



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Ohio Mutual Insurance Company

NAIC Group Code	0963 (Current)	0963 (Prior)	NAIC Company Code	10202	Employer's ID Number	34-4320350
Organized under the Laws of	OHIO			State of Domicile or Port of Entry		OHIO
Country of Domicile	United States of America					
Incorporated/Organized	03/05/1901			Commenced Business		03/05/1901
Statutory Home Office	1725 Hopley Avenue (Street and Number)			Bucyrus , OH, US 44820-0111 (City or Town, State, Country and Zip Code)		
Main Administrative Office	1725 Hopley Avenue (Street and Number)			Bucyrus , OH, US 44820-0111 (City or Town, State, Country and Zip Code)		
	1725 Hopley Avenue (Street and Number)			419-562-3011 (Area Code) (Telephone Number)		
Mail Address	1725 Hopley Avenue (Street and Number or P.O. Box)			Bucyrus , OH, US 44820-0111 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	1725 Hopley Avenue (Street and Number)			419-562-3011 (Area Code) (Telephone Number)		
Internet Website Address	www.omig.com					
Statutory Statement Contact	Caroline Kay Metcalf Mrs. (Name)			419-563-0816 (Area Code) (Telephone Number)		
	cmetcalf@omig.com (E-mail Address)			419-562-0995 (FAX Number)		

OFFICERS

President	James Joseph Kennedy, Mr.	Secretary	Albert Michael Heister, Mr.
Treasurer	David Gary Hendrix, Mr.		

OTHER

Todd Emery Albert, Mr. Vice President Information Systems	Michael Alexander Brogan, Mr. Vice President Claims	David Alan Grove, Mr. Vice President Product Management
Michael Robert Horvath, Mr. Vice President Human Resources	Randy Thomas O'Conner, Mr. Executive Vice President	

DIRECTORS OR TRUSTEES

Robert Bruce Albro, Mr.	Albert Michael Heister, Mr.	James Joseph Kennedy, Mr.
Susan Porter, Mrs.	John Redon Purse, Mr.	David Anthony Siebenburgen, Mr.
Randy Lee Walker, Mr.	Thomas Eugene Woolley, Mr.	

State of Ohio
County of Crawford SS:

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

James Joseph Kennedy President and CEO	David Gary Hendrix Treasurer and CFO	Michael Alexander Brogan Assistant Secretary
Subscribed and sworn to before me this		a. Is this an original filing? Yes [X] No []
day of		b. If no,
		1. State the amendment number.....
		2. Date filed
		3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ and number of persons insured under indemnity only products

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit accident and health (group and individual)												
15.1	Collectively renewable accident and health (b)												
15.2	Non-cancelable accident and health(b)												
15.3	Guaranteed renewable accident and health(b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other accident and health (b)												
15.8	Federal employees health benefits plan premium (b)												
16.	Workers' compensation												
17.1	Other Liability - occurrence												
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)												
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	3,081,804	3,091,580		1,649,258	1,220,155	1,116,280	118,056	9,810	12,266	3,958	441,205	36,116
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril	1,951,359	1,991,648		877,791	453,813	295,134	239,228	21,484	32,900	17,668	258,567	22,868
4. Homeowners multiple peril	9,219,766	8,112,578		4,766,996	4,089,925	4,014,584	775,040	71,521	62,451	33,490	1,666,284	108,047
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	15,248	13,824		6,916							2,170	179
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	284,578	293,683		141,127	34,231	89,000	120,245	18,555	109,345	121,596	40,808	3,335
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	19,877,310	19,673,855		7,282,787	14,798,127	13,284,049	14,749,106	745,913	394,155	1,918,919	2,885,623	232,944
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	17,509,905	17,343,619		6,409,825	10,880,738	10,994,463	1,275,664	116,893	123,542	32,842	2,605,612	205,200
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	107,804	112,434		53,323	23,517	2,000	5,011	658	757	138	15,475	1,263
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	52,047,774	50,633,221		21,188,023	31,500,506	29,795,510	17,282,349	984,834	735,416	2,128,611	7,913,744	609,953
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 915,100
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Rhode Island DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit accident and health (group and individual)												
15.1	Collectively renewable accident and health (b)												
15.2	Non-cancelable accident and health(b)												
15.3	Guaranteed renewable accident and health(b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other accident and health (b)												
15.8	Federal employees health benefits plan premium (b)												
16.	Workers' compensation												
17.1	Other Liability - occurrence												
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)												
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit accident and health (group and individual)												
15.1	Collectively renewable accident and health (b)												
15.2	Non-cancelable accident and health(b)												
15.3	Guaranteed renewable accident and health(b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other accident and health (b)												
15.8	Federal employees health benefits plan premium (b)												
16.	Workers' compensation												
17.1	Other Liability - occurrence												
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)												
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2014 NAIC Company Code 10202

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire	3,081,804	3,091,580		1,649,258	1,220,155	1,116,280	118,056	9,810	12,266	3,958	441,205	36,116
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4.	Private crop												
3.	Farmowners multiple peril	1,951,359	1,991,648		877,791	453,813	295,134	239,228	21,484	32,900	17,668	256,567	22,868
4.	Homeowners multiple peril	9,219,766	8,112,578		4,766,996	4,089,925	4,014,584	775,040	71,521	62,451	33,490	1,666,284	108,047
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	15,248	13,824		6,916							2,170	179
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit accident and health (group and individual)												
15.1	Collectively renewable accident and health (b)												
15.2	Non-cancelable accident and health(b)												
15.3	Guaranteed renewable accident and health(b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other accident and health (b)												
15.8	Federal employees health benefits plan premium (b)												
16.	Workers' compensation												
17.1	Other Liability - occurrence	284,578	293,683		141,127	34,231	89,000	120,245	18,555	109,345	121,596	40,808	3,335
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability	19,877,310	19,673,855		7,282,787	14,798,127	13,284,049	14,749,106	745,913	394,155	1,918,919	2,885,623	232,944
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage	17,509,905	17,343,619		6,409,825	10,880,738	10,994,463	1,275,664	116,893	123,542	32,842	2,605,612	205,200
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft	107,804	112,434		53,323	23,517	2,000	5,011	658	757	138	15,475	1,263
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	52,047,774	50,633,221		21,188,023	31,500,506	29,795,510	17,282,349	984,834	735,416	2,128,611	7,913,744	609,953
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 915,100
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products .

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
34-1008736	13072	UNITED OHIO INSURANCE COMPANY	OH	132,153		27,405	27,405			62,344				
01-0407315	25950	CASCO INDEMNITY COMPANY	ME	9,907		4,520	4,520			4,700				
0199999. Affiliates - U.S. Intercompany Pooling				142,060		31,925	31,925			67,044				
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates				142,060		31,925	31,925			67,044				
0999998. Other U.S. Unaffiliated Insurers Reinsurance for which the total of Column 8 is less than \$100,000														
0999999. Total Other U.S. Unaffiliated Insurers														
1099998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Mandatory Pools														
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools														
AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL	35										
1199998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Voluntary Pools														
1199999. Total Pools, Associations or Other Similar Facilities - Voluntary Pools				35										
1299999. Total - Pools and Associations				35										
1399998. Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000														
1399999. Total Other Non-U.S. Insurers														
9999999 Totals				142,095		31,925	31,925			67,044				

SCHEDULE F - PART 2

1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
NONE					

SCHEDULE F - PART 3

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis-sions	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool																		
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)																		
2199999. Total Unauthorized - Affiliates																		
2299998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
2299999. Total Unauthorized - Other U.S. Unaffiliated Insurers																		
AA-3194139	..00000	AXIS SPECIALTY LIMITED	BMU		41										1		(1)	
AA-3194161	..00000	CATLIN INSURANCE COMPANY LTD	BMU		57										1		(1)	
AA-3194122	..00000	DAVINCI REINSURANCE LTD	BMU		14													
AA-1340125	..00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		1													
AA-1840000	..00000	MAPFRE RE COMPANIA DE REASEGUROS, S.A.	ESP															
AA-3194129	..00000	MONTPELIER REINSURANCE	BMU															
AA-3190339	..00000	RENAISSANCE REINSURANCE, LTD	BMU		24													
AA-1340192	..00000	R&V VERSICHERUNG AG	DEU		178										2		(2)	
AA-1440076	..00000	SIRIUS INTERNATIONAL CORPORATION	SWI															
2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																		
2599999. Total Unauthorized - Other Non-U.S. Insurers						315									4		(4)	
2699999. Total Unauthorized						315									4		(4)	
2799999. Total Certified - Affiliates - U.S. Intercompany Pooling																		
3099999. Total Certified - Affiliates - U.S. Non-Pool																		
3399999. Total Certified - Affiliates - Other (Non-U.S.)																		
3499999. Total Certified - Affiliates																		
3599998. Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
3599999. Total Certified - Other U.S. Unaffiliated Insurers																		
3899998. Total Certified - Other Non-U.S. Insurers (Under \$100,000)																		
3899999. Total Certified - Other Non-U.S. Insurers																		
3999999. Total Certified																		
4099999. Total Authorized, Unauthorized and Certified						142,204	511	18	31,720	19,929		64,448		116,626	43		116,583	109
4199999. Total Protected Cells																		
9999999 Totals						142,204	511	18	31,720	19,929		64,448		116,626	43		116,583	109

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.
The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1	2	3
Name of Reinsurer	Commission Rate	Ceded Premium
1. FACTORY MUTUAL INSURANCE COMPANY	35.000	52,211
2. _____		
3. _____		
4. _____		
5. _____		

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1. GENERAL REINSURANCE CORPORATION	639,706	720,046	Yes [] No [X]
2. FACTORY MUTUAL INSURANCE COMPANY	23,216	52,211	Yes [] No [X]
3. HARTFORD STEAM BOILER INSPECTION & INS	5,548	10,889	Yes [] No [X]
4. OHIO FAIR PLAN UNDERWRITING ASSOCIATION	1,848	3,598	Yes [] No [X]
5. EMPLOYERS MUTUAL CASUALTY CO	375	1,926	Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 4

Aging of Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11
				5 Current	Overdue					11 Total Due Cols. 5 + 10		
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9			
0499999. Total Authorized - Affiliates - U.S. Non-Pool												
0799999. Total Authorized - Affiliates - Other (Non-U.S.)												
0899999. Total Authorized - Affiliates												
13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE	528						528		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers				528						528		
1399999. Total Authorized				528						528		
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool												
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)												
2199999. Total Unauthorized - Affiliates												
2699999. Total Unauthorized												
3099999. Total Certified - Affiliates - U.S. Non-Pool												
3399999. Total Certified - Affiliates - Other (Non-U.S.)												
3499999. Total Certified - Affiliates												
3999999. Total Certified												
4099999. Total Authorized, Unauthorized and Certified				528						528		
4199999. Total Protected Cells												
9999999 Totals				528						528		

SCHEDULE F - PART 5

[illegible]

- | | | | | | |
|-----|---|------------------------|---|---------------------------------|--------------------------|
| (a) | Issuing or Confirming Bank Reference Number | Letters of Credit Code | American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Letters of Credit Amount |
| | | | | | |

Schedule F - Part 6 - Section 1 - Provision for Reinsurance Ceded to Certified Reinsurers

N O N E

Schedule F - Part 6 - Section 1 - Bank Footnote

N O N E

Schedule F - Part 6 - Section 2 - Provision for Overdue Reinsurance Ceded to Certified Reinsurers

N O N E

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 8

Provision for Overdue Reinsurance as of December 31, Current Year

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Reinsurance Recoverable All Items	5 Funds Held By Company Under Reinsurance Treaties	6 Letters of Credit	7 Ceded Balances Payable	8 Other Miscellaneous Balances	9 Other Allowed Offset Items	10 Sum of Cols. 5 through 9 but not in excess of Col. 4	11 Col. 4 minus Col. 10	12 Greater of Col. 11 or Schedule F - Part 4 Cols. 8 + 9
AA-1340192	.00000	R&V VERSICHERUNG AG	13			2,283			13		
9999999 Totals			13			2,283			13		
1. Total											
2. Line 1 x .20											
3. Schedule F - Part 7 Col. 11											
4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)											
5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F - Part 5 Col. 18 x1000)											
6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F- Part 6, Section 1, Col. 21 x 1000)											
7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F - Part 6, Section 2, Col 15 x 1000)											
8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)											

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	224,135,654		224,135,654
2. Premiums and considerations (Line 15)	12,181,050		12,181,050
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	528,350	(528,350)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	2,824,027		2,824,027
6. Net amount recoverable from reinsurers		116,472,075	116,472,075
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	239,669,081	115,943,725	355,612,806
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	23,791,151	51,649,556	75,440,707
10. Taxes, expenses, and other obligations (Lines 4 through 8)	3,186,436		3,186,436
11. Unearned premiums (Line 9)	23,783,752	64,445,931	88,229,683
12. Advance premiums (Line 10)	395,548		395,548
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	42,687	(42,687)	
15. Funds held by company under reinsurance treaties (Line 13)	109,075	(109,075)	
16. Amounts withheld or retained by company for account of others (Line 14)	111		111
17. Provision for reinsurance (Line 16)			
18. Other liabilities	855,799		855,799
19. Total liabilities excluding protected cell business (Line 26)	52,164,559	115,943,725	168,108,284
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	187,504,522	XXX	187,504,522
22. Totals (Line 38)	239,669,081	115,943,725	355,612,806

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [X] No []

If yes, give full explanation: Ohio Mutual Insurance Company and its wholly owned subsidiaries, United Ohio Insurance Company and Casco Indemnity Company, entered into a pooling agreement whereby all underwriting results are pooled and then split 27% to Ohio Mutual, 65% to United Ohio, and 8% to Casco Indemnity.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	1,746	XXX		XXX		XXX		XXX	1,746	XXX		XXX		XXX		XXX		XXX
2. Premiums earned	1,993	XXX		XXX		XXX		XXX	1,993	XXX		XXX		XXX		XXX		XXX
3. Incurred claims	3,952	198.3							3,952	198.3								
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)	3,952	198.3							3,952	198.3								
6. Increase in contract reserves																		
7. Commissions (a)	262	13.1							262	13.1								
8. Other general insurance expenses	244	12.2							244	12.2								
9. Taxes, licenses and fees																		
10. Total other expenses incurred	506	25.4							506	25.4								
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds	(2,465)	(123.7)							(2,465)	(123.7)								
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	(2,465)	(123.7)							(2,465)	(123.7)								
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	799				799				
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	799				799				
5. Total premium reserves, prior year	1,046				1,046				
6. Increase in total premium reserves	(247)				(247)				
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits (deferred maternity and other similar benefits)									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year	1,107				1,107				
2. Total prior year	98				98				
3. Increase	1,009				1,009				

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year	2,943				2,943				
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year	1,107				1,107				
3. Test:									
3.1 Line 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year	98				98				
3.3 Line 3.1 minus Line 3.2	(98)				(98)				

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	6,468				6,468				
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	4,722				4,722				
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			3,952	3,952
2. Beginning claim reserves and liabilities .....			.98	.98
3. Ending claim reserves and liabilities			1,107	1,107
4. Claims paid			2,943	2,943
B. Assumed Reinsurance:				
5. Incurred Claims.....				
6. Beginning claim reserves and liabilities				
7. Ending claim reserves and liabilities				
8. Claims paid				
C. Ceded Reinsurance:				
9. Incurred Claims.....				
10. Beginning claim reserves and liabilities				
11. Ending claim reserves and liabilities				
12. Claims paid				
D. Net:				
13. Incurred Claims.....			3,952	3,952
14. Beginning claim reserves and liabilities .....			.98	.98
15. Ending claim reserves and liabilities			1,107	1,107
16. Claims paid			2,943	2,943
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses				
18. Beginning reserves and liabilities				
19. Ending reserves and liabilities				
20. Paid claims and cost containment expenses				

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2005.....	8,614	785	7,829	3,253	88	66	2	377		17	3,606	962
3. 2006.....	9,749	586	9,163	4,591	158	93	1	601		49	5,126	1,041
4. 2007.....	10,019	554	9,465	5,309	167	89	2	602		44	5,831	1,039
5. 2008.....	10,788	765	10,023	9,048	2,943	268	125	642		53	6,890	1,966
6. 2009.....	11,216	1,004	10,212	7,467	1,685	149	14	630		120	6,547	1,690
7. 2010.....	11,733	713	11,020	6,049	92	167		591		73	6,715	2,051
8. 2011.....	12,368	998	11,370	10,725	2,149	235	76	907		47	9,642	1,713
9. 2012.....	13,221	1,667	11,554	13,510	6,584	499	298	1,133		45	8,260	1,794
10. 2013.....	14,164	1,243	12,921	8,232	348	118	1	956		121	8,957	1,089
11. 2014.....	15,125	1,489	13,636	5,387	40	66		669		49	6,082	737
12. Totals	XXX	XXX	XXX	73,571	14,254	1,750	519	7,108		618	67,656	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2005.....													
3. 2006.....													
4. 2007.....													
5. 2008.....	18		9				1					28	1
6. 2009.....	3		1									4	
7. 2010.....			3				1					4	1
8. 2011.....	17	4	7				4					24	2
9. 2012.....	142	22	62	1			26		4			211	9
10. 2013.....	88	1	203	3			28		32			347	10
11. 2014.....	818		780	62			88		162			1,786	73
12. Totals	1,086	27	1,065	66			148		198			2,404	96

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005.....	3,696	90	3,606	42.9	11.5	46.1			27.0		
3. 2006.....	5,285	159	5,126	54.2	27.1	55.9			27.0		
4. 2007.....	6,000	169	5,831	59.9	30.5	61.6			27.0		
5. 2008.....	9,986	3,068	6,918	92.6	401.0	69.0			27.0	27	1
6. 2009.....	8,250	1,699	6,551	73.6	169.2	64.2			27.0	4	
7. 2010.....	6,811	92	6,719	58.0	12.9	61.0			27.0	3	1
8. 2011.....	11,895	2,229	9,666	96.2	223.3	85.0			27.0	20	4
9. 2012.....	15,376	6,905	8,471	116.3	414.2	73.3			27.0	181	30
10. 2013.....	9,657	353	9,304	68.2	28.4	72.0			27.0	287	60
11. 2014.....	7,970	102	7,868	52.7	6.9	57.7			27.0	1,536	250
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,058	346

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(4)		2				4	(2)	XXX
2. 2005.....	11,415	1,259	10,156	6,141	701	206	27	729	16	199	6,332	1,580
3. 2006.....	10,640	816	9,824	5,799	464	306	33	654	21	237	6,241	1,549
4. 2007.....	11,208	815	10,393	7,070	748	308	27	612	21	296	7,194	1,661
5. 2008.....	12,674	775	11,899	7,804	630	412	13	668	22	327	8,219	1,817
6. 2009.....	13,174	832	12,342	8,446	753	419	21	740	26	330	8,805	2,070
7. 2010.....	13,406	523	12,883	8,369	451	465	20	761	12	390	9,112	2,489
8. 2011.....	12,499	159	12,340	6,758		396		533		275	7,687	1,356
9. 2012.....	11,219	104	11,115	6,293	187	221	5	474		244	6,796	1,036
10. 2013.....	10,707	76	10,631	4,817	6	93		410		142	5,314	1,007
11. 2014.....	11,135	54	11,081	3,150		45		331		74	3,526	970
12. Totals	XXX	XXX	XXX	64,643	3,940	2,873	146	5,912	118	2,518	69,224	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	5	1										4	1
2. 2005.....													
3. 2006.....	42	15						1				26	1
4. 2007.....	4	1							2			5	
5. 2008.....	13		12	2			6		3			32	1
6. 2009.....	113	19	50	11			10	2	6			147	5
7. 2010.....	185	8	127	11			60	2	4			355	7
8. 2011.....	394		165				66		13			638	15
9. 2012.....	818		283	4			175		33			1,305	35
10. 2013.....	1,430	3	753				333		83			2,596	79
11. 2014.....	3,111		1,328				468		281			5,188	388
12. Totals	6,115	47	2,718	28			1,118	5	425			10,296	532

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4	
2. 2005.....	7,076	744	6,332	62.0	59.1	62.3			27.0		
3. 2006.....	6,801	534	6,267	63.9	65.4	63.8			27.0	27	(1)
4. 2007.....	7,996	797	7,199	71.3	97.8	69.3			27.0	3	2
5. 2008.....	8,918	667	8,251	70.4	86.1	69.3			27.0	23	9
6. 2009.....	9,784	832	8,952	74.3	100.0	72.5			27.0	133	14
7. 2010.....	9,971	504	9,467	74.4	96.4	73.5			27.0	293	62
8. 2011.....	8,325		8,325	66.6		67.5			27.0	559	79
9. 2012.....	8,297	196	8,101	74.0	188.5	72.9			27.0	1,097	208
10. 2013.....	7,919	9	7,910	74.0	11.8	74.4			27.0	2,180	416
11. 2014.....	8,714		8,714	78.3		78.6			27.0	4,439	749
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	8,758	1,538

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2005.....	1,134	116	1,018	730	269	23	6	51	1	10	528	86
3. 2006.....	1,308	210	1,098	427	26	32	3	41		5	471	79
4. 2007.....	1,660	255	1,405	1,053	250	71	5	81		38	950	108
5. 2008.....	1,992	158	1,834	480	3	70		45		4	592	121
6. 2009.....	2,438	252	2,186	832	21	68	2	82		107	959	161
7. 2010.....	2,655	216	2,439	1,553	143	63	2	136		13	1,607	255
8. 2011.....	2,919	184	2,735	890		89		114		18	1,093	175
9. 2012.....	3,310	196	3,114	1,380	130	64	8	156		13	1,462	176
10. 2013.....	3,781	206	3,575	1,209	136	43	6	187		16	1,297	183
11. 2014.....	4,295	229	4,066	918	1	22	1	199		6	1,137	203
12. Totals	XXX	XXX	XXX	9,472	979	545	33	1,092	1	230	10,096	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2005.....													
3. 2006.....													
4. 2007.....													
5. 2008.....	20		10				7					37	
6. 2009.....	18	3	3				3		2			23	1
7. 2010.....	41		29				8					78	1
8. 2011.....	46		49				52		7			154	2
9. 2012.....	239	1	232				110		35			615	7
10. 2013.....	302		230	1			173		54			758	16
11. 2014.....	1,344	178	997	89			305		214			2,593	65
12. Totals	2,010	182	1,550	90			658		312			4,258	92

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005.....	804	276	528	70.9	237.9	51.9			27.0		
3. 2006.....	500	29	471	38.2	13.8	42.9			27.0		
4. 2007.....	1,205	255	950	72.6	100.0	67.6			27.0		
5. 2008.....	632	3	629	31.7	1.9	34.3			27.0	30	7
6. 2009.....	1,008	26	982	41.3	10.3	44.9			27.0	18	5
7. 2010.....	1,830	145	1,685	68.9	67.1	69.1			27.0	70	8
8. 2011.....	1,247		1,247	42.7		45.6			27.0	95	59
9. 2012.....	2,216	139	2,077	66.9	70.9	66.7			27.0	470	145
10. 2013.....	2,198	143	2,055	58.1	69.4	57.5			27.0	531	227
11. 2014.....	3,999	269	3,730	93.1	117.5	91.7			27.0	2,074	519
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3,288	970

SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed				Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
1. Prior.....	XXX	XXX	XXX									XXX
2. 2005.....												
3. 2006.....												
4. 2007.....												
5. 2008.....												
6. 2009.....												
7. 2010.....												
8. 2011.....												
9. 2012.....												
10. 2013.....												
11. 2014.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2005.....													
3. 2006.....													
4. 2007.....													
5. 2008.....													
6. 2009.....													
7. 2010.....													
8. 2011.....													
9. 2012.....													
10. 2013.....													
11. 2014.....													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005.....											
3. 2006.....											
4. 2007.....											
5. 2008.....											
6. 2009.....											
7. 2010.....											
8. 2011.....											
9. 2012.....											
10. 2013.....											
11. 2014.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2005.....	1,727	171	1,556	360	38	53	1	40		3	414	103
3. 2006.....	2,065	257	1,808	954	84	53	4	101		6	1,020	122
4. 2007.....	2,658	325	2,333	1,332	114	117	3	109		73	1,441	162
5. 2008.....	3,245	352	2,893	1,776	502	156	18	116		8	1,528	253
6. 2009.....	3,637	491	3,146	1,701	287	114	4	153		19	1,677	312
7. 2010.....	3,962	514	3,448	1,903	73	258	2	184		19	2,270	560
8. 2011.....	4,298	553	3,745	2,905	721	231	24	289		51	2,680	324
9. 2012.....	4,812	637	4,175	2,584	670	138	24	301		39	2,329	330
10. 2013.....	5,720	713	5,007	2,599	332	134	9	369		13	2,761	272
11. 2014.....	6,675	863	5,812	1,812	171	55	2	307		8	2,001	258
12. Totals	XXX	XXX	XXX	17,926	2,992	1,309	91	1,969		239	18,121	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2005.....													1
3. 2006.....													
4. 2007.....													
5. 2008.....	22		11				5					38	2
6. 2009.....	11		5				5					21	1
7. 2010.....	60		28				62		1			151	5
8. 2011.....	127		81				92		7			307	6
9. 2012.....	94		35	5			85		1			210	7
10. 2013.....	1,078	412	488	59			455		57			1,607	21
11. 2014.....	652	33	762	120			285		219			1,765	65
12. Totals	2,044	445	1,410	184			989		285			4,099	108

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005.....	453	39	414	26.2	22.8	26.6			27.0		
3. 2006.....	1,108	88	1,020	53.7	34.2	56.4			27.0		
4. 2007.....	1,558	117	1,441	58.6	36.0	61.8			27.0		
5. 2008.....	2,086	520	1,566	64.3	147.7	54.1			27.0	33	5
6. 2009.....	1,989	291	1,698	54.7	59.3	54.0			27.0	16	5
7. 2010.....	2,496	75	2,421	63.0	14.6	70.2			27.0	88	63
8. 2011.....	3,732	745	2,987	86.8	134.7	79.8			27.0	208	99
9. 2012.....	3,238	699	2,539	67.3	109.7	60.8			27.0	124	86
10. 2013.....	5,180	812	4,368	90.6	113.9	87.2			27.0	1,095	512
11. 2014.....	4,092	326	3,766	61.3	37.8	64.8			27.0	1,261	504
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,825	1,274

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2005.....	1,706	512	1,194	817	389	66		75		15	569	144
3. 2006.....	1,619	435	1,184	682	297	44	1	77		17	505	96
4. 2007.....	1,627	484	1,143	408	74	41		72		4	447	79
5. 2008.....	1,605	556	1,049	291		81		30			402	138
6. 2009.....	1,567	569	998	479	243	37		33		1	306	367
7. 2010.....	1,528	594	934	368	180	54	2	47		4	287	91
8. 2011.....	1,626	660	966	325	55	74	9	34		2	369	47
9. 2012.....	1,765	761	1,004	170		18		27		2	215	51
10. 2013.....	1,888	823	1,065	513	363	26		62		1	238	45
11. 2014.....	1,952	893	1,059	598	513	3		98		1	186	37
12. Totals	XXX	XXX	XXX	4,651	2,114	444	12	555		47	3,524	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	37											37	1
2. 2005.....													
3. 2006.....	5		3				1					9	
4. 2007.....													
5. 2008.....	32		16				21					69	
6. 2009.....	12		6				3					21	
7. 2010.....	7		2				6		12			27	
8. 2011.....	59		19				45		5			128	1
9. 2012.....	41	1	15	1			21		7			82	2
10. 2013.....	326	121	94	42			77		37			371	9
11. 2014.....	124		341	108			59		99			515	17
12. Totals	643	122	496	151			233		160			1,259	30

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	37	
2. 2005.....	958	389	569	56.2	76.0	47.7			27.0		
3. 2006.....	812	298	514	50.2	68.5	43.4			27.0	8	1
4. 2007.....	521	74	447	32.0	15.3	39.1			27.0		
5. 2008.....	471		471	29.3		44.9			27.0	48	21
6. 2009.....	570	243	327	36.4	42.7	32.8			27.0	18	3
7. 2010.....	496	182	314	32.5	30.6	33.6			27.0	9	18
8. 2011.....	561	64	497	34.5	9.7	51.4			27.0	78	50
9. 2012.....	299	2	297	16.9	0.3	29.6			27.0	54	28
10. 2013.....	1,135	526	609	60.1	63.9	57.2			27.0	257	114
11. 2014.....	1,322	621	701	67.7	69.5	66.2			27.0	357	158
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	866	393

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
1. Prior.....	XXX	XXX	XXX									XXX
2. 2005.....												
3. 2006.....												
4. 2007.....												
5. 2008.....												
6. 2009.....												
7. 2010.....												
8. 2011.....												
9. 2012.....												
10. 2013.....												
11. 2014.....												
12. Totals	XXX	XXX	XXX									XXX

NONE

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2005.....													
3. 2006.....													
4. 2007.....													
5. 2008.....													
6. 2009.....													
7. 2010.....													
8. 2011.....													
9. 2012.....													
10. 2013.....													
11. 2014.....													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005.....											
3. 2006.....											
4. 2007.....											
5. 2008.....											
6. 2009.....											
7. 2010.....											
8. 2011.....											
9. 2012.....											
10. 2013.....											
11. 2014.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	.....13	.....1	.....2	.....1	.....1		.....2	.....14	XXX
2. 2013.....	5,160	349	4,811	2,363		52		298		27	2,713	XXX
3. 2014	5,422	422	5,000	1,961	1	27		232		8	2,219	XXX
4. Totals	XXX	XXX	XXX	4,337	2	81	1	531		37	4,946	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	1	1	3				1					4	1
2. 2013	4		12				2		6			24	1
3. 2014	189		261				13		42			505	23
4. Totals	194	1	276				16		48			533	25

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3	1
2. 2013	2,737		2,737	53.0		56.9			27.0	16	8
3. 2014	2,725	1	2,724	50.3	0.2	54.5			27.0	450	55
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	469	64

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(45)	9	4	1	(1)		51	(52)	XXX
2. 2013.....	9,543	251	9,292	5,926	17	84		507		707	6,500	1
3. 2014.....	10,028	285	9,743	6,153	3	88		503		528	6,741	216
4. Totals	XXX	XXX	XXX	12,034	29	176	1	1,009		1,286	13,189	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	2		4				4					10	1
2. 2013	1		6				5		5			17	1
3. 2014	452		359				28		48			887	216
4. Totals	455		369				37		53			914	218

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	6	4
2. 2013.....	6,534	17	6,517	68.5	6.8	70.1			27.0	7	10
3. 2014.....	7,631	3	7,628	76.1	1.1	78.3			27.0	811	76
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	824	90

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	NONE								XXX
2. 2013				NONE								XXX
3. 2014				NONE								XXX
4. Totals	XXX	XXX	XXX	NONE								XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2013.....													
3. 2014.....													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2013.....											
3. 2014.....											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2013.....	2		2									XXX
3. 2014.....	2		2	3							3	XXX
4. Totals	XXX	XXX	XXX	3							3	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2013													
3. 2014			1									1	
4. Totals			1									1	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2013									27.0		
3. 2014	4		4	200.0		200.0			27.0	1	
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1	

Schedule P - Part 1M - International

N O N E

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2005.....	120		120	15		18		1			34	5
3. 2006.....	116	5	111	12		5		1			18	4
4. 2007.....	111	4	107	71		9		5			85	7
5. 2008.....	83	9	74	2		2		1			5	4
6. 2009.....	73	2	71	8		9		1			18	19
7. 2010.....	60	1	59	3		3					6	48
8. 2011.....	51		51	8		4		1			13	3
9. 2012.....	49		49	6							6	1
10. 2013.....	52		52	5		2		1			8	2
11. 2014.....	57		57	1		3					4	1
12. Totals	XXX	XXX	XXX	131		55		11			197	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....													
2. 2005.....													
3. 2006.....													
4. 2007.....													
5. 2008.....													
6. 2009.....													
7. 2010.....													
8. 2011.....													
9. 2012.....													
10. 2013.....	4		2				7					13	
11. 2014.....	5		3				4		1			13	1
12. Totals	9		5				11		1			26	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2005.....	34		34	28.3		28.3			27.0		
3. 2006.....	18		18	15.5		16.2			27.0		
4. 2007.....	85		85	76.6		79.4			27.0		
5. 2008.....	5		5	6.0		6.8			27.0		
6. 2009.....	18		18	24.7		25.4			27.0		
7. 2010.....	6		6	10.0		10.2			27.0		
8. 2011.....	13		13	25.5		25.5			27.0		
9. 2012.....	6		6	12.2		12.2			27.0		
10. 2013.....	21		21	40.4		40.4			27.0	6	7
11. 2014.....	17		17	29.8		29.8			27.0	8	5
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	14	12

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 1T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior.....	1,239	1,015	646	534	451	449	448	445	441	441		(4)
2. 2005.....	4,667	3,731	3,478	3,344	3,241	3,233	3,233	3,232	3,229	3,229		(3)
3. 2006.....	XXX	5,368	5,048	4,778	4,596	4,545	4,525	4,525	4,526	4,525	(1)	
4. 2007.....	XXX	XXX	6,321	5,778	5,368	5,249	5,233	5,229	5,230	5,229	(1)	
5. 2008.....	XXX	XXX	XXX	7,153	6,464	6,312	6,284	6,266	6,269	6,276	7	10
6. 2009.....	XXX	XXX	XXX	XXX	6,460	5,994	5,994	6,032	5,925	5,921	(4)	(111)
7. 2010.....	XXX	XXX	XXX	XXX	XXX	6,790	6,323	6,192	6,160	6,128	(32)	(64)
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	9,451	8,998	8,940	8,759	(181)	(239)
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,589	7,372	7,334	(38)	(255)
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,793	8,316	(477)	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,037	XXX	XXX
12. Totals											(727)	(666)

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	4,956	4,021	3,558	3,284	3,151	3,090	3,098	3,091	3,080	3,078	(2)	(13)
2. 2005.....	7,081	6,618	6,003	5,729	5,695	5,644	5,640	5,631	5,620	5,619	(1)	(12)
3. 2006.....	XXX	6,938	6,465	5,954	5,802	5,651	5,638	5,634	5,638	5,634	(4)	
4. 2007.....	XXX	XXX	8,008	7,246	6,903	6,746	6,652	6,605	6,613	6,606	(7)	1
5. 2008.....	XXX	XXX	XXX	8,698	7,803	7,868	7,635	7,613	7,607	7,602	(5)	(11)
6. 2009.....	XXX	XXX	XXX	XXX	9,440	8,870	8,555	8,484	8,285	8,232	(53)	(252)
7. 2010.....	XXX	XXX	XXX	XXX	XXX	9,356	9,285	9,090	8,951	8,714	(237)	(376)
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	8,774	8,313	8,042	7,779	(263)	(534)
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,379	8,017	7,594	(423)	(785)
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,358	7,417	59	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,102	XXX	XXX
12. Totals											(936)	(1,982)

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....	686	371	279	261	259	261	248	248	248	248		
2. 2005.....	698	617	538	502	495	478	478	478	478	478		
3. 2006.....	XXX	606	447	423	449	437	430	432	430	430		(2)
4. 2007.....	XXX	XXX	918	942	1,018	1,072	883	875	869	869		(6)
5. 2008.....	XXX	XXX	XXX	695	756	743	566	610	583	584	1	(26)
6. 2009.....	XXX	XXX	XXX	XXX	1,073	1,081	967	905	894	898	4	(7)
7. 2010.....	XXX	XXX	XXX	XXX	XXX	2,313	1,992	1,818	1,663	1,549	(114)	(269)
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,866	1,485	1,234	1,126	(108)	(359)
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,832	1,868	1,886	18	54
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,999	1,814	(185)	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,317	XXX	XXX
12. Totals											(384)	(615)

SCHEDULE P - PART 2D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior.....												
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	632	623	653	510	435	362	370	365	365	365		
2. 2005.....	626	485	498	472	387	387	370	366	367	374	7	8
3. 2006.....	XXX	1,242	1,142	1,019	973	932	932	919	919	919		
4. 2007.....	XXX	XXX	1,791	1,571	1,345	1,464	1,456	1,342	1,341	1,332	(9)	(10)
5. 2008.....	XXX	XXX	XXX	1,471	1,395	1,517	1,506	1,476	1,459	1,450	(9)	(26)
6. 2009.....	XXX	XXX	XXX	XXX	1,778	1,678	1,691	1,564	1,543	1,545	2	(19)
7. 2010.....	XXX	XXX	XXX	XXX	XXX	2,443	2,407	2,409	2,194	2,236	42	(173)
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	2,654	2,771	2,675	2,691	16	(80)
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,910	2,402	2,237	(165)	(673)
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,773	3,942	169	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,240	XXX	XXX
12. Totals											53	(973)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior.....												
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....												
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)

1. Prior.....												
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	970	698	642	533	573	523	524	518	518	513	(5)	(5)
2. 2005.....	738	742	633	539	539	518	517	494	494	494		
3. 2006.....	XXX	879	652	500	493	473	455	437	436	437	1	
4. 2007.....	XXX	XXX	751	566	396	390	392	394	393	375	(18)	(19)
5. 2008.....	XXX	XXX	XXX	610	561	385	376	363	360	441	81	78
6. 2009.....	XXX	XXX	XXX	XXX	370	379	294	296	291	294	3	(2)
7. 2010.....	XXX	XXX	XXX	XXX	XXX	237	387	343	385	255	(130)	(88)
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	295	486	437	458	21	(28)
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	279	364	263	(101)	(16)
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	495	510	15	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	504	XXX	XXX
12. Totals											(133)	(80)

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....												
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	713	666	628	(38)	(85)
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,569	2,433	(136)	XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,450	XXX	XXX
4. Totals											(174)	(85)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	757	392	331	(61)	(426)
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,211	6,005	(206)	XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,077	XXX	XXX
4. Totals											(267)	(426)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

NONE

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	1	1		(2)
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	XXX	XXX
4. Totals												(2)

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....												
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior.....	61	38	33	25	28	30	28	28	28	28		
2. 2005.....	40	32	34	28	50	43	33	33	33	33		
3. 2006.....	XXX	19	18	19	22	17	18	17	17	17		
4. 2007.....	XXX	XXX	95	99	97	93	82	81	80	80		(1)
5. 2008.....	XXX	XXX	XXX	11	9	4	4	4	4	4		
6. 2009.....	XXX	XXX	XXX	XXX	63	29	22	18	17	17		(1)
7. 2010.....	XXX	XXX	XXX	XXX	XXX	12	5	5	6	6		1
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	38	22	19	12	(7)	(10)
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	12	6	(6)	(7)
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	20	1	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	XXX	XXX
12. Totals											(12)	(18)

SCHEDULE P - PART 2R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior.....												
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

SCHEDULE P - PART 2T - WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014		
1. Prior.....	.000	284	394	439	444	444	443	442	441	441	391	
2. 2005.....	2,453	3,016	3,121	3,176	3,221	3,224	3,224	3,224	3,229	3,229	829	133
3. 2006.....	XXX	3,294	4,266	4,406	4,517	4,519	4,525	4,525	4,525	4,525	888	153
4. 2007.....	XXX	XXX	4,131	4,998	5,196	5,224	5,230	5,229	5,229	5,229	879	160
5. 2008.....	XXX	XXX	XXX	4,976	6,026	6,123	6,230	6,239	6,242	6,248	1,714	251
6. 2009.....	XXX	XXX	XXX	XXX	4,943	5,711	5,852	5,882	5,912	5,917	1,377	313
7. 2010.....	XXX	XXX	XXX	XXX	XXX	5,076	5,972	6,086	6,120	6,124	1,007	1,043
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	7,446	8,515	8,701	8,735	1,505	206
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,927	6,921	7,127	1,604	181
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,427	8,001	907	172
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,413	539	125

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	.000	1,811	2,740	2,973	3,038	3,051	3,071	3,080	3,076	3,074	2,804	
2. 2005.....	2,653	4,501	5,137	5,411	5,485	5,538	5,553	5,609	5,620	5,619	1,334	246
3. 2006.....	XXX	2,772	4,219	4,870	5,254	5,471	5,576	5,605	5,609	5,608	1,287	261
4. 2007.....	XXX	XXX	2,964	5,090	5,965	6,307	6,507	6,548	6,573	6,603	1,379	282
5. 2008.....	XXX	XXX	XXX	3,393	5,388	6,538	7,200	7,456	7,522	7,573	1,484	332
6. 2009.....	XXX	XXX	XXX	XXX	3,549	6,226	7,206	7,803	7,945	8,091	1,487	578
7. 2010.....	XXX	XXX	XXX	XXX	XXX	3,905	6,492	7,354	8,052	8,363	1,456	1,026
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	3,748	5,673	6,580	7,154	1,104	237
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,065	5,099	6,322	848	153
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,653	4,904	805	123
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,195	514	68

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....	.000	129	168	226	240	242	248	248	248	248	73	
2. 2005.....	188	263	460	467	469	478	478	478	478	478	77	9
3. 2006.....	XXX	154	231	251	340	430	430	430	430	430	69	10
4. 2007.....	XXX	XXX	266	423	620	800	831	869	869	869	97	11
5. 2008.....	XXX	XXX	XXX	251	360	420	488	516	546	547	102	19
6. 2009.....	XXX	XXX	XXX	XXX	308	506	614	763	842	877	115	45
7. 2010.....	XXX	XXX	XXX	XXX	XXX	445	848	1,262	1,460	1,471	142	112
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	447	659	856	979	147	26
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	524	836	1,306	139	30
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	606	1,110	144	23
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	938	125	13

SCHEDULE P - PART 3D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior.....	.000											
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.000	161	238	335	352	355	365	365	365	365	58	
2. 2005.....	175	277	315	326	331	337	366	366	367	374	82	20
3. 2006.....	XXX	557	750	802	911	915	919	919	919	919	91	31
4. 2007.....	XXX	XXX	863	1,156	1,189	1,285	1,299	1,322	1,323	1,332	125	37
5. 2008.....	XXX	XXX	XXX	788	823	1,077	1,380	1,402	1,406	1,412	203	48
6. 2009.....	XXX	XXX	XXX	XXX	1,040	1,333	1,414	1,446	1,507	1,524	206	105
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1,034	1,561	1,949	2,032	2,086	274	281
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,465	1,990	2,191	2,391	258	60
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,460	1,960	2,028	266	57
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,563	2,392	202	49
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,694	154	39

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014		
1. Prior.....	.000											
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	.000											
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....	.000										XXX	XXX
2. 2005.....											XXX	XXX
3. 2006.....	XXX										XXX	XXX
4. 2007.....	XXX	XXX									XXX	XXX
5. 2008.....	XXX	XXX	XXX								XXX	XXX
6. 2009.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2010.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	.000	239	345	385	405	475	476	476	476	476	532	
2. 2005.....	185	285	411	457	475	494	494	494	494	494	118	26
3. 2006.....	XXX	168	349	399	424	417	428	428	428	428	73	23
4. 2007.....	XXX	XXX	120	251	350	364	373	373	374	375	65	14
5. 2008.....	XXX	XXX	XXX	83	234	295	305	356	360	372	109	29
6. 2009.....	XXX	XXX	XXX	XXX	62	167	252	263	273	273	306	61
7. 2010.....	XXX	XXX	XXX	XXX	XXX	58	114	169	202	240	46	45
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	85	124	313	335	33	13
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	89	163	188	36	13
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68	176	25	11
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88	15	5

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....	.000											
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014		
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.611	.624	XXX	XXX
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,040	2,415	XXX	XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,987	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.372	.321		
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,522	5,993		
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,238		

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.1	.1	XXX	XXX
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	.000										XXX	XXX
2. 2005.....											XXX	XXX
3. 2006.....	XXX										XXX	XXX
4. 2007.....	XXX	XXX									XXX	XXX
5. 2008.....	XXX	XXX	XXX								XXX	XXX
6. 2009.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2010.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014		
1. Prior.....	.000	18	23	24	24	26	28	28	28	28	7	
2. 2005.....	2	5	14	15	22	23	33	33	33	33	3	2
3. 2006.....	XXX	2	3	7	17	17	17	17	17	17	3	1
4. 2007.....	XXX	XXX	54	75	80	81	80	80	80	80	6	1
5. 2008.....	XXX	XXX	XXX	1	2	3	4	4	4	4	2	2
6. 2009.....	XXX	XXX	XXX	XXX	3	7	9	17	17	17	10	9
7. 2010.....	XXX	XXX	XXX	XXX	XXX	3	3	3	6	6	22	26
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	9	9	12	12	3	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	6	6	1	
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7	2	
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4		

SCHEDULE P - PART 3R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior.....	.000											
2. 2005.....												
3. 2006.....	XXX											
4. 2007.....	XXX	XXX										
5. 2008.....	XXX	XXX	XXX									
6. 2009.....	XXX	XXX	XXX	XXX								
7. 2010.....	XXX	XXX	XXX	XXX	XXX							
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3T - WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000				
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	766	512	187	86	4	2	2			
2. 2005.....	1,564	532	217	104	12	3	3	2		
3. 2006.....	XXX	1,079	520	195	50	9			1	
4. 2007.....	XXX	XXX	1,231	460	134	25	3		1	
5. 2008.....	XXX	XXX	XXX	1,202	230	54	18	9	9	10
6. 2009.....	XXX	XXX	XXX	XXX	782	80	105	54	4	1
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1,052	272	83	37	4
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	977	285	117	11
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	777	161	87
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	873	228
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	806

SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	1,676	760	375	144	45	2	7			
2. 2005.....	2,071	1,094	415	145	89	36	29	8		
3. 2006.....	XXX	1,918	1,112	388	173	46	26	7		(1)
4. 2007.....	XXX	XXX	2,187	950	366	160	63	16	5	
5. 2008.....	XXX	XXX	XXX	2,334	817	464	134	63	44	16
6. 2009.....	XXX	XXX	XXX	XXX	2,298	976	489	242	125	47
7. 2010.....	XXX	XXX	XXX	XXX	XXX	2,145	1,166	688	419	174
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,996	946	539	231
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,036	973	454
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,776	1,086
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,796

SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....	428	115	46	12	7	8				
2. 2005.....	271	111	48	17	8					
3. 2006.....	XXX	335	168	54	28	7		2		
4. 2007.....	XXX	XXX	309	144	165	219	18	6		
5. 2008.....	XXX	XXX	XXX	314	308	232	31	39	17	17
6. 2009.....	XXX	XXX	XXX	XXX	482	352	111	30	13	6
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1,161	621	337	185	37
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,143	675	188	101
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	777	513	342
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	867	402
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,213

SCHEDULE P - PART 4D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XXX	XXX						
7. 2010.....	XXX	XXX	XXX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	339	289	269	142	81	4	2			
2. 2005.....	313	133	131	121	37	16	4			
3. 2006.....	XXX	440	312	171	55	12	13			
4. 2007.....	XXX	XXX	573	352	99	54	45	9	7	
5. 2008.....	XXX	XXX	XXX	389	292	183	91	45	26	16
6. 2009.....	XXX	XXX	XXX	XXX	437	233	187	63	23	10
7. 2010.....	XXX	XXX	XXX	XXX	XXX	780	492	370	107	90
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	690	556	238	173
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,007	312	115
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,261	884
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	927

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XX							
6. 2009.....	XXX	XXX	XX	XX						
7. 2010.....	XXX	XXX	XX	XX	XX					
8. 2011.....	XXX	XXX	XX	XXX	XXX	XX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XXX	XXX						
7. 2010.....	XXX	XXX	XX	XXX	XXX					
8. 2011.....	XXX	XXX	XX	XX	XX	XX				
9. 2012.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2013.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XX	XXX						
7. 2010.....	XXX	XXX	XX	XXX	XXX					
8. 2011.....	XXX	XXX	XX	XX	XX	XX				
9. 2012.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2013.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	492	216	139	41	67	11	11	5	5	
2. 2005.....	365	291	102	23	30	10	9			
3. 2006.....	XXX	491	192	68	20	16	11	4	3	4
4. 2007.....	XXX	XXX	399	194	22	8	7	9	7	
5. 2008.....	XXX	XXX	XXX	375	258	46	36	7		37
6. 2009.....	XXX	XXX	XXX	XXX	180	127	21	17	6	9
7. 2010.....	XXX	XXX	XXX	XXX	XXX	109	190	110	143	8
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	66	146	41	64
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	126	159	35
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	330	129
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	292

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XXX	XXX						
7. 2010.....	XXX	XXX	XX	XXX	XXX					
8. 2011.....	XXX	XXX	XX	XX	XX	XX				
9. 2012.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2013.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	205	44	4
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	209	14
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	274

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	382	19	8
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	277	11
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	387

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2		
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XXX	XXX						
7. 2010.....	XXX	XXX	XXX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	51	17	10	1	3	3				
2. 2005.....	27	17	13	8	23	16				
3. 2006.....	XXX	14	13	6	5		1			
4. 2007.....	XXX	XXX	26	17	14	12	2	1		
5. 2008.....	XXX	XXX	XXX	11	6	1				
6. 2009.....	XXX	XXX	XXX	XXX	57	14	6	1		
7. 2010.....	XXX	XXX	XXX	XXX	XXX	9	2	2		
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	25	11	3	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	6	
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	9
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

SCHEDULE P - PART 4R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XXX							
6. 2009.....	XXX	XXX	XXX	XXX						
7. 2010.....	XXX	XXX	XXX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4T - WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	364	146	135	127	(20)	2		1		
2. 2005.....	710	810	823	827	828	828	828	828	828	829
3. 2006.....	XXX	741	876	887	885	887	888	888	888	888
4. 2007.....	XXX	XXX	731	851	869	875	875	877	878	879
5. 2008.....	XXX	XXX	XXX	1,461	1,689	1,705	1,708	1,711	1,712	1,714
6. 2009.....	XXX	XXX	XXX	XXX	1,219	1,357	1,369	1,374	1,376	1,377
7. 2010.....	XXX	XXX	XXX	XXX	XXX	879	993	1,002	1,006	1,007
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,343	1,492	1,500	1,505
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,460	1,594	1,604
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	769	907
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	539

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	147	7	3	2						
2. 2005.....	69	11	4	1	1					
3. 2006.....	XXX	85	27	2	2	1				
4. 2007.....	XXX	XXX	97	19	2					
5. 2008.....	XXX	XXX	XXX	181	15	4	2	1	1	1
6. 2009.....	XXX	XXX	XXX	XXX	86	12	4	2	1	
7. 2010.....	XXX	XXX	XXX	XXX	XXX	80	9	3	1	1
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	108	11	4	2
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	92	15	9
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	114	10
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	73

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	172	61	58	58	236	3	(1)	1		
2. 2005.....	889	927	931	932	960	962	961	961	961	962
3. 2006.....	XXX	951	1,012	1,015	1,038	1,042	1,041	1,041	1,041	1,041
4. 2007.....	XXX	XXX	957	1,003	1,024	1,034	1,035	1,037	1,038	1,039
5. 2008.....	XXX	XXX	XXX	1,793	1,934	1,960	1,961	1,963	1,964	1,966
6. 2009.....	XXX	XXX	XXX	XXX	1,454	1,679	1,686	1,689	1,690	1,690
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1,979	2,042	2,047	2,050	2,051
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,625	1,707	1,710	1,713
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,706	1,788	1,794
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,029	1,089
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	737

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	768	451	365	348	8	8	1,620	1	3	
2. 2005.....	660	897	957	981	989	996	1,330	1,332	1,333	1,334
3. 2006.....	XXX	609	850	913	936	947	1,281	1,285	1,286	1,287
4. 2007.....	XXX	XXX	707	986	1,024	1,050	1,372	1,376	1,378	1,379
5. 2008.....	XXX	XXX	XXX	796	1,004	1,064	1,459	1,474	1,481	1,484
6. 2009.....	XXX	XXX	XXX	XXX	672	960	1,433	1,464	1,478	1,487
7. 2010.....	XXX	XXX	XXX	XXX	XXX	725	1,341	1,409	1,444	1,456
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	754	996	1,076	1,104
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	521	792	848
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	595	805
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	514

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	520	48	19		4	3	2	1	1	1
2. 2005.....	276	57	22	1	3	2	2			
3. 2006.....	XXX	258	60	7	8	3	2	1	1	1
4. 2007.....	XXX	XXX	313	48	26	9	4	2	1	
5. 2008.....	XXX	XXX	XXX	134	82	36	15	5	2	1
6. 2009.....	XXX	XXX	XXX	XXX	391	98	47	19	10	5
7. 2010.....	XXX	XXX	XXX	XXX	XXX	420	111	38	12	7
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	440	105	40	15
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	363	105	35
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	343	79
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	388

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	122	79	73	71	839	16	1,991		3	
2. 2005.....	995	1,026	1,030	1,030	1,152	1,165	1,577	1,578	1,579	1,580
3. 2006.....	XXX	928	964	969	1,100	1,119	1,544	1,547	1,548	1,549
4. 2007.....	XXX	XXX	1,072	1,103	1,208	1,245	1,657	1,659	1,661	1,661
5. 2008.....	XXX	XXX	XXX	1,232	1,261	1,349	1,804	1,810	1,815	1,817
6. 2009.....	XXX	XXX	XXX	XXX	1,164	1,511	2,055	2,060	2,066	2,070
7. 2010.....	XXX	XXX	XXX	XXX	XXX	2,003	2,459	2,468	2,481	2,489
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,353	1,323	1,351	1,356
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	966	1,039	1,036
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,011	1,007
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	970

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	40	20	17	13	1		22			
2. 2005.....	43	60	65	68	68	68	77	77	77	77
3. 2006.....	XXX	40	58	60	62	63	69	69	69	69
4. 2007.....	XXX	XXX	62	83	87	89	96	97	97	97
5. 2008.....	XXX	XXX	XXX	70	91	95	101	102	102	102
6. 2009.....	XXX	XXX	XXX	XXX	69	98	110	112	114	115
7. 2010.....	XXX	XXX	XXX	XXX	XXX	87	127	137	141	142
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	98	134	142	147
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	92	128	139
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	103	144
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	125

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	31	4	2							
2. 2005.....	18	6	1							
3. 2006.....	XXX	16	2		1					
4. 2007.....	XXX	XXX	24	3	4	2	1			
5. 2008.....	XXX	XXX	XXX	9	6	4	1	1		
6. 2009.....	XXX	XXX	XXX	XXX	32	10	4	3	2	1
7. 2010.....	XXX	XXX	XXX	XXX	XXX	49	13	5	1	1
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	43	12	5	2
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	17	7
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48	16
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	10	7	9	8	20		26			
2. 2005.....	65	68	68	68	76	76	86	86	86	86
3. 2006.....	XXX	59	64	65	71	72	79	79	79	79
4. 2007.....	XXX	XXX	86	90	98	102	108	108	108	108
5. 2008.....	XXX	XXX	XXX	96	111	116	121	122	121	121
6. 2009.....	XXX	XXX	XXX	XXX	112	152	159	160	161	161
7. 2010.....	XXX	XXX	XXX	XXX	XXX	238	250	253	253	255
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	157	171	173	175
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	161	173	176
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	165	183
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	203

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1
N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2
N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3
N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	45	19	18	16	1	3	1			
2. 2005.....	60	75	78	80	80	81	82	82	82	82
3. 2006.....	XXX	67	83	86	89	90	91	91	91	91
4. 2007.....	XXX	XXX	86	112	117	121	123	124	124	125
5. 2008.....	XXX	XXX	XXX	135	183	194	199	202	203	203
6. 2009.....	XXX	XXX	XXX	XXX	126	187	196	202	204	206
7. 2010.....	XXX	XXX	XXX	XXX	XXX	213	256	267	272	274
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	180	239	249	258
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	199	255	266
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	153	202
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	154

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	29	7	5							
2. 2005.....	12	3	3		1	1			1	1
3. 2006.....	XXX	15	4	1	1	1				
4. 2007.....	XXX	XXX	23	6	4	2	2	1	1	
5. 2008.....	XXX	XXX	XXX	23	11	7	4	1	1	2
6. 2009.....	XXX	XXX	XXX	XXX	32	9	12	2	2	1
7. 2010.....	XXX	XXX	XXX	XXX	XXX	45	54	8	5	5
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX		19	13	6
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	13	7
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53	21
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	26	9	10	10	35	3	1			
2. 2005.....	85	93	94	94	100	102	102	102	103	103
3. 2006.....	XXX	98	107	109	119	122	122	122	122	122
4. 2007.....	XXX	XXX	131	142	154	160	162	162	162	162
5. 2008.....	XXX	XXX	XXX	196	227	248	251	251	252	253
6. 2009.....	XXX	XXX	XXX	XXX	184	299	313	309	311	312
7. 2010.....	XXX	XXX	XXX	XXX	XXX	520	587	555	558	560
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	221	314	321	324
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	282	322	330
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	239	272
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	258

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	215	181	176	170	1	2	1		1	
2. 2005.....	82	103	109	114	116	117	117	118	118	118
3. 2006.....	XXX	46	65	68	70	72	73	73	73	73
4. 2007.....	XXX	XXX	41	55	61	63	64	64	64	65
5. 2008.....	XXX	XXX	XXX	39	102	106	108	109	109	109
6. 2009.....	XXX	XXX	XXX	XXX	286	301	304	305	306	306
7. 2010.....	XXX	XXX	XXX	XXX	XXX	27	38	42	44	46
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	22	29	31	33
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	33	36
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	25
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	50	13	9		2	2	1	2	2	1
2. 2005.....	16	7	6		1					
3. 2006.....	XXX	17	6	1	2	1	1			
4. 2007.....	XXX	XXX	14	3	3	1				
5. 2008.....	XXX	XXX	XXX	9	6	2	1			
6. 2009.....	XXX	XXX	XXX	XXX	13	6	2	1		
7. 2010.....	XXX	XXX	XXX	XXX	XXX	14	8	5	2	
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	13	5	3	1
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	6	2
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	9
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	84	65	64	63	(597)	4		1	1	(1)
2. 2005.....	113	126	130	131	142	144	143	144	144	144
3. 2006.....	XXX	74	85	86	92	95	96	96	96	96
4. 2007.....	XXX	XXX	61	14	76	77	78	78	78	79
5. 2008.....	XXX	XXX	XXX	64	130	138	138	138	138	138
6. 2009.....	XXX	XXX	XXX	XXX	333	365	366	367	367	367
7. 2010.....	XXX	XXX	XXX	XXX	XXX	80	89	91	90	91
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	43	47	47	47
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46	51	51
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	45
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B
N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B
N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B
N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	2	4	2	1						
2. 2005.....		1	2	3	3	3	3	3	3	3
3. 2006.....	XXX	1	2	2	3	3	3	3	3	3
4. 2007.....	XXX	XXX	2	4	5	6	6	6	6	6
5. 2008.....	XXX	XXX	XXX	1	1	2	2	2	2	2
6. 2009.....	XXX	XXX	XXX	XXX	1	9	9	10	10	10
7. 2010.....	XXX	XXX	XXX	XXX	XXX	22	22	22	22	22
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1	2	2	3
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	2									
2. 2005.....	1	1	1							
3. 2006.....	XXX	1								
4. 2007.....	XXX	XXX	2							
5. 2008.....	XXX	XXX	XXX		1					
6. 2009.....	XXX	XXX	XXX	XXX	1	1	1			
7. 2010.....	XXX	XXX	XXX	XXX	XXX					
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX			1	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....	2	2	1	1	3		(1)			
2. 2005.....	3	4	4	4	5	5	5	5	5	5
3. 2006.....	XXX	2	2	3	4	4	4	4	4	4
4. 2007.....	XXX	XXX	5	5	6	7	7	7	7	7
5. 2008.....	XXX	XXX	XXX	1	2	4	4	4	4	4
6. 2009.....	XXX	XXX	XXX	XXX	2	19	19	19	19	19
7. 2010.....	XXX	XXX	XXX	XXX	XXX	48	48	48	48	48
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1	2	3	3
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....	1,134	1,134	1,134	1,134	1,134	1,134	1,134	1,134	1,134	1,134	
3. 2006.....	XXX	1,308	1,308	1,308	1,308	1,308	1,308	1,308	1,308	1,308	
4. 2007.....	XXX	XXX	1,660	1,660	1,660	1,660	1,660	1,660	1,660	1,660	
5. 2008.....	XXX	XXX	XXX	1,992	1,992	1,992	1,992	1,992	1,992	1,992	
6. 2009.....	XXX	XXX	XXX	XXX	2,438	2,438	2,438	2,438	2,438	2,438	
7. 2010.....	XXX	XXX	XXX	XXX	XXX	2,655	2,655	2,655	2,655	2,655	
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	2,919	2,919	2,919	2,919	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,310	3,310	3,310	
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,781	3,781	
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,295	4,295
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,295
13. Earned Premiums (Sch P-Pt. 1)	1,134	1,308	1,660	1,992	2,438	2,655	2,919	3,310	3,781	4,295	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....	116	116	116	116	116	116	116	116	116	116	
3. 2006.....	XXX	210	210	210	210	210	210	210	210	210	
4. 2007.....	XXX	XXX	255	255	255	255	255	255	255	255	
5. 2008.....	XXX	XXX	XXX	158	158	158	158	158	158	158	
6. 2009.....	XXX	XXX	XXX	XXX	252	252	252	252	252	252	
7. 2010.....	XXX	XXX	XXX	XXX	XXX	216	216	216	216	216	
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	184	184	184	184	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	196	196	196	
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	206	206	
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	229	229
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	229
13. Earned Premiums (Sch P-Pt. 1)	116	210	255	158	252	216	184	196	206	229	XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....											
3. 2006.....	XXX										
4. 2007.....	XXX	XXX									
5. 2008.....	XXX	XXX	XXX								
6. 2009.....	XXX	XXX	XXX	XXX							
7. 2010.....	XXX	XXX	XXX	XXX	XXX						
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....											
3. 2006.....	XXX										
4. 2007.....	XXX	XXX									
5. 2008.....	XXX	XXX	XXX								
6. 2009.....	XXX	XXX	XXX	XXX							
7. 2010.....	XXX	XXX	XXX	XXX	XXX						
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....	1,727	1,727	1,727	1,727	1,727	1,727	1,727	1,727	1,727	1,727	
3. 2006.....	XXX	2,065	2,065	2,065	2,065	2,065	2,065	2,065	2,065	2,065	
4. 2007.....	XXX	XXX	2,658	2,658	2,658	2,658	2,658	2,658	2,658	2,658	
5. 2008.....	XXX	XXX	XXX	3,245	3,245	3,245	3,245	3,245	3,245	3,245	
6. 2009.....	XXX	XXX	XXX	XXX	3,637	3,637	3,637	3,637	3,637	3,637	
7. 2010.....	XXX	XXX	XXX	XXX	XXX	3,962	3,962	3,962	3,962	3,962	
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	4,298	4,298	4,298	4,298	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,812	4,812	4,812	
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,720	5,720	
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,675	6,675
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,675
13. Earned Premiums (Sch P-Pt. 1)	1,727	2,065	2,658	3,245	3,637	3,962	4,298	4,812	5,720	6,675	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....	171	171	171	171	171	171	171	171	171	171	
3. 2006.....	XXX	257	257	257	257	257	257	257	257	257	
4. 2007.....	XXX	XXX	325	325	325	325	325	325	325	325	
5. 2008.....	XXX	XXX	XXX	352	352	352	352	352	352	352	
6. 2009.....	XXX	XXX	XXX	XXX	491	491	491	491	491	491	
7. 2010.....	XXX	XXX	XXX	XXX	XXX	514	514	514	514	514	
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	553	553	553	553	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	637	637	637	
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	713	713	
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	863	863
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	863
13. Earned Premiums (Sch P-Pt. 1)	171	257	325	352	491	514	553	637	713	863	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....	1,706	1,706	1,706	1,706	1,706	1,706	1,706	1,706	1,706	1,706	
3. 2006.....	XXX	1,619	1,619	1,619	1,619	1,619	1,619	1,619	1,619	1,619	
4. 2007.....	XXX	XXX	1,627	1,627	1,627	1,627	1,627	1,627	1,627	1,627	
5. 2008.....	XXX	XXX	XXX	1,605	1,605	1,605	1,605	1,605	1,605	1,605	
6. 2009.....	XXX	XXX	XXX	XXX	1,567	1,567	1,567	1,567	1,567	1,567	
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1,528	1,528	1,528	1,528	1,528	
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	1,626	1,626	1,626	1,626	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,765	1,765	1,765	
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,888	1,888	
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,952	1,952
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,952
13. Earned Premiums (Sch P-Pt. 1)	1,706	1,619	1,627	1,605	1,567	1,528	1,626	1,765	1,888	1,952	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....	512	512	512	512	512	512	512	512	512	512	
3. 2006.....	XXX	435	435	435	435	435	435	435	435	435	
4. 2007.....	XXX	XXX	484	484	484	484	484	484	484	484	
5. 2008.....	XXX	XXX	XXX	556	556	556	556	556	556	556	
6. 2009.....	XXX	XXX	XXX	XXX	569	569	569	569	569	569	
7. 2010.....	XXX	XXX	XXX	XXX	XXX	594	594	594	594	594	
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	660	660	660	660	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	761	761	761	
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	823	823	
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	893	893
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	893
13. Earned Premiums (Sch P-Pt. 1)	512	435	484	556	569	594	660	761	823	893	XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....	120	120	120	120	120	120	120	120	120	120	
3. 2006.....	XXX	116	116	116	116	116	116	116	116	116	
4. 2007.....	XXX	XXX	111	111	111	111	111	111	111	111	
5. 2008.....	XXX	XXX	XXX	83	83	83	83	83	83	83	
6. 2009.....	XXX	XXX	XXX	XXX	73	73	73	73	73	73	
7. 2010.....	XXX	XXX	XXX	XXX	XXX	60	60	60	60	60	
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	51	51	51	51	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	49	49	
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52	52	
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57	57
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57
13. Earned Premiums (Sch P-Pt. 1)	120	116	111	83	73	60	51	49	52	57	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....											
3. 2006.....	XXX	5	5	5	5	5	5	5	5	5	
4. 2007.....	XXX	XXX	3	3	3	3	3	3	3	3	
5. 2008.....	XXX	XXX	XXX	8	8	8	8	8	8	8	
6. 2009.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	
7. 2010.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)		5	3	8	1	1					XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....											
3. 2006.....	XXX										
4. 2007.....	XXX	XXX									
5. 2008.....	XXX	XXX	XXX								
6. 2009.....	XXX	XXX	XXX	XXX							
7. 2010.....	XXX	XXX	XXX	XXX	XX						
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	
1. Prior.....											
2. 2005.....											
3. 2006.....	XXX										
4. 2007.....	XXX	XXX									
5. 2008.....	XXX	XXX	XXX								
6. 2009.....	XXX	XXX	XXX	XXX							
7. 2010.....	XXX	XXX	XXX	XXX	XX						
8. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts
N O N E

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts
N O N E

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts
N O N E

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts
N O N E

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts
N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	2,404			13,884		
2. Private Passenger Auto Liability/Medical	10,296			11,378		
3. Commercial Auto/Truck Liability/Medical	4,258			4,256		
4. Workers' Compensation						
5. Commercial Multiple Peril	4,099			6,032		
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	1,259			1,091		
10. Other Liability - Claims-Made						
11. Special Property	533			5,186		
12. Auto Physical Damage	914			10,052		
13. Fidelity/Surety						
14. Other	1			2		
15. International						
16. Reinsurance - Nonproportional Assumed Property						
17. Reinsurance - Nonproportional Assumed Liability						
18. Reinsurance - Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence	26			58		
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	23,790			51,939		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XX							
6. 2009.....	XXX	XXX	XX	XX						
7. 2010.....	XXX	XXX	XX	XX	XX					
8. 2011.....	XXX	XXX	XX	XXX	XXX	XX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior.....										
2. 2005.....										
3. 2006.....	XXX									
4. 2007.....	XXX	XXX								
5. 2008.....	XXX	XXX	XX							
6. 2009.....	XXX	XXX	XX	XX						
7. 2010.....	XXX	XXX	XX	XX	XX					
8. 2011.....	XXX	XXX	XX	XXX	XXX	XX				
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or “ERE”) benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?

Yes [] No [X]

If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?

\$
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?

Yes [] No [X]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve?

Yes [] No [X]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?

Yes [] No [] N/A [X]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2005		
1.603 2006		
1.604 2007		
1.605 2008		
1.606 2009		
1.607 2010		
1.608 2011		
1.609 2012		
1.610 2013		
1.611 2014		
1.612 Totals		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as “ Defense and Cost Containment” and “Adjusting and Other”) reported in compliance with these definitions in this statement?
- Yes [X] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement?
- Yes [X] No []
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10?

Yes [] No [X]
- If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:

(in thousands of dollars)

5.1 Fidelity

5.2 Surety
6. Claim count information is reported per claim or per claimant (Indicate which).per claim.....

If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?

Yes [X] No []
- 7.2 (An extended statement may be attached.)

Effective January 1, 2006, Ohio Mutual Insurance Company and its wholly-owned subsidiary, United Ohio Insurance Company entered into a pooling agreement whereby all underwriting results are pooled together and then split out proportionally with 25% going to Ohio Mutual and 75% going to United Ohio. As the pooling agreement was effective for all losses, the loss and LAE reserves, paid losses and paid LAE for the prior years were reallocated on Schedule P to resemble this pooling agreement.

Effective January 1, 2011, Ohio Mutual purchased 100% of the shares of Casco Indemnity Company. At that time, Casco was added to the pool with Ohio Mutual and United Ohio. Casco was provided 8% of the pool with United Ohio holding 65% and Ohio Mutual retaining 27% of the pool. For 2011, the history presented on the Schedule P was reallocated once again to resemble this revised pooling agreement.

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only				
		1	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama	AL				
2.	Alaska	AK				
3.	Arizona	AZ				
4.	Arkansas	AR				
5.	California	CA				
6.	Colorado	CO				
7.	Connecticut	CT				
8.	Delaware	DE				
9.	District of Columbia	DC				
10.	Florida	FL				
11.	Georgia	GA				
12.	Hawaii	HI				
13.	Idaho	ID				
14.	Illinois	IL				
15.	Indiana	IN				
16.	Iowa	IA				
17.	Kansas	KS				
18.	Kentucky	KY				
19.	Louisiana	LA				
20.	Maine	ME				
21.	Maryland	MD				
22.	Massachusetts	MA				
23.	Michigan	MI				
24.	Minnesota	MN				
25.	Mississippi	MS				
26.	Missouri	MO				
27.	Montana	MT				
28.	Nebraska	NE				
29.	Nevada	NV				
30.	New Hampshire	NH				
31.	New Jersey	NJ				
32.	New Mexico	NM				
33.	New York	NY				
34.	North Carolina	NC				
35.	North Dakota	ND				
36.	Ohio	OH				
37.	Oklahoma	OK				
38.	Oregon	OR				
39.	Pennsylvania	PA				
40.	Rhode Island	RI				
41.	South Carolina	SC				
42.	South Dakota	SD				
43.	Tennessee	TN				
44.	Texas	TX				
45.	Utah	UT				
46.	Vermont	VT				
47.	Virginia	VA				
48.	Washington	WA				
49.	West Virginia	WV				
50.	Wisconsin	WI				
51.	Wyoming	WY				
52.	American Samoa	AS				
53.	Guam	GU				
54.	Puerto Rico	PR				
55.	U.S. Virgin Islands	VI				
56.	Northern Mariana Islands	MP				
57.	Canada	CAN				
58.	Aggregate Other Alien	OT				
59.	Total					

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES












[illegible]

Effective 1/1/2011, Ohio Mutual Insurance Company and its wholly owned subsidiaries, United Ohio Insurance Company and Casco Indemnity Company entered into a pooling agreement whereby all underwriting results are pooled together and then split out proportionally with 27% going to Ohio Mutual, 65% going to United Ohio, and 8% going to Casco Indemnity.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company








SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
APRIL FILING	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6. Will Management's Discussion and Analysis be filed by April 1?	YES
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
MAY FILING	
8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	YES
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?.....	YES
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING	
28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING	
33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:	
12. The Company does not write this line of business.	
13. The Company does not write this line of business.	
14. The Company does not write this line of business.	
15. The Company does not write this line of business.	
16. The Company does not write this line of business.	
17. The Company does not write this line of business.	
19. The Company does not write this line of business.	
22.	
23. The Company does not write this line of business.	
24.	
25.	
26.	
27.	
28. The Company does not write this line of business.	
29. The Company does not write this line of business.	
31. The Company does not write this line of business.	
32. The Company does not write this line of business.	
33.	
Bar Codes:	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
13. Financial Guaranty Insurance Exhibit [Document Identifier 240]	
14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
15. Supplement A to Schedule T [Document Identifier 455]	
16. Trusteed Surplus Statement [Document Identifier 490]	
17. Premiums Attributed to Protected Cells [Document Identifier 385]	
19. Medicare Part D Coverage Supplement [Document Identifier 365]	
22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	
23. Bail Bond Supplement [Document Identifier 500]	
24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]	
25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

26.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 0 2 0 2 2 0 1 4 2 2 5 0 0 0 0 0 0
27.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 0 2 0 2 2 0 1 4 2 2 6 0 0 0 0 0 0
28.	Credit Insurance Experience Exhibit [Document Identifier 230]	 1 0 2 0 2 2 0 1 4 2 3 0 0 0 0 0 0 0
29.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 0 2 0 2 2 0 1 4 3 0 6 0 0 0 0 0 0
31.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 1 0 2 0 2 2 0 1 4 2 1 6 0 0 0 0 0 0
32.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 1 0 2 0 2 2 0 1 4 2 1 7 0 0 0 0 0 0
33.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 1 0 2 0 2 2 0 1 4 2 2 3 0 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

NONE



For The Year Ended December 31, 2014
To Be Filed by March 1
(A) Financial Impact

[illegible]

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	19
Five-Year Historical Data	17
General Interrogatories	15
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-ins	100
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule F - Part 1	20
Schedule F - Part 2	21
Schedule F - Part 3	22
Schedule F - Part 4	23
Schedule F - Part 5	24
Schedule F - Part 6 - Section 1	25
Schedule F - Part 6 - Section 2	26
Schedule F - Part 7	27
Schedule F - Part 8	28
Schedule F - Part 9	29

ANNUAL STATEMENT BLANK (Continued)

Schedule H - Accident and Health Exhibit - Part 1	30
Schedule H - Part 2, Part 3 and 4	31
Schedule H - Part 5 - Health Claims	32
Schedule P - Part 1 - Summary	33
Schedule P - Part 1A - Homeowners/Farmowners	35
Schedule P - Part 1B - Private Passenger Auto Liability/Medical	36
Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical	37
Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)	38
Schedule P - Part 1E - Commercial Multiple Peril	39
Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence	40
Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made	41
Schedule P - Part 1G - Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery)	42
Schedule P - Part 1H - Section 1 - Other Liability - Occurrence	43
Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made	44
Schedule P - Part 1I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45
Schedule P - Part 1J - Auto Physical Damage	46
Schedule P - Part 1K - Fidelity/Surety	47
Schedule P - Part 1L - Other (Including Credit, Accident and Health)	48
Schedule P - Part 1M - International	49
Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property	50
Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability	51
Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines	52
Schedule P - Part 1R - Section 1 - Products Liability - Occurrence	53
Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made	54
Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty	55
Schedule P - Part 1T - Warranty	56
Schedule P - Part 2, Part 3 and Part 4 - Summary	34
Schedule P - Part 2A - Homeowners/Farmowners	57
Schedule P - Part 2B - Private Passenger Auto Liability/Medical	57
Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical	57
Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)	57
Schedule P - Part 2E - Commercial Multiple Peril	57
Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence	58
Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made	58
Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	58
Schedule P - Part 2H - Section 1 - Other Liability - Occurrence	58
Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made	58
Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	59
Schedule P - Part 2J - Auto Physical Damage	59
Schedule P - Part 2K - Fidelity, Surety	59
Schedule P - Part 2L - Other (Including Credit, Accident and Health)	59
Schedule P - Part 2M - International	59
Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property	60
Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability	60
Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines	60
Schedule P - Part 2R - Section 1 - Products Liability - Occurrence	61
Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made	61
Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty	61
Schedule P - Part 2T - Warranty	61
Schedule P - Part 3A - Homeowners/Farmowners	62
Schedule P - Part 3B - Private Passenger Auto Liability/Medical	62
Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical	62
Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)	62
Schedule P - Part 3E - Commercial Multiple Peril	62
Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence	63
Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made	63
Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	63
Schedule P - Part 3H - Section 1 - Other Liability - Occurrence	63
Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made	63
Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	64
Schedule P - Part 3J - Auto Physical Damage	64
Schedule P - Part 3K - Fidelity/Surety	64
Schedule P - Part 3L - Other (Including Credit, Accident and Health)	64
Schedule P - Part 3M - International	64
Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property	65
Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability	65
Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines	65
Schedule P - Part 3R - Section 1 - Products Liability - Occurrence	66
Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made	66
Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty	66
Schedule P - Part 3T - Warranty	66

ANNUAL STATEMENT BLANK (Continued)

Schedule P - Part 4A - Homeowners/Farmowners	67
Schedule P - Part 4B - Private Passenger Auto Liability/Medical	67
Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical	67
Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)	67
Schedule P - Part 4E - Commercial Multiple Peril	67
Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence	68
Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made	68
Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	68
Schedule P - Part 4H - Section 1 - Other Liability - Occurrence	68
Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made	68
Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	69
Schedule P - Part 4J - Auto Physical Damage	69
Schedule P - Part 4K - Fidelity/Surety	69
Schedule P - Part 4L - Other (Including Credit, Accident and Health)	69
Schedule P - Part 4M - International	69
Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property	70
Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability	70
Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines	70
Schedule P - Part 4R - Section 1 - Products Liability - Occurrence	71
Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made	71
Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty	71
Schedule P - Part 4T - Warranty	71
Schedule P - Part 5A - Homeowners/Farmowners	72
Schedule P - Part 5B - Private Passenger Auto Liability/Medical	73
Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical	74
Schedule P - Part 5D - Workers' Compensation (Excluding Excess Workers' Compensation)	75
Schedule P - Part 5E - Commercial Multiple Peril	76
Schedule P - Part 5F - Medical Professional Liability - Claims-Made	78
Schedule P - Part 5F - Medical Professional Liability - Occurrence	77
Schedule P - Part 5H - Other Liability - Claims-Made	80
Schedule P - Part 5H - Other Liability - Occurrence	79
Schedule P - Part 5R - Products Liability - Claims-Made	82
Schedule P - Part 5R - Products Liability - Occurrence	81
Schedule P - Part 5T - Warranty	83
Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical	84
Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation)	84
Schedule P - Part 6E - Commercial Multiple Peril	85
Schedule P - Part 6H - Other Liability - Claims-Made	86
Schedule P - Part 6H - Other Liability - Occurrence	85
Schedule P - Part 6M - International	86
Schedule P - Part 6N - Reinsurance - Nonproportional Assumed Property	87
Schedule P - Part 6O - Reinsurance - Nonproportional Assumed Liability	87
Schedule P - Part 6R - Products Liability - Claims-Made	88
Schedule P - Part 6R - Products Liability - Occurrence	88
Schedule P - Part 7A - Primary Loss Sensitive Contracts	89
Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts	91
Schedule P Interrogatories	93
Schedule T - Exhibit of Premiums Written	94
Schedule T - Part 2 - Interstate Compact	95
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule Y - Part 1A - Detail of Insurance Holding Company System	97
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	98
Statement of Income	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	99
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11