

RECEIVED

ANNUAL STATEMENT

FEB 19 2016

OFFICE OF RISK
ASSESSMENT

For the Year Ended

December 31 , 2015

OF THE CONDITION AND AFFAIRS OF THE

LUCAS COUNTY 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

10330

Home Office

1931 S Holland-Sylvania Rd

Maumee

43537

OH

Street and Number

City

Zip Code

Mail Address

1931 S Holland-Sylvania Rd

Maumee

43537

OH

Street and Number

City

Zip Code

Main Administrative Office

419-867-7131

Telephone Number

Organized

8/18/1891

Commenced Business

1/16/1892

Annual Statement Contact Person

Pamela M Della Flora

Telephone Number

419-867-7131

Contact Person Email Address

pdf1@bex.net

OFFICERS

President

Stanley Bury

Vice President

David Brick

Secretary

Pamela M Della Flora

Treasurer

Pamela M Della Flora

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

Stanley Bury

Kevin Welch

David Brick

Mark Fauble

David Raab

State of Ohio

County of

LUCAS

Stanley Bury

President and

Pamela M Della Flora

Secretary of the

LUCAS COUNTY 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

13th

day of February 2016

Notary Public



JEFFREY S. LANGENDERFER
Notary Public, State of Ohio
My Commission Expires
December 13, 2019

President

Secretary

Signature of Person Preparing Statement

ANNUAL STATEMENT

For the Year Ended

December 31 , 2015

OF THE CONDITION AND AFFAIRS OF THE

LUCAS COUNTY 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	10330		
Home Office	1931 S Holland-Sylvania Rd Street and Number	Maumee 43537 City Zip Code	OH
Mail Address	1931 S Holland-Sylvania Rd Street and Number	Maumee 43537 City Zip Code	OH
Main Administrative Office	419-867-7131 Telephone Number		
Organized	8/18/1891	Commenced Business	1/16/1892
Annual Statement Contact Person	Pamela M Della Flora	Telephone Number	419-867-7131
Contact Person Email Address	pdf1@bex.net		

OFFICERS

President	Stanley Bury	Vice President	David Brick
Secretary	Pamela M Della Flora	Treasurer	Pamela M Della Flora

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

Stanley Bury	Kevin Welch		
David Brick			
Mark Fauble			
David Raab			

State of Ohio

County of

President and

Secretary of the

LUCAS COUNTY 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

day of 20

Notary Public

President

Secretary

ANNUAL STATEMENT FOR THE YEAR
LUCAS COUNTY MUTUAL INSURANCE ASSOCIATION

2015

ASSETS

		Assets Current Year	Nonadmitted Assets Current Year	Net Admitted Assets Current Year	Net Admitted Assets Prior Year
1	Bonds (Schedule D - Part 1)	0.00	0.00	0.00	
2	Preferred stocks, common stocks and mutual funds (Schedule D - Part 2)	235,758.19	20,568.53	215,189.66	216,617.87
3	Real estate (less liens, encumbrances) (Schedule A)	0.00	0.00	0.00	
4	Cash (Schedule E)	67,215.62	0.00	67,215.62	87,650.57
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	302,973.81	20,568.53	282,405.28	304,268.44
8	Investment income due and accrued		0.00	0.00	
9.1	Assessments or premiums in the course of collection (including agents balances)	10,689.50	0.00	10,689.50	7,162.00
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)	18,088.50	0.00	18,088.50	19,109.00
10.1	Amounts recoverable from reinsurers	0.00	0.00	0.00	4,216.98
10.2	Funds held by or deposited with reinsured companies	39,318.39	0.00	39,318.39	55,943.79
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	7,157.14	0.00	7,157.14	8,198.04
16	Total Assets	378,227.34	20,568.53	357,658.81	398,898.25
	Details of Write-Ins for Assets:				
1501	Subsidiary - Lucas County Insurance Agcy LLC	1,532.14		1,532.14	3,998.04
1502	Administrative fee receivable	5,625.00		5,625.00	4,200.00
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	7,157.14	0.00	7,157.14	8,198.04

ANNUAL STATEMENT FOR THE YEAR
LUCAS COUNTY MUTUAL INSURANCE ASSOCIATION

2015

LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Year	Prior Year
1	Unpaid Losses (Underwriting Exhibit - Part 2A)	46,421.26	46,421.26
2	Unpaid loss adjustment expenses (Underwriting Exhibit - Part 2A)	0.00	
3	Commissions due and payable to agents		
4	Other expenses (excluding taxes, licenses and fees)	5,978.00	
5	Taxes, licenses and fees (excluding federal income taxes)		
6	Current federal income taxes (including \$0 on realized capital gains (losses))		
7	Net deferred tax liability		
8	Borrowed money and interest thereon		
9	Unearned assessment/premium reserve	1,572.38	1,380.96
10	Advance premium		
11	Ceded reinsurance premiums payable	10,748.25	11,829.00
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	0.00	808.00
16	Aggregate write-ins for liabilities	0.00	0.00
17	Total liabilities	64,719.89	60,439.22
18	Surplus as regards policyholders	292,938.92	338,459.03
19	Total liabilities and surplus	357,658.81	398,898.25
	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
LUCAS COUNTY MUTUAL INSURANCE ASSOCIATION
STATEMENT OF INCOME

2015

		Current Year	Prior Year
	UNDERWRITING INCOME		
1.1	Gross Assessments/Premiums earned	112,784.33	115,116.63
1.2	Less: Return Assessments/Premiums earned	619.00	
1.3	Direct Assessments/Premiums earned	112,165.33	115,116.63
1.4	Deduct premiums for reinsurance ceded (Reinsurance Schedule)	96,413.77	92,587.47
1.5	Add premiums received for reinsurance assumed (Reinsurance Schedule)	0.00	
1.6	Net Assessments/Premiums earned	15,751.56	22,529.16
	DEDUCTIONS		
2	Losses incurred (Underwriting Exhibit - Part 2)	265.05	9,161.03
3	Loss expenses incurred (Expense Exhibit)	0.00	
4	Other underwriting expenses incurred (Expense Exhibit)	73,386.84	75,855.91
5	Aggregate write-ins for underwriting deductions	5,978.00	6,247.00
6	Total underwriting deductions	79,629.89	91,263.94
7	Net underwriting gain (loss)	-63,878.33	-68,734.78
	INVESTMENT INCOME		
8	Net investment income earned	6,759.74	7,864.08
9	Net realized capital gains (losses) less capital gains tax		
10	Net investment gain (loss)	6,759.74	7,864.08
	OTHER INCOME		
11	Net gain (loss) from agents' or premium balances charged off		
12	Finance and service charges not included in premiums		
13	Aggregate write-ins for miscellaneous income	21,982.74	35,299.59
14	Total other income	21,982.74	35,299.59
15	Net income, after capital gains tax and before federal income taxes	-35,135.85	-25,571.11
16	Federal income taxes incurred		
17	Net income	-35,135.85	-25,571.11
	SURPLUS ACCOUNT		
18	Surplus as regards policyholders, December 31 prior year	338,459.03	359,798.13
19	Net income	-35,135.85	-25,571.11
20	Change in net unrealized capital gains or (losses) less capital gains tax		
21	Change in net deferred income tax		
22	Change in nonadmitted assets (Exhibit of Nonadmitted Assets)	-7,918.36	1,344.80
23	Change in provision for reinsurance		
24	Aggregate write-ins for gains and losses in surplus	-2,465.90	2,887.21
25	Change in surplus as regards policyholders for the year	-45,520.11	-21,339.10
26	Surplus as regards policyholders, December 31 current year	292,938.92	338,459.03
	DETAILS OF WRITE-INS		
0501	Extended Coverage	5,978.00	6,247.00
0502			
0503			
0599	Total Aggregate write-ins for underwriting deductions	5,978.00	6,247.00
1301	Deductibles from claims	500.00	1,750.00
1302	Commissions earned	9,503.74	23,298.59
1303	Administrative fees	11,975.00	10,250.00
1304	Miscellaneous income and memberships	4.00	1.00
1399	Total Aggregate write-ins for miscellaneous income	21,982.74	35,299.59
2401			
2402	Adjustment for subsidiary	-2,465.90	2,887.21
2499	Total Aggregate write-ins for gains and losses in surplus	-2,465.90	2,887.21

ANNUAL STATEMENT FOR THE YEAR
LUCAS COUNTY MUTUAL INSURANCE ASSOCIATION
CASH FLOW STATEMENT

2015

		Current Year	Prior Year
Cash from Operations			
1	Premiums/Assessments collected net of reinsurance	53,015.29	58,182.50
2	Net investment income	6,759.74	7,864.08
3	Miscellaneous income	2,352.87	2,464.09
4	Total	62,127.90	68,510.67
5	Benefit and loss related payments	2,535.86	11,028.01
6	Commissions, expenses paid and aggregate write-ins for deductions	73,536.84	82,102.91
7	Federal and foreign income taxes paid (recovered)		
8	Total	76,072.70	93,130.92
9	Net cash from operations	-13,944.80	-24,620.25
Cash from Investments			
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	6,490.15	7,596.08
11.3	Real estate		
11.4	Miscellaneous applications		
11.5	Total investments acquired	6,490.15	7,596.08
11.6	Net cash from investments	-6,490.15	-7,596.08
Cash from Financing and Miscellaneous Sources			
12.1	Borrowed funds (cash provided/applied)		
12.2	Other cash provided (applied)		401.00
13	Net cash from financing and miscellaneous sources	0.00	401.00
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
14	Net change in cash, cash equivalents and short-term investments	-20,434.95	-31,815.33
15.1	Beginning of year (cash, cash equivalents and short-term investments)	87,650.57	119,465.90
15.2	End of year (cash, cash equivalents and short-term investments)	67,215.62	87,650.57

ANNUAL STATEMENT FOR THE YEAR
LUCAS COUNTY MUTUAL INSURANCE ASSOCIATION

2015

EXPENSE EXHIBIT

		Current Year
	Claim Adjusting:	
1.1	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
	Commission and Brokerage:	
2.1	Direct commission and brokerage	17,657.63
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)	0.00
2.8	Net commission and brokerage	17,657.63
3	Allowances to managers and agents	0.00
4	Advertising	0.00
5	Boards, bureaus and associations	1,603.00
6	Surveys and underwriting reports	0.00
7	Audit of assureds' records	756.35
	Salary and related items:	
8.1	Salaries	19,990.52
8.2	Payroll taxes	4,167.66
9	Employee relations and welfare	0.00
10	Insurance	4,846.79
11	Directors' fees	8,100.00
12	Travel and travel items	2,242.24
13	Rent and rent items	3,000.00
14	Equipment	0.00
15	Cost or depreciation of EDP equipment and software	0.00
16	Printing and stationery	390.51
17	Postage, telephone, exchange and express	805.72
18	Legal and auditing	1,551.42
19	Loss adjustment expenses	0.00
18	Investment expenses	0.00
19	Totals	47,454.21
	Taxes, licenses and fees:	
20.1	State and local insurance taxes	250.00
20.2	Insurance department licenses and fees	850.00
20.3	All other (excluding federal income and real estate)	0.00
20.4	Total taxes, licenses and fees	1,100.00
21	Real estate expenses	0.00
22	Real estate taxes	0.00
23	Aggregate write-ins for miscellaneous expenses	7,175.00
24	Total expenses incurred (a)	73,386.84
25	Less unpaid expenses - current year	0.00
26	Add unpaid expenses - prior year	0.00
27	Total expenses paid	73,386.84
	Details of Write-Ins:	
2301	Accounting	7,175.00
2302		
2303		
2304		
2305		
2399	Total Write-ins	7,175.00

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

ANNUAL STATEMENT FOR THE YEAR 2015
LUCAS COUNTY MUTUAL INSURANCE ASSOCIATION

INSURANCE IN FORCE

		Amount (dollars)	Number
1	In force December 31 of previous year (to equal prior year's statement)	43,984,650	220
2	Written during the year	2,438,200	6
3	Total	46,422,850	226
4	Deduct those expired and cancelled	2,671,000	17
5	In force December 31 of current year	43,751,850	209
6	Deduct amount reinsured	0	XXX
7	Net amount in force	43,751,850	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
Wind, fire and lightning	3,260.86		2,995.81		265.05
					-
					-
					-
					-
					-
OVERFLOW AMOUNTS					-
Totals	\$ 3,260.86	\$ -	\$ 2,995.81	\$ -	\$ 265.05

* 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
Fire	46,421.26				46,421.26
					-
					-
					-
					-
					-
OVERFLOW AMOUNTS					-
Totals	\$ 46,421.26	\$ -	\$ -	\$ -	\$ 46,421.26

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

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

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	20,568.53	12,650.17	-7,918.36
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	20,568.53	12,650.17	-7,918.36
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	20,568.53	12,650.17	-7,918.36
	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

2015 ANNUAL STATEMENT OF LUCAS COUNTY MUTUAL INSURANCE ASSOCIATION

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)
							-		
							-		
							-		
							-		
							-		
OVERFLOW AMOUNTS							-		
Totals	XXX	XXX	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

*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)
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
OVERFLOW AMOUNTS							-
Totals	XXX	XXX	\$ -	\$ -	\$ -	\$ -	\$ -

2015

ANNUAL STATEMENT OF THE

LUCAS COUNTY MUTUAL INSURANCE ASSOCIATION

SCHEDULE D - PART 4

Showing all Bonds and Preferred & Common Stocks **SOLD, REDEEMED** OR Otherwise **DISPOSED OF** During the Current Year

Bonds, preferred stocks, common stocks and mutual funds to be grouped separately.

[illegible]

SCHEDULE D - PART 4

Showing all Bonds and Preferred & Common Stocks **SOLD, REDEEMED** OR Otherwise **DISPOSED OF** During the Current Year

Bonds, preferred stocks, common stocks and mutual funds to be grouped separately.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Description													
Cusip #	Give complete and accurate description of each bond and stock. If bonds are serial issues give amounts maturing each year. Companies may at their option summarize all bonds of the same issue called, matured or redeemed during the year and omit dates under column (3).	Date Sold	Name of Purchaser (If matured or called under redemption option, so state and give price at which called.)	No. of Shares of Stock	Consideration (Excluding Accrued Interest on Bonds)	Par Value of Bonds	Cost to Company (Excluding Accrued Interest on Bonds)	Book Value at Date of Sale	Increase, By Adjustment in Book Value During Year	Decrease, By Adjustment in Book Value During Year	Profit on Sale	Loss on Sale	Interest on Bonds Received During Year (including accrued interest on bonds sold)	Dividends on Stocks Received During Year (Including accrued dividends on stocks sold)

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
Guy Carpenter				96,413.77		1,625,000	
OVERFLOW AMOUNTS							
Totals	XXX	XXX	\$ -	\$ 96,413.77	\$ -	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
Officers/Employees:								
Stanley Bury	Presidend	475.00	4,836.30	75.00	1,400.00	517.50	50.00	\$ 7,353.80
David Brick	Vice President	200.00	3,037.95		1,400.00	190.90		\$ 4,828.85
Pamela Della Flora	Secretary Treasurer	17,790.52			1,400.00	86.25		\$ 19,276.77
Patrice Schwierking	Asst. Secretary	750.00				96.60		\$ 846.60
5)								\$ -
								\$ -
Directors:								
Mark Fauble		100.00	2,127.38		1,000.00	147.20		\$ 3,374.58
David Raab		450.00	4,957.70	75.00	1,600.00	1,115.24	145.00	\$ 8,342.94
Kevin Welch		225.00	2,598.30		1,300.00	88.55		\$ 4,211.85
David Brick								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
Totals	XXXX	\$ 19,990.52	\$ 17,557.63	\$ 150.00	\$ 8,100.00	\$ 2,242.24	\$ 195.00	\$ 48,235.39

GENERAL INTERROGATORIES

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

1. Company's retention:	Fire	Wind	\$250	Other	\$250
1a. Retention before reinsurance applies for:	Catastrophe Reinsurance			Aggregate excess of loss	
2. What is the largest risk assumed and retained:	1,625,000				
3. What kind of perils are being covered?	Fire, wind & lightning				
4. Have the by-laws been amended during the current year?	No	If so, were such amendments filed with the Ohio Department of Insurance?			
5. In what counties does the Company operate:	Lucas, Wood Henry, Defiance, Ottawa, Fulton				
6. Name of Principal Officer and amount of bond.	Stanley Bury \$50,000				
7. Are all of the persons who handle funds of the Company bonded?	Yes	x	No		
State the name and amount of each bond on each, except person named in Item 6 above.			Pamela Della Flora \$50,000		
8. Does the Company have an annual audit conducted by an independent CPA?	No				
9. State the number of members holding policies in the Company.	167				
10. Was an annual report of the Company made available to each policyholder? with the annual statement filed with the Ohio Department of Insurance?	Yes	Yes	If so, did such report agree		
11. State as of what date the latest examination of the Company was made by the Ohio Department of Insurance.	12/31/2012				
12. How many assessments were made during the year?	1	Date of last assessment	11/1/2015		
13. Did the assessment provide for all losses, expenses and all other liabilities prior to the date of assessment?	yes				
14. Rate of policy fee	\$75				
15. State the amount of borrowed money since date of last assessment	None	interest thereon			
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	No	x		
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

All Columns Must Be Completed for Each Deposit, CD, Checking Account, etc.

OVERFLOW AMOUNTS	xxxx	0.00	0.00	0.00
Total	xxxx	\$ 269.59	\$ -	\$ 67,215.62

*Total to agree with Page 2, Line 4, Current Year.

2015

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