

Updated Assumed and Ceded Premium Written



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2013
OF THE CONDITION AND AFFAIRS OF THE

The Celina Mutual Insurance Company

NAIC Group Code 0035 (Current) 0035 (Prior) NAIC Company Code 20176 Employer's ID Number 34-4202015
State of Domicile or Port of Entry Ohio State of Domicile or Port of Entry Ohio

Organized under the Laws of _____, State of Domicile or Port of Entry _____, Ohio

Country of Domicile United States of America

Incorporated/Organized 11/12/1919 Commenced Business 02/23/1920

Statutory Home Office _____ 1 Insurance Square _____, Celina, OH, US 45822-1690
(Street and Number) _____ (City or Town, State, Country and Zip Code)

Main Administrative Office 1 Insurance Square
(Street and Number)
Celina , OH, US 45822-1690 , 419-586-5181

(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Celina , OH, US 45822-1690 (Street and Number)
(City or Town, State, Country and Zip Code) 419-586-5181-8227 (Area Code) (Telephone Number)

Internet Website Address www.celinainsurance.com

Statutory Statement Contact Philip Marion Fullenkamp, 419-586-5181-8227
(Name) (Area Code) (Telephone Number)
pfullenkamp@celinainsurance.com, 419-586-6068
(E-mail Address) (FAX Number)

OFFICERS

President William West Montgomery Treasurer Philip Marion Fullenkamp
Secretary Michael Stanley Kleinhenz

OTHER

William Rodney Stapleton Sr. VP and COO
Theodore Joseph Wissman VP - Claims Robert Mark Shoenfelt Sr. VP and CIO
Martha Jane Meinerding VP - Human Resources Vincent Miles Franz VP and Chief Actuary

DIRECTORS OR TRUSTEES

William West Montgomery - Chairman Philip Marion Fullenkamp Nancy Montgomery Goldberg
David Thomas Mellin Wesley Moore Jetter John Michael Lazarich
Collin Jay Bryan

State of Ohio SS: _____
County of Mercer

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.

William West Montgomery
Chairman, President and CEO

Michael Stanley Kleinhenz
Secretary and Assistant Treasurer

Philip Marion Fullenkamp
Sr. VP - CFO and Treasurer

Subscribed and sworn to before me this
____ day of _____ May 2013

- a. Is this an original filing? Yes [] No [X]
b. If no,
1. State the amendment number.....1
2. Date filed05/15/2013
3. Number of pages attached..... 1

Lori Homan
Accountant
February 28, 2017

STATEMENT AS OF MARCH 31, 2013 OF THE CELINA 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 \$ 11,573,334)	10,228,994	9,136,918	38,739,030
1.2 Assumed (written \$ 6,635,283)	8,773,420	8,589,940	36,026,546
1.3 Ceded (written \$ 10,629,476)	10,479,561	9,692,748	40,878,114
1.4 Net (written \$ 7,579,142)	8,522,854	8,034,110	33,887,462
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 4,810,760):			
2.1 Direct	4,282,764	12,921,510	32,985,575
2.2 Assumed	4,352,830	5,778,305	21,692,517
2.3 Ceded	4,190,718	13,324,188	33,583,536
2.4 Net	4,444,976	5,375,627	21,094,556
3. Loss adjustment expenses incurred	733,598	719,897	2,590,673
4. Other underwriting expenses incurred	2,510,533	2,794,790	11,747,476
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)	7,689,008	8,890,315	35,432,705
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	833,846	(856,205)	(1,545,243)
INVESTMENT INCOME			
9. Net investment income earned	283,519	328,749	1,304,157
10. Net realized capital gains (losses) less capital gains tax of \$ 19,737	38,314	443,870	765,536
11. Net investment gain (loss) (Lines 9 + 10)	321,833	772,618	2,069,693
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 10,001 amount charged off \$ 22,533)	(12,532)	(11,295)	(50,606)
13. Finance and service charges not included in premiums	130,648	126,198	507,589
14. Aggregate write-ins for miscellaneous income	(1,199)	(2,434)	(5,023)
15. Total other income (Lines 12 through 14)	116,917	112,469	451,960
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,272,596	28,882	976,410
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,272,596	28,882	976,410
19. Federal and foreign income taxes incurred	353,698	(2,353)	4,270
20. Net income (Line 18 minus Line 19)(to Line 22)	918,898	31,235	972,140
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	22,400,820	21,338,525	21,338,525
22. Net income (from Line 20)	918,898	31,235	972,140
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 149,228	289,679	25,486	69,648
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(53,263)	15,772	(36,087)
27. Change in nonadmitted assets	31,941	162,161	271,362
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			(214,768)
38. Change in surplus as regards policyholders (Lines 22 through 37)	1,187,255	234,654	1,062,295
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	23,588,075	21,573,179	22,400,820
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Cash Short & Over	(2,626)	(2,622)	(11,962)
1402. Miscellaneous Income	1,428	188	6,939
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	(1,199)	(2,434)	(5,023)
3701. Change in benefit under 10e admissibility tests			(214,768)
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			(214,768)