 8. Borrowed money \$ and interest thereon \$ | 0 | 0 |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$). | 6,366,277 | 6,268,538 |
| 10. Advance premium | 260,255 | 219,255 |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | 0 | 0 |
| 11.2 Policyholders | 0 | 0 |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | (15,278) | (12,898) |
| 13. Funds held by company under reinsurance treaties | 0 | 0 |
| 14. Amounts withheld or retained by company for account of others | 535 | 1,070 |
| 15. Remittances and items not allocated | 10,657 | 17,789 |
| 16. Provision for reinsurance | 0 | 0 |
| 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 | 0 | 0 |
| 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 | 0 | 0 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 8,928,258 | 9,305,775 |
| 27. Protected cell liabilities | 0 | 0 |
| 28. Total liabilities (Lines 26 and 27) | 8,928,258 | 9,305,775 |
| 29. Aggregate write-ins for special surplus funds | 0 | 0 |
| 30. Common capital stock | 0 | 0 |
| 31. Preferred capital stock | 0 | 0 |
| 32. Aggregate write-ins for other than special surplus funds | 0 | 0 |
| 33. Surplus notes | 0 | 0 |
| 34. Gross paid in and contributed surplus | 0 | 0 |
| 35. Unassigned funds (surplus) | 10,202,939 | 9,861,758 |
| 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) | 10,202,939 | 9,861,758 |
| 38. Totals (Page 2, Line 28, Col. 3) | 19,131,197 | 19,167,533 |
| DETAILS OF WRITE-INS | | |
| 2501. | 0 | 0 |
| 2502. | 0 | 0 |
| 2503. | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 0 | 0 |
| 2901. | 0 | 0 |
| 2902. | 0 | 0 |
| 2903. | 0 | 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 | 0 |
| 3202. | 0 | 0 |
| 3203. | 0 | 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 AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

STATEMENT OF INCOME

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| UNDERWRITING INCOME | | | |
| 1. Premiums earned: | | | |
| 1.1 Direct (written \$ 3,244,661) | 3,130,824 | 2,980,228 | 12,260,259 |
| 1.2 Assumed (written \$ 560,626) | 544,528 | 574,394 | 2,288,824 |
| 1.3 Ceded (written \$ 2,684,035) | 2,586,296 | 2,405,834 | 9,998,479 |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year \$): | | | |
| 2.1 Direct | 969,159 | 1,058,650 | 7,136,200 |
| 2.2 Assumed | 0 | 0 | 6,836 |
| 2.3 Ceded | (15,262) | 104,341 | 1,854,902 |
| 2.4 Net | 984,421 | 954,309 | 5,288,134 |
| 3. Loss adjustment expenses incurred | 258,490 | 214,727 | 957,923 |
| 4. Other underwriting expenses incurred | 983,491 | 883,274 | 3,712,353 |
| 5. Aggregate write-ins for underwriting deductions | 0 | 0 | 0 |
| 6. Total underwriting deductions (Lines 2 through 5) | 2,226,402 | 2,052,310 | 9,958,410 |
| 7. Net income of protected cells | 0 | 0 | 0 |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7) | 359,894 | 353,524 | 40,069 |
| INVESTMENT INCOME | | | |
| 9. Net investment income earned | 85,594 | 88,773 | 349,828 |
| 10. Net realized capital gains (losses) less capital gains tax of \$ | (15,728) | 7,835 | 125,689 |
| 11. Net investment gain (loss) (Lines 9 + 10) | 69,866 | 96,608 | 475,517 |
| OTHER INCOME | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$) | 0 | 0 | 0 |
| 13. Finance and service charges not included in premiums | 20,722 | 28,383 | 125,505 |
| 14. Aggregate write-ins for miscellaneous income | 0 | (6,253) | (28,266) |
| 15. Total other income (Lines 12 through 14) | 20,722 | 22,130 | 97,239 |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) | 450,482 | 472,262 | 612,825 |
| 17. Dividends to policyholders | 0 | 0 | 0 |
| 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) | 450,482 | 472,262 | 612,825 |
| 19. Federal and foreign income taxes incurred | 153,509 | 160,600 | 205,724 |
| 20. Net income (Line 18 minus Line 19)(to Line 22) | 296,973 | 311,662 | 407,101 |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 9,861,758 | 9,324,983 | 9,324,983 |
| 22. Net income (from Line 20) | 296,973 | 311,662 | 407,101 |
| 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 \$ | 64,702 | 82,642 | 89,808 |
| 25. Change in net unrealized foreign exchange capital gain (loss) | 0 | 0 | 0 |
| 26. Change in net deferred income tax | (16,201) | (28,474) | 106,320 |
| 27. Change in nonadmitted assets | (4,293) | (16,564) | (66,454) |
| 28. Change in provision for reinsurance | 0 | 0 | 0 |
| 29. Change in surplus notes | 0 | 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) | 341,181 | 349,266 | 536,775 |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 10,202,939 | 9,674,249 | 9,861,758 |
| DETAILS OF WRITE-INS | | | |
| 0501. | | | |
| 0502. | | | |
| 0503. | | | |
| 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) | 0 | 0 | 0 |
| 1401. MISC | | (6,253) | (28,266) |
| 1402. | | 0 | 0 |
| 1403. | | 0 | 0 |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 | 0 |
| 1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) | 0 | (6,253) | (28,266) |
| 3701. | | | |
| 3702. | | | |
| 3703. | | | |
| 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 |

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|-------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance..... | 2,598,333 | 2,293,760 | 10,132,450 |
| 2. Net investment income..... | 54,999 | 117,736 | 469,046 |
| 3. Miscellaneous income | 20,722 | 22,130 | 97,239 |
| 4. Total (Lines 1 to 3) | 2,674,054 | 2,433,626 | 10,698,735 |
| 5. Benefit and loss related payments | 782,481 | 1,142,281 | 5,641,599 |
| 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 | 1,499,614 | 1,231,686 | 4,452,507 |
| 8. Dividends paid to policyholders | 0 | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | 109,738 | 381,970 | 423,678 |
| 10. Total (Lines 5 through 9) | 2,391,833 | 2,755,937 | 10,517,784 |
| 11. Net cash from operations (Line 4 minus Line 10) | 282,221 | (322,311) | 180,951 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 999,229 | 383,364 | 3,773,037 |
| 12.2 Stocks | 0 | 0 | 2,503,279 |
| 12.3 Mortgage loans | 1,459 | .928 | 5,674 |
| 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 | 5,226 | 92,619 | 1 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 1,005,914 | 476,911 | 6,281,991 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 1,860,961 | 1,337,448 | 5,755,140 |
| 13.2 Stocks | 0 | 0 | 1,223,852 |
| 13.3 Mortgage loans | 0 | 0 | 0 |
| 13.4 Real estate | 0 | 0 | 0 |
| 13.5 Other invested assets | 0 | 0 | 0 |
| 13.6 Miscellaneous applications | 0 | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 1,860,961 | 1,337,448 | 6,978,992 |
| 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) | (855,047) | (860,537) | (697,001) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | 0 | 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)..... | (12,079) | 69,827 | 69,038 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (12,079) | 69,827 | 69,038 |
| 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) | (584,905) | (1,113,021) | (447,012) |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year..... | 2,811,731 | 3,258,743 | 3,258,743 |
| 19.2 End of period (Line 18 plus Line 19.1) | 2,226,826 | 2,145,722 | 2,811,731 |

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

NOTE I - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. The financial statements of Mennonite Mutual Insurance Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual version effective January 1, 2001 ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Ohio.

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

| | State of Domicile | 2011 | 2010 |
|---|----------------------|-------------------|------------------|
| (1) Net Income ABC state basis | OH | 296,973 | 407,101 |
| (2) State Prescribed Practices (Income): Depreciation of fixed assets | | | |
| (3) State Permitted Practices (Income): Depreciation, home office property. | | | |
| (4) Net Income, NAIC SAP | | 296,973 | 407,101 |
| (5) Statutory Surplus ABC basis | | 10,202,939 | 9,861,758 |
| (6) State Prescribed Practices (Surplus): Goodwill, net Fixed Assets, net | | | |
| (7) State Permitted Practices (Surplus): Home Office Property | | | |
| (8) Statutory Surplus, NAIC SAP | | 10,202,939 | 9,861,758 |

B. Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

Reinsurance recoverables are estimates of paid and unpaid losses collectible from the Company's reinsurers. The amounts ultimately collected may be more or less than these estimates. Any adjustments of these estimates is reflected in income as they are determined. The Company periodically reviews the financial condition of its reinsurers and amounts recoverable therefrom, recording an allowance when necessary for uncollectible reinsurance.

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

The capitalization policy for fixed assets has not changed from prior year.

In addition the Company uses the following accounting policies:

1. Short-Term investments are stated at cost, which is also their fair value.
2. Bonds are stated at amortized cost using the interest method unless required by the NAIC to be carried at fair value.
3. Common stocks are stated at fair value except the stock of its uncombined subsidiary is carried on the equity basis.
4. Preferred stocks are stated at fair value.
5. Mortgage loans - are valued at unpaid balance.
6. Loan backed securities are stated at amortized cost using the interest method unless required by the NAIC to be carried at fair value.
7. Investments in Subsidiary, Controlled and Affiliated Entities

The Company carries Orrville Insurance Agency, Inc. at GAAP equity.

8. Joint Ventures, Partnerships, and Limited Liability Companies - N/A
9. Derivitives - N/A
10. The Company anticipates investment income as a factor in the premium deficiency calculation
11. Unpaid Claims, Losses and Loss Adjusting Expenses

Unpaid losses and loss adjustment expenses including an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed, and any adjustments are reflected in the period determined.

12. Capitalization policy - no change
13. Pharmaceutical rebate receivables - N/A

NOTE 2 - ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

A. (Description of above other than results from codification)

B. The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Ohio. Effective January 1, 2001, the State of Ohio required that insurance companies domiciled in the State of Ohio prepare their statutory basis financial statements in accordance with the NAIC Accounting

Practices Procedures Manual - Version effective January 1, 2001, subject to any deviations prescribed or permitted by the State of Ohio Insurance Commissioners.

As a result of these changes, the Company reported a change of accounting principle, as an adjustment which increased unassigned funds of \$95,541 as of January 1, 2001. Included in this total adjustment is an increase in unassigned funds of approximately \$95,541 related to deferred tax assets.

NOTE 3 - BUSINESS COMBINATIONS AND GOODWILL - N/A

NOTE 4 - DISCONTINUED OPERATIONS - N/A

NOTE 5 - INVESTMENTS

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

- A. Mortgage Loans - N/A
- B. Troubled Debt Restructuring - N/A
- C. Reverse Mortgages - N/A
- D. Loan Backed and Structured Securities - N/A
- E. Repurchase, Reverse Repurchase, and Dollar Repurchase Agreements
- F. Real Estate
- G. Investment in low income housing - N/A

For repurchase agreements, Company policies require a minimum of 102% of the fair value of securities purchased under repurchase agreements to be maintained as collateral. Cash collateral received is invested in short-term investments and the offsetting collateral liability is included in "Miscellaneous liabilities".

NOTE 6 - INVESTMENTS IN JOINT VENTURES, PARTNERSHIPS, AND LLC'S - N/A

NOTE 7 - INVESTMENT INCOME - N/A

NOTE 8 – DERIVATIVES – N/A

NOTE 9 - INCOME TAXES

A. Components of Net Deferred Tax Assets (Liabilities) at March 31, 2011 and 2010 are as follows:

| | March 31, 2011 | December 31, 2010 |
|-------------------------------------|-------------------|-------------------|
| Gross deferred tax assets | \$ 609,820 | \$ 608,773 |
| Gross deferred tax liabilities | <u>57,712</u> | <u>35,713</u> |
| Net deferred tax asset | 552,108 | 573,061 |
| Nonadmitted deferred tax assets | 365,661 | 288,918 |
| Admitted deferred tax asset | <u>\$ 186,447</u> | <u>232,260</u> |
| Increase (decrease) in non-admitted | | |
| Deferred tax assets | <u>\$ 0</u> | <u>\$76,743</u> |

NOTE 10 - INFORMATION CONCERNING PARENTS, SUBSIDIARIES, AND AFFILIATES

All outstanding shares of the Orrville Insurance Agency are owned by the Mennonite Mutual Insurance Company domiciled in the state of Ohio.

NOTE 11 - DEBT - N/A

NOTE 12 - BENEFIT PLANS

The Company has provided its employees with a 401 (K) retirement plan. The company also makes an additional contribution each year for all qualified employees.

NOTE 13 - CAPITAL AND SURPLUS AND SHAREHOLDERS' AND POLICYHOLDERS' DIVIDEND RESTRICTIONS

1. N/A

2. The Company has no preferred stock outstanding.

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

3. N/A

4. N/A

5. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

6. N/A

7. N/A

8. N/A

9. The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

| | |
|---------------------------------|-----------|
| 1. unrealized gains and losses: | \$ 64,702 |
| 2. nonadmitted asset values: | (4,293) |
| 3. provision for reinsurance: | 0 |

10. N/A

NOTE 14 - CONTINGENCIES

A. Liabilities, Contingencies and Impairment of Assets

Various lawsuits against the Company regarding questions of coverage have arisen in the course of the Company's business. Contingent liabilities arising from litigation and other matters are not considered material in relation to the financial position of the Company.

B. Guarantee Fund and Other Assessments

C. Gain Contingencies

D. All Other

NOTE 15 - LEASES - N/A

NOTE 16 - FINANCIAL INSTRUMENTS AND OFF-BALANCE SHEET RISK - N/A

NOTE 17 - TRANSFERS AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES - N/A

NOTE 18 - UNINSURED PLANS - NA

NOTE 19 - MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS - NA

NOTE 20 – FAIR VALUE MEASUREMENT

Fair values are based on quoted market prices when available. The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on Statutory Accounting Principle No. 100, Fair Value Measurements. Level 1 inputs consist of unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date. Level 2 inputs consist of quoted prices for similar assets and liabilities in active markets, quoted prices from those willing to trade markets that are not active, or other inputs that are observable or can be confirmed by market data for the term of the instrument. Level 3 inputs consist of unobservable inputs (supported by little or no market activity) and reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

The following table provides information as of March 31, 2011 about the Company's financial assets measured at fair value on a recurring basis:

| | | |
|---------------|-------------|-------------|
| Quoted Prices | Significant | Significant |
|---------------|-------------|-------------|

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

| | in Active Markets for Identical Assets (Level1) | Other Observable Inputs (Level 2) | Unobservable Inputs (Level 3) | Total at December 31, 2010 |
|--------------|--|--|-------------------------------------|----------------------------------|
| Common Stock | 1,361,427 | 54,752 | 100 | 1,416,279 |
| Total | 1,361,427 | 54,752 | 100 | 1,416,279 |

The following summarized the changes in assets classified in Level 3 for 2010:

| | Common stock of affiliate |
|-------------------------------------|------------------------------|
| Balance at January 01, 2011 | 100 |
| Unrealized gain included in surplus | 0 |
| Balance at March 31, 2011 | 100 |

NOTE 21 – OTHER ITEMS - N/A

NOTE 22 – EVENTS SUBSEQUENT - N/A

NOTE 23 - REINSURANCE

A. Unsecured reinsurance recoverables in excess of 3% of surplus

1. 43-1898350 Maiden Reinsurance 1,098,623

B. Reinsurance Recoverable in Dispute

C. Reinsurance Assumed and Ceded

| | ASSUMED REINSURANCE | | CEDED REINSURANCE NET | | (5) | (6) |
|------------------------------------|------------------------|----------------------|--------------------------|----------------------|--------------------|----------------------|
| | (1) | (2) | (3) | (4) | | |
| | Premium Reserve | Commission Equity | Premium Reserve | Commission Equity | Premium Reserve | Commission Equity |
| 1. Affiliates | | | | | | |
| 2. All Other | \$ 0 | \$ 0 | \$138,355 | \$41,507 | \$138,355 | \$41,507 |
| 3. Total | | | | | | |
| 4. Direct Unearned Premium reserve | \$ 6,492,023 | | | | | |

D. Uncollectible Reinsurance - N/A

E. Commutation of Ceded Reinsurance - NA

F. Retroactive Reinsurance - N/A

NOTE 24 - RETROSPECTIVELY RATED CONTRACTS - N/A

NOTE 25- CHANGES IN INCURRED LOSSES AND LAE

The estimated cost of loss and loss adjustment expenses (LAE) attributable to insured events of prior years decreased by 547,943 during 2010. Increases or decreases of this nature occur as the result of claim settlements during the current year, and as additional information is received regarding individual claims, causing changes from the original estimates of the cost of these claims.

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

| | 2010 Calendar Year Losses & LAE Incurred | 2010 Loss Year Losses & LAE Incurred | Total Shortage (Redundancy) | Loss & DCC Shortage (Redundancy) | Impact of AO on Total Shortage (Redundancy) |
|--|--|--|-----------------------------------|--|--|
| | | Sch. P – Part 1 | | Sch. P – Part 2 | |
| Net Losses Incurred Page 4, Col.1, Line 2 | | 5,288,134 | | | |
| Net LAE Incurred Page 4, Col.1, Line 3 | | <u>957,923</u> | | | |
| Sch.P Part 1 Summary Col 28, Line 11 | | 6,246,057 | | | |
| ROLLFORWARD | | | | | |
| Unpaid losses & LAE At Beginning of Year | | 6,794,000 | (547,943) | (508,000) | (39,943) |
| Losses & LAE incurred in current year: | | | | | |
| For current year losses And LAE (Sch. P Part1) | | 1,692,392 | | | |
| For prior year losses & defence Cost containment expenses (Sch.P Part 2) | | 6,794,000 | | | |
| For prior year adjusting & Other expenses | | (508,000) | | | |
| For prior year adjusting & Other expenses | | <u>(39,943)</u> | | | |
| Income Statement Col 1, Lines 2 and 3 | | 6,246,057 | | | |

NOTE 26 - INTERCOMPANY POOLING ARRANGEMENTS - NA

NOTE 27 - STRUCTURED SETTLEMENTS - N/A

NOTE 28 – HEALTH CARE RECEIVABLES - N/A

NOTE 29 – PARTICIPATING POLICIES - N/A

NOTE 30 – PREMIUM DEFICIENCY RESERVES -

| | <u>Fire</u> | <u>HO/FO</u> | <u>CMP</u> | <u>G/L</u> | <u>CAP</u> | <u>Total</u> |
|--|----------------|----------------|----------------|----------------|----------------|------------------|
| Unearned premium reserve at 12/31/10 | 890,597 | 3,755,386 | 1,021,721 | 328,839 | 271,995 | 6,268,538 |
| Anticipated loss and adjusting (5 year average) | -489,133 | -2,409,780 | -494,811 | -96,438 | -80,929 | -3,571,091 |
| Acquisition costs (at renewal) | 0 | 0 | 0 | 0 | 0 | 0 |
| Policy maintenance cost (16.5% estimate) | -146,949 | -619,639 | -168,584 | -54,258 | -44,879 | -1,034,309 |
| If negative - deficiency | <u>254,515</u> | <u>725,968</u> | <u>358,326</u> | <u>178,143</u> | <u>146,186</u> | <u>1,663,138</u> |
| Net earned premium 2006 | 1,217 | 5,643 | 1,253 | 482 | 547 | |
| Net earned premium 2007 | 1,258 | 5,853 | 1,252 | 487 | 548 | |

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY**NOTES TO FINANCIAL STATEMENTS**

| | | | | | |
|------------------------------|--------------|---------------|--------------|--------------|--------------|
| Net earned premium 2008 | 1,295 | 5,762 | 1,303 | 450 | 487 |
| Net earned premium 2009 | 1,359 | 6,014 | 1,349 | 471 | 464 |
| Net earned premium 2010 | 1,149 | 6,071 | 1,432 | 531 | 515 |
| | 6,278 | 29,343 | 6,589 | 2,421 | 2,561 |
| Net incurred loss & lae 2006 | 675 | 3,307 | 434 | 183 | 72 |
| Net incurred loss & lae 2007 | 554 | 3,913 | 610 | 184 | 108 |
| Net incurred loss & lae 2008 | 557 | 3,498 | 431 | 101 | 156 |
| Net incurred loss & lae 2009 | 830 | 3,634 | 671 | 65 | 163 |
| Net incurred loss & lae 2010 | 832 | 4,477 | 1,045 | 177 | 263 |
| | 3,448 | 18,829 | 3,191 | 710 | 762 |

Note 30

The Company evaluated the need to record a premium deficiency reserve as of the end of the year and determined a reserve was not required. This evaluation was completed subsequent to year end. The Company does not anticipate investment income when evaluating the need for premium deficiency reserves.

NOTE 31 – HIGH DEDUCTIBLES – N/A**NOTE 32 – DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES AND LAE - N/A****NOTE 33 - ASBESTOS AND ENVIRONMENTAL CLAIMS**

A. Does the Company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to asbestos losses? Yes () No (X)

NOTE 34 - SUBSCRIBER SAVINGS ACCOUNTS – N/A**NOTE 35 – MULTIPLE PERIL CROP INSURANCE – N/A****NOTE 36 – FINANCIAL GUARANTY INSURANCE - NA**

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
If yes, complete the Schedule Y - Part 1 - organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2007

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. 12/31/2007

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). 02/13/2009

6.4 By what department or departments?

Ohio Department of Insurance.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] NA []

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

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

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), 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 OTS | 6 FDIC | 7 SEC |
|---------------------|--------------------------------|----------|----------|----------|-----------|----------|
| | | | | | | |

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?..... Yes [X] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

9.2 Has the code of ethics for senior managers been amended?..... Yes [] No [X]

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

9.3 Have any provisions of the code of ethics been waived for any of the specified officers?..... Yes [] No [X]

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

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes [] No [X]

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 [X] No []

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [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.

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY**GENERAL INTERROGATORIES**

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?.....

Yes No

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

| 1 Name of Custodian(s) | 2 Custodian Address |
|---|--|
| Wayne Savings Community Bank..... The Commercial & Savings Bank..... | Wooster, Ohio 44691..... 91 N Clay Street, Millersburg, Ohio 44654..... |

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

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

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?.....

Yes No

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

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

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

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|--------------------------------------|--------------|--------------|
| | | |

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?.....

Yes No

17.2 If no, list exceptions:

.....

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY**GENERAL INTERROGATORIES**

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

**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:

| 1 Line of Business | 2 Maximum Interest | 3 Discount Rate | TOTAL DISCOUNT | | | DISCOUNT TAKEN DURING PERIOD | | | 10 IBNR | 11 TOTAL |
|-----------------------|--------------------------|-----------------------|-----------------------|--------------------|-----------|------------------------------|-----------------------|--------------------|------------|-------------|
| | | | 4 Unpaid Losses | 5 Unpaid LAE | 6 IBNR | 7 TOTAL | 8 Unpaid Losses | 9 Unpaid LAE | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | TOTAL | 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 MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE F—CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

| States, etc. | 1 Active Status | Direct Premiums Written | | Direct Losses Paid (Deducting Salvage) | | Direct Losses Unpaid | |
|---|--------------------|---------------------------|-------------------------|--|-------------------------|---------------------------|-------------------------|
| | | 2 Current Year To Date | 3 Prior Year To Date | 4 Current Year To Date | 5 Prior Year To Date | 6 Current Year To Date | 7 Prior Year To Date |
| 1. Alabama | AL | N | 0 | 0 | 0 | 0 | 0 |
| 2. Alaska | AK | N | 0 | 0 | 0 | 0 | 0 |
| 3. Arizona | AZ | N | 0 | 0 | 0 | 0 | 0 |
| 4. Arkansas | AR | N | 0 | 0 | 0 | 0 | 0 |
| 5. California | CA | N | 0 | 0 | 0 | 0 | 0 |
| 6. Colorado | CO | N | 0 | 0 | 0 | 0 | 0 |
| 7. Connecticut | CT | N | 0 | 0 | 0 | 0 | 0 |
| 8. Delaware | DE | N | 0 | 0 | 0 | 0 | 0 |
| 9. District of Columbia | DC | N | 0 | 0 | 0 | 0 | 0 |
| 10. Florida | FL | N | 0 | 0 | 0 | 0 | 0 |
| 11. Georgia | GA | N | 0 | 0 | 0 | 0 | 0 |
| 12. Hawaii | HI | N | 0 | 0 | 0 | 0 | 0 |
| 13. Idaho | ID | N | 0 | 0 | 0 | 0 | 0 |
| 14. Illinois | IL | N | 0 | 0 | 0 | 0 | 0 |
| 15. Indiana | IN | L | 136,168 | 12,701 | 36,324 | 0 | 41,055 |
| 16. Iowa | IA | N | 0 | 0 | 0 | 0 | 0 |
| 17. Kansas | KS | N | 0 | 0 | 0 | 0 | 0 |
| 18. Kentucky | KY | N | 0 | 0 | 0 | 0 | 0 |
| 19. Louisiana | LA | N | 0 | 0 | 0 | 0 | 0 |
| 20. Maine | ME | N | 0 | 0 | 0 | 0 | 0 |
| 21. Maryland | MD | N | 0 | 0 | 0 | 0 | 0 |
| 22. Massachusetts | MA | N | 0 | 0 | 0 | 0 | 0 |
| 23. Michigan | MI | N | 0 | 0 | 0 | 0 | 0 |
| 24. Minnesota | MN | N | 0 | 0 | 0 | 0 | 0 |
| 25. Mississippi | MS | N | 0 | 0 | 0 | 0 | 0 |
| 26. Missouri | MO | N | 0 | 0 | 0 | 0 | 0 |
| 27. Montana | MT | N | 0 | 0 | 0 | 0 | 0 |
| 28. Nebraska | NE | N | 0 | 0 | 0 | 0 | 0 |
| 29. Nevada | NV | N | 0 | 0 | 0 | 0 | 0 |
| 30. New Hampshire | NH | N | 0 | 0 | 0 | 0 | 0 |
| 31. New Jersey | NJ | N | 0 | 0 | 0 | 0 | 0 |
| 32. New Mexico | NM | N | 0 | 0 | 0 | 0 | 0 |
| 33. New York | NY | N | 0 | 0 | 0 | 0 | 0 |
| 34. No. Carolina | NC | N | 0 | 0 | 0 | 0 | 0 |
| 35. No. Dakota | ND | N | 0 | 0 | 0 | 0 | 0 |
| 36. Ohio | OH | L | 3,108,493 | 3,024,874 | 1,228,190 | 1,281,786 | 2,122,585 |
| 37. Oklahoma | OK | N | 0 | 0 | 0 | 0 | 0 |
| 38. Oregon | OR | N | 0 | 0 | 0 | 0 | 0 |
| 39. Pennsylvania | PA | N | 0 | 0 | 0 | 0 | 0 |
| 40. Rhode Island | RI | N | 0 | 0 | 0 | 0 | 0 |
| 41. So. Carolina | SC | N | 0 | 0 | 0 | 0 | 0 |
| 42. So. Dakota | SD | N | 0 | 0 | 0 | 0 | 0 |
| 43. Tennessee | TN | N | 0 | 0 | 0 | 0 | 0 |
| 44. Texas | TX | N | 0 | 0 | 0 | 0 | 0 |
| 45. Utah | UT | N | 0 | 0 | 0 | 0 | 0 |
| 46. Vermont | VT | N | 0 | 0 | 0 | 0 | 0 |
| 47. Virginia | VA | N | 0 | 0 | 0 | 0 | 0 |
| 48. Washington | WA | N | 0 | 0 | 0 | 0 | 0 |
| 49. West Virginia | WV | N | 0 | 0 | 0 | 0 | 0 |
| 50. Wisconsin | WI | N | 0 | 0 | 0 | 0 | 0 |
| 51. Wyoming | WY | N | 0 | 0 | 0 | 0 | 0 |
| 52. American Samoa | AS | N | 0 | 0 | 0 | 0 | 0 |
| 53. Guam | GU | N | 0 | 0 | 0 | 0 | 0 |
| 54. Puerto Rico | PR | N | 0 | 0 | 0 | 0 | 0 |
| 55. U.S. Virgin Islands | VI | N | 0 | 0 | 0 | 0 | 0 |
| 56. Northern Mariana Islands | MP | N | 0 | 0 | 0 | 0 | 0 |
| 57. Canada | CN | N | 0 | 0 | 0 | 0 | 0 |
| 58. Aggregate Other Alien | OT | XXX | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | (a) | 2 | 3,244,661 | 3,037,575 | 1,264,514 | 1,281,786 | 2,163,640 |
| DETAILS OF WRITE-INS | | XXX | | | | | |
| 5801. | | XXX | | | | | |
| 5802. | | XXX | | | | | |
| 5803. | | XXX | | | | | |
| 5898. Summary of remaining write-ins for Line 58 from overflow page | | XXX | 0 | 0 | 0 | 0 | 0 |
| 5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above) | | XXX | 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.

All of the premiums with respect to every kind of insurance transacted are allocated to the state in which the property or insured is located. Losses are allocated to the state in which the premium was allocated.

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

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

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

PART 1 - LOSS EXPERIENCE

| Line of Business | Current Year to Date | | | 4 Prior Year to Date Direct Loss Percentage |
|--|--------------------------------|--------------------------------|--------------------------------|--|
| | 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | |
| 1. Fire | 410,909 | (50,940) | (12.4) | 85.7 |
| 2. Allied lines | | 0.0 | 0.0 | 0.0 |
| 3. Farmowners multiple peril | 1,085,590 | 276,018 | 25.4 | 8.5 |
| 4. Homeowners multiple peril | 751,858 | 562,474 | 74.8 | 72.8 |
| 5. Commercial multiple peril | 519,881 | 148,350 | 28.5 | 26.4 |
| 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 | 0.0 |
| 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 | | 0.0 | 0.0 | 0.0 |
| 17.1 Other liability occurrence | 213,485 | (12,960) | (6.1) | (19.8) |
| 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 | 94,518 | 8,500 | 9.0 | (8.7) |
| 21. Auto physical damage | 54,583 | 37,717 | 69.1 | 36.7 |
| 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 |
| TOTALS | 3,130,824 | 969,159 | 31.0 | 35.5 |
| DETAILS OF WRITE-INS | | | | |
| 3401. | | | | |
| 3402. | | | | |
| 3403. | | | | |
| 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 Current Quarter | 2 Current Year to Date | 3 Prior Year Year to Date |
|--|-------------------------|------------------------------|---------------------------------|-------------------------|------------------------------|---------------------------------|
| | | | | 1 Current Quarter | 2 Current Year to Date | 3 Prior Year Year to Date |
| 1. Fire | 357,174 | 357,174 | 375,768 | | | |
| 2. Allied lines | 0 | 0 | 0 | | | |
| 3. Farmowners multiple peril | 1,146,991 | 1,146,991 | 1,184,608 | | | |
| 4. Homeowners multiple peril | 673,430 | 673,430 | 636,114 | | | |
| 5. Commercial multiple peril | 667,754 | 667,754 | 457,986 | | | |
| 6. Mortgage guaranty | 0 | 0 | 0 | | | |
| 8. Ocean marine | 0 | 0 | 0 | | | |
| 9. Inland marine | 0 | 0 | 0 | | | |
| 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 | 0 | | | |
| 17.1 Other liability-occurrence | 212,268 | 212,268 | 198,439 | | | |
| 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 | 83,597 | 83,597 | 131,019 | | | |
| 21. Auto physical damage | 103,447 | 103,447 | 53,641 | | | |
| 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 | | | |
| TOTALS | 3,244,661 | 3,244,661 | 3,037,575 | | | |
| DETAILS OF WRITE-INS | | | | | | |
| 3401. | | | | | | |
| 3402. | | | | | | |
| 3403. | | | | | | |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | 0 | 0 | 0 | 0 | | |
| 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34) | 0 | 0 | 0 | 0 | | |

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

| Years in Which Losses Occurred | 1 Prior Year-End Known Case Loss and LAE Reserves | 2 Prior Year-End IBNR Loss and LAE Reserves | 3 Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2) | 4 2011 Loss and LAE Payments on Claims Reported as of Prior Year-End | 5 2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End | 6 Total 2011 Loss and LAE Payments (Cols. 4 + 5) | 7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End | 8 Q.S. Date IBNR Loss and LAE Reserves | 9 | 10 Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9) | 11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1) | 12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2) | 13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12) |
|---|--|--|---|---|---|---|---|---|------|--|--|--|---|
| 1. 2008 + Prior | 179 | 78 | 257 | 18 | | 18 | 157 | | .59 | 216 | (4) | (19) | (23) |
| 2. 2009 | 136 | 71 | 207 | 7 | | 7 | 108 | | .48 | 156 | (21) | (23) | (44) |
| 3. Subtotals 2009 + prior | 315 | 149 | 464 | 25 | 0 | 25 | 265 | 0 | 107 | 372 | (25) | (42) | (67) |
| 4. 2010 | 891 | 306 | 1,197 | 596 | 37 | 633 | 142 | 23 | .155 | 320 | (153) | (91) | (244) |
| 5. Subtotals 2010 + prior | 1,206 | 455 | 1,661 | 621 | 37 | 658 | 407 | 23 | .262 | 692 | (178) | (133) | (311) |
| 6. 2011 | XXX | XXX | XXX | XXX | | 850 | XXX | .344 | .360 | 704 | XXX | XXX | XXX |
| 7. Totals | 1,206 | 455 | 1,661 | 621 | 887 | 1,508 | 407 | 367 | 622 | 1,396 | (178) | (133) | (311) |
| 8. Prior Year-End Surplus As Regards Policy-holders | | 9,862 | | | | | | | | | 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. (14.8) | 2. (29.2) | 3. (18.7) |
| | | | | | | | | | | | | | Col. 13, Line 7 As a % of Col. 1 Line 8 |
| | | | | | | | | | | | | | 4. (3.2) |

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing on "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 Supplement be filed with the state of domicile and the NAIC with this statement?YES.....

Explanation:

- 1.
- 2.
- 3.

Bar Code:

1.  1 7 2 9 9 2 0 1 1 4 9 0 0 0 0 0 1
2.  1 7 2 9 9 2 0 1 1 4 5 5 0 0 0 0 0 1
3.  1 7 2 9 9 2 0 1 1 3 6 5 0 0 0 0 0 1

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE A - VERIFICATION

Real Estate

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 825,918 | 865,828 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | 0 | 0 |
| 2.2 Additional investment made after acquisition | 0 | 0 |
| 3. Current year change in encumbrances | 0 | 0 |
| 4. Total gain (loss) on disposals | 0 | 0 |
| 5. Deduct amounts received on disposals | 0 | 0 |
| 6. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 7. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 8. Deduct current year's depreciation | 9,978 | 39,910 |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | 815,940 | 825,918 |
| 10. Deduct total nonadmitted amounts | 0 | 0 |
| 11. Statement value at end of current period (Line 9 minus Line 10) | 815,940 | 825,918 |

SCHEDULE B – VERIFICATION

Mortgage Loans

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | 79,008 | 84,682 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | 0 | 0 |
| 2.2 Additional investment made after acquisition | 0 | 0 |
| 3. Capitalized deferred interest and other | 0 | 0 |
| 4. Accrual of discount | 0 | 0 |
| 5. Unrealized valuation increase (decrease) | 0 | 0 |
| 6. Total gain (loss) on disposals | 0 | 0 |
| 7. Deduct amounts received on disposals | 1,459 | 5,674 |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees | 0 | 0 |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest | 0 | 0 |
| 10. Deduct current year's other than temporary impairment recognized | 0 | 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) | 77,549 | 79,008 |
| 12. Total valuation allowance | 0 | 0 |
| 13. Subtotal (Line 11 plus Line 12) | 77,549 | 79,008 |
| 14. Deduct total nonadmitted amounts | 0 | 0 |
| 15. Statement value at end of current period (Line 13 minus Line 14) | 77,549 | 79,008 |

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

| | 1 Year To Date | 2 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 | 0 |
| 2.2 Additional investment made after acquisition | 0 | 0 |
| 3. Capitalized deferred interest and other | 0 | 0 |
| 4. Accrual of discount | 0 | 0 |
| 5. Unrealized valuation increase (decrease) | 0 | 0 |
| 6. Total gain (loss) on disposals | 0 | 0 |
| 7. Deduct amounts received on disposals | 0 | 0 |
| 8. Deduct amortization of premium and depreciation | 0 | 0 |
| 9. Total foreign exchange change in book/adjusted carrying value | 0 | 0 |
| 10. Deduct current year's other than temporary impairment recognized | 0 | 0 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | 0 | 0 |
| 12. Deduct total nonadmitted amounts | 0 | 0 |
| 13. Statement value at end of current period (Line 11 minus Line 12) | 0 | 0 |

SCHEDULE D – VERIFICATION

Bonds and Stocks

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 12,005,352 | 11,098,419 |
| 2. Cost of bonds and stocks acquired | 1,860,961 | 6,978,992 |
| 3. Accrual of discount | 1,264 | 6,384 |
| 4. Unrealized valuation increase (decrease) | 69,454 | 136,074 |
| 5. Total gain (loss) on disposals | (15,728) | 125,689 |
| 6. Deduct consideration for bonds and stocks disposed of | 999,229 | 6,276,316 |
| 7. Deduct amortization of premium | 16,016 | 63,889 |
| 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) | 12,906,059 | 12,005,352 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 12,906,059 | 12,005,352 |

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL 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 Rating Class

| | 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. Class 1 (a)..... | 13,304,315 | 2,145,914 | 1,589,422 | (14,768) | 13,846,039 | 0 | 0 | 13,304,315 |
| 2. Class 2 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Class 3 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Class 4 (a)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Class 5 (a)..... | 438,521 | 0 | 443,289 | 4,768 | 0 | 0 | 0 | 438,521 |
| 6. Class 6 (a) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Total Bonds | 13,742,836 | 2,145,914 | 2,032,711 | (10,000) | 13,846,039 | 0 | 0 | 13,742,836 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Class 2..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Class 3..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Class 4..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Class 5..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Class 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 | 13,742,836 | 2,145,914 | 2,032,711 | (10,000) | 13,846,039 | 0 | 0 | 13,742,836 |

(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 \$.....2,356,259 ; NAIC 2 \$.....0 ; NAIC 3 \$.....0 ; NAIC 4 \$.....0 ; NAIC 5 \$.....0 ; NAIC 6 \$.....0

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE DA - PART 1

| Short-Term Investments | | | | | |
|-------------------------------|--------------------------------------|----------------|------------------|---|---|
| | 1 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
| 9199999 | 2,356,259 | XXX | 2,356,259 | 1,677 | 0 |

SCHEDULE DA - VERIFICATION

| Short-Term Investments | | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year..... | | 3,089,061 | 3,339,832 |
| 2. Cost of short-term investments acquired | | 284,952 | 3,025,485 |
| 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..... | | 1,017,754 | 3,276,257 |
| 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)..... | | 2,356,259 | 3,089,061 |
| 11. Deduct total nonadmitted amounts..... | | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | | 2,356,259 | 3,089,061 |

SCHEDULE DB - PART A - VERIFICATION

Options, caps, floors, collars, swaps and forwards

NONE

| | |
|--|---|
| 1. Book/Adjusted Carrying Value, December 31, prior year (Line 9, prior year) | 0 |
| 2. Cost Paid/(Consideration Received) on additions | |
| 3. Unrealized Valuation increase/(decrease) | |
| 4. Total gain (loss) on termination recognized | |
| 5. Considerations received/(paid) on terminations | |
| 6. Amortization | |
| 7. Adjustment to the Book/Adjusted Carrying Value of hedged item | |
| 8. Total foreign exchange change in Book/Adjusted Carrying Value | |
| 9. Book/Adjusted Carrying Value at End of Current Period (Lines 1+2+3+4-5+6+7+8) | 0 |
| 10. Deduct nonadmitted assets | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | 0 |

SCHEDULE DB - PART B - VERIFICATION

Futures Contracts

| | |
|--|---|
| 1. Book/Adjusted carrying value, December 31 of prior year | 0 |
| 2. Net cash deposits (Section 1, Broker Name/Net Cash Deposits Footnote) | 0 |
| 3.1 Change in variation margin on open contracts | |
| 3.2 Add: | |
| Change in adjustment to basis of hedged item | |
| 3.21 Section 1, Column 17, current year to date minus | 0 |
| 3.22 Section 1, Column 17, prior year | 0 |
| Change in amount recognized | |
| 3.23 Section 1, Column 16, current year to date minus | 0 |
| 3.24 Section 1, Column 16, prior year | 0 |
| 3.3 Subtotal (Line 3.1 minus Line 3.2) | 0 |
| 4.1 Variation margin on terminated contracts during the year | |
| 4.2 Less: | |
| 4.21 Amount used to adjust basis of hedged item | |
| 4.22 Amount recognized | 0 |
| 4.3 Subtotal (Line 4.1 minus Line 4.2) | 0 |
| 5. Dispositions gains (losses) on contracts terminated in prior year: | |
| 5.1 Recognized | |
| 5.2 Used to adjust basis of hedged items | |
| 6. Book/Adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2) | 0 |
| 7. Deduct total nonadmitted amounts | |
| 8. Statement value at end of current period (Line 6 minus Line 7) | 0 |

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE DB - PART C- SECTION 1

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE DB - PART C - SECTION 2

| | First Quarter | Second Quarter | Third Quarter | Fourth Quarter | Year-To-Date |
|--|---------------|----------------|---------------|----------------|--------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. Beginning Inventory | 0 | 0 | 0 | 0 | 0 |
| 2. Add: Opened or Acquired Transactions | | | | | 0 |
| 3. Add: Increases in Replication(Synthetic Asset) Transactions Statement Value | XXX | | XXX | | 0 |
| 4. Less: Closed or Disposed of Transactions | | | | | 0 |
| 5. Less: Positions Disposed of for Failing Effectiveness Criteria | | | | | 0 |
| 6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value | XXX | | XXX | | 0 |
| 7. Ending Inventory | 0 | 0 | 0 | 0 | 0 |

SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

| | Book/Adjusted Carrying Value Check |
|--|------------------------------------|
| 1. Part A, Section 1, Column 14..... | 0 |
| 2. Part B, Section 1, Column 14..... | 0 |
| 3. Total (Line 1 plus Line 2)..... | 0 |
| 4. Part D, Column 5..... | 0 |
| 5. Part D, Column 6..... | 0 |
| 6. Total (Line 3 minus Line 4 minus Line 5)..... | 0 |

NONE

| | Fair Value Check |
|---|------------------|
| 7. Part A, Section 1, Column 16..... | 0 |
| 8. Part B, Section 1, Column 13..... | 0 |
| 9. Total (Line 7 plus Line 8)..... | 0 |
| 10. Part D, Column 8..... | 0 |
| 11. Part D, Column 9..... | 0 |
| 12. Total (Line 9 minus Line 10 minus Line 11)..... | 0 |

| | Potential Exposure Check |
|---|--------------------------|
| 13. Part A, Section 1, Column 21..... | 0 |
| 14. Part B, Section 1, Column 19..... | 0 |
| 15. Part D, Column 11..... | 0 |
| 16. Total (Line 13 plus Line 14 minus Line 15)..... | 0 |

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE E-VERIFICATION

(Cash Equivalents)

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 0 | 0 |
| 2. Cost of cash equivalents acquired | 0 | 0 |
| 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 | 0 | 0 |
| 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) | 0 | 0 |
| 11. Deduct total nonadmitted amounts | 0 | 0 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 0 | 0 |

NONE

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE A - PART 2

SCHEDULE A - PART 3

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE B - PART 2

| 1 Loan Number | 2 City | 3 Location | Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter | | | 6 Additional Investment Made after Acquisitions | 7 Actual Cost at Time of Acquisition | 8 Value of Land and Buildings | 9 | | | | | | |
|--|-----------|---------------|---|--------------------|-----------------------|--|---|----------------------------------|---|--|--|--|--|--|--|
| | | | 4 Loan Type | 5 Date Acquired | 6 Rate of Interest | | | | | | | | | | |
| M O N N E | | | | | | | | | | | | | | | |
| 3399999 Totals | | | | | | | | | | | | | | | |

SCHEDULE B - PART 3

| 1 Loan Number | 2 City | 3 Location | Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter | | | | | | 14 Book Value/Recorded Investment Excluding Accrued Interest on Disposal | 15 Foreign Exchange Gain (Loss) on Disposal | 16 Realized Gain (Loss) on Disposal | 17 | 18 Total Gain (Loss) on Disposal | | | |
|--|-----------|---------------|---|--------------------|--------------------|---|---|---|---|--|--|--|-------------------------------------|--|--|--|
| | | | 4 Loan Type | 5 Date Acquired | 6 Disposal Date | 7 Book Value/Recorded Investment Excluding Accrued Interest Prior Year | 8 Unrealized Valuation Increase (Decrease) | 9 Current Year's (Amortization)/ Accretion | 10 Current Year's Other Than Temporary Impairment Recognized | 11 Capitalized Deferred Interest and Other | 12 Total Change in Book Value (8+9-10-11) | 13 Total Foreign Exchange in Book Value | | | | |
| M O N N E | | | | | | | | | | | | | | | | |
| 0599999 Totals | | | | | | | | | | | | | | | | |

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE BA - PART 2

SCHEDULE BA - PART 3

| Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter | | | | | | | | | | | |
|--|------------------------|------|----------|--|--------------------------------|------------------|--|---|--|---|--|
| 1 | 2 | 3 | Location | 4 | 5 | 6 | 7 | 8 | Book/Adjusted Carrying Value | 9 | 10 |
| | | | | | | | | | | | |
| CUSIP Identification | Name or Description | City | State | Name of Purchaser or Nature of Disposal | Date Originally Acquired | Disposal Date | Book/Adjusted Carrying Value Less Encumbrances, Prior Year | Unrealized Valuation Increase (Decrease) | Current Year's (Depreciation) or (Amortization)/ Accretion | Capitalized Interest and Other Temporary Impairment Recognized | Total Foreign Exchange Change in B/A.C.V. (9+10-11+12) |
| 3999999 - Subtotals Unaffiliated | | | | | | | | | | | |
| 4099999 - Subtotals Affiliated | | | | | | | | | | | |
| 4199999 TOTALS | | | | | | | | | | | |

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE D - PART 3

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

0

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE D - PART 4

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

0 .

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

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

(a) Code Financial or Economic Impact of the Hedge at the End of the Reporting Period

(a)

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE DB - PART B - SECTION 1

Future Contracts Open as of the Current Statement Date

| Broker Name | Net Cash Deposits |
|-------------|-------------------|
| | |
| | |

Financial or Economic Impact of the Hedge at the End of the Renegotiation Period

| Code | Financial or Economic Impact of the Hedge at the End of the Reporting Period |
|------|--|
| | |

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STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE DB - PART D

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

General Interrogatory:

General interrogatory.

1. Total activity for the year to date Fair value \$ Book/Adjusted Carrying Value \$
 2. Average balance for the year to date Fair value \$ Book/Adjusted Carrying Value \$
 3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:
 NAIC 1 \$ NAIC 2 \$ NAIC 3 \$ NAIC 4 \$ NAIC 5 \$ NAIC 6 \$

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

General Interrogatory:

General Interrogatory:

1. Total activity for the year to date
2. Average balance for the year to date
3. Grand Total Schedule DL Part 1 and Part 2

Fair value \$.....
Fair value \$.....
Fair value \$.....

Book/Adjusted Carrying Value \$.....

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE E - PART 1 - CASH

STATEMENT AS OF MARCH 31, 2011 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

E12



**DIRECTORS AND OFFICERS SUPPLEMENT FOR MARCH 31, 2011 OF THE MENNONITE
MUTUAL INSURANCE COMPANY**

DIRECTOR AND OFFICER SUPPLEMENT

Year To Date For The Period Ended 2011

NAIC Group Code 0000

NAIC Company Code 17299

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

| 1 Direct Written Premium | 2 Direct Earned Premium | 3 Direct Losses Incurred |
|-----------------------------|----------------------------|-----------------------------|
| \$ 0 | \$ 0 | \$ 0 |

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?.....Yes [X] No []

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [X] No []

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in
CMP packaged policies

2.31 Amount quantified:..... \$

2.32 Amount estimated using reasonable assumptions:..... \$ 8,453

2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies. \$ 0