



# QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2014  
OF THE CONDITION AND AFFAIRS OF THE

## MENNONITE MUTUAL INSURANCE COMPANY

NAIC Group Code 4780, 4780 NAIC Company Code 17299 Employer's ID Number 34-0396080  
(Current Period) (Prior Period)

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, Orrville, OH, US 44667-0300  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1000 South Main Street Orrville, OH, US 44667-0300 330-683-3730-21  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address PO Box 300, Orrville, OH, US 44667-0300  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1000 South Main Street Orrville, OH, US 44667-0300 330-683-3730-118  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address mennonitemutual.com

Statutory Statement Contact Ric Hochstetler 330-683-3730-118  
(Name) (Area Code) (Telephone Number) (Extension)  
rhochstetler@mennonitemutual.com 330-683-2083  
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### OFFICERS

Name	Title	Name	Title
<u>DAVID LUTHER LEHMAN</u>	<u>President</u>	<u>GEORGE BIXLER JR</u>	<u>Secretary</u>
<u>DAVID LUTHER LEHMAN</u>	<u>Treasurer</u>		

### OTHER OFFICERS

<u>J MARK ZOOK</u>	<u>Vice-President of Underwriting</u>	<u>J TODD NEVILLE</u>	<u>Vice-President of Claims</u>
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### DIRECTORS OR TRUSTEES

<u>ROBERT EUGENE ASCHILMAN</u>	<u>GEORGE BIXLER JR</u>	<u>PAUL BONTRAGER</u>	<u>DAVID LUTHER LEHMAN</u>
<u>MORRIS STUTZMAN</u>	<u>CRAIG THOMAS MERCER</u>	<u>DONALD DRAVENSTOTT</u>	<u>TYSON L STUCKEY</u>

State of Ohio

ss

County of Wayne

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 [ ]

Subscribed and sworn to before me this  
10 day of November, 2014

b. If no,  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

Melanie, Notary Public  
April 9, 2016

STATEMENT AS OF SEPTEMBER 30, 2014 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 .....	8,788,913		8,788,913	10,567,234
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	4,483,518		4,483,518	2,564,583
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....	878,679		878,679	915,945
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 (\$ .....74,084 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....3,345,987 ) .....	3,420,071		3,420,071	3,792,656
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) .....	17,571,181	0	17,571,181	17,840,418
13. Title plants less \$ ..... charged off (for Title insurers only)			0	0
14. Investment income due and accrued .....	82,368		82,368	68,061
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	329,936		329,936	289,226
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....	3,147,598		3,147,598	2,884,907
15.3 Accrued retrospective premiums .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
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.....	509,519		509,519	363,646
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	153,661	86,189	67,472	20,456
21. Furniture and equipment, including health care delivery assets (\$ .....)	89,401	89,401	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	48,849		48,849	126,082
24. Health care (\$ ..... ) and other amounts receivable.....			0	0
25. Aggregate write-ins for other than invested assets .....	30,131	131	30,000	30,000
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	21,962,644	175,721	21,786,923	21,622,796
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	21,962,644	175,721	21,786,923	21,622,796
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
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.....	30,000		30,000	30,000
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)	30,131	131	30,000	30,000

STATEMENT AS OF SEPTEMBER 30, 2014 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 \$ ..... ) .....	881,259	1,645,712
2. Reinsurance payable on paid losses and loss adjustment expenses .....	0	0
3. Loss adjustment expenses .....	173,400	155,400
4. Commissions payable, contingent commissions and other similar charges .....	916,525	1,038,440
5. Other expenses (excluding taxes, licenses and fees) .....	148,006	96,421
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	116,866	104,122
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....	210,628	48,789
7.2 Net deferred tax liability .....		0
8. Borrowed money \$ ..... and interest thereon \$ .....		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....218,442 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) .....	6,678,165	6,521,274
10. Advance premium .....	241,743	180,799
11. Dividends declared and unpaid:		
11.1 Stockholders .....		0
11.2 Policyholders .....		0
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	341,250	187,741
13. Funds held by company under reinsurance treaties .....		0
14. Amounts withheld or retained by company for account of others .....	1,656	3,705
15. Remittances and items not allocated .....	4,839	5,402
16. Provision for reinsurance (including \$ ..... certified) .....		0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		0
18. Drafts outstanding .....		0
19. Payable to parent, subsidiaries and affiliates .....		0
20. Derivatives .....		0
21. Payable for securities .....		0
22. Payable for securities lending .....		0
23. Liability for amounts held under uninsured plans .....		0
24. Capital notes \$ ..... and interest thereon \$ .....		0
25. Aggregate write-ins for liabilities .....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	9,714,337	9,987,805
27. Protected cell liabilities .....		0
28. Total liabilities (Lines 26 and 27) .....	9,714,337	9,987,805
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....		0
31. Preferred capital stock .....		0
32. Aggregate write-ins for other than special surplus funds .....	0	0
33. Surplus notes .....		0
34. Gross paid in and contributed surplus .....		0
35. Unassigned funds (surplus) .....	12,072,586	11,634,991
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		0
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) .....	12,072,586	11,634,991
38. Totals (Page 2, Line 28, Col. 3)	21,786,923	21,622,796
<b>DETAILS OF WRITE-INS</b>		
2501. ....		
2502. ....		
2503. ....		
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. ....		
2902. ....		
2903. ....		
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. ....		
3202. ....		
3203. ....		
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 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 10,470,873 )	10,224,715	9,637,862	12,925,564
1.2 Assumed (written \$ )	266,819	785,728	528,555
1.3 Ceded (written \$ )	2,514,924	2,725,754	3,243,811
1.4 Net (written \$ 10,470,873 )	7,976,610	7,697,836	10,210,308
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ ):			
2.1 Direct	4,415,253	4,695,558	5,698,286
2.2 Assumed	3,336	85,551	103,822
2.3 Ceded	1,285,912	1,000,797	1,010,945
2.4 Net	3,132,677	3,780,312	4,791,163
3. Loss adjustment expenses incurred	942,550	840,194	1,112,772
4. Other underwriting expenses incurred	3,525,736	3,065,008	4,036,477
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	7,600,963	7,685,514	9,940,412
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	375,647	12,322	269,896
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	199,781	202,082	341,653
10. Net realized capital gains (losses) less capital gains tax of \$	428,879	(4,187)	94,300
11. Net investment gain (loss) (Lines 9 + 10)	628,660	197,895	435,953
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )		0	0
13. Finance and service charges not included in premiums	80,196	62,712	107,296
14. Aggregate write-ins for miscellaneous income	(16,094)	(17,687)	(34,796)
15. Total other income (Lines 12 through 14)	64,102	45,025	72,500
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,068,409	255,242	778,349
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)	1,068,409	255,242	778,349
19. Federal and foreign income taxes incurred	363,259	86,800	203,666
20. Net income (Line 18 minus Line 19)(to Line 22)	705,150	168,442	574,683
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	11,634,991	10,684,670	10,684,670
22. Net income (from Line 20)	705,150	168,442	574,683
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 \$	(438,629)	304,111	316,026
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	145,874	(93,540)	31,355
27. Change in nonadmitted assets	25,200	(1,269)	28,257
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)	437,595	377,744	950,321
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	12,072,586	11,062,414	11,634,991
<b>DETAILS OF WRITE-INS</b>			
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.	(16,094)	(17,687)	(34,796)
1402.	0	0	0
1403.	0	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)	(16,094)	(17,687)	(34,796)
3701. Effect of accounting change	0	0	0
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 SEPTEMBER 30, 2014 OF THE MENNONITE MUTUAL INSURANCE COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	8,044,553	6,782,358	10,139,369
2. Net investment income .....	300,654	308,301	496,302
3. Miscellaneous income .....	64,102	45,025	72,500
4. Total (Lines 1 to 3) .....	8,409,309	7,135,684	10,708,171
5. Benefit and loss related payments .....	3,897,130	2,956,891	4,040,536
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 .....	4,497,176	4,017,091	5,316,290
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	493,167	(149,580)	217,587
10. Total (Lines 5 through 9) .....	8,887,473	6,824,402	9,574,413
11. Net cash from operations (Line 4 minus Line 10) .....	(478,164)	311,282	1,133,758
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	435,708	1,676,148	2,557,599
12.2 Stocks .....	2,132,693	0	6,195
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 .....	15,192	341,508	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	2,583,593	2,017,656	2,563,794
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	724,305	1,491,602	2,521,244
13.2 Stocks .....	2,069,872	560,856	595,284
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	32,250	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	2,794,177	2,084,708	3,116,528
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) .....	(210,584)	(67,052)	(552,734)
<b>Cash from Financing and Miscellaneous Sources</b>			
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).....	316,163	(542,380)	164,865
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	316,163	(542,380)	164,865
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(372,585)	(298,150)	745,889
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	3,792,656	2,958,331	3,046,767
19.2 End of period (Line 18 plus Line 19.1) .....	3,420,071	2,660,181	3,792,656

## 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	2014	2013
(1) Net Income ABC state basis	OH	705,150	574,683
(2) State Prescribed Practices (Income): Depreciation of fixed assets			
(3) State Permitted Practices (Income): Depreciation, home office property.			
(4) Net Income, NAIC SAP		705,150	574,683
(5) Statutory Surplus ABC basis		12,072,586	11,634,991
(6) State Prescribed Practices (Surplus): Goodwill, net Fixed Assets, net			
(7) State Permitted Practices (Surplus): Home Office Property			
(8) Statutory Surplus, NAIC SAP		<b>12,072,586</b>	<b>11,634,991</b>

### 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.

## 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. Derivatives - 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 p 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

## NOTES TO FINANCIAL STATEMENTS

A. Mortgage Loans - N/A

B. Debt Restructuring - N/A

C. Reverse Mortgages - N/A

D. Loan Backed and Structured Securities -

Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from broker dealer survey values or internal estimates. No OTTI recognized.

E. Repurchase, Reverse Repurchase, and Dollar Repurchase Agreements

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".

F. Real Estate

G. Investment in low income Housing

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

MENNONITE MUTUAL INSURANCE COMPANY  
Income Tax Disclosures Required under SSAP 101  
June 30, 2014

Note 9 - Income Taxes

A. The components of the net deferred tax asset/(liability) at June 30, are as follows:

1.

	September 30, 2014			December 31, 2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross deferred tax assets	602,666	0	602,666	605,077	0	605,077	(2,411)	0	(2,411)
5,788									
(b) Statutory valuation allowance adjustments	0	0	0	0	0	0	0	0	0
(c) Adjusted gross deferred tax assets (1a - 1b)	602,666	0	602,666	605,077	0	605,077	(2,411)	0	(2,411)
(d) Deferred Tax Assets Nonadmitted	0	0	0	0	0	0	0	0	0

## NOTES TO FINANCIAL STATEMENTS

(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	602,666	0	602,666	605,077	0	605,077	(2,411)	0	(2,411)
(f) Deferred Tax Liabilities	2,873	90,274	93,147	2,873	238,558	241,431	0	(148,284)	(148,284)
(g) Net admitted deferred tax asset/(Net Deferred Tax Liability) (1e - 1f)	599,793	(90,274)	509,519	602,204	(238,558)	363,646	(2,411)	148,284	145,873

114,059

## 2. Deferred tax assets:

	09/30/2014	12/31/2013	Change
(a) Ordinary:			
(1) Discounting of unpaid losses	16,136	32,599	(16,4633)
(2) Unearned premium reserve	470,883	456,108	14,775
(3) Policyholder reserves	0	0	0
(4) Investments	0	0	0
(5) Guaranty fund accrual	0	0	0
(6) Policyholder dividends accrual	0	0	0
(7) Fixed assets	0	0	0
(8) Compensation and benefits accrual	0	0	0
(9) Pension accrual	0	0	0
(10) Receivables - nonadmitted	0	0	0
(11) Net operating loss carry-forward	0	0	0
(12) Tax credit carry-forward	0	0	0
(13) Other (including items <5% of total ordinary tax assets)	47,300	48,102	(802)
(14) Other assets – nonadmitted	68,347	68,269	78
(99) Subtotal	602,666	605,078	(2,412)
(b) Statutory valuation allowance adjustment	0	0	0
(c) Nonadmitted	0	0	0
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	602,666	605,078	(2,412)
(e) Capital			
(1) Investments	0	0	0
(2) Net capital loss carry-forward	0	0	0
(3) Real estate	0	0	0
(4) Other (including items <5% of total capital tax assets)	0	0	0
(99) Subtotal	0	0	0
(f) Statutory valuation allowance adjustment	0	0	0
(g) Nonadmitted	0	0	0

## NOTES TO FINANCIAL STATEMENTS

(h) Admitted capital deferred tax assets (2e99-2f-2g)	0	0	0
(i) Admitted deferred tax assets (2d+2h)	610,865	605,078	5,787

## 3. Deferred tax liabilities:

	09/30/2014	12/31/2013	Change
(a) Ordinary:			
(1) Investments	2,873	2,873	0
(2) Fixed assets	0	0	0
(3) Deferred and uncollected premiums	0	0	0
(4) Policyholder reserves	0	0	0
(5) Other (including items <5% of total ordinary tax liabilities)	0	0	0
(6) Additional acquisition costs-installment premiums	0	(1)	(1)
(7) Discount of accrued salvage and subrogation	0	0	0
(8) Guaranty funds receivable	0	0	0
(99) Subtotal	2,873	2,872	
(b) Capital			
(1) Investments	90,274	238,558	(148,284)
(2) Real estate	0	0	0
(3) Other (including items <5% of total capital tax liabilities)	0	0	0
(99) Subtotal	90,274	238,558	((148,284)
(c) Deferred tax liabilities (3a99+3b99)	93,147	241,430	(148,284)

4. Net deferred tax assets/liabilities (2i-3c) 509,519 363,648 145,871

## NOTES TO FINANCIAL STATEMENTS

### 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. Mennonite Mutual Aid Society became an affiliate of Mennonite Mutual Insurance Company in 2013.

### 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.

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:	(438,629)
2. nonadmitted asset values:	25,200
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.

## NOTES TO FINANCIAL STATEMENTS

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 September 30, 2014 about the Company's financial assets measured at fair value on a recurring basis:

Fair Value Hierarchy - Note 20 A. (1)

MENNONITE MUTUAL INSURANCE COMPANY

Year to Date as of: September 30, 2014

Description for each class of Asset or Liability

	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at Fair Value				
Common Stock				
INDUSTRIAL & MISCELLANEOUS	1,296,720.27	72,513.00	0.00	1,369,233.27
PARENTS, SUBSIDIARIES AND AFFILIATES	0.00	0.00	100.00	100.00
Total Common Stock:	1,296,720.27	72,513.00	100.00	1,369,333.27
Total a. Assets at Fair Value:	1,296,720.27	72,513.00	100.00	1,369,333.27
Total MENNONITE MUTUAL INSURANCE COMPANY:	1,296,720.27	72,513.00	100.00	1,369,333.27

Level 1 Transfers - Details

MENNONITE MUTUAL INSURANCE COMPANY -

Year to Date as of: September 30, 2014

Current Fair Value	Transfers into Level 1 from Level 2	Transfers out of Level 1 to Level 2	Comments

STATEMENT AS OF SEPTEMBER 30, 2014 OF THE MENNONITE MUTUAL INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

N/A	0.00	0.00	0.00
Total Assets MENNONITE MUTUAL INSURANCE COMPANY:	0.00	0.00	0.00

Fair Value Measurements - Level 3  
 Reconciliation  
 MENNONITE MUTUAL INSURANCE  
 COMPANY

Year to Date as of: September 30,  
 2014

Description	Beginning Balance at 01/01/2014	Transfers into Level 3	Transfer s out of Level 3	Total gains and (losses) include d in Net Income	Total gains and (losses) Include d in Surplus	Purcha ses	Issuanc es	Sales	Settlements	Ending Balance at 09/30/2014
-------------	---------------------------------------	------------------------------	------------------------------------	---	---	---------------	---------------	-------	-------------	------------------------------------

a. ASSETS

Common Stock										
PARENTS, SUBSIDIARIES AND AFFILIATES	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
Total a. ASSETS:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
Total MENNONITE MUTUAL INSURANCE COMPANY:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00

Aggregate Fair Value by Hierarchical  
 Level  
 MENNONITE MUTUAL INSURANCE  
 COMPANY

Year to Date as of: September 30,  
 2014

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bond	7,850,698.25	7,603,765.68	5,865,581.05	0.00	0.00	1,954,804.66
CMO	908,441.08	901,684.00	908,441.08	0.00	0.00	0.00
MBS	291,670.21	283,463.11	291,670.21	0.00	0.00	0.00
Common Stock	4,483,617.77	4,503,190.25	2,057,559.55	72,513.00	100.00	2,345,403.07
Short Term	3,345,986.59	3,345,986.59	0.00	0.00	0.00	3,345,986.59
Total Assets MENNONITE MUTUAL INSURANCE COMPANY:	16,880,413.90	16,638,089.63	9,123,251.89	72,513.00	100.00	7,646,194.32

Not Practicable to Estimate Fair Value Detail

## NOTES TO FINANCIAL STATEMENTS

MENNONITE MUTUAL INSURANCE COMPANY

Year to Date as of: September 30, 2014

Type or Class of Financial Instrument

	Carrying Value	Effective Interest Rate	Maturity Date
Total Short Term:	3,345,986.59		09/30/2014
Total Assets MENNONITE MUTUAL INSURANCE COMPANY:	3,345,986.59		

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

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	\$151,726	\$45,518			151,726	45,518
2. All Other	\$ 16,607	\$ 6,643	\$218,442	\$65,533	(\$201,835)	(\$58,890)
3. Total	\$168,333	\$52,161	\$218,442	\$65,533	(\$50,109)	(\$13,372)
4. Direct Unearned Premium reserve	\$ 6,728,274					

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 increased by 18,935 during 2013 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.

	2013 Calendar Year Losses & LAE Incurred	2012 Loss Year Losses & LAE Incurred Sch. P – Part 1	Total Shortage (Redundancy)	Loss & DCC Shortage (Redundancy) Sch. P – Part 2	Impact of AO on Total Shortage (Redundancy)
Net Losses Incurred Page 4, Col. 1, Line 2	4,791,163				
Net LAE Incurred	1,112,772				

## NOTES TO FINANCIAL STATEMENTS

Page 4, Col.1, Line 3

Sch.P Part 1 Summary Col 28, Line 11	5,903,935	5,885,000	18,935	(22,000)	40,935
---	-----------	-----------	--------	----------	--------

## ROLLFORWARD

Unpaid losses & LAE At Beginning of Year	1,319,729
---	-----------

Losses &amp; LAE incurred in current year:

For current year losses And LAE (Sch. P Part1)	5,885,000
---	-----------

For prior year losses &amp; defence

Cost containment expenses (Sch.P Part 2)	(22,000)
---	----------

For prior year adjusting &amp;

Other expenses	40,935
----------------	--------

Income Statement Col 1,  
Lines 2 and 3

5,903,935

NOTE 26 - INTERCOMPANY POOLING ARRANGEMENTS - NANOTE 27 - STRUCTURED SETTLEMENTS - N/ANOTE 28 – HEALTH CARE RECEIVABLES - N/ANOTE 29 – PARTICIPATING POLICIES - N/ANOTE 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 12/31/12	1,092,437	2,600,293	2,130,720	340,266	357,558	6,224,761
Anticipated loss and adjusting (5 year average)	-534,579	-1,838,247	-1,334,237	-93,753	-146,928	-3,947,744
Acquisition costs (at renewal)	0	0	0	0	0	0
Policy maintenance cost (10.0% estimate)	-109,244	-260,029	-213,072	-34,027	-35,756	-652,1277
If negative - deficiency	448,615	502,017	583,411	212,486	174,875	1,921,403
Net earned premium 2009	1,359	6,014	1,349	471	464	
Net earned premium 2010	1,449	6,071	1,332	531	515	
Net earned premium 2011	1,498	6,360	1,793	533	555	
Net earned premium 2012	1,417	5,499	2,028	500	578	
Net earned premium 2012	1926	4,521	2,531	560	672	
	7,649	28,465	9,133	2,595	2,784	
Net incurred loss & lae 2009	875	3,568	699	45	143	
Net incurred loss & lae 2010	726	4,461	922	31	197	

**NOTES TO FINANCIAL STATEMENTS**

Net incurred loss & lae 2011	640	4,979	1182	96	237
Net incurred loss & lae 2012	764	4,074	1,317	335	268
Net incurred loss & lae 2013	738	3,041	1,599	208	299
	<u>3,743</u>	<u>20,123</u>	<u>5,719</u>	<u>715</u>	<u>1,144</u>

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

# 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. .... 12/31/2012
- 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. .... 12/31/2012
- 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). .... 11/05/2013
- 6.4 By what department or departments?  
.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes  No  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?..... Yes  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
- 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
- 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
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....48,849

### 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
- 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
- 14.2 If yes, please complete the following:
- |   | 1   |  | 2  |  |
|---|---|--|--|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value |  | Current Quarter<br>Book/Adjusted<br>Carrying Value |  |
| 14.21 Bonds .....   | \$ .....0   |  | \$ .....0  |  |
| 14.22 Preferred Stock .....   | \$ .....0   |  | \$ .....0  |  |
| 14.23 Common Stock .....  | \$ .....100                                       |  | \$ .....100  |  |
| 14.24 Short-Term Investments .....  | \$ .....0   |  | \$ .....0  |  |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....0   |  | \$ .....0  |  |
| 14.26 All Other .....   | \$ .....0   |  | \$ .....0  |  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal<br>Lines 14.21 to 14.26)..... | \$ .....100                                       |  | \$ .....100  |  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                         | \$ .....100                                       |  | \$ .....100  |  |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes  No
- 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 Name of Custodian(s)	2 Custodian Address
Wayne Savings Community Bank.....	Wooster, Ohio.....
Manufactures and Traders Trust Co.....	Baltimore, Md.....

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

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

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

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

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

18.2 If no, list exceptions:

.....

## 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:

			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. \$.....

## SCHEDULE F - CEDED REINSURANCE

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
		AFFILIATES				
		U.S INSURERS				
		POOLS AND ASSOCIATIONS				
		ALL OTHER INSURERS				
<div data-bbox="881 732 1220 841" data-label="Text"> <p>NONE</p> </div>						

STATEMENT AS OF SEPTEMBER 30, 2014 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. Dist. 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	1,992,260	1,254,553	2,272,765	461,118	1,147,776	1,508,069
16. Iowa	IA	N	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0
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	N	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0
34. No. Carolina	NC	N	0	0	0	0	0	0
35. No. Dakota	ND	N	0	0	0	0	0	0
36. Ohio	OH	L	8,478,613	8,268,556	2,754,174	3,625,333	911,429	1,224,992
37. Oklahoma	OK	N	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0
39. Pennsylvania	PA	L	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0
41. So. Carolina	SC	N	0	0	0	0	0	0
42. So. Dakota	SD	N	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0
51. Wyoming	WY	N	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) 3		10,470,873	9,523,109	5,026,939	4,086,451	2,059,205	2,733,061
<b>DETAILS OF WRITE-INS</b>								
58001.	XXX		0	0	0	0	0	0
58002.	XXX		0	0	0	0	0	0
58003.	XXX		0	0	0	0	0	0
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.

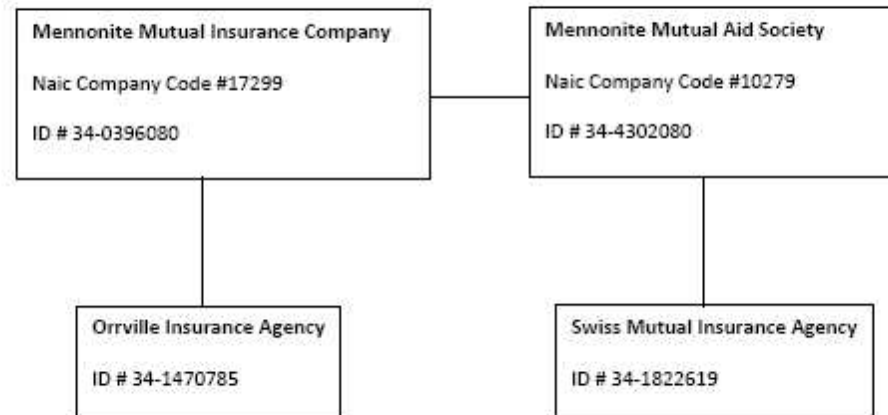
(a) Insert the number of L responses except for Canada and Other Alien.

All of the premiums are allocated to the state in which the property or insured is located. Losses are allocated to the state in which the premium was located.

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

**ORGANIZATIONAL CHART**

**NAIC Group Code # 4780**



1. Both companies and agencies are controlled by a common board of directors and officers.



**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	1,268,769	296,468	23.4	22.1
2. Allied lines			0.0	0.0
3. Farmowners multiple peril	4,039,871	1,022,719	25.3	36.1
4. Homeowners multiple peril	57,194	702	1.2	77.0
5. Commercial multiple peril	3,527,720	3,002,510	85.1	44.1
6. Mortgage guaranty			0.0	0.0
8. Ocean marine			0.0	0.0
9. Inland marine			0.0	0.0
10. Financial guaranty			0.0	0.0
11.1 Medical professional liability - occurrence			0.0	0.0
11.2 Medical professional liability - claims made			0.0	0.0
12. Earthquake			0.0	0.0
13. Group accident and health			0.0	0.0
14. Credit accident and health			0.0	0.0
15. Other accident and health			0.0	0.0
16. Workers' compensation			0.0	0.0
17.1 Other liability occurrence	728,100	6,033	0.8	155.4
17.2 Other liability - claims made			0.0	0.0
17.3 Excess Workers' Compensation			0.0	0.0
18.1 Products liability - occurrence			0.0	0.0
18.2 Products liability - claims made			0.0	0.0
19.1,19.2 Private passenger auto liability			0.0	0.0
19.3,19.4 Commercial auto liability	445,572	63,107	14.2	40.1
21. Auto physical damage	157,489	23,714	15.1	60.0
22. Aircraft (all perils)			0.0	0.0
23. Fidelity			0.0	0.0
24. Surety			0.0	0.0
26. Burglary and theft			0.0	0.0
27. Boiler and machinery			0.0	0.0
28. Credit			0.0	0.0
29. International			0.0	0.0
30. Warranty			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	10,224,715	4,415,253	43.2	48.7
<b>DETAILS OF WRITE-INS</b>				
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	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	385,082	1,145,925	1,271,289
2. Allied lines	0		0
3. Farmowners multiple peril	1,297,127	4,070,866	3,867,598
4. Homeowners multiple peril	15,306	60,511	(15,849)
5. Commercial multiple peril	1,329,056	3,874,059	3,005,754
6. Mortgage guaranty	0		0
8. Ocean marine	0		0
9. Inland marine	0		0
10. Financial guaranty	0		0
11.1 Medical professional liability - occurrence	0		0
11.2 Medical professional liability - claims made	0		0
12. Earthquake	0		0
13. Group accident and health	0		0
14. Credit accident and health	0		0
15. Other accident and health	0		0
16. Workers' compensation	0		0
17.1 Other liability-occurrence	220,063	683,245	720,071
17.2 Other liability - claims made	0		0
17.3 Excess Workers' Compensation	0		0
18.1 Products liability - occurrence	0		0
18.2 Products liability - claims made	0		0
19.1,19.2 Private passenger auto liability	0		0
19.3,19.4 Commercial auto liability	144,452	474,496	495,559
21. Auto physical damage	53,866	161,771	178,687
22. Aircraft (all perils)	0		0
23. Fidelity	0		0
24. Surety	0		0
26. Burglary and theft	0		0
27. Boiler and machinery	0		0
28. Credit	0		0
29. International	0		0
30. Warranty	0		0
31. Reinsurance - Nonproportional Assumed Property	XXX	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	3,444,952	10,470,873	9,523,109
<b>DETAILS OF WRITE-INS</b>			
3401.			
3402.			
3403.			
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

STATEMENT AS OF SEPTEMBER 30, 2014 OF THE MENNONITE MUTUAL INSURANCE COMPANY

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)	2014 Loss and LAE Payments on Claims Reported as of Prior Year-End	2014 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2014 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. 2011 + Prior	94	61	155	44		44	94	0	39	133	44	(22)	22
2. 2012	196	71	267	63		63	139	6	88	233	6	23	29
3. Subtotals 2012 + prior	290	132	422	107	0	107	233	6	127	366	50	1	51
4. 2013	1,058	321	1,379	875	94	969	(110)		106	(4)	(293)	(121)	(414)
5. Subtotals 2013 + prior	1,348	453	1,801	982	94	1,076	123	6	233	362	(243)	(120)	(363)
6. 2014	XXX	XXX	XXX	XXX	3,746	3,746	XXX	293	400	693	XXX	XXX	XXX
7. Totals	1,348	453	1,801	982	3,840	4,822	123	299	633	1,055	(243)	(120)	(363)
8. Prior Year-End Surplus As Regards Policyholders	11,635										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. (18.0)	2. (26.5)	3. (20.2)
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4. (3.1)

## 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.

	<u>RESPONSE</u>
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?	.....NO.....

**Explanation:**

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

**Bar Code:**

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

**OVERFLOW PAGE FOR WRITE-INS**

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**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 .....	915,945	965,808
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 .....	37,266	49,863
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	878,679	915,945
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	878,679	915,945

**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 .....	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 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) .....	0	0
12. Total valuation allowance .....	0	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 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 .....	13,131,916	12,109,641
2. Cost of bonds and stocks acquired .....	2,794,177	3,116,528
3. Accrual of discount .....	6,611	7,205
4. Unrealized valuation increase (decrease) .....	(416,555)	478,829
5. Total gain (loss) on disposals .....	428,879	94,300
6. Deduct consideration for bonds and stocks disposed of .....	2,568,401	2,563,794
7. Deduct amortization of premium .....	84,525	110,792
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) .....	13,292,103	13,131,916
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	13,292,103	13,131,916

STATEMENT AS OF SEPTEMBER 30, 2014 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 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
<b>BONDS</b>								
1. NAIC 1 (a).....	11,251,367	690,901	440,662	(23,244)	10,557,535	11,251,367	11,478,362	13,891,408
2. NAIC 2 (a).....	659,250	0	0	(2,713)	555,859	659,250	656,537	509,612
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	11,910,617	690,901	440,662	(25,957)	11,113,395	11,910,617	12,134,899	14,401,020
<b>PREFERRED STOCK</b>								
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	11,910,617	690,901	440,662	(25,957)	11,113,395	11,910,617	12,134,899	14,401,020

(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 \$ 3,345,987 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

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**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	3,345,987	XXX	3,345,987	254	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.....	3,833,786	3,177,392
2. Cost of short-term investments acquired.....	1,887,488	4,735,434
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.....	2,375,287	4,079,041
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).....	3,345,987	3,833,786
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	3,345,987	3,833,786

**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 (Line 6, prior year)	0
2. Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote – Cumulative Cash Change column)	0
3.1 Add:	
Change in variation margin on open contracts – Highly Effective Hedges	
3.11 Section 1, Column 15, current year to date minus	0
3.12 Section 1, Column 15, prior year	0
Change in variation margin on open contracts – All Other	
3.13 Section 1, Column 18, current year to date minus	0
3.14 Section 1, Column 18, prior year	0
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 19, current year to date minus	0
3.24 Section 1, Column 19, prior year	0
3.3 Subtotal (Line 3.1 minus Line 3.2)	0
4.1 Cumulative 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 Total gain (loss) recognized for terminations in prior year	
5.2 Total gain (loss) adjusted into the hedged item(s) for terminations in prior year	
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

**NONE**

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**SCHEDULE DB - PART C- SECTION 1**

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

Replication (Synthetic Asset) Transactions								Components of the Replication (Synthetic Asset) Transactions							
1	2	3	4	5	6	7	8	Derivative Instruments Open			Cash Instrument(s) Held				
Number	Description	NAIC Designation or Other Description	Notional Amount	Book/Adjusted Carrying Value	Fair Value	Effective Date	Maturity Date	9	10	11	12	13	14	15	16
								Description	Book/Adjusted Carrying Value	Fair Value	CUSIP	Description	NAIC Designation or Other Description	Book/Adjusted Carrying Value	Fair Value
<b>NONE</b>															
9999999	Totals					XXX	XXX	XXX			XXX	XXX	XXX		

STATEMENT AS OF SEPTEMBER 30, 2014 OF THE MENNONITE MUTUAL INSURANCE COMPANY

**SCHEDULE DB - PART C - SECTION 2**

Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-To-Date	
	1 Number of Positions	2 Total Replication (Synthetic Assets) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Assets) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Assets) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Assets) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Assets) Transactions Statement Value
1. Beginning Inventory .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Add: Opened or Acquired Transactions .....									.0	.0
3. Add: Increases in Replication(Synthetic Asset) Transactions Statement Value .....	XXX		XXX		XXX		XXX		XXX	.0
4. Less: Closed or Disposed of Transactions .....									.0	.0
5. Less: Positions Disposed of for Failing Effectiveness Criteria .....									.0	.0
6. Less: Decreases in Replication (Synthetic Asset)Transactions Statement Value .....	XXX		XXX		XXX		XXX		XXX	0
7. Ending Inventory .....	0	0	0	0	0	0	0	0	0	0

NONE

## 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 15 plus Part B, Section 1 Footnote – Total Ending Cash Balance.....	.0
3.	Total (Line 1 plus Line 2).....	.0
4.	Part D, Section 1, Column 5.....	.0
5.	Part D, Section 1, Column 6.....	.0
6.	Total (Line 3 minus Line 4 minus Line 5).....	.0
<b>NONE</b>		
		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, Section 1 Column 8.....	.0
11.	Part D, Section 1, 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 20.....	.0
15.	Part D, Section 1, Column 11.....	.0
16.	Total (Line 13 plus Line 14 minus Line 15).....	.0

**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
3. Accrual of discount.....		.0
4. Unrealized valuation increase (decrease).....		.0
5. Total gain (loss) on disposals.....		.0
6. Deduct consideration received on disposals.....		.0
7. Deduct amortization of premium.....		.0
8. Total foreign exchange change in book/adjusted carrying value.....		.0
9. Deduct current year's other than temporary impairment recognized.....		.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
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

NONE

STATEMENT AS OF SEPTEMBER 30, 2014 OF THE MENNONITE MUTUAL INSURANCE COMPANY

**SCHEDULE A - PART 2**

Showing All Real Estate Acquired and Additions Made During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
				NONE				
0399999 Totals								

**SCHEDULE A - PART 3**

Showing All Real Estate Disposed During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	9 Current Year's Depreciation	10 Current Year's Other Than Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in B./A.C.V. (11-9-10)	13 Total Foreign Exchange Change in B./A.C.V.	14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2 City	3 State																	
										NONE									
0399999 Totals																			



STATEMENT AS OF SEPTEMBER 30, 2014 OF THE MENNONITE MUTUAL INSURANCE COMPANY

**SCHEDULE BA - PART 2**

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 CUSIP Identification	2 Name or Description	Location		5 Name of Vendor or General Partner	6 NAIC Designation	7 Date Originally Acquired	8 Type and Strategy	9 Actual Cost at Time of Acquisition	10 Additional Investment Made After Acquisition	11 Amount of Encumbrances	12 Commitment for Additional Investment	13 Percentage of Ownership
		3 City	4 State									
<b>NONE</b>												
4499999 – Subtotals Unaffiliated								0	0	0	0	XXX
4599999 – Subtotals Affiliated								0	0	0	0	XXX
4699999 Totals								0	0	0	0	XXX

STATEMENT AS OF SEPTEMBER 30, 2014 OF THE MENNONITE MUTUAL INSURANCE COMPANY

**SCHEDULE BA - PART 3**

Showing Other Long-Term Invested Assets **DISPOSED, Transferred or Repaid During the Current Quarter**

1 CUSIP Identification	2 Name or Description	Location		5 Name of Purchaser or Nature of Disposal	6 Date Originally Acquired	7 Disposal Date	8 Book/Adjusted Carrying Value Less Encumbrances, Prior Year	Change in Book/Adjusted Carrying Value					15 Book/Adjusted Carrying Value Less Encumbrances on Disposal	16 Consideration	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Investment Income																				
		3 City	4 State					9 Unrealized Valuation Increase (Decrease)	10 Current Year's (Depreciation) or (Amortization)/ Accretion	11 Current Year's Other Than Temporary Impairment Recognized	12 Capitalized Deferred Interest and Other	13 Total Change in B./A.C.V. (9+10-11+12)							14 Total Foreign Exchange Change in B./A.C.V.																			
4499999 – Subtotals Unaffiliated																																						
4599999 – Subtotals Affiliated																																						
4699999 Totals																																						

NONE



STATEMENT AS OF SEPTEMBER 30, 2014 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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
31397K-09-5..	Federal Home Loan Mtg 4.50%		09/15/2014	PRINCIPAL RECEIPT		7,426	7,426	7,856	7,498	.0	(71)	.0	(71)	.0	7,426	.0	.0	.0	.226	07/15/2034	1	
31410K-AA-2..	Federal Natl Assoc		09/25/2014	PRINCIPAL RECEIPT		3,519	3,519	3,861	3,842	.0	(324)	.0	(324)	.0	3,519	.0	.0	.0	.130	11/01/2035	1	
3138AF-EK-2..	Federal Natl Mtg Assoc		09/25/2014	PRINCIPAL RECEIPT		6,562	6,562	6,886	6,873	.0	(311)	.0	(311)	.0	6,562	.0	.0	.0	.209	05/25/2041	1	
31397N-HE-8..	Federal Natl Mtg Assoc		09/25/2014	PRINCIPAL RECEIPT		4,769	4,769	4,956	4,941	.0	(173)	.0	(173)	.0	4,769	.0	.0	.0	.123	03/25/2039	1	
31417Y-6B-8..	Federal Natl Mtg Assoc		09/26/2014	PRINCIPAL RECEIPT		4,936	4,936	5,146	5,119	.0	(183)	.0	(183)	.0	4,936	.0	.0	.0	.99	10/01/2021	1	
31396L-TP-5..	Federal Natl MTG Assoc 4.35%		09/25/2014	PRINCIPAL RECEIPT		2,729	2,729	2,932	2,841	.0	(112)	.0	(112)	.0	2,729	.0	.0	.0	.81	09/25/2036	1	
31396L-P2-0..	Federal Natl MTG Assoc 4.50%		09/25/2014	PRINCIPAL RECEIPT		.17	.17	.19	.19	.0	(2)	.0	(2)	.0	.17	.0	.0	.0	.1	12/25/2036	1	
3137A5-MM-3..	Federal Home Loan Mtg		09/15/2014	PRINCIPAL RECEIPT		4,236	4,236	4,381	4,334	.0	(97)	.0	(97)	.0	4,236	.0	.0	.0	.85	10/15/2039	1	
36241L-KH-8..	GNMA Pool #782996		09/15/2014	PRINCIPAL RECEIPT		3,650	3,650	4,046	4,029	.0	(379)	.0	(379)	.0	3,650	.0	.0	.0	.123	06/15/2040	1	
3199999	Total - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of...					37,845	37,845	40,082	39,496	0	(1,652)	0	(1,652)	0	37,845	0	0	0	1,076	XXX	XXX	
00846U-AE-1..	Agilent Technologies Inc. Americredit Auto Recv		07/14/2014	M & T Investment Group		47,519	45,000	50,881	47,867	.0	(894)	.0	(894)	.0	46,974	.0	545	545	2,063	09/14/2015	1FE	
03063P-AE-2..	Trust		09/08/2014	PRINCIPAL RECEIPT		28,540	28,540	29,103	28,606	.0	(66)	.0	(66)	.0	28,540	.0	.0	.0	.633	04/08/2016	1FM	
41283N-AD-3..	Harley Davidson Motorcycles		08/18/2014	PRINCIPAL RECEIPT		6,941	6,941	6,940	6,941	.0	.0	.0	.0	.0	6,941	.0	.0	.0	.39	05/15/2016	1FM	
61760R-AZ-5..	Morgan Stanley Capital 3.224%		09/17/2014	PRINCIPAL RECEIPT		489	489	527	516	.0	(27)	.0	(27)	.0	489	.0	.0	.0	.11	09/15/2016	1FM	
61745M-3F-8..	Morgan Stanley Capital 5.168%		09/15/2014	PRINCIPAL RECEIPT		11,222	11,222	12,085	11,392	.0	(170)	.0	(170)	.0	11,222	.0	.0	.0	.420	01/14/2042	1FM	
929766-R4-7..	Wachovia Bank Cmril Mtg		09/15/2014	PRINCIPAL RECEIPT		7,470	7,470	5,243	6,420	.0	1,051	.0	1,051	.0	7,470	.0	.0	.0	.227	04/15/2042	1FM	
3899999	Total - Bonds - Industrial and Miscellaneous					102,180	99,661	104,778	101,742	0	(107)	0	(107)	0	101,635	0	545	545	3,391	XXX	XXX	
8399997	Total - Bonds - Part 4					140,025	137,506	144,860	141,238	0	(1,758)	0	(1,758)	0	139,480	0	545	545	4,467	XXX	XXX	
8399999	Total - Bonds					140,025	137,506	144,860	141,238	0	(1,758)	0	(1,758)	0	139,480	0	545	545	4,467	XXX	XXX	
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	Totals					140,025	XXX	144,860	141,238	0	(1,758)	0	(1,758)	0	139,480	0	545	545	4,467	XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0

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STATEMENT AS OF SEPTEMBER 30, 2014 OF THE MENNONITE MUTUAL INSURANCE COMPANY

**SCHEDULE DB - PART A - SECTION 1**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23							
Description	Description of Item(s) Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Exchange, Counterparty or Central Clearinghouse	Trade Date	Date of Maturity or Expiration	Number of Contracts	Notional Amount	Strike Price, Rate or Index Received (Paid)	Cumulative Prior Year(s) Initial Cost of Premium (Received) Paid	Current Year Initial Cost of Premium (Received) Paid	Current Year Income	Book/ Adjusted Carrying Value	Code	Fair Value	Unrealized Valuation Increase/ (Decrease)	Total Foreign Exchange Change in B./A.C.V.	Current Year's (Amortization)/ Accretion	Adjustment To Carrying Value of Hedged Item	Potential Exposure	Credit Quality of Reference Entity	Hedge Effectiveness at Inception and at Quarter-end (b)							
<b>NONE</b>																													
1399999	Subtotal - Hedging Effective									0	0	0	0	XXX	0	0	0	0	0	0	0	XXX	XXX						
1409999	Subtotal - Hedging Other									0	0	0	0	XXX	0	0	0	0	0	0	0	XXX	XXX						
1419999	Subtotal - Replication									0	0	0	0	XXX	0	0	0	0	0	0	0	XXX	XXX						
1429999	Subtotal - Income Generation									0	0	0	0	XXX	0	0	0	0	0	0	0	XXX	XXX						
1439999	Subtotal - Other									0	0	0	0	XXX	0	0	0	0	0	0	0	XXX	XXX						
1449999	Totals									0	0	0	0	XXX	0	0	0	0	0	0	0	XXX	XXX						

(a)

Code	Description of Hedged Risk(s)

(b)

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

E06

STATEMENT AS OF SEPTEMBER 30, 2014 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE DB - PART B - SECTION 1

Future Contracts Open as of the Current Statement Date

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Highly Effective Hedges			All Other		20	21	22															
														15	16	17	18	19																		
Ticker Symbol	Number of Contracts	Notional Amount	Description	Description of Hedged Items(s) Hedged, Used for Income Generation or Replicated	Schedule/ Exhibit Identifier	Type(s) of Risk(s) (a)	Date of Maturity or Expiration	Exchange	Trade Date	Transaction Price	Reporting Date Price	Fair Value	Book/ Adjusted Carrying Value	Cumulative Variation Margin	Deferred Variation Margin	Change in Variation Margin Gain (Loss) Used to Adjust Basis of Hedged Item	Cumulative Variation Margin for All Other Hedges	Change in Variation Margin Gain (Loss) Recognized in Current Year	Potential Exposure	Hedge Effectiveness at Inception and at Quarter-end (b)	Value of One (1) Point															
<b>NONE</b>																																				
139999 - Subtotal - Hedging Effective																																				
140999 - Subtotal - Hedging Other																																				
141999 - Subtotal - Replication																																				
142999 - Subtotal - Income Generation																																				
143999 - Subtotal - Other																																				
144999 - Totals														0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

E07

Broker Name	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
Total Net Cash Deposits			

(a)

Code	Description of Hedged Risk(s)

(b)

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

STATEMENT AS OF SEPTEMBER 30, 2014 OF THE MENNONITE MUTUAL INSURANCE COMPANY

**SCHEDULE DB - PART D – SECTION 1**

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Contracts With Book/ Adjusted Carrying Value > 0	6 Contracts With Book/ Adjusted Carrying Value < 0	7 Exposure Net of Collateral	8 Contracts With Fair Value > 0	9 Contracts With Fair Value < 0	10 Exposure Net of Collateral		
0199999 - Aggregate Sum of Exchange Traded Derivatives						0			0		0
<b>NONE</b>											
0899999 - Aggregate Sum of Central Clearinghouses						0			0		0
0999999 Totals			0	0	0	0	0	0	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2014 OF THE MENNONITE MUTUAL INSURANCE COMPANY

**SCHEDULE DB - PART D - SECTION 2**

Collateral for Derivative Instruments Open as of Current Statement Date

Collateral Pledged by Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
			<b>NONE</b>					
0199999 Total							XXX	XXX

Collateral Pledged to Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
			<b>NONE</b>					
						XXX		
						XXX		
						XXX		
						XXX		
						XXX		
						XXX		
						XXX		
0299999 Total							XXX	XXX

E09



## SCHEDULE DL - PART 2 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

1 CUSIP Identification	2 Description	3 Code	4 NAIC Designation/Market Indicator	5 Fair Value	6 Book/Adjusted Carrying Value	7 Maturity Dates
NONE						
9999999 Totals				0	0	XXX

General Interrogatories:

1. Total activity for the year to date
2. Average balance for the year to date

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

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



