

ANNUAL STATEMENT

For the Year Ended December 31 , 2015

OF THE CONDITION AND AFFAIRS OF THE

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

ORGANIZED UNDER THE LAWS OF THE STATE OF OHIO

Made to the

INSURANCE COMMISSIONER OF THE STATE OF OHIO

Pursuant to the Laws thereof

NAIC Company Code	<u>10272</u>		
Home Office	<u>13439 WOODWORTH RD</u> Street and Number	<u>NEW SPRINGFIELD 44443</u> City Zip Code	<u>OH</u>
Mail Address	<u>13439 WOODWORTH RD</u> Street and Number	<u>NEW SPRINGFIELD 44443</u> City Zip Code	<u>OH</u>
Main Administrative Office	<u>330-549-2880</u> Telephone Number		
Organized	<u>JANUARY 1, 1892</u>	Commenced Business	<u>SEPTEMBER 1, 1852</u>
Annual Statement Contact Person	<u>MARLENE WENTZ</u>	Telephone Number	<u>330-549-2880</u>
Contact Person Email Address	<u>mwentz@zoominternet.net</u>		

OFFICERS

President	<u>J DANIEL SIMON</u>	Vice President	<u>LEE F KOHLER</u>
Secretary	<u>MARLENE M WENTZ</u>	Treasurer	<u>MARLENE M WENTZ</u>

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

<u>J DANIEL SIMON</u>	<u>LEE F KOHLER</u>	<u>DONALD H SNYDER JR</u>	<u>JACK G MASSENGILL</u>
<u>MARLENE M WENTZ</u>			

State of Ohio  
County of  
MAHONING

J DANIEL SIMON President and MARLENE M WENTZ Secretary of the  
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION, being duly sworn each for himself/herself deposes and says, that they are the  
above described officers of said reporting entity, and that on the reporting period stated above all 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, with the schedules and explanations herein contained, annexed or referred to, is a full and correct 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, according to the best of their information, knowledge and belief,  
respectively.

Subscribed and sworn to before me, this 5  
day of February 2016  
Brenda L. Folkenroth  
Notary Public

Brenda L. Folkenroth  
Notary Public, State of Ohio  
My commission expires 6/9/20

J Daniel Simon President  
Marlene M Wentz Secretary  
Marlene M Wentz  
Signature of Person Preparing Statement

**ANNUAL STATEMENT FOR THE YEAR**  
**SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION**

**2015**

**ASSETS**

		<b>Assets Current Year</b>	<b>Nonadmitted Assets Current Year</b>	<b>Net Admitted Assets Current Year</b>	<b>Net Admitted Assets Prior Year</b>
1	Bonds (Schedule D - Part 1)	0.00	0.00	0.00	
2	Preferred stocks, common stocks and mutual funds (Schedule D - Part 2)	221,027.35	0.00	221,027.35	211,073.74
3	Real estate (less liens, encumbrances) (Schedule A)	83,157.37	0.00	83,157.37	92,881.37
4	Cash (Schedule E)	2,487,469.98	0.00	2,487,469.98	2,266,232.20
5	Short-term investments		0.00	0.00	
6	Aggregate write-ins for invested assets		0.00	0.00	
7	Subtotals, cash and invested assets	2,791,654.70	0.00	2,791,654.70	2,570,187.31
8	Investment income due and accrued	3,947.51	0.00	3,947.51	6,130.30
9.1	Assessments or premiums in the course of collection (including agents balances)		0.00	0.00	
9.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due		0.00	0.00	
9.3	Earned but unbilled premiums (post assessment)		0.00	0.00	
10.1	Amounts recoverable from reinsurers	46,156.00	0.00	46,156.00	52,975.00
10.2	Funds held by or deposited with reinsured companies		0.00	0.00	
11.1	Current federal income tax recoverable and interest thereon		0.00	0.00	
11.2	Net deferred tax asset		0.00	0.00	
12	Electronic data processing equipment and software		0.00	0.00	
13	Furniture and equipment		0.00	0.00	
14	Receivables from parent, subsidiaries and affiliates		0.00	0.00	
15	Aggregate write-ins for other than invested assets	0.00	0.00	0.00	0.00
16	Total Assets	2,841,758.21	0.00	2,841,758.21	2,629,292.61
	Details of Write-Ins for Assets:				
1501				0.00	
1502				0.00	
1503				0.00	
1598	Summary or remaining write-ins from overflow page	0.00	0.00	0.00	0.00
1599	Total aggregate write-ins	0.00	0.00	0.00	0.00

**ANNUAL STATEMENT FOR THE YEAR**  
**SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION**

**2015**

**LIABILITIES, SURPLUS AND OTHER FUNDS**

		<b>Current Year</b>	<b>Prior Year</b>
1	Unpaid Losses (Underwriting Exhibit - Part 2A)	29,507.00	47,133.00
2	Unpaid loss adjustment expenses (Underwriting Exhibit - Part 2A)	2,000.00	2,500.00
3	Commissions due and payable to agents	25,129.86	26,210.67
4	Other expenses (excluding taxes, licenses and fees)	1,963.94	2,051.42
5	Taxes, licenses and fees (excluding federal income taxes)	991.46	871.43
6	Current federal income taxes (including \$0 on realized capital gains (losses))	40,000.00	194.00
7	Net deferred tax liability		
8	Borrowed money and interest thereon		
9	Unearned assessment/premium reserve	659,522.75	645,522.75
10	Advance premium		
11	Ceded reinsurance premiums payable	63,497.00	61,963.00
12	Funds held by company under reinsurance treaties		
13	Amounts withheld or retained by company for account of others		
14	Provision for unauthorized reinsurance		
15	Payable to parent, subsidiaries and affiliates		
16	Aggregate write-ins for liabilities	0.00	0.00
17	Total liabilities	822,612.01	786,446.27
18	Surplus as regards policyholders	2,019,146.20	1,842,846.34
19	Total liabilities and surplus	2,841,758.21	2,629,292.61
	Details of Write-Ins for Liabilities:		
1601			
1602			
1603			
1698	Summary or remaining write-ins from overflow page	0.00	0.00
1699	Total aggregate write-ins	0.00	0.00

**ANNUAL STATEMENT FOR THE YEAR**  
**SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION**  
**STATEMENT OF INCOME**

**2015**

		Current Year	Prior Year
	<b>UNDERWRITING INCOME</b>		
1.1	Gross Assessments/Premiums earned	2,202,760.00	2,135,692.61
1.2	Less: Return Assessments/Premiums earned	32,596.60	38,588.50
1.3	Direct Assessments/Premiums earned	2,170,163.40	2,097,104.11
1.4	Deduct premiums for reinsurance ceded (Reinsurance Schedule)	1,222,165.42	1,172,161.68
1.5	Add premiums received for reinsurance assumed (Reinsurance Schedule)	0.00	
1.6	Net Assessments/Premiums earned	947,997.98	924,942.43
	<b>DEDUCTIONS</b>		
2	Losses incurred (Underwriting Exhibit - Part 2)	350,984.56	314,866.48
3	Loss expenses incurred (Expense Exhibit)	55,485.84	69,930.22
4	Other underwriting expenses incurred (Expense Exhibit)	666,021.12	716,069.19
5	Aggregate write-ins for underwriting deductions	0.00	0.00
6	Total underwriting deductions	1,072,491.52	1,100,865.89
7	Net underwriting gain (loss)	-124,493.54	-175,923.46
	<b>INVESTMENT INCOME</b>		
8	Net investment income earned	22,480.00	21,548.17
9	Net realized capital gains (losses) less capital gains tax		
10	Net investment gain (loss)	22,480.00	21,548.17
	<b>OTHER INCOME</b>		
11	Net gain (loss) from agents' or premium balances charged off		
12	Finance and service charges not included in premiums	38,294.72	36,759.90
13	Aggregate write-ins for miscellaneous income	283,939.07	244,688.52
14	Total other income	322,233.79	281,448.42
15	Net income, after capital gains tax and before federal income taxes	220,220.25	127,073.13
16	Federal income taxes incurred	53,874.00	103,299.00
17	Net income	166,346.25	23,774.13
	<b>SURPLUS ACCOUNT</b>		
18	Surplus as regards policyholders, December 31 prior year	1,842,846.34	1,797,693.16
19	Net income	166,346.25	23,774.13
20	Change in net unrealized capital gains or (losses) less capital gains tax	9,953.61	21,379.05
21	Change in net deferred income tax		
22	Change in nonadmitted assets (Exhibit of Nonadmitted Assets)	0.00	
23	Change in provision for reinsurance		
24	Aggregate write-ins for gains and losses in surplus	0.00	0.00
25	Change in surplus as regards policyholders for the year	176,299.86	45,153.18
26	Surplus as regards policyholders, December 31 current year	2,019,146.20	1,842,846.34
	<b>DETAILS OF WRITE-INS</b>		
0501			
0502			
0503			
0599	Total Aggregate write-ins for underwriting deductions	0.00	0.00
1301	misc income	68,628.12	64,992.29
1302	mine sub;uoi payments	12,393.99	4,156.79
1303	reins commission	211,824.75	203,685.25
1304	accrued income	-8,907.79	-28,145.81
1399	Total Aggregate write-ins for miscellaneous income	283,939.07	244,688.52
2401			
2402			
2499	Total Aggregate write-ins for gains and losses in surplus	0.00	0.00

**ANNUAL STATEMENT FOR THE YEAR**  
**SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION**

**2015**

**CASH FLOW STATEMENT**

		Current Year	Prior Year
<b>Cash from Operations</b>			
1	Premiums/Assessments collected net of reinsurance	1,192,419.33	1,167,216.18
2	Net investment income	22,480.00	21,548.17
3	Miscellaneous income	72,248.75	69,221.86
4	Total	1,287,148.08	1,257,986.21
5	Benefit and loss related payments	406,470.40	384,796.70
6	Commissions, expenses paid and aggregate write-ins for deductions	675,878.70	699,577.71
7	Federal and foreign income taxes paid (recovered)	53,874.00	103,299.00
8	Total	1,136,223.10	1,187,673.41
9	Net cash from operations	150,924.98	70,312.80
<b>Cash from Investments</b>			
10	Proceeds from investments sold, matured or repaid:		
10.1	Bonds		
10.2	Stocks		
10.3	Real estate		
10.4	Net gains (losses) on cash, cash equivalents and short- term investments		
10.5	Miscellaneous proceeds		
10.6	Total investment proceeds	0.00	0.00
11	Cost of investments acquired (long-term only):		
11.1	Bonds		
11.2	Stocks		
11.3	Real estate		
11.4	Miscellaneous applications		
11.5	Total investments acquired	0.00	0.00
11.6	Net cash from investments	0.00	0.00
<b>Cash from Financing and Miscellaneous Sources</b>			
12.1	Borrowed funds (cash provided/applied)		
12.2	Other cash provided (applied)		
13	Net cash from financing and miscellaneous sources	0.00	0.00
<b>RECONCILLIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
14	Net change in cash, cash equivalents and short-term investments	150,924.98	70,312.80
15.1	Beginning of year (cash, cash equivalents and short-term investments)	2,336,545.00	2,266,232.20
15.2	End of year (cash, cash equivalents and short-term investments)	2,487,469.98	2,336,545.00

**ANNUAL STATEMENT FOR THE YEAR  
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION**

**2015**

**EXPENSE EXHIBIT**

		Current Year
1.1	<b>Claim Adjusting:</b> Direct	0.00
1.2	Reinsurance assumed	0.00
1.3	Reinsurance ceded excluding contingent (commission and brokerage)	0.00
1.4	Net claim adjusting	0.00
2.1	<b>Commission and Brokerage:</b> Direct commission and brokerage	347,946.82
2.2	Reinsurance assumed excluding contingent	0.00
2.3	Reinsurance ceded excluding contingent (commission and brokerage)	0.00
2.4	Contingent - direct (commission and brokerage)	0.00
2.5	Contingent - reinsurance assumed (commission and brokerage)	0.00
2.6	Contingent - reinsurance ceded (commission and brokerage)	0.00
2.7	Policy and membership fees (commission and brokerage)	
2.8	Net commission and brokerage	347,946.82
3	Allowances to managers and agents	0.00
4	Advertising	1,731.21
5	Boards, bureaus and associations	751.72
6	Surveys and underwriting reports	0.00
7	Audit of assureds' records	0.00
8.1	<b>Salary and related items:</b> Salaries	137,820.18
8.2	Payroll taxes	11,149.65
9	Employee relations and welfare	0.00
10	Insurance	0.00
11	Directors' fees	27,000.00
12	Travel and travel items	1,543.30
13	Rent and rent items	0.00
14	Equipment	0.00
15	Cost or depreciation of EDP equipment and software	8,042.81
16	Printing and stationery	11,140.63
17	Postage, telephone, exchange and express	13,706.20
18	Legal and auditing	4,760.44
19	Loss adjustment expenses	55,485.84
18	Investment expenses	0.00
19	Totals	273,131.98
20.1	<b>Taxes, licenses and fees:</b> State and local insurance taxes	250.00
20.2	Insurance department licenses and fees	4,326.00
20.3	All other (excluding federal income and real estate)	0.00
20.4	Total taxes, licenses and fees	4,576.00
21	Real estate expenses	3,963.00
22	Real estate taxes	2,889.02
23	Aggregate write-ins for miscellaneous expenses	89,000.14
24	<b>Total expenses incurred (a)</b>	721,506.96
25	Less unpaid expenses - current year	0.00
26	Add unpaid expenses - prior year	0.00
27	Total expenses paid	721,506.96
<b>Details of Write-Ins:</b>		
2301	utilities,security,trash,clean serv,lawnserv	11,719.79
2302	E&O, dues/fees,bond,edu	14,257.85
2303	bk fee,reliafund,dep exp,loss corr	26,856.76
2304	accrued expense	36,165.74
2305		
2399	Total Write-ins	89,000.14

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

**ANNUAL STATEMENT FOR THE YEAR                      2015**  
**SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION**

**INSURANCE IN FORCE**

		<b>Amount (dollars)</b>	<b>Number</b>
1	In force December 31 of previous year (to equal prior year's statement)	338,059,371	3,880
2	Written during the year	58,508,675	603
3	Total	396,568,046	4,483
4	Deduct those expired and cancelled	59,824,375	696
5	In force December 31 of current year	336,743,671	3,787
6	Deduct amount reinsured	198,758,844	XXX
7	Net amount in force	137,984,827	XXX

UNDERWRITING EXHIBIT - PART 2  
LOSSES INCURRED

1	2	3	4	5	6
Lines of Business	Direct Losses Incurred	Losses Incurred on Reinsurance Assumed	Deduct: Reinsurance Recovered on Incurred Losses	Deduct: Salvage and Subrogation Converted To Cash	* Net Losses Incurred Columns 2 and 3 minus Columns 4 and 5
PHYSICAL DAMAGE TO PROPERTY	691,586.48		340,601.92		350,984.56
					-
					-
					-
					-
					-
OVERFLOW AMOUNTS					-
Totals	\$ 691,586.48	\$ -	\$ 340,601.92	\$ -	\$ 350,984.56

\* Total should equal Line 2, Page 4, Current Year.

UNDERWRITING EXHIBIT - PART 2A  
UNPAID LOSSES and LOSS ADJUSTMENT EXPENSES

1	2	3	4	5	6
Lines of Business	Direct Unpaid Losses	Unpaid Losses on Reinsurance Assumed	Deduct: Reinsurance Recoverable on Unpaid Losses	** Unpaid Loss Adjustment Expenses	*** Net Unpaid Losses Columns 2 and 3 minus Column 4
PHYSICAL DAMAGE TO PROPERTY	55,663.00		46,156.00	2,000.00	9,507.00
IBNR	20,000.00				20,000.00
					-
					-
					-
					-
OVERFLOW AMOUNTS					-
Totals	\$ 75,663.00	\$ -	\$ 46,156.00	\$ 2,000.00	\$ 29,507.00

\*\* Total should equal Line 2, Page 3, Current Year.

\*\*\* Total should equal Line 1, Page 3, Current Year.



ANNUAL STATEMENT FOR THE YEAR  
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

2015

EXHIBIT OF NONADMITTED ASSETS

		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets
1	Bonds			0.00
2	Preferred and common stocks and mutual funds			0.00
3	Real estate (less liens, encumbrances)			0.00
4	Cash			0.00
5	Short-term investments			0.00
6	Aggregate write-ins for invested assets			0.00
7	Subtotals, cash and invested assets	0.00	0.00	0.00
8	Investment income due and accrued			0.00
9.1	Assessments or premiums in the course of collection (including agents balances)			0.00
9.2	Premium receivable for advance pay			0.00
9.3	Earned but unbilled premiums (post assessment)			0.00
10.1	Amounts recoverable from reinsurers			0.00
10.2	Funds held by or deposited with reinsured companies			0.00
11.1	Current federal income tax recoverable and interest thereon			0.00
11.2	Net deferred tax asset			0.00
12	Electronic data processing equipment and software			0.00
13	Furniture and equipment			0.00
14	Receivables from parent, subsidiaries and affiliates			0.00
15	Aggregate write-ins for other than invested assets	0.00	0.00	0.00
16	Total Assets	0.00	0.00	0.00
	Details of Write-Ins for Assets:			
1501		0.00	0.00	0.00
1502		0.00	0.00	0.00
1503		0.00	0.00	0.00
1598	Summary or remaining write-ins from overflow page	0.00	0.00	0.00
1599	Total aggregate write-ins	0.00	0.00	0.00

SCHEDULE A

Showing All Real Estate OWNED December 31 of Current Year

1	2	3	4	5	6	7	8	9	10
Description of Property	Date Acquired	Name of Vendor	Actual Cost	Current Year Acquisitions or Permanent Improvements	Accumulated Depreciation	Amount of Encumbrances	Book Value End of Current Year (Col. 4+5-6-7) *	Gross Income Current Year (Real Estate)	Gross Expenses Current Year (Real Estate)
HOME OFFICE	2/1/1991	SPRINGFIELD TWP MUT	311,263.37		228,106.00		83,157.37		2,111.00
							-		
							-		
							-		
							-		
OVERFLOW AMOUNTS							-		
Totals	XXX	XXX	\$ 311,263.37	\$ -	\$ 228,106.00	\$ -	\$ 83,157.37	\$ -	\$ 2,111.00

\*Total to agree with Page 2, Line 3, Current Year.

FURNITURE, FIXTURES and AUTOMOBILES

Showing All Furniture, Fixtures and Automobiles OWNED December 31 of Current Year

1	2	3	4	5	6	7	8
Description	Date Acquired	Name of Vendor	Actual Cost	Current Year Acquisitions or Permanent Improvements	Accumulated Depreciation	Amount of Encumbrances	Book Value End of Current Year (Col. 4+5-6-7)
OFFICE EQUIPMENT	2/1/1999	SPRINGFIELD TWP MUT	25,736.23		25,736.23		-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
OVERFLOW AMOUNTS							-
Totals	XXX	XXX	\$ 25,736.23	\$ -	\$ 25,736.23	\$ -	\$ -

Showing all **BONDS** Owned on December 31 of Current Year

\* Annual Statement Value

**Showing all Preferred & Common Stocks and Mutual Funds Owned December 31 of Current Year**

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**REINSURANCE SCHEDULE**  
**Reinsurance Ceded and Reinsurance Assumed**

1	2	3	4	5	6	7	8
Reinsurer or Reinsured	Ceded or Assumed	Location of Company	Total Amount Reinsured	Total Premiums Ceded *	Total Premiums Assumed **	Largest Risk Ceded or Assumed	Remarks
AM AG INS CO	4.75	ILLINOIS	9,441,045	58,052.88			
ALLIED WORLD INS CO	18	NEW YORK	35,776,592	219,989.78			
HANNOVER	7	NEW YORK	13,913,119	85,551.57			
TOE RE INS CO OF AM	15.5	DELAWARE	30,807,821	189,435.84			
TRANSALTANTIC RE	4.75	NEW YORK	9,441,045	58,052.88			
AM AG/BERKLEY INS CO	26	CT	51,677,300	317,783.00			
EMPLOYERS MUT	15.25	IOWA	30,310,723	188,380.23			
FARMERS MUT HAIL	8.75	IOWA	17,391,399	106,939.48			
OVERFLOW AMOUNTS							
Totals	XXX	XXX	\$ 198,758,844	\$ 1,222,165.42	\$ -	XXX	XXX

\*Total to agree with Page 4, Line 1.4, Current Year.

**\*\*Total to agree with Page 4, Line 1.5, Current Year.**

## COMPENSATION SCHEDULE

Show all salaries, commissions, claim adjustment expenses, directors fees and expenses, and travel items paid in the current year for the top 5 officers/employees and all directors, travel or car allowances, if paid, are to be included.

1	2	3	4	5	6	7	8	9
Name of Payee	Title	Salaries	Commissions	Claim Adjustment Expenses	Directors Fees & Expenses	Travel & Travel Items	All Other	Total
<b>Officers/Employees:</b>								
1) J DANIEL SIMON	PRES/DIR/AGENT		18,432.33		8,300.00	438.35		\$ 25,170.68
2) LEE F KOHLER	VICE PRES/DIR				5,400.00			\$ 5,400.00
3) MARLENE M WENTZ	SECRETARY/TREAS/DIR	55,760.16			5,100.00	106.15		\$ 60,966.31
4) CHRISTINE A SEIFERT	ASST SEC/TREAS/UW	46,130.02				184.80		\$ 46,314.82
5) CASEY L HARTLEY	CSR	35,930.00						\$ 35,930.00
								\$ -
<b>Directors:</b>								
DONALD J SNYDER JR					5,100.00			\$ 5,100.00
JACK G MASSENGILL			16,506.02		5,100.00	814.00		\$ 22,420.02
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
Totals	XXXX	\$ 137,820.18	\$ 34,938.35	\$ -	\$ 27,000.00	\$ 1,543.30	\$ -	\$ 201,301.83

### GENERAL INTERROGATORIES

(Answer all questions and attach additional sheets if necessary.)

- |   |   |                         |                          |                             |       |                                      |
|---|---|-------------------------|--------------------------|-----------------------------|-------|--------------------------------------|
| 1. Company's retention:   | Fire  | <u>\$30,000</u>         | Wind                     | <u>\$30,000</u>             | Other | <u>\$30,000</u>                      |
| 1a. Retention before reinsurance applies for:   | Catastrophe Reinsurance   | <u>\$30,000</u>         | Aggregate excess of loss | <u>                    </u> |       |                                      |
| 2. What is the largest risk assumed and retained:   | <u>\$30,000</u>   |                         |                          |                             |       |                                      |
| 3. What kind of perils are being covered?   | <u>FIRE &amp; EXTENDED COVERAGE</u>   |                         |                          |                             |       |                                      |
| 4. Have the by-laws been amended during the current year?   | <u>NO</u> If so, were such amendments filed with the Ohio Department of Insurance? <u>                    </u>            |                         |                          |                             |       |                                      |
| 5. In what counties does the Company operate:   | <u>STATE OF OHIO</u>  |                         |                          |                             |       |                                      |
| <hr/>   |   |                         |                          |                             |       |                                      |
| 6. Name of Principal Officer and amount of bond.  | <u>MARLENE M WENTZ \$100,000</u>  |                         |                          |                             |       |                                      |
| 7. Are all of the persons who handle funds of the Company bonded?   | Yes <u>X</u> No <u>                    </u>   |                         |                          |                             |       |                                      |
| State the name and amount of each bond on each, except person named in Item 6 above.  |   |                         |                          |                             |       | <u>CHRISTINE A SEIFERT \$100,000</u> |
| <u>CASEY L HARTLEY \$100,000</u>  |   |                         |                          |                             |       |                                      |
| 8. Does the Company have an annual audit conducted by an independent CPA?   | <u>No</u>   |                         |                          |                             |       |                                      |
| 9. State the number of members holding policies in the Company.   | <u>3787</u>   |                         |                          |                             |       |                                      |
| 10. Was an annual report of the Company made available to each policyholder?  | <u>YES</u> If so, did such report agree with the annual statement filed with the Ohio Department of Insurance? <u>Yes</u> |                         |                          |                             |       |                                      |
| 11. State as of what date the latest examination of the Company was made by the Ohio Department of Insurance.   | <u>NOV 30 2011</u>  |                         |                          |                             |       |                                      |
| 12. How many assessments were made during the year?   | <u>                    </u>   | Date of last assessment | <u>MONTHLY BILL</u>      |                             |       |                                      |
| 13. Did the assessment provide for all losses, expenses and all other liabilities prior to the date of assessment?  | <u>YES</u>  |                         |                          |                             |       |                                      |
| 14. Rate of policy fee  | <u>0</u>  |                         |                          |                             |       |                                      |
| 15. State the amount of borrowed money since date of last assessment  | <u>                    </u>   | 0 interest thereon      | <u>0</u>                 |                             |       |                                      |
| 16. Does any person, firm, corporation or association have any claim, contingent or otherwise, against this Company which is NOT included in the liabilities on page 2 of this statement? | Yes <u>                    </u> No <u>X</u>   |                         |                          |                             |       |                                      |
| If yes, give the amount, terms for payment and reasons why such were not recorded as a liability on page 2 of this statement.   |   |                         |                          |                             |       |                                      |

## 2015

**Showing All Balances (according to Company's Records) Carried in Each Bank or Savings and Loan**

[illegible]

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ANNUAL STATEMENT FOR THE YEAR  
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

2015

ORGANIZATIONAL CHART

LIST ALL ENTITIES THAT ARE MEMBERS OF AN INSURANCE COMPANY HOLDING SYSTEM AS  
DEFINED IN ORC 3901.32

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION  
PARENT  
OHIO CORPORATION - INSURER

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE AGENCY  
SUBSIDIARY  
OHIO CORPORATION - NON-INSURER