



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT
For the Year Ended December 31, 2015
OF THE CONDITION AND AFFAIRS OF THE
SONNENBERG MUTUAL INSURANCE COMPANY

NAIC Group Code	0207 (Current Period)	0207 (Prior Period)	NAIC Company Code	10271	Employer's ID Number	34-0541185
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Incorporated/Organized	01/01/1905		Commenced Business	01/01/1859		
Statutory Home Office	1685 Cleveland Road (Street and Number)		Wooster, OH, US 44691 (City or Town, State, Country and Zip Code)		Wooster, OH, US 44691-0036 (Area Code) (Telephone Number)	
Main Administrative Office	1685 Cleveland Road (Street and Number)		Wooster, OH, US 44691-0036 (City or Town, State, Country and Zip Code)		330-262-9060 (Area Code) (Telephone Number)	
Mail Address	1685 Cleveland Road (Street and Number or P.O. Box)		Wooster, OH, US 44691-0036 (City or Town, State, Country and Zip Code)		Wooster, OH, US 44691-0036 (Area Code) (Telephone Number)	
Primary Location of Books and Records	1685 Cleveland Road (Street and Number)		Wooster, OH, US 44691-0036 (City or Town, State, Country and Zip Code)		330-262-9060 (Area Code) (Telephone Number)	
Internet Web Site Address	www.wrg-ins.com					
Statutory Statement Contact	Joseph Earl Wilford (Name)		330-262-9060-2437			
	joe_wilford@wrg-ins.com (E-Mail Address)		330-264-7822 (Fax Number)			

OFFICERS

Name	Title	Name	Title
KEVIN W. DAY	PRESIDENT AND SECRETARY - CHIEF EXECUTIVE OFFICER	MICHAEL A. SHUTT	VICE PRESIDENT AND TREASURER -CHIEF FINANCIAL OFFICER

OTHER OFFICERS

GREGORY A. BRUNN	VICE PRESIDENT -CHIEF MARKETING & UNDERWRITING OFFICER	GARY W. GWENN	VICE PRESIDENT -CHIEF CLAIMS OFFICER
GREGORY J. OWEN	VICE PRESIDENT -CHIEF INFORMATION OFFICER		

DIRECTORS OR TRUSTEES

KEVIN W. DAY	JEFFREY P. HASTINGS	RONALD E. HOLTMAN	JOHN P. MURPHY
C. MICHAEL REARDON	EDDIE L. STEINER	FLOYD A. TROUTEN III	KENNETH L. VAGNINI

State of Ohio ss

County of Wayne

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

KEVIN W. DAY
PRESIDENT AND SECRETARY -CHIEF
EXECUTIVE OFFICERMICHAEL A. SHUTT
VICE PRESIDENT AND TREASURER -CHIEF
FINANCIAL OFFICERSubscribed and sworn to before me
this 26th day of February, 2016

a. Is this an original filing? Yes [X] No []
 b. If no:
 1. State the amendment number _____
 2. Date filed _____
 3. Number of pages attached _____

Lauresa Durham, Notary Public
July 30, 2016

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	14,373,089	.0	14,373,089	13,839,619
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	.0	0	48,816
2.2 Common stocks	7,319,809	3,442	7,316,367	7,405,665
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	.0	0	0
3.2 Other than first liens	0	.0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....	0	.0	0	0
4.2 Properties held for the production of income (less \$ encumbrances)	0	.0	0	0
4.3 Properties held for sale (less \$ encumbrances)	0	.0	0	0
5. Cash (\$ 1,053,231 , Schedule E-Part 1), cash equivalents (\$ 0 , Schedule E-Part 2) and short-term investments (\$ 650,837 , Schedule DA).....	1,704,068	.0	1,704,068	1,448,664
6. Contract loans (including \$ premium notes).....	0	.0	0	0
7. Derivatives (Schedule DB).....	0	.0	0	0
8. Other invested assets (Schedule BA).....	0	.0	0	0
9. Receivables for securities	0	.0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	.0	0	0
11. Aggregate write-ins for invested assets	0	.0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	23,396,966	3,442	23,393,524	22,742,764
13. Title plants less \$ charged off (for Title insurers only).....	0	.0	0	0
14. Investment income due and accrued	128,135	.0	128,135	130,159
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	306,547	11,879	294,669	305,220
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....	0	.0	0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)	0	.0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,328	.0	1,328	2,628
16.2 Funds held by or deposited with reinsured companies	0	.0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	.0	0	0
17. Amounts receivable relating to uninsured plans	0	.0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	88,599	.0	88,599	0
18.2 Net deferred tax asset	0	.0	0	0
19. Guaranty funds receivable or on deposit	0	.0	0	0
20. Electronic data processing equipment and software	0	.0	0	0
21. Furniture and equipment, including health care delivery assets (\$)	0	.0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	.0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	.0	0	0
24. Health care (\$) and other amounts receivable	0	.0	0	0
25. Aggregate write-ins for other-than-invested assets	10,730	10,730	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	23,932,305	26,051	23,906,254	23,180,770
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	.0	0	0
28. Total (Lines 26 and 27)	23,932,305	26,051	23,906,254	23,180,770
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	.0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Asset.....	10,730	10,730	0	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	.0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	10,730	10,730	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	3,197,254	2,948,392
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	672,997	608,081
4. Commissions payable, contingent commissions and other similar charges	344,346	303,045
5. Other expenses (excluding taxes, licenses and fees)	466,997	472,100
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	118,160	116,864
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	0	11,047
7.2 Net deferred tax liability	67,842	257,929
8. Borrowed money \$ and interest thereon \$	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 15,852 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)	4,605,462	4,519,774
10. Advance premium	81,736	67,289
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	35,413	33,644
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)	0	0
14. Amounts withheld or retained by company for account of others	209,612	301,672
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$ certified) (Schedule F, Part 8)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	0	0
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ and interest thereon \$	0	0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	9,799,820	9,639,837
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	9,799,820	9,639,837
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	0	0
31. Preferred capital stock	0	0
32. Aggregate write-ins for other-than-special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	0	0
35. Unassigned funds (surplus)	14,106,434	13,540,933
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)	0	0
36.2 shares preferred (value included in Line 31 \$)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	14,106,434	13,540,933
38. Totals (Page 2, Line 28, Col. 3)	23,906,254	23,180,770
DETAILS OF WRITE-INS		
2501.	0	0
2502.	0	0
2503.	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0
2901.	0	0
2902.	0	0
2903.	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.	0	0
3202.	0	0
3203.	0	0
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)	9,695,346	9,489,117
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	5,033,451	4,979,719
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	1,020,135	981,767
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	3,162,385	3,084,493
5. Aggregate write-ins for underwriting deductions	0	0
6. Total underwriting deductions (Lines 2 through 5)	9,215,972	9,045,980
7. Net income of protected cells	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	479,375	443,137
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	529,669	525,511
10. Net realized capital gains (losses) less capital gains tax of \$	11,407 (Exhibit of Capital Gains (Losses))	22,143 207,983
11. Net investment gain (loss) (Lines 9 + 10)	551,812	733,494
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ charged off \$ 11,027)	amount (11,027)	(11,631)
13. Finance and service charges not included in premiums	147,317	149,770
14. Aggregate write-ins for miscellaneous income	180	250
15. Total other income (Lines 12 through 14)	136,470	138,388
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,167,656	1,315,020
17. Dividends to policyholders	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,167,656	1,315,020
19. Federal and foreign income taxes incurred	283,947	131,686
20. Net income (Line 18 minus Line 19) (to Line 22)	883,709	1,183,334
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	13,540,932	12,517,261
22. Net income (from Line 20)	883,709	1,183,334
23. Net transfers (to) from Protected Cell accounts	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ (168,959)	(327,980)	27,065
25. Change in net unrealized foreign exchange capital gain (loss)	0	0
26. Change in net deferred income tax	21,127	(171,590)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	(11,354)	(11,025)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	0	0
29. Change in surplus notes	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0
31. Cumulative effect of changes in accounting principles	0	0
32. Capital changes:		
32.1 Paid in	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0
32.3 Transferred to surplus	0	0
33. Surplus adjustments:		
33.1 Paid in	0	0
33.2 Transferred to capital (Stock Dividend)	0	0
33.3 Transferred from capital	0	0
34. Net remittances from or (to) Home Office	0	0
35. Dividends to stockholders	0	0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	0	0
37. Aggregate write-ins for gains and losses in surplus	0	(4,113)
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	565,502	1,023,671
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	14,106,434	13,540,932
DETAILS OF WRITE-INS		
0501.	0	0
0502.	0	0
0503.	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0
1401. Other Income (Expense)	180	250
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	180	250
3701. Change in Surplus Due to Prior Period Adjustment (See Footnote 2)	0	(4,113)
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	(4,113)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	9,797,251	9,618,738
2. Net investment income	599,288	557,073
3. Miscellaneous income	136,470	138,388
4. Total (Lines 1 through 3)	10,533,010	10,314,199
5. Benefit and loss related payments	4,783,289	4,958,052
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	4,080,113	4,054,824
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	395,000	150,000
10. Total (Lines 5 through 9)	9,258,402	9,162,876
11. Net cash from operations (Line 4 minus Line 10)	1,274,608	1,151,324
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1,791,095	992,438
12.2 Stocks	1,988,582	1,371,267
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	632,364
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	461,517	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	4,241,194	2,996,069
13. Cost of investments acquired (long-term only):		
13.1 Bonds	2,360,625	2,136,291
13.2 Stocks	2,345,410	2,007,699
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	256,397
13.6 Miscellaneous applications	461,517	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	5,167,552	4,400,387
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(926,358)	(1,404,318)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	(92,846)	432,004
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(92,846)	432,004
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	255,404	179,010
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,448,664	1,269,654
19.2 End of year (Line 18 plus Line 19.1)	1,704,068	1,448,664

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire	161,931	.85,979	.85,163	162,747
2. Allied lines .....	.74,252	.46,489	.46,306	.74,435
3. Farmowners multiple peril	1,029,897	.520,421	.543,144	1,007,174
4. Homeowners multiple peril	2,537,674	.1,466,385	.1,433,640	2,570,419
5. Commercial multiple peril	1,175,061	.570,697	.599,644	1,146,114
6. Mortgage guaranty	0	0	0	0
8. Ocean marine	0	0	0	0
9. Inland marine	104,038	.47,245	.52,753	.98,530
10. Financial guaranty	0	0	0	0
11.1 Medical professional liability-occurrence	0	0	0	0
11.2 Medical professional liability-claims-made	0	0	0	0
12. Earthquake .....	.1,912	.935	.926	.1,921
13. Group accident and health	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0
15. Other accident and health	0	0	0	0
16. Workers' compensation	61,153	.30,892	.32,362	.59,683
17.1 Other liability-occurrence .....	.52,031	.24,779	.24,979	.51,831
17.2 Other liability-claims-made .....	.98	.62	.143	.17
17.3 Excess workers' compensation	0	0	0	0
18.1 Products liability-occurrence .....	.7,869	.3,852	.4,257	.7,464
18.2 Products liability-claims-made	0	0	0	0
19.1,19.2 Private passenger auto liability .....	.2,185,590	.806,330	.820,129	.2,171,791
19.3,19.4 Commercial auto liability	428,301	.191,249	.208,135	411,415
21. Auto physical damage	1,947,051	.717,968	.747,037	1,917,982
22. Aircraft (all perils)	0	0	0	0
23. Fidelity	0	0	0	0
24. Surety	0	0	0	0
26. Burglary and theft .....	.4,022	.2,062	.2,027	.4,057
27. Boiler and machinery	10,154	.4,429	.4,817	.9,766
28. Credit	0	0	0	0
29. International	0	0	0	0
30. Warranty	0	0	0	0
31. Reinsurance-nonproportional assumed property	0	0	0	0
32. Reinsurance-nonproportional assumed liability	0	0	0	0
33. Reinsurance-nonproportional assumed financial lines	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0
35. TOTALS	9,781,034	4,519,774	4,605,462	9,695,346
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire	85,163				85,163
2. Allied lines	46,306				46,306
3. Farmowners multiple peril	543,144				543,144
4. Homeowners multiple peril	1,433,640				1,433,640
5. Commercial multiple peril	599,644				599,644
6. Mortgage guaranty	0				0
8. Ocean marine	0				0
9. Inland marine	52,753				52,753
10. Financial guaranty	0				0
11.1 Medical professional liability-occurrence	0				0
11.2 Medical professional liability-claims-made	0				0
12. Earthquake	926				926
13. Group accident and health	0				0
14. Credit accident and health (group and individual)	0				0
15. Other accident and health	0				0
16. Workers' compensation	32,362				32,362
17.1 Other liability-occurrence	24,979				24,979
17.2 Other liability-claims-made	143				143
17.3 Excess workers' compensation	0				0
18.1 Products liability-occurrence	4,257				4,257
18.2 Products liability-claims-made	0				0
19.1,19.2 Private passenger auto liability	820,129				820,129
19.3,19.4 Commercial auto liability	208,135				208,135
21. Auto physical damage	747,037				747,037
22. Aircraft (all perils)	0				0
23. Fidelity	0				0
24. Surety	0				0
26. Burglary and theft	2,027				2,027
27. Boiler and machinery	4,817				4,817
28. Credit	0				0
29. International	0				0
30. Warranty	0				0
31. Reinsurance-nonproportional assumed property	0				0
32. Reinsurance-nonproportional assumed liability	0				0
33. Reinsurance-nonproportional assumed financial lines	0				0
34. Aggregate write-ins for other lines of business	0	0	0	0	0
35. TOTALS	4,605,462	0	0	0	4,605,462
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Lines 35 through 37)					4,605,462
DETAILS OF WRITE-INS					
3401.					
3402.					
3403.					
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0

(a) State here basis of computation used in each case.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire	31,827	161,931		31,623	.204	161,931
2. Allied lines	14,501	.74,252		11,391	.3,110	.74,252
3. Farmowners multiple peril	316,518	.1,029,897		.293,851	.22,667	.1,029,897
4. Homeowners multiple peril	2,475,926	.2,537,674		2,330,350	.145,576	.2,537,674
5. Commercial multiple peril		.1,175,061		.0		.1,175,061
6. Mortgage guaranty						0
8. Ocean marine						0
9. Inland marine		104,038		.0		104,038
10. Financial guaranty		.0				0
11.1 Medical professional liability-occurrence			0			0
11.2 Medical professional liability-claims-made			.0			0
12. Earthquake		1,912		.0		1,912
13. Group accident and health						0
14. Credit accident and health (group and individual)						0
15. Other accident and health						0
16. Workers' compensation		.61,153		.0		.61,153
17.1 Other liability-occurrence	1,178	.52,031		1,178		.52,031
17.2 Other liability-claims-made		.98		.0		.98
17.3 Excess workers' compensation						0
18.1 Products liability-occurrence		7,869		.0		7,869
18.2 Products liability-claims-made						0
19.1, 19.2 Private passenger auto liability	7,722,499	.2,185,590		7,722,499		.2,185,590
19.3, 19.4 Commercial auto liability	.0	.428,302		.72	-.71	.428,301
21. Auto physical damage	5,916,883	.1,947,051		5,914,269	.2,614	.1,947,051
22. Aircraft (all perils)		.0				0
23. Fidelity						0
24. Surety						0
26. Burglary and theft	.0	4,022		.0		.4,022
27. Boiler and machinery	.3,939	.10,154		.1	.3,938	.10,154
28. Credit	.0					0
29. International	.0					0
30. Warranty	.0					0
31. Reinsurance-nonproportional assumed property	XXX					0
32. Reinsurance-nonproportional assumed liability	XXX					0
33. Reinsurance-nonproportional assumed financial lines	XXX					0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0
35. TOTALS	16,483,271	9,781,035	0	16,305,234	178,038	9,781,034
DETAILS OF WRITE-INS						
3401.						
3402.						
3403.						
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]

If yes: 1. The amount of such installment premiums \$

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Direct Business	Losses Paid Less Salvage			Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
		1 Reinsurance Assumed	2 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire .....	.0	.56,446	0	.56,446	.5,267	17,803	.43,910	.27.0
2. Allied lines	5,980	.60,507	.5,980	.60,507	.15,613	.18,102	.58,018	.77.9
3. Farmowners multiple peril	38,396	340,012	.38,396	.340,012	.128,026	.170,235	.297,803	.29.6
4. Homeowners multiple peril	1,287,846	1,095,433	1,287,846	1,095,433	.372,139	.340,729	.1,126,843	.43.8
5. Commercial multiple peril		449,172	0	.449,172	.685,774	.444,464	.690,482	.60.2
6. Mortgage guaranty		0	0	0	0	0	0	0.0
8. Ocean marine		0	0	0	0	0	0	0.0
9. Inland marine		15,979	0	.15,979	.335	.4,937	.11,377	.11.5
10. Financial guaranty		0	0	0	0	0	0	0.0
11.1 Medical professional liability-occurrence		0	0	0	0	0	0	0.0
11.2 Medical professional liability-claims-made		0	0	0	0	0	0	0.0
12. Earthquake		0	0	0	0	0	0	0.0
13. Group accident and health		0	0	0	0	0	0	0.0
14. Credit accident and health (group and individual)		0	0	0	0	0	0	0.0
15. Other accident and health		0	0	0	0	0	0	0.0
16. Workers' compensation .....		.26,047	0	.26,047	.26,935	.28,509	.24,473	.41.0
17.1 Other liability-occurrence .....		.5,679	0	.5,679	.56,968	.48,351	.14,296	.27.6
17.2 Other liability-claims-made		0	0	0	0	0	0	0.0
17.3 Excess workers' compensation		0	0	0	0	0	0	0.0
18.1 Products liability-occurrence .....		.2,000	0	.2,000	.1,500	.1,425	.2,075	.27.8
18.2 Products liability-claims-made		0	0	0	0	0	0	0.0
19.1,19.2 Private passenger auto liability	1,908,030	.1,376,653	1,908,030	.1,376,653	.1,535,605	.1,539,025	.1,373,233	.63.2
19.3,19.4 Commercial auto liability .....		.127,753	0	.127,753	.238,421	.219,394	.146,780	.35.7
21. Auto physical damage	3,258,307	1,228,872	3,258,307	1,228,872	.130,421	.115,418	.1,243,875	.64.9
22. Aircraft (all perils)		0	0	0	0	0	0	0.0
23. Fidelity		0	0	0	0	0	0	0.0
24. Surety		0	0	0	0	0	0	0.0
26. Burglary and theft .....		.36	0	.36	.250	0	.286	.7.0
27. Boiler and machinery		0	0	0	0	0	0	0.0
28. Credit		0	0	0	0	0	0	0.0
29. International		0	0	0	0	0	0	0.0
30. Warranty		0	0	0	0	0	0	0.0
31. Reinsurance-nonproportional assumed property	XXX	0	0	0	0	0	0	0.0
32. Reinsurance-nonproportional assumed liability	XXX	0	0	0	0	0	0	0.0
33. Reinsurance-nonproportional assumed financial lines	XXX	0	0	0	0	0	0	0.0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0.0
35. TOTALS	6,498,559	4,784,589	6,498,559	4,784,589	3,197,254	2,948,392	5,033,451	.51.9
DETAILS OF WRITE-INS								
3401.								
3402.								
3403.								
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0.0
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire	0	5,267	0	5,267		0		5,267	.0
2. Allied lines	0	936	0	.936	1,540	14,677	1,540	15,613	7,717
3. Farmowners multiple peril	5,000	.86,113	.5,000	.86,113	7,606	41,913	7,606	128,026	33,303
4. Homeowners multiple peril	261,245	.302,030	.261,245	.302,030	145,647	.70,109	145,647	372,139	88,386
5. Commercial multiple peril		.477,190		.477,190		208,584		685,774	208,472
6. Mortgage guaranty		0		0				0	.0
8. Ocean marine		0		0				0	.0
9. Inland marine		335		.335				.335	.0
10. Financial guaranty		0		0				0	.0
11.1 Medical professional liability-occurrence		0		0				0	.0
11.2 Medical professional liability-claims-made		0		0				0	.0
12. Earthquake		0		0				0	.0
13. Group accident and health		0		0				(a)	.0
14. Credit accident and health (group and individual)		0		0				0	.0
15. Other accident and health		0		0				(a)	.0
16. Workers' compensation		.15,542		.15,542		11,393		.26,935	.6,491
17.1 Other liability-occurrence		34,225		.34,225		22,743		.56,968	22,079
17.2 Other liability-claims-made		0		0		0		0	.0
17.3 Excess workers' compensation		0		0		0		0	.0
18.1 Products liability-occurrence		1,500		.1,500		0		.1,500	.0
18.2 Products liability-claims-made		0		0		0		0	.0
19.1,19.2 Private passenger auto liability	.2,338,594	.1,441,541	.2,338,594	.1,441,541		.94,064		.1,535,605	.224,060
19.3,19.4 Commercial auto liability		.194,084		.194,084		.44,337		.238,421	.36,389
21. Auto physical damage	330,610	.94,118	.330,610	.94,118		.36,303		.130,421	.46,100
22. Aircraft (all perils)		0		0				0	.0
23. Fidelity		0		0				0	.0
24. Surety		0		0				0	.0
26. Burglary and theft		250		.250				.250	.0
27. Boiler and machinery		0		0				0	.0
28. Credit		0		0				0	.0
29. International		0		0				0	.0
30. Warranty		0		0				0	.0
31. Reinsurance-nonproportional assumed property	XXX		0	XXX				0	.0
32. Reinsurance-nonproportional assumed liability	XXX		0	XXX				0	.0
33. Reinsurance-nonproportional assumed financial lines	XXX		0	XXX				0	.0
34. Aggregate write-ins for other lines of business	0	.0	0	0	0	.0	0	0	.0
35. TOTALS	2,935,449	2,653,131	2,935,449	2,653,131	154,793	544,123	154,793	3,197,254	672,997
DETAILS OF WRITE-INS									
3401.									
3402.									
3403.									
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	.0	0	0	0	.0	0	0	.0
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0

(a) Including \$ for present value of life indemnity claims.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct	259,200	0	0	259,200
1.2 Reinsurance assumed	0	0	0	0
1.3 Reinsurance ceded	(30,838)	0	0	(30,838)
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	290,038	0	0	290,038
2. Commission and brokerage:				
2.1 Direct, excluding contingent	0	1,552,785	0	1,552,785
2.2 Reinsurance assumed, excluding contingent	0	0	0	0
2.3 Reinsurance ceded, excluding contingent	0	61,432	0	61,432
2.4 Contingent-direct	0	213,183	0	213,183
2.5 Contingent-reinsurance assumed	0	0	0	0
2.6 Contingent-reinsurance ceded	0	940	0	940
2.7 Policy and membership fees	0	0	0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	1,703,596	0	1,703,596
3. Allowances to manager and agents	7,362	17,179	0	24,541
4. Advertising	1,412	4,744	0	6,156
5. Boards, bureaus and associations	6,157	34,955	0	41,112
6. Surveys and underwriting reports	0	133,205	0	133,205
7. Audit of assureds' records	0	0	0	0
8. Salary and related items:				
8.1 Salaries	449,152	598,432	55,469	1,103,054
8.2 Payroll taxes	29,293	39,849	3,275	72,416
9. Employee relations and welfare	57,865	60,398	5,826	124,089
10. Insurance	1,454	2,186	6,437	10,077
11. Directors' fees	5,371	5,371	5,371	16,112
12. Travel and travel items	4,115	7,864	2,424	14,403
13. Rent and rent items	18,426	26,315	1,558	46,300
14. Equipment	2,964	11,392	758	15,114
15. Cost or depreciation of EDP equipment and software	75,494	154,039	14,224	243,757
16. Printing and stationery	3,102	8,079	261	11,442
17. Postage, telephone and telegraph, exchange and express	21,157	38,652	684	60,493
18. Legal and auditing	44,289	140,364	46,123	230,776
19. Totals (Lines 3 to 18)	727,614	1,283,022	142,411	2,153,048
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$	0	115,825	0	115,825
20.2 Insurance department licenses and fees	0	54,241	0	54,241
20.3 Gross guaranty association assessments	0	0	0	0
20.4 All other (excluding federal and foreign income and real estate)	0	1,966	0	1,966
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	172,033	0	172,033
21. Real estate expenses	0	0	0	0
22. Real estate taxes	0	0	0	0
23. Reimbursements by uninsured plans	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses	2,483	3,734	1,290	7,507
25. Total expenses incurred	1,020,135	3,162,385	143,701	(a) 4,326,221
26. Less unpaid expenses-current year	672,997	929,503	0	1,602,500
27. Add unpaid expenses-prior year	608,081	892,009	0	1,500,090
28. Amounts receivable relating to uninsured plans, prior year	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	955,219	3,124,891	143,701	4,223,811
DETAILS OF WRITE-INS				
2401. Charitable Contributions	2,483	3,734	1,290	7,507
2402.				
2403.				
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	2,483	3,734	1,290	7,507

(a) Includes management fees of \$ 0 to affiliates and \$ 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) .33,333	29,947
1.1 Bonds exempt from U.S. tax	(a) 191,381	198,850
1.2 Other bonds (unaffiliated)	(a) 226,488	222,511
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 2,025	1,350
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	221,573	220,120
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) .....	.....
4. Real estate	(d) .....	.....
5. Contract loans	(e) 87	87
6. Cash, cash equivalents and short-term investments	(f) .....	.....
7. Derivative instruments .....	.....	.....
8. Other invested assets .....	.....	.....
9. Aggregate write-ins for investment income	505	505
10. Total gross investment income	675,392	673,370
11. Investment expenses	(g) 143,701	143,701
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) .....	.....
13. Interest expense	(h) .....	.....
14. Depreciation on real estate and other invested assets	(i) .....	.....
15. Aggregate write-ins for deductions from investment income	0	0
16. Total deductions (Lines 11 through 15)	143,701	143,701
17. Net investment income (Line 10 minus Line 16)	529,669	529,669
DETAILS OF WRITE-INS		
0901. Artio Global Funds (Aberdeen)	2	2
0902. Aston / Lake partners	4	4
0903. Diamond Hill Funds Long-short	2	2
0998. Summary of remaining write-ins for Line 9 from overflow page	497	497
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	505	505
1501. .....	.....	.....
1502. .....	.....	.....
1503. .....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	0	0

(a) Includes \$ 11,300 accrual of discount less \$ 78,896 amortization of premium and less \$ 3,550 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	.....	.....	0	1,408	.....
1.1 Bonds exempt from U.S. tax .....	.....	.....	0	0	.....
1.2 Other bonds (unaffiliated)	30,127	.....	30,127	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	(1,875)	0	(1,875)	1,050	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	466,814	(461,501)	5,313	(499,414)	0
2.21 Common stocks of affiliates	0	0	0	18	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans .....	.....	.....	0	0	0
6. Cash, cash equivalents and short-term investments .....	.....	.....	0	0	0
7. Derivative instruments .....	.....	.....	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	495,066	(461,501)	33,565	(496,938)	0
DETAILS OF WRITE-INS			.....	.....	.....
0901. .....	.....	.....	.....	.....	.....
0902. .....	.....	.....	.....	.....	.....
0903. .....	.....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	3,442	3,425	(18)
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	3,442	3,425	(18)
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	11,879	1,328	(10,551)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other-than-invested assets	10,730	9,944	(786)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	26,051	14,697	(11,354)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	26,051	14,697	(11,354)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Expense.....	10,730	9,944	(786)
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	10,730	9,944	(786)

NOTES TO FINANCIAL STATEMENTS

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []

1.3 State Regulating?

Ohio.....

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

2.2 If yes, date of change:11/13/2015

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2011

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2011

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).11/26/2012

3.4 By what department or departments? Ohio.....

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

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? Yes [] No [X]

4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.21 sales of new business? Yes [] No [X]

4.22 renewals? Yes [] No [X]

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

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

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....
.....
.....

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

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,

7.21 State the percentage of foreign control

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....
.....
.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

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

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

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

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG 191 West Nationwide Blvd. Columbus, Ohio 43215-2568.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
William D. Hansen, FCAS, MAAA, Oliver Wyman, 325 John H. McConnell Blvd. Suite 350, Columbus, Ohio 43215.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company.....

12.12 Number of parcels involved.....

12.13 Total book/adjusted carrying value \$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

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

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

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

14.21 If the response to 14.2 is yes, provide information related to amendment(s)

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

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....
.....
.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers	\$.....0
20.12 To stockholders not officers	\$.....0
20.13 Trustees, supreme or grand (Fraternal only)	\$.....0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers	\$.....0
20.22 To stockholders not officers	\$.....0
20.23 Trustees, supreme or grand (Fraternal only)	\$.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others	\$.....0
21.22 Borrowed from others	\$.....0
21.23 Leased from others	\$.....0
21.24 Other	\$.....0

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment	\$.....
22.22 Amount paid as expenses	\$.....
22.23 Other amounts paid	\$.....

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] NA [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
24.103 Total payable for securities lending reported on the liability page	\$.....0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$0
25.22 Subject to reverse repurchase agreements	\$0
25.23 Subject to dollar repurchase agreements	\$0
25.24 Subject to reverse dollar repurchase agreements	\$0
25.25 Placed under option agreements	\$0
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$0
25.27 FHLB Capital Stock	\$0
25.28 On deposit with states	\$251,334
25.29 On deposit with other regulatory bodies	\$0
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$0
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$0
25.32 Other	\$0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....
.....
.....
.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [] No []

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [] No [] N/A []

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [] No []

27.2 If yes, state the amount thereof at December 31 of the current year.

\$.....

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

Yes [] No []

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

1 Name of Custodian(s)	2 Custodian's Address
Northern Trust Company.....	50 South Lasalle Street Chicago, IL 60603.....

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [] No []

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

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

1 Central Registration Depository Number(s)	2 Name	3 Address
154425.....	Harvest Fund Advisors.....	100 W. Lancaster Ave. Second Floor Wayne, PA 19087.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [X] No []

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2001. 233203-84-3.....	DFA US Small Cap Portfolio.....	270,347
29.2002. 252645-85-8.....	Diamond Hill Small Cap FD.....	274,245
29.2003. 256206-10-3.....	Dodge Cox Intl Stock FD.....	1,365,507
29.2004. 277911-49-1.....	Eaton Vance Floating Rate Fund CL.....	796,118
29.2005. 413838-20-2.....	The Oakmark International Fund.....	79,182
29.2999 TOTAL		2,785,399

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
DFA US Small Cap Portfolio.....	Piedmont Natural Gas Co Common Stock.....	.927	12/31/2015.....
DFA US Small Cap Portfolio.....	Jetblue Airways Corp Comm Stock.....	.916	12/31/2015.....
DFA US Small Cap Portfolio.....	Manhattan Associates Inc Common Stock.....	.916	12/31/2015.....
DFA US Small Cap Portfolio.....	Stancorp Financial Group Common Stock.....	.908	12/31/2015.....
DFA US Small Cap Portfolio.....	Health Net Inc Common Stock.....	.852	12/31/2015.....
Diamond Hill Small Cap FD CL I.....	State Street Institutional Liquid Reserves Fund.....	.56,440	12/31/2015.....
Diamond Hill Small Cap FD CL I.....	Avis Budget Group, Inc.....	.9,845	12/31/2015.....
Diamond Hill Small Cap FD CL I.....	DST Systems, Inc.....	.7,981	12/31/2015.....
Diamond Hill Small Cap FD CL I.....	Navigators Group, Inc.....	.7,926	12/31/2015.....
Diamond Hill Small Cap FD CL I.....	Alere, Inc.....	.7,569	12/31/2015.....
Dodge & Cox Intl Stk FD.....	Naspers, Ltd.....	.57,351	12/31/2015.....
Dodge & Cox Intl Stk FD.....	Samsung Electronics Co., Ltd.....	.51,889	12/31/2015.....
Dodge & Cox Intl Stk FD.....	Sanofi.....	.50,524	12/31/2015.....
Dodge & Cox Intl Stk FD.....	Schlumberger, Ltd.....	.46,427	12/31/2015.....
Dodge & Cox Intl Stk FD.....	Novartis AG.....	.46,427	12/31/2015.....
Eaton Vance Floating Rate Fnd CL I.....	Fortescue Metals Group.....	.9,553	12/31/2015.....
Eaton Vance Floating Rate Fnd CL I.....	Intelsat Jackson Holdings.....	.7,722	12/31/2015.....
Eaton Vance Floating Rate Fnd CL I.....	Infor Lawson.....	.7,722	12/31/2015.....
Eaton Vance Floating Rate Fnd CL I.....	Nbty, Inc.....	.7,563	12/31/2015.....
Eaton Vance Floating Rate Fnd CL I.....	Redprairie.....	.7,324	12/31/2015.....
The Oakmark International Fund I.....	Credit Suisse Group.....	.3,801	12/31/2015.....
The Oakmark International Fund I.....	Honda Motor.....	.3,009	12/31/2015.....
The Oakmark International Fund I.....	BNP Paribas.....	.2,930	12/31/2015.....
The Oakmark International Fund I.....	Nomura Holdings.....	.2,771	12/31/2015.....
The Oakmark International Fund I.....	Daimler.....	.2,534	12/31/2015.....

GENERAL INTERROGATORIES

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	15,023,926	14,808,196	(215,730)
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	15,023,926	14,808,196	(215,730)

30.4 Describe the sources or methods utilized in determining the fair values:

Fair values are determined using price information provided by FT Interactive Data (online pricing service).

Yes [] No [X]

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [] No []

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 41,118
33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Insurance Services Office.....	\$.....27,332

34.1 Amount of payments for legal expenses, if any? \$ 1,506
34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Littler Mendelson.....	\$.....651

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0
35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U. S. business only. \$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0

1.31 Reason for excluding
0.....

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$ 0

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ 0

1.6 Individual policies:
Most current three years:
1.61 Total premium earned \$ 0
1.62 Total incurred claims \$ 0
1.63 Number of covered lives 0
All years prior to most current three years:
1.64 Total premium earned \$ 0
1.65 Total incurred claims \$ 0
1.66 Number of covered lives 0

1.7 Group policies:
Most current three years:
1.71 Total premium earned \$ 0
1.72 Total incurred claims \$ 0
1.73 Number of covered lives 0
All years prior to most current three years:
1.74 Total premium earned \$ 0
1.75 Total incurred claims \$ 0
1.76 Number of covered lives 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$ 0	\$ 0
2.2 Premium Denominator	\$ 9,695,346	\$ 9,489,117
2.3 Premium Ratio (2.1/2.2)	.....0.000	.....0.000
2.4 Reserve Numerator	\$ 0	\$ 0
2.5 Reserve Denominator	\$ 8,475,713	\$ 8,076,247
2.6 Reserve Ratio (2.4/2.5)	.....0.000	.....0.000

3.1 Does the reporting entity issue both participating and non-participating policies? Yes [] No [X]

3.2 If yes, state the amount of calendar year premiums written on:

3.21 Participating policies \$ 0
3.22 Non-participating policies \$ 0

4. For Mutual reporting entities and Reciprocal Exchanges only:

4.1 Does the reporting entity issue assessable policies? Yes [] No [X]

4.2 Does the reporting entity issue non-assessable policies? Yes [] No [X]

4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? 0.0 %

4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. \$ 0

5. For Reciprocal Exchanges Only:

5.1 Does the exchange appoint local agents? Yes [] No []

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation Yes [] No [] N/A []
5.22 As a direct expense of the exchange Yes [] No [] N/A []

5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? Yes [] No []

5.5 If yes, give full information

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:.....
Protection is provided by the casualty excess of loss agreement with one layer of \$4 million excess of \$1 million and by the workers compensation excess of loss agreement's additional layer of \$5 million excess of \$5 million creating a \$9 million limit above a \$1 million per occurrence retention.....

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:.....
Catastrophe modeling (AIR and RMS models provided by our catastrophe reinsurance broker) is utilized to estimate probable maximum loss (PML). The exposures comprising the PML were severe thunderstorms, winter storms and earthquake in Ohio and Indiana.....

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?.....
A property catastrophe reinsurance agreement consists of three layers with an automatic reinstatement for additional premium. The total amount of coverage for a single loss occurrence is \$56.5 million above an \$8.5 million retention.....

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?.....

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss.....

7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?.....

7.2 If yes, indicate the number of reinsurance contracts containing such provisions.....

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?.....

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?.....

8.2 If yes, give full information.....

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
(a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.....

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.....

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.....

9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?.....

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.....

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
(a) The entity does not utilize reinsurance; or
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.....

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?.....

Yes [X] No []

Yes [] No [X]

Yes [] No []

Yes [] No [X]

Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force:..... Yes [] No [X]
 11.2 If yes, give full information

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
 12.11 Unpaid losses..... \$ 0
 12.12 Unpaid underwriting expenses (including loss adjustment expenses)..... \$ 0

12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds..... \$ 0

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?..... Yes [] No [X] N/A []

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
 12.41 From..... 0.0 %
 12.42 To..... 0.0 %

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?..... Yes [] No [X]

12.6 If yes, state the amount thereof at December 31 of current year:
 12.61 Letters of Credit..... \$ 0
 12.62 Collateral and other funds..... \$ 0

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):..... \$ 1,000,000
 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?..... Yes [] No [X]
 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount..... 2

14.1 Is the company a cedant in a multiple cedant reinsurance contract?..... Yes [] No [X]
 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:

 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?..... Yes [] No []
 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?..... Yes [] No []
 14.5 If the answer to 14.4 is no, please explain:

 15.1 Has the reporting entity guaranteed any financed premium accounts?..... Yes [] No [X]
 15.2 If yes, give full information

 16.1 Does the reporting entity write any warranty business?..... Yes [] No [X]
 If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home	\$	\$	\$	\$	\$
16.12 Products	\$	\$	\$	\$	\$
16.13 Automobile	\$	\$	\$	\$	\$
16.14 Other*	\$	\$	\$	\$	\$

* Disclose type of coverage:

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5..... Yes [] No [X]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:

	Gross amount of unauthorized reinsurance in Schedule F – Part 3	\$.....0
17.11	excluded from Schedule F – Part 5.....	\$.....0
17.12	Unfunded portion of Interrogatory 17.11.....	\$.....0
17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11.....	\$.....0
17.14	Case reserves portion of Interrogatory 17.11.....	\$.....0
17.15	Incurred but not reported portion of Interrogatory 17.11.....	\$.....0
17.16	Unearned premium portion of Interrogatory 17.11.....	\$.....0
17.17	Contingent commission portion of Interrogatory 17.11.....	\$.....0

Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above.

	Gross amount of unauthorized reinsurance in Schedule F – Part 3	\$.....0
17.18	excluded from Schedule F – Part 5.....	\$.....0
17.19	Unfunded portion of Interrogatory 17.18.....	\$.....0
17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18.....	\$.....0
17.21	Case reserves portion of Interrogatory 17.18.....	\$.....0
17.22	Incurred but not reported portion of Interrogatory 17.18.....	\$.....0
17.23	Unearned premium portion of Interrogatory 17.18.....	\$.....0
17.24	Contingent commission portion of Interrogatory 17.18.....	\$.....0

18.1 Do you act as a custodian for health savings accounts?..... Yes [] No [X]
18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....0
18.3 Do you act as an administrator for health savings accounts?..... Yes [] No [X]
18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

	1 2015	2 2014	3 2013	4 2012	5 2011
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	10,458,720	4,808,699	2,583,348	2,533,099	2,447,827
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	8,256,417	3,949,017	2,356,630	2,297,833	2,165,259
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	7,549,169	7,525,121	7,062,543	6,163,853	5,210,661
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	26,264,306	16,282,837	12,002,521	10,994,785	9,823,747
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	2,735,042	2,661,123	2,582,025	2,531,620	2,446,100
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	2,293,206	2,286,353	2,306,007	2,248,111	2,107,681
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	4,752,786	4,687,593	4,398,979	3,952,862	3,626,196
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	9,781,034	9,635,069	9,287,011	8,732,593	8,179,977
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	479,375	443,137	143,763	(1,085,243)	(767,600)
14. Net investment gain (loss) (Line 11)	551,812	733,494	656,891	589,765	670,574
15. Total other income (Line 15)	136,470	138,388	139,425	130,296	130,462
16. Dividends to policyholders (Line 17)	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)	283,947	131,686	11,608	(12,886)	(68,023)
18. Net income (Line 20)	883,709	1,183,334	928,471	(352,296)	101,459
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	23,906,254	23,180,770	21,901,430	20,125,696	19,222,909
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	294,669	305,220	306,236	306,111	306,254
20.2 Deferred and not yet due (Line 15.2)	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	9,799,820	9,639,837	9,384,169	8,873,287	8,021,968
22. Losses (Page 3, Line 1)	3,197,254	2,948,392	2,927,913	2,696,449	2,536,568
23. Loss adjustment expenses (Page 3, Line 3)	672,997	608,081	583,903	563,906	495,500
24. Unearned premiums (Page 3, Line 9)	4,605,462	4,519,774	4,373,822	4,136,808	3,801,759
25. Capital paid up (Page 3, Lines 30 & 31)	0	0	0	0	0
26. Surplus as regards policyholders (Page 3, Line 37)	14,106,434	13,540,933	12,517,261	11,252,409	11,200,941
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	1,274,608	1,151,324	1,650,214	281,321	325,320
Risk-Based Capital Analysis					
28. Total adjusted capital	14,106,434	13,540,933	12,517,261	11,252,409	11,200,941
29. Authorized control level risk-based capital	1,031,322	999,864	991,950	901,767	853,441
Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
(Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)	61.4	60.9	61.1	62.9	66.0
31. Stocks (Lines 2.1 & 2.2)	31.3	32.8	30.8	30.8	29.3
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	7.3	6.4	6.1	3.8	2.2
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8)	0.0	0.0	2.1	2.4	2.5
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)	0	0	0	0	0
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)	0	0	0	0	0
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)	3,442	3,425	3,361	45,134	47,209
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47	3,442	3,425	3,361	45,134	47,209
49. Total Investment in parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.4	0.4

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2015	2 2014	3 2013	4 2012	5 2011
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)	(327,980)	27,065	423,821	205,542	(145,775)
52. Dividends to stockholders (Line 35)	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38)	565,502	1,023,671	1,264,852	51,469	37,559
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	3,446,162	1,637,965	1,617,456	1,627,072	1,379,888
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	4,626,127	1,617,622	1,280,958	1,292,115	1,252,164
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	3,210,859	3,099,495	2,698,223	3,665,912	2,956,300
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59. Total (Line 35)	11,283,148	6,355,082	5,596,637	6,585,099	5,588,352
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	1,538,132	1,508,354	1,603,006	1,608,046	1,381,223
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	1,361,840	1,326,171	1,277,190	1,292,715	1,253,605
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	1,884,617	2,124,715	1,784,030	2,645,727	2,204,263
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
65. Total (Line 35)	4,784,589	4,959,240	4,664,226	5,546,488	4,839,091
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	51.9	52.5	54.1	68.0	65.3
68. Loss expenses incurred (Line 3)	10.5	10.3	10.1	10.7	9.3
69. Other underwriting expenses incurred (Line 4)	32.6	32.5	34.2	34.3	35.1
70. Net underwriting gain (loss) (Line 8)	4.9	4.7	1.6	(12.9)	(9.7)
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	30.9	30.6	31.8	31.5	32.3
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	62.4	62.8	64.2	78.6	74.6
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	69.3	71.2	74.2	77.6	73.0
One Year Loss Development (000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	(216)	(168)	(264)	(76)	(244)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)	(1.6)	(1.3)	(2.3)	(0.7)	(2.2)
Two Year Loss Development (000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)	(429)	(417)	(182)	(281)	(368)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	(3.4)	(3.7)	(1.6)	(2.5)	(3.4)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, *Accounting Changes and Correction of Errors*?

Yes No

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES
SCHEDULE P - PART 1 - SUMMARY

(\$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 (Cols. 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	2	0	0	0	0	0	0	7	2	
2. 2006	7,498	.484	7,014	4,491	611	110	4	.577	3	201	4,560	XXX	
3. 2007	7,386	.359	7,027	4,318	293	122	.16	.600	3	226	4,728	XXX	
4. 2008	7,382	.377	7,005	5,125	798	156	.14	.704	0	205	5,173	XXX	
5. 2009	7,462	.388	7,074	4,511	182	100	0	.525	0	210	4,954	XXX	
6. 2010	7,893	.368	7,525	4,674	33	105	1	.582	0	259	5,327	XXX	
7. 2011	8,439	.553	7,886	6,310	1,204	109	0	.659	0	287	5,874	XXX	
8. 2012	9,074	.677	8,397	6,196	924	.99	0	.768	0	255	6,139	XXX	
9. 2013	9,653	.605	9,048	4,613	.6	.71	0	.768	0	276	5,446	XXX	
10. 2014	10,033	.545	9,488	4,467	11	.31	0	.802	0	239	5,289	XXX	
11. 2015	10,222	526	9,696	3,460	9	14	0	634	0	120	4,099	XXX	
12. Totals	XXX	XXX	XXX	48,167	4,071	917	35	6,619	6	2,285	51,591	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		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.	4	0	0	0	0	0	0	0	0	0	0	0	4
2.	6	4	0	0	0	0	0	0	1	0	0	0	3
3.	3	0	0	0	0	0	0	0	1	0	0	0	4
4.	12	9	0	0	0	0	0	0	1	0	0	0	4
5.	10	0	6	2	2	0	.1	0	.3	0	0	0	20
6.	35	0	4	.1	.4	0	.1	0	.6	0	0	0	.49
7.	44	0	.17	.4	.8	0	.3	.1	.12	0	0	0	.79
8.	90	0	.24	.6	23	0	.5	.2	.24	2	0	0	156
9.	.372	.12	.36	10	.59	.2	.16	.6	.54	3	0	0	.504
10.	.760	.11	.69	20	.90	1	.25	.11	.88	5	0	0	.984
11.	1,357	5	568	136	127	3	39	16	141	9	0	2,063	XXX
12.	2,693	41	724	179	313	6	90	36	331	19	0	3,870	XXX

	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 Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	.4	0
2.	5,185	622	4,563	.69.2	128.5	65.1	0	0	.50	2	1
3.	5,044	312	4,732	.68.3	.86.9	.67.3	0	0	.50	3	1
4.	5,998	821	5,177	.81.3	217.8	73.9	0	0	.50	3	1
5.	5,158	184	4,974	.69.1	.47.4	.70.3	0	0	.50	.14	.6
6.	5,411	35	.5,376	.68.6	.9.5	.71.4	0	0	.50	.38	.11
7.	7,162	1,209	5,953	.84.9	218.6	75.5	0	0	.50	.57	.22
8.	7,229	934	6,295	.79.7	138.0	75.0	0	0	.50	108	.48
9.	5,989	39	5,950	.62.0	.6.4	.65.8	0	0	.50	386	118
10.	6,332	59	6,273	.63.1	.10.8	.66.1	0	0	.50	.798	.186
11.	6,340	178	6,162	.62.0	33.8	.63.6	0	0	.50	1,784	279
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	3,197	673

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior	981	844	739	693	661	644	644	638	636	636	.0	(2)
2. 2006	4,096	4,128	4,050	4,021	4,007	3,999	4,002	4,003	3,991	3,988	(3)	(15)
3. 2007	XXX	4,327	4,310	4,170	4,105	4,102	4,106	4,128	4,134	4,134	.0	.6
4. 2008	XXX	XXX	4,628	4,631	4,499	4,470	4,507	4,493	4,488	4,472	(16)	(21)
5. 2009	XXX	XXX	XXX	4,575	4,543	4,509	4,475	4,456	4,446	4,446	.0	(10)
6. 2010	XXX	XXX	XXX	XXX	4,986	4,833	4,786	4,825	4,791	4,788	(3)	(37)
7. 2011	XXX	XXX	XXX	XXX	XXX	5,487	5,448	5,319	5,307	5,282	(25)	(37)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	5,833	5,675	5,591	5,505	(86)	(170)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,274	5,259	5,131	(128)	(143)
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,343	5,388	45	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,396	XXX	XXX
										12. Totals	(216)	(429)

SCHEDULE P - PART 3 - SUMMARY

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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	000	387	519	603	625	618	633	631	630	632	XXX	XXX
2. 2006	2,742	3,576	3,769	3,901	3,947	3,968	3,977	3,979	3,981	3,986	XXX	XXX
3. 2007	XXX	2,860	3,650	3,832	3,979	4,031	4,097	4,113	4,120	4,131	XXX	XXX
4. 2008	XXX	XXX	3,261	4,048	4,270	4,380	4,473	4,448	4,449	4,469	XXX	XXX
5. 2009	XXX	XXX	XXX	3,090	3,995	4,237	4,381	4,415	4,425	4,429	XXX	XXX
6. 2010	XXX	XXX	XXX	XXX	3,403	4,204	4,528	4,661	4,725	4,745	XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX	3,722	4,699	5,007	5,160	5,215	XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	4,039	4,927	5,193	5,371	XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,425	4,394	4,678	XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,616	4,487	XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,465	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

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)										10 2015
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior	127	.59	22	4	.0	0	0	0	0	0	0
2. 2006	380	.38	16	9	.2	1	2	0	0	0	0
3. 2007	XXX	410	28	.23	.5	2	0	0	0	0	0
4. 2008	XXX	XXX	.355	.52	18	3	.3	2	4	0	0
5. 2009	XXX	XXX	XXX	375	.25	24	3	2	4	.5	0
6. 2010	XXX	XXX	XXX	XXX	422	.49	.6	14	.11	.4	0
7. 2011	XXX	XXX	XXX	XXX	XXX	399	.63	.36	.25	.15	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	387	.70	.45	.21	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.464	.64	.36	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	445	.63	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	455	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE SONNENBERG MUTUAL INSURANCE COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories

States, etc.	Active Status	1	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken	4	5	6	7	8	9
		2 Direct Premiums Written	3 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
1. Alabama	AL	N	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0
9. Dist. Columbia	DC	N	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0	0	0
15. Indiana	IN	L	4,693,879	3,413,584	0	1,922,988	3,103,603	1,235,390	63,339
16. Iowa	IA	N	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0
34. No. Carolina	NC	N	0	0	0	0	0	0	0
35. No. Dakota	ND	N	0	0	0	0	0	0	0
36. Ohio	OH	L	11,789,392	9,101,797	0	4,575,570	6,019,940	1,854,852	171,634
37. Oklahoma	OK	N	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0
41. So. Carolina	SC	N	0	0	0	0	0	0	0
42. So. Dakota	SD	N	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Totals	(a)	2	16,483,271	12,515,381	0	6,498,559	9,123,543	3,090,242	234,973

DETAILS OF WRITE-INS

58001.	XXX.								
58002.	XXX.								
58003.	XXX.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	XXX.	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 + 58998) (Line 58 above)	XXX.	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

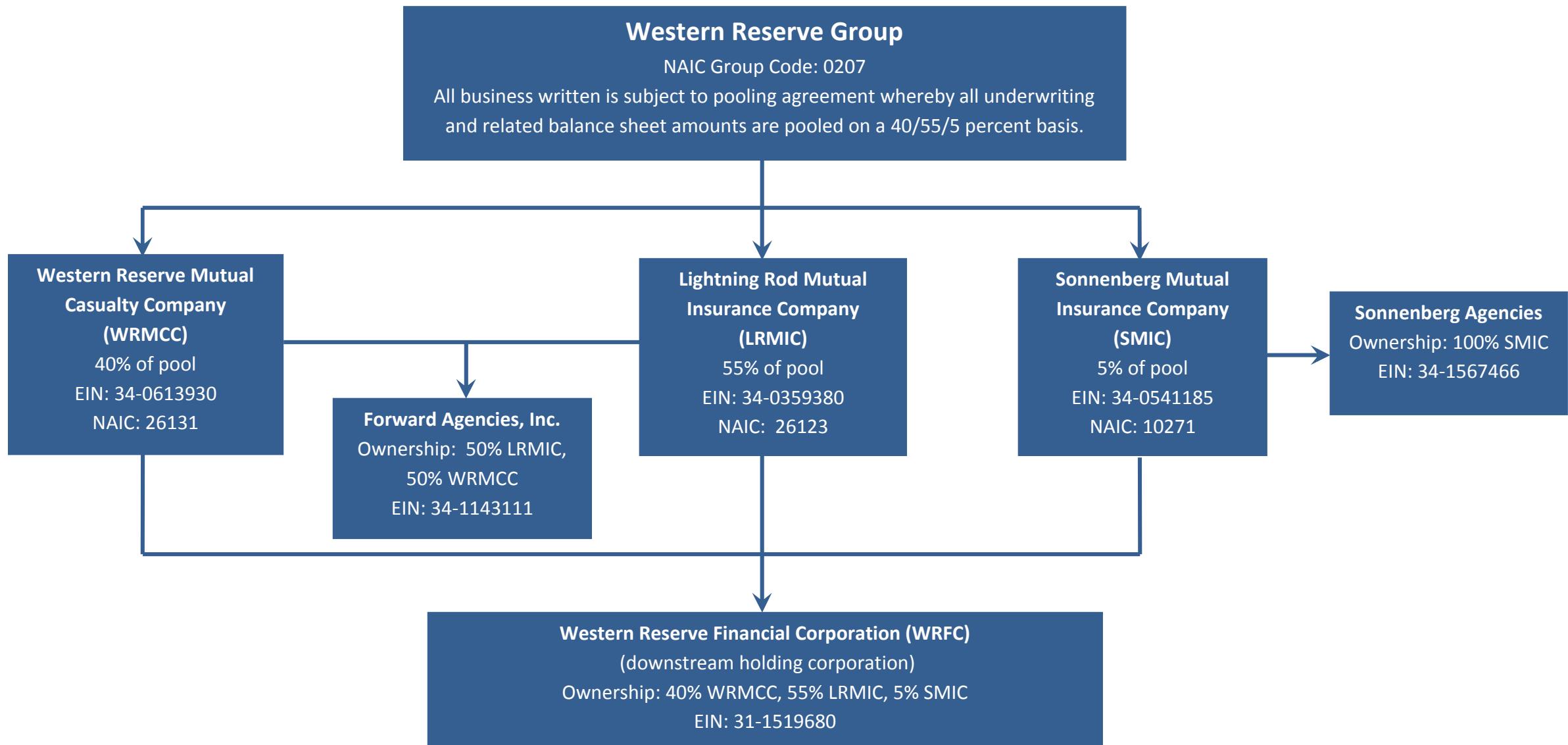
Explanation of basis of allocation of premiums by states, etc.

Actual direct written premium and earned premium by state are assigned by address of policyholder for all lines of business.

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

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

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