



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 0963 NAIC Company Code 10202 Employer's ID Number 34-4320350
(Current) (Prior)

Organized under the Laws of _____ (Current) _____ (Former) _____, State of Domicile or Port of Entry _____ OHIO _____, United States of America _____ OHIO _____
Country of Domicile _____

Incorporated/Organized 03/05/1901 Commenced Business 03/05/1901

Statutory Home Office _____, 1725 Hopley Avenue _____, Bucyrus , OH, US 44820-0111
(Street and Number) _____, (City or Town, State, Country and Zip Code)

Main Administrative Office _____ 1725 Hopley Avenue
(Street and Number)
Bucyrus , OH, US 44820-0111 , 419-562-3011
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1725 Hopley Avenue, Bucyrus , OH, US 44820-0111
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1725 Hopley Avenue
(Street and Number)
Bucyrus , OH, US 44820-0111 , 419-562-3011
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address _____ www.omig.com

Statutory Statement Contact Caroline Kay Metcalf Mrs., 419-563-0816
(Name) (Area Code) (Telephone Number)
cmetcalf@omig.com, 419-562-0995
(E-mail Address) (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 SS: _____
County of Crawford _____

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
_____ day of _____

- a. Is this an original filing?
- b. If no,

Yes [X] No []



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.												
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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 096

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2014

NAIC Company Code 10202

(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 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)												
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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

NONE



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

(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

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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	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

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 096

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2014

NAIC Company Code 10202

(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

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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

(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 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	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	9	10	11	12	13	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 RE INSURANCE 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				

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

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

NONE

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 Commissions	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
.34-1008736	13072	UNITED OHIO INSURANCE COMPANY	OH		125,038			28,244		17,745		57,257		103,246			103,246	
.01-0407315	25950	CASCO INDEMNITY COMPANY	ME		15,389			3,476		2,184		7,047		12,707			12,707	
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling				140,427			31,720		19,929		64,304		115,953			115,953	
0499999.	Total Authorized - Affiliates - U.S. Non-Pool																	
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)																	
0899999.	Total Authorized - Affiliates				140,427			31,720		19,929		64,304		115,953			115,953	
.95-4387273	19489	ALLIED WORLD ASSURANCE COMPANY	DE		89											1		(1)
.36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN		1													
.47-0574325	32603	BERKLEY INSURANCE COMPANY	DE															
.42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		2											1		1
.05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		52											23	.23	.20
.42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		1													
.13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		720	.511	.18									112	.641	.26
.06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		11											6	.6	.5
.31-4259550	14621	MOTORIST MUTUAL INSURANCE COMPANY	OH															
.13-4924125	10227	MUNICH REINSURANCE AMERICA, INC.	DE															
.47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		36													
.52-1952955	10357	PLATINUM UNDERWRITERS REINSURANCE	MD		20													
.35-6021485	12416	PROTECTIVE INSURANCE COMPANY	IN		9													
.23-1641984	10219	QBE REINSURANCE CORPORATION	PA															
.75-1444207	30058	SCOR REINSURANCE COMPANY	NY															
.43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		33													
.13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		1													
.13-5616275	19453	TRANSATLANTIC REINSURANCE COMPANY	NY		16													
0999998.	Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																	
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers				991	511	18									142	671	32
.23-7024436	32573	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH		4											2	2	1
1099999.	Total Authorized - Pools - Mandatory Pools					4										2	2	1
.AA-9995035	.00000	MUTUAL REINSURANCE BUREAU	IL		.93													(1)
1199999.	Total Authorized - Pools - Voluntary Pools					.93											1	(1)
.AA-1128791	.00000	LLOYD'S SYNDICATE #0382	GBR															
.AA-1126623	.00000	LLOYD'S SYNDICATE #0623	GBR		17													
.AA-1126780	.00000	LLOYD'S SYNDICATE #0780	GBR															
.AA-1126958	.00000	LLOYD'S SYNDICATE #0958	GBR															
.AA-1127221	.00000	LLOYD'S SYNDICATE #1221	GBR															
.AA-1120085	.00000	LLOYD'S SYNDICATE #1274	GBR															
.AA-1127414	.00000	LLOYD'S SYNDICATE #1414	GBR															
.AA-1128001	.00000	LLOYD'S SYNDICATE #2001	GBR		139												2	(2)
.AA-1128003	.00000	LLOYD'S SYNDICATE #2003	GBR		.89													(1)
.AA-1127415	.00000	LLOYD'S SYNDICATE #2007	GBR															
.AA-1128010	.00000	LLOYD'S SYNDICATE #2010	GBR		.81													(1)
.AA-1120158	.00000	LLOYD'S SYNDICATE #2014	GBR		.44													(1)
.AA-1128623	.00000	LLOYD'S SYNDICATE #2623	GBR		.4													
.AA-1128791	.00000	LLOYD'S SYNDICATE #2791	GBR															
.AA-1128987	.00000	LLOYD'S SYNDICATE #2987	GBR															
.AA-1120086	.00000	LLOYD'S SYNDICATE #4141	GBR															
.AA-1126004	.00000	LLOYD'S SYNDICATE #4444	GBR															
1299998.	Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																	
1299999.	Total Authorized - Other Non-U.S. Insurers				374	511	18	31,720		19,929							5	(5)
1399999.	Total Authorized				141,889	511	18	31,720		19,929						116,626	39	116,587
1499999.	Total Unauthorized - Affiliates - U.S. Intercompany Pooling																	109

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 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										18 Reinsurance Payable	19 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable				
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 COMPAÑIA DE REASEGUROS, S.A. ..	ESP..																		
AA-3194129 ..00000 ..MONTPELIER RE INSURANCE ..	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 ..	SWE..																		
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					142,204	511	18	31,720		19,929		64,448		116,626	43		116,583	109	
9999999 Totals																			

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 Name of Reinsurer	2 Commission Rate	3 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 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 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						11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11	
				5 Current	Overdue								
					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		

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

SCHEDULE F - PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domi- ciliary Juris- diction	5 Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	6 Funds Held By Company Under Reinsurance Treaties	7 Letters of Credit	8 Issuing or Confirming Bank Reference Number (a)	9 Ceded Balances Payable	10 Miscellaneous Balances Payable	11 Trust Funds and Other Allowed Offset Items	12 Total Collateral and Offsets Allowed (Cols. 6+7+9+10+11 but not in Excess of Col. 5)	13 Provision for Unauthorized Reinsurance (Col. 5 Minus Col. 12)	14 Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	15 20% of Amount in Dispute Included in Column 5	16 20% of Amount in Col. 14	17 Provision for Overdue Reinsurance (Col. 15 plus Col. 16)	18 Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 plus Col. 17 but not in Excess of Col. 5)	
0499999. Total - U.S. Non-Pool							XXX											
0799999. Total - Other (Non-U.S.)							XXX											
0899999. Total - Affiliates							XXX											
AA-3194161 ..00000 ..CATLIN INSURANCE COMPANY LTD .....									.1									
AA-1340192 ..00000 ..R&V VERSICHERUNG AG									2									
1299999. Total Other Non-U.S. Insurers							XXX		3									
1399999. Total Affiliates and Others							XXX		3									
1499999. Total Protected Cells							XXX											
9999999 Totals								XXX	3									

1. Amounts in dispute totaling \$ are included in Column 5.
 2. Amounts in dispute totaling \$ are excluded from Column 14.

(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

NONE

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		
.....
.....
.....
.....
.....
.....
.....
99999999 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 [] 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
2. Premiums earned		1,993	XXX		XXX		XXX		XXX		1,993	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 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 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 Number of Claims Reported Direct and Assumed	
	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)		
				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	
3. 2006	9,749	586	9,163	4,591	158	93	1	601			49	5,126	
4. 2007	10,019	554	9,465	5,309	167	89	2	602			44	5,831	
5. 2008	10,788	765	10,023	9,048	2,943	268	125	642			53	6,890	
6. 2009	11,216	1,004	10,212	7,467	1,685	149	14	630			120	6,547	
7. 2010	11,733	713	11,020	6,049	92	167		591			73	6,715	
8. 2011	12,368	998	11,370	10,725	2,149	235	76	907			47	9,642	
9. 2012	13,221	1,667	11,554	13,510	6,584	499	298	1,133			45	8,260	
10. 2013	14,164	1,243	12,921	8,232	348	118	1	956			121	8,957	
11. 2014	15,125	1,489	13,636	5,387	40	66		669			49	6,082	
12. Totals	XXX	XXX	XXX	73,571	14,254	1,750	519	7,108			618	67,656	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 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 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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
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
8. 2011	11,895	2,229	9,666	96.2	223.3	85.0				27.0	20
9. 2012	15,376	6,905	8,471	116.3	414.2	73.3				27.0	181
10. 2013	9,657	353	9,304	68.2	28.4	72.0				27.0	287
11. 2014	7,970	102	7,868	52.7	6.9	57.7				27.0	1,536
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 Number of Claims Reported Direct and Assumed	
	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)		
				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 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									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 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 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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 Number of Claims Reported Direct and Assumed	
	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)		
				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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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
6. 2009	1,008	.26	.982	.41.3	.10.3	.44.9				27.0	18
7. 2010	1,830	145	.1,685	.68.9	.67.1	.69.1				27.0	8
8. 2011	1,247		.1,247	.42.7		.45.6				27.0	.95
9. 2012	2,216	139	.2,077	.66.9	.70.9	.66.7				27.0	.470
10. 2013	2,198	143	.2,055	.58.1	.69.4	.57.5				27.0	.531
11. 2014	3,999	269	.3,730	.93.1	.117.5	.91.7				27.0	.2,074
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		970

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

**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 Number of Claims Reported Direct and Assumed	
	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)		
				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													
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 Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	35 Losses Unpaid		36 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 Number of Claims Reported Direct and Assumed	
	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)		
				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	
3. 2006	2,065	257	1,808	954	84	53	4	101			6	1,020	
4. 2007	2,658	325	2,333	1,332	114	117	3	109			73	1,441	
5. 2008	3,245	352	2,893	1,776	502	156	18	116			8	1,528	
6. 2009	3,637	491	3,146	1,701	287	114	4	153			19	1,677	
7. 2010	3,962	514	3,448	1,903	73	258	2	184			19	2,270	
8. 2011	4,298	553	3,745	2,905	721	231	24	289			51	2,680	
9. 2012	4,812	637	4,175	2,584	670	138	24	301			39	2,329	
10. 2013	5,720	713	5,007	2,599	332	134	9	369			13	2,761	
11. 2014	6,675	863	5,812	1,812	171	55	2	307			8	2,001	
12. Totals	XXX	XXX	XXX	17,926	2,992	1,309	91	1,969			239	18,121	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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
6. 2009	1,989	291	1,698	54.7	59.3	54.0				27.0	.16
7. 2010	2,496	.75	2,421	63.0	14.6	70.2				27.0	.88
8. 2011	3,732	745	2,987	86.8	134.7	79.8				27.0	.208
9. 2012	3,238	699	2,539	67.3	109.7	60.8				27.0	.124
10. 2013	5,180	812	4,368	90.6	113.9	87.2				27.0	.1,095
11. 2014	4,092	326	3,766	61.3	37.8	64.8				27.0	.1,261
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 Number of Claims Reported Direct and Assumed	
	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)		
				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	
3. 2006	1,619	435	1,184	682	297	44	1	77			17	505	
4. 2007	1,627	484	1,143	408	74	41		72			4	447	
5. 2008	1,605	556	1,049	291		81		30				402	
6. 2009	1,567	569	998	479	243	37		33			1	306	
7. 2010	1,528	594	934	368	180	54	2	47			4	287	
8. 2011	1,626	660	966	325	55	74	9	34			2	369	
9. 2012	1,765	761	1,004	170		18		27			2	215	
10. 2013	1,888	823	1,065	513	363	26		62			1	238	
11. 2014	1,952	893	1,059	598	513	3		98			1	186	
12. Totals	XXX	XXX	XXX	4,651	2,114	444	12	555			47	3,524	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.	37												37
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
9. 2012	41	1	15	1		21		7					82
10. 2013	326	121	94	42		77		37					371
11. 2014	124		341	108		59		99					515
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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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
4. 2007	521	74	447	32.0	15.3	39.1				27.0	1
5. 2008	471		471	29.3		44.9				27.0	48
6. 2009	570	243	327	36.4	42.7	32.8				27.0	18
7. 2010	496	182	314	32.5	30.6	33.6				27.0	9
8. 2011	561	64	497	34.5	9.7	51.4				27.0	18
9. 2012	299	2	297	16.9	0.3	29.6				27.0	54
10. 2013	1,135	526	609	60.1	63.9	57.2				27.0	114
11. 2014	1,322	621	701	67.7	69.5	66.2				27.0	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 Number of Claims Reported Direct and Assumed	
	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)		
				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.....													
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 Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 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 1I - 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 Number of Claims Reported Direct and Assumed	
	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)		
				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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 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 Number of Claims Reported Direct and Assumed	
	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)		
				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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
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 Number of Claims Reported Direct and Assumed	
	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)		
				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. 2013												XXX	
3. 2014												XXX	
4. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 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 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
2. 2013											
3. 2014											
4. Totals	XXX	XXX	XXX	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 Number of Claims Reported Direct and Assumed	
	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)		
				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. 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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 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 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 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 Number of Claims Reported Direct and Assumed	
	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)		
				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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 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	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 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							
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012	XXX											
10. 2013	XXX											
11. 2014	XXX											
											12. Totals	

NONE

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)

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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	XX	XXX							
8. 2011	XXX	XXX	XXX	XX	XXX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XX	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 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	XX							
8. 2011	XXX	XXX	XXX	XXX	XX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XX	XXX	XXX	XXX				XXX
11. 2014	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
										12. Totals		

NONE**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	XX							
8. 2011	XXX	XXX	XXX	XXX	XX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XX	XXX	XXX	XXX				XXX
11. 2014	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
										12. Totals		

NONE**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	.279	.364	.263	(101)	(16)	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.495	.510	15	.XXX	
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.504	XXX	XXX	
									12. Totals		(133)	(80)

NONE**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	XX							
8. 2011	XXX	XXX	XXX	XXX	XX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XX	XXX	XXX	XXX				XXX
11. 2014	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	757	392	331	(61)	(426)						
2. 2013	XXX	6,211	6,005	(206)	XXX							
3. 2014	XXX	7,077	XXX	XXX								
										4. Totals	(267)	(426)

SCHEDULE P - PART 2K - FIDELITY/SURETY

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

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

1. Prior	XXX	3	1	1		(2)						
2. 2013	XXX				XXX							
3. 2014	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											
10. 2013	XXX				XXX							
11. 2014	XXX		XXX	XXX								
										12. Totals		

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											
10. 2013	XXX				XXX							
11. 2014	XXX			XXX	XXX							
											12. Totals	

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

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

SCHEDULE P - PART 2T - WARRANTY

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

NONE

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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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								
7. 2010	XXX	XXX	XXX	XXX	XX							
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XX					
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 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	1,465	1,990	2,191	2,391	258	60	
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	1,460	1,960	2,028	266	57	
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,563	2,392	202	49	
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,694	154	39	

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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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior	.000											
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XX								
7. 2010	XXX	XXX	XXX	XX	XXX							
8. 2011	XXX	XXX	XXX	XX	XX	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	XX							
8. 2011	XXX	XXX	XXX	XXX	XX	XXX	XX					
9. 2012	XXX	XXX	XXX	XXX	XX	XXX	XX	XX				
10. 2013	XXX	XXX	XXX	XXX	XX	XXX	XX	XX	XXX			
11. 2014	XXX	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	XX						XXX	XXX
8. 2011	XXX	XXX	XXX	XXX	XX	XXX	XX				XXX	XXX
9. 2012	XXX	XXX	XXX	XXX	XX	XXX	XX	XX			XXX	XXX
10. 2013	XXX	XXX	XXX	XXX	XX	XXX	XX	XX	XXX		XXX	XXX
11. 2014	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	494	118
3. 2006	XXX	168	349	399	424	417	428	428	428	428	428	23
4. 2007	XXX	XXX	120	251	350	364	373	373	373	374	375	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	.85	124	313	335	335	33	13
9. 2012	XXX	XXX	XXX	XXX	XXX	.XXX	89	163	188	188	36	13
10. 2013	XXX	XXX	XXX	XXX	XXX	.XXX	XXX	68	176	176	25	11
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88	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	XX							
8. 2011	XXX	XXX	XXX	XXX	XX	XXX	XX					
9. 2012	XXX	XXX	XXX	XXX	XX	XXX	XX	XX				
10. 2013	XXX	XXX	XXX	XXX	XX	XXX	XX	XX	XXX			
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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	000	372	321								
2. 2013	XXX	5,522	5,993									
3. 2014	XXX	6,238										

SCHEDULE P - PART 3K - FIDELITY/SURETY

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

NONE

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

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

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

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

SCHEDULE P - PART 3T - WARRANTY

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

NONE

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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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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	.77	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				
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

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

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	XX	XX					
8. 2011	XXX	XXX	XX	XX	XX	XX				
9. 2012	XXX	XXX	XX	XX	XX	XX	XX			
10. 2013	XXX	XXX	XX	XX	XX	XX	XX			
11. 2014	XXX	XXX	XX	XX	XX	XX	XX			

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	XXX	XXX						
7. 2010	XXX	XXX	XX	XX	XX					
8. 2011	XXX	XXX	XX	XX	XX	XX				
9. 2012	XXX	XXX	XX	XX	XX	XX	XX			
10. 2013	XXX	XXX	XX	XX	XX	XX	XX			
11. 2014	XXX	XXX	XX	XX	XX	XX	XX			

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		.330	.129
11. 2014	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	XX	XX					
8. 2011	XXX	XXX	XX	XX	XX					
9. 2012	XXX	XXX	XX	XX	XX					
10. 2013	XXX	XXX	XX	XX	XX					
11. 2014	XXX	XXX	XX	XX	XX					

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

SCHEDULE P - PART 4K - FIDELITY/SURETY

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

NONE

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

1. Prior	XXX	2								
2. 2013	XXX									
3. 2014	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									
10. 2013	XXX									
11. 2014	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

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

SCHEDULE P - PART 4T - WARRANTY

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

NONE

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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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	.282	.322	.330	
10. 2013	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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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				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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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	
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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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	
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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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			
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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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			
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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**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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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	4,298	4,298	4,298	4,298	4,298	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	4,812	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	
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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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	637	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	
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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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	1,626	1,626	1,626	1,626	1,626	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1,765	1,765	1,765	1,765	
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,888	1,888	1,888	
11. 2014.....	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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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	660	660	660	660	660	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	761	761	761	761	
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	823	823	823	
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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	60	60	60	60	60	60	
8. 2011.....	XXX	XXX	XXX	XXX	XXX	51	51	51	51	51	
9. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	49	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	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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					
10. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX					
12. Totals.....	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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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				
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
12. Totals.....	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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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				
11. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
12. Totals.....	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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 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 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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

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

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.

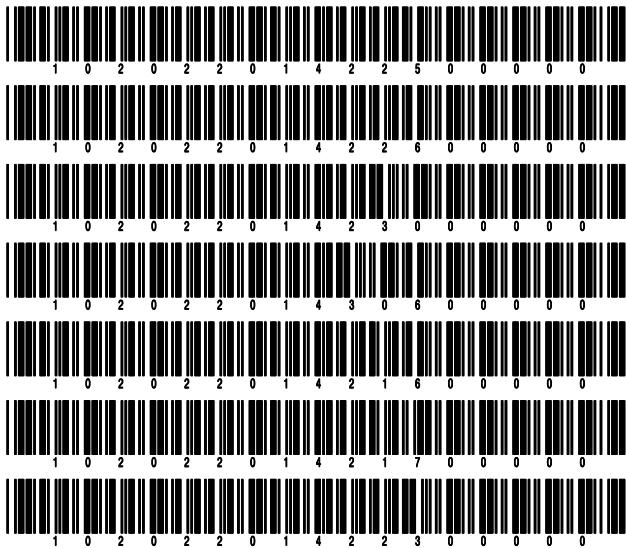
ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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
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 Trusted 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.	
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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]	 1 0 2 0 2 2 0 1 4 4 2 0 0 0 0 0 0 0
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	 1 0 2 0 2 2 0 1 4 2 4 0 0 0 0 0 0 0
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 1 0 2 0 2 2 0 1 4 3 6 0 0 0 0 0 0 0
15.	Supplement A to Schedule T [Document Identifier 455]	 1 0 2 0 2 2 0 1 4 4 5 5 0 0 0 0 0 0
16.	Trusted Surplus Statement [Document Identifier 490]	 1 0 2 0 2 2 0 1 4 4 9 0 0 0 0 0 0 0
17.	Premiums Attributed to Protected Cells [Document Identifier 385]	 1 0 2 0 2 2 0 1 4 3 6 5 0 0 0 0 0 0
19.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 2 0 2 2 0 1 4 4 0 0 0 0 0 0 0 0
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 0 2 0 2 2 0 1 4 4 5 0 0 0 0 0 0 0
23.	Bail Bond Supplement [Document Identifier 500]	 1 0 2 0 2 2 0 1 4 5 0 0 0 0 0 0 0 0
24.	Director and Officer Insurance Coverage Supplement [Document Identifier 505]	 1 0 2 0 2 2 0 1 4 5 0 0 0 0 0 0 0 0
25.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 0 2 0 2 2 0 1 4 5 0 0 0 0 0 0 0 0

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]
- 27. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 28. Credit Insurance Experience Exhibit [Document Identifier 230]
- 29. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 33. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company
OVERFLOW PAGE FOR WRITE-INS

NONE



1 0 2 0 2 2 0 1 4 4 0 1 0 0 1

SUPPLEMENT FOR THE YEAR 2014 OF THE Ohio Mutual Insurance Company

REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

For The Year Ended December 31, 2014

Year Ended December
To Be Filed by March 1

To Be Filed by March (A) Financial Impact

(A) Financial Impact	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets	239,669,081		239,669,081
A02. Liabilities	52,164,559		52,164,559
A03. Surplus as regards to policyholders	187,504,522		187,504,522
A04. Income before taxes	3,616,262		3,616,262

(B) Summary of Reinsurance Contract Terms	(C) Management's Objectives

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.

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