



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

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

NAIC Group Code	4780 (Current Period)	04780 (Prior Period)	NAIC Company Code	17299	Employer's ID Number	34-0396080
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Incorporated/Organized	02/01/1905		Commenced Business	02/01/1895		
Statutory Home Office	1000 South Main Street (Street and Number)		, Orrville, OH, US 44667-0300		(City or Town, State, Country and Zip Code)	
Main Administrative Office	1000 South Main Street (Street and Number)		Orrville, OH, US 44667-0300		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Mail Address	PO Box 300 (Street and Number or P.O. Box)		, Orrville, OH, US 44667-0300		(City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	1000 South Main Street (Street and Number)		Orrville, OH, US 44667-0300		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	mennonitemutual.com					
Statutory Statement Contact	Ric Hochstetler (Name)		330-684-4118 (Area Code) (Telephone Number) (Extension)			
	rhochstetler@mennonitemutual.com (E-Mail Address)		330-683-2083 (Fax Number)			

OFFICERS

Name Title Name Title
DAVID LUTHER LEHMAN, President GEORGE BIXLER JR, Secretary
DAVID LUTHER LEHMAN, Treasurer

OTHER OFFICERS

J MARK ZOOK, Vice-President of Underwriting J TODD NEVILLE, Vice-President of Claims
CHRISTOPHER J BLOUGH #, Chief Operations Officer

DIRECTORS OR TRUSTEES

ROBERT EUGENE ASCHLIMAN GEORGE BIXLER JR PAUL BONTRAGER DAVID LUTHER LEHMAN
MORRIS STUTZMAN CRAIG THOMAS MERCER DONALD DRAVENSTOTT TYSON L STUCKEY

State of Ohio.....
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.

DAVID LUTHER LEHMAN President	GEORGE BIXLER JR Secretary	DAVID LUTHER LEHMAN Treasurer
Subscribed and sworn to before me this <u>23</u> day of <u>February, 2016</u>		a. Is this an original filing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached

Melanie J Alger, Notary Public
April 9, 2016

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

Melanie J Alger, Notary Public
April 9, 2016

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MENNONITE 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).....	10,160,015		10,160,015	8,538,942
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	4,601,897	100	4,601,797	4,529,448
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....	871,595		871,595	866,257
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (77,693) , Schedule E-Part 1), cash equivalents (\$ 0 , Schedule E-Part 2) and short-term investments (\$ 4,223,605 , Schedule DA).....	4,145,912		4,145,912	4,742,441
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	19,779,419	100	19,779,319	18,677,088
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	90,896		90,896	.76,849
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	388,766		388,766	282,841
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....	3,559,248		3,559,248	3,290,350
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset.....	706,013		706,013	477,464
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....	566,065	.533,803	32,262	.46,160
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	.77,202	.77,202	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	44,476		44,476	.36,842
24. Health care (\$) and other amounts receivable.....			0	0
25. Aggregate write-ins for other-than-invested assets .....	.131	.131	0	.32,500
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	25,212,216	.611,236	24,600,980	22,920,094
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	25,212,216	.611,236	24,600,980	22,920,094
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
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. Workers Comp Deposit.....	.131	.131	0	0
2502. Federal Home Loan Bank.....			0	.32,500
2503.				
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) .....	.131	.131	0	.32,500

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

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	1,755,764	1,322,140
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)	164,350	175,600
4. Commissions payable, contingent commissions and other similar charges	1,197,760	1,231,056
5. Other expenses (excluding taxes, licenses and fees)	323,734	157,251
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	144,608	124,856
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	116,454	86,196
7.2 Net deferred tax liability	0	0
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 \$ 283,398 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)	7,400,664	6,924,534
10. Advance premium	238,532	160,611
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	(136,582)	223,294
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	131	6,824
15. Remittances and items not allocated	2,382	3,364
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)	11,207,797	10,415,726
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	11,207,797	10,415,726
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)	13,393,183	12,504,368
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)	13,393,183	12,504,368
38. Totals (Page 2, Line 28, Col. 3)	24,600,980	22,920,094
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
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.		
2902.		
2903.		
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.		
3202.		
3203.		
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 MENNONITE MUTUAL INSURANCE COMPANY

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)	12,133,424	11,031,378
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	3,757,630	3,830,147
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	1,368,931	1,286,439
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	5,274,522	4,953,371
5. Aggregate write-ins for underwriting deductions	0	0
6. Total underwriting deductions (Lines 2 through 5)	10,401,083	10,069,957
7. Net income of protected cells	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	1,732,341	961,421
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	209,090	289,589
10. Net realized capital gains (losses) less capital gains tax of \$ (Exhibit of Capital Gains (Losses))	6,124	452,325
11. Net investment gain (loss) (Lines 9 + 10)	215,214	741,914
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ charged off \$)	0	0
13. Finance and service charges not included in premiums	96,484	107,800
14. Aggregate write-ins for miscellaneous income	(23,218)	(55,874)
15. Total other income (Lines 12 through 14)	73,266	51,926
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	2,020,821	1,755,261
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)	2,020,821	1,755,261
19. Federal and foreign income taxes incurred	676,738	538,827
20. Net income (Line 18 minus Line 19) (to Line 22)	1,344,083	1,216,434
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	12,504,369	11,634,991
22. Net income (from Line 20)	1,344,083	1,216,434
23. Net transfers (to) from Protected Cell accounts	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$	(258,599)	(475,359)
25. Change in net unrealized foreign exchange capital gain (loss)	0	0
26. Change in net deferred income tax	228,029	113,819
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	(424,699)	14,484
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	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	888,814	869,378
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	13,393,183	12,504,369
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. MISC.....	(23,218)	(55,874)
1402.	0	0
1403.	0	0
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)	(23,218)	(55,874)
3701. Effect of accounting change	0	0
3702.	0	0
3703.	0	0
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	0

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

CASH FLOW

		¹ Current Year	² Prior Year
Cash from Operations			
1. Premiums collected net of reinsurance.....		11,952,776	11,050,945
2. Net investment income.....		354,243	435,052
3. Miscellaneous income.....		73,266	54,426
4. Total (Lines 1 through 3).....		12,380,285	11,540,423
5. Benefit and loss related payments.....		3,324,006	4,153,719
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....		6,829,743	5,773,827
8. Dividends paid to policyholders.....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....		1,103,058	859,007
10. Total (Lines 5 through 9).....		11,256,807	10,786,553
11. Net cash from operations (Line 4 minus Line 10).....		1,123,478	753,870
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....		1,228,603	1,170,928
12.2 Stocks.....		598,783	2,154,240
12.3 Mortgage loans.....		0	0
12.4 Real estate.....		0	0
12.5 Other invested assets.....		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		0	0
12.7 Miscellaneous proceeds.....		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....		1,827,386	3,325,168
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		2,952,586	1,234,306
13.2 Stocks.....		928,310	2,155,031
13.3 Mortgage loans.....		0	0
13.4 Real estate.....		56,924	0
13.5 Other invested assets.....		0	0
13.6 Miscellaneous applications.....		0	2,503
13.7 Total investments acquired (Lines 13.1 to 13.6).....		3,937,820	3,391,840
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).....		(2,110,434)	(66,672)
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).....		390,427	262,587
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....		390,427	262,587
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).....		(596,529)	949,785
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....		4,742,441	3,792,656
19.2 End of year (Line 18 plus Line 19.1).....		4,145,912	4,742,441

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MENNONITE 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	1,561,751	.915,804	.879,179	1,598,376
2. Allied lines	0	0	0	0
3. Farmowners multiple peril	4,548,638	2,672,449	2,706,216	4,514,871
4. Homeowners multiple peril .....	.68,125	.37,989	.36,748	.69,366
5. Commercial multiple peril	5,246,544	2,706,933	3,194,891	4,758,586
6. Mortgage guaranty	0	0	0	0
8. Ocean marine	0	0	0	0
9. Inland marine	0	0	0	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	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	0	0	0	0
17.1 Other liability-occurrence	424,205	.255,385	.216,587	463,003
17.2 Other liability-claims-made	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0
18.1 Products liability-occurrence	0	0	0	0
18.2 Products liability-claims-made	0	0	0	0
19.1,19.2 Private passenger auto liability	0	0	0	0
19.3,19.4 Commercial auto liability	570,082	.248,758	.275,660	543,180
21. Auto physical damage	190,209	.87,216	.91,383	186,042
22. Aircraft (all perils)	0	0	0	0
23. Fidelity	0	0	0	0
24. Surety	0	0	0	0
26. Burglary and theft	0	0	0	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	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	12,609,554	6,924,534	7,400,664	12,133,424
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 MENNONITE 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	879,179				879,179
2. Allied lines					0
3. Farmowners multiple peril	2,706,216				2,706,216
4. Homeowners multiple peril	36,748				36,748
5. Commercial multiple peril	3,194,891				3,194,891
6. Mortgage guaranty					0
8. Ocean marine					0
9. Inland marine					0
10. Financial guaranty					0
11.1 Medical professional liability-occurrence					0
11.2 Medical professional liability-claims-made					0
12. Earthquake					0
13. Group accident and health					0
14. Credit accident and health (group and individual)					0
15. Other accident and health					0
16. Workers' compensation					0
17.1 Other liability-occurrence	216,587				216,587
17.2 Other liability-claims-made					0
17.3 Excess workers' compensation					0
18.1 Products liability-occurrence					0
18.2 Products liability-claims-made					0
19.1,19.2 Private passenger auto liability					0
19.3,19.4 Commercial auto liability	275,660				275,660
21. Auto physical damage	91,383				91,383
22. Aircraft (all perils)					0
23. Fidelity					0
24. Surety					0
26. Burglary and theft					0
27. Boiler and machinery					0
28. Credit					0
29. International					0
30. Warranty					0
31. Reinsurance-nonproportional assumed property					0
32. Reinsurance-nonproportional assumed liability					0
33. Reinsurance-nonproportional assumed financial lines					0
34. Aggregate write-ins for other lines of business	0	0	0	0	0
35. TOTALS	7,400,664	0	0	0	7,400,664
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Lines 35 through 37)					7,400,664
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 MENNONITE 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	1,468,091	230,557			136,897	1,561,751
2. Allied lines						0
3. Farmowners multiple peril	5,571,192				1,022,554	4,548,638
4. Homeowners multiple peril	77,874				9,749	68,125
5. Commercial multiple peril	6,428,535				1,181,991	5,246,544
6. Mortgage guaranty						0
8. Ocean marine						0
9. Inland marine						0
10. Financial guaranty						0
11.1 Medical professional liability-occurrence						0
11.2 Medical professional liability-claims-made						0
12. Earthquake						0
13. Group accident and health						0
14. Credit accident and health (group and individual)						0
15. Other accident and health						0
16. Workers' compensation						0
17.1 Other liability-occurrence	980,833	24,908	30,663		612,199	424,205
17.2 Other liability-claims-made						0
17.3 Excess workers' compensation						0
18.1 Products liability-occurrence						0
18.2 Products liability-claims-made						0
19.1, 19.2 Private passenger auto liability						0
19.3, 19.4 Commercial auto liability	623,033				52,951	570,082
21. Auto physical damage	213,470				23,261	190,209
22. Aircraft (all perils)						0
23. Fidelity						0
24. Surety						0
26. Burglary and theft						0
27. Boiler and machinery						0
28. Credit						0
29. International						0
30. Warranty						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	15,363,028	255,465	30,663	0	3,039,602	12,609,554
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 MENNONITE 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	543,638	35,066		578,704	161,083	53,923	685,864	42.9
2. Allied lines				0	0	0	0	0.0
3. Farmowners multiple peril	823,973			823,973	529,382	190,557	1,162,798	25.8
4. Homeowners multiple peril	47,093			47,093	23,985	54,950	16,128	23.3
5. Commercial multiple peril	1,553,810		10,969	1,542,841	575,001	289,813	1,828,029	38.4
6. Mortgage guaranty				0	0	0	0	0.0
8. Ocean marine				0	0	0	0	0.0
9. Inland marine				0	0	0	0	0.0
10. Financial guaranty				0	0	0	0	0.0
11.1 Medical professional liability-occurrence				0	0	0	0	0.0
11.2 Medical professional liability-claims-made				0	0	0	0	0.0
12. Earthquake				0	0	0	0	0.0
13. Group accident and health				0	0	0	0	0.0
14. Credit accident and health (group and individual)				0	0	0	0	0.0
15. Other accident and health				0	0	0	0	0.0
16. Workers' compensation				0	0	0	0	0.0
17.1 Other liability-occurrence	272,535	4,583	93,862	183,256	271,867	487,636	(32,513)	(7.0)
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
18.1 Products liability-occurrence				0	0	0	0	0.0
18.2 Products liability-claims-made				0	0	0	0	0.0
19.1,19.2 Private passenger auto liability				0	0	0	0	0.0
19.3,19.4 Commercial auto liability	51,123			51,123	141,950	215,261	(22,188)	(4.1)
21. Auto physical damage	97,016			97,016	52,496	30,000	119,512	64.2
22. Aircraft (all perils)				0	0	0	0	0.0
23. Fidelity				0	0	0	0	0.0
24. Surety				0	0	0	0	0.0
26. Burglary and theft				0	0	0	0	0.0
27. Boiler and machinery				0	0	0	0	0.0
28. Credit				0	0	0	0	0.0
29. International				0	0	0	0	0.0
30. Warranty				0	0	0	0	0.0
31. Reinsurance-nonproportional assumed property	XXX			0	0	0	0	0.0
32. Reinsurance-nonproportional assumed liability	XXX			0	0	0	0	0.0
33. Reinsurance-nonproportional assumed financial lines	XXX			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	3,389,188	39,649	104,831	3,324,006	1,755,764	1,322,140	3,757,630	31.0
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 MENNONITE 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	123,455	591		124,046	.37,037			161,083	.8,025
2. Allied lines				0				0	0
3. Farmowners multiple peril	707,217		300,000	407,217	122,165			529,382	22,623
4. Homeowners multiple peril	18,450			18,450	.5,535			23,985	1,199
5. Commercial multiple peril	843,208		428,964	414,244	160,757			575,001	56,499
6. Mortgage guaranty				0				0	0
8. Ocean marine				0				0	0
9. Inland marine				0				0	0
10. Financial guaranty				0				0	0
11.1 Medical professional liability-occurrence				0				0	0
11.2 Medical professional liability-claims-made				0				0	0
12. Earthquake				0				0	0
13. Group accident and health				0			(a)	0	0
14. Credit accident and health (group and individual)				0			(a)	0	0
15. Other accident and health				0				0	0
16. Workers' compensation				0				0	0
17.1 Other liability-occurrence	206,729	4,353	82,375	128,707	116,032	27,128		271,867	.46,404
17.2 Other liability-claims-made				0				0	0
17.3 Excess workers' compensation				0				0	0
18.1 Products liability-occurrence				0				0	0
18.2 Products liability-claims-made				0				0	0
19.1,19.2 Private passenger auto liability				0				0	0
19.3,19.4 Commercial auto liability	70,975			.70,975	70,975			141,950	.26,975
21. Auto physical damage	34,997			.34,997	.17,499			.52,496	.2,625
22. Aircraft (all perils)				0				0	0
23. Fidelity				0				0	0
24. Surety				0				0	0
26. Burglary and theft				0				0	0
27. Boiler and machinery				0				0	0
28. Credit				0				0	0
29. International				0				0	0
30. Warranty				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	2,005,031	4,944	811,339	1,198,636	530,000	27,128	0	1,755,764	164,350
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 MENNONITE 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	358,545	.0	.0	358,545
1.2 Reinsurance assumed	2,269	.0	.0	2,269
1.3 Reinsurance ceded .....	.0	.0	.0	0
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	360,814	.0	.0	360,814
2. Commission and brokerage:				
2.1 Direct, excluding contingent .....	.0	2,333,913	.0	2,333,913
2.2 Reinsurance assumed, excluding contingent .....	.0	87,593	.0	87,593
2.3 Reinsurance ceded, excluding contingent .....	.0	244,519	.0	244,519
2.4 Contingent-direct .....	.0	641,333	.0	641,333
2.5 Contingent-reinsurance assumed .....	.0	.0	.0	0
2.6 Contingent-reinsurance ceded .....	.0	228,143	.0	228,143
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	2,590,177	.0	2,590,177
3. Allowances to manager and agents .....	.0	.0	.0	0
4. Advertising .....	.0	79,886	.0	79,886
5. Boards, bureaus and associations .....	.0	102,481	.0	102,481
6. Surveys and underwriting reports .....	.0	39,814	.0	39,814
7. Audit of assureds' records .....	.0	.0	.0	0
8. Salary and related items:				
8.1 Salaries	537,337	1,191,097	62,689	1,791,123
8.2 Payroll taxes	38,350	85,009	4,474	127,833
9. Employee relations and welfare	137,564	304,933	16,049	458,546
10. Insurance	15,355	34,037	1,792	51,184
11. Directors' fees	44,449	108,742	5,556	158,747
12. Travel and travel items	19,703	73,393	5,418	98,514
13. Rent and rent items	37,515	101,723	5,050	144,288
14. Equipment	8,979	19,904	1,047	29,930
15. Cost or depreciation of EDP equipment and software	33,130	73,438	3,865	110,433
16. Printing and stationery	5,745	16,429	804	22,978
17. Postage, telephone and telegraph, exchange and express	15,405	44,058	2,157	61,620
18. Legal and auditing	53,238	148,002	11,713	212,953
19. Totals (Lines 3 to 18)	946,770	2,422,946	120,614	3,490,330
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....	.0	34,719	.0	34,719
20.2 Insurance department licenses and fees .....	.0	52,866	.0	52,866
20.3 Gross guaranty association assessments .....	.0	.0	.0	0
20.4 All other (excluding federal and foreign income and real estate) .....	.0	42,068	.0	42,068
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	129,653	.0	129,653
21. Real estate expenses .....	.0	.0	95,925	95,925
22. Real estate taxes .....	.0	.0	24,358	24,358
23. Reimbursements by uninsured plans .....	.0	.0	.0	0
24. Aggregate write-ins for miscellaneous expenses	61,347	131,746	0	193,093
25. Total expenses incurred	1,368,931	5,274,522	240,897	(a) 6,884,350
26. Less unpaid expenses-current year	164,350	1,641,744	24,358	1,830,452
27. Add unpaid expenses-prior year	175,600	1,488,257	24,706	1,688,563
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)	1,380,181	5,121,035	241,245	6,742,461
DETAILS OF WRITE-INS				
2401. DATA PROCESSING.....	45,759	84,981	.0	130,740
2402. DONATIONS.....	15,588	46,765	.0	62,353
2403. MISC.....	.0	.0	.0	0
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)	61,347	131,746	0	193,093

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

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

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 25,851	26,008
1.1 Bonds exempt from U.S. tax	(a) 112,712	122,294
1.2 Other bonds (unaffiliated)	(a) .82,487	.86,795
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	113,498	113,498
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 144,000	144,000
5. Contract loans	(e) 3,707	3,707
6. Cash, cash equivalents and short-term investments	(f) 0	0
7. Derivative instruments	0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	5,270	5,270
10. Total gross investment income	487,525	501,572
11. Investment expenses	(g) 240,897	0
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) 0	0
13. Interest expense	(h) 0	0
14. Depreciation on real estate and other invested assets	(i) 51,585	0
15. Aggregate write-ins for deductions from investment income	0	0
16. Total deductions (Lines 11 through 15)	292,482	0
17. Net investment income (Line 10 minus Line 16)	209,090	0
DETAILS OF WRITE-INS		
0901. NAMICO .....	.816	.816
0902. MISC	4,454	4,454
0903.	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	5,270	5,270
1501.	0	0
1502.	0	0
1503.	0	0
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 \$ 5,620 accrual of discount less \$ 113,235 amortization of premium and less \$ 12,864 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	(312)	0	(312)	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	5,016	0	5,016	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	1,420	0	1,420	(258,599)	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	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)	6,124	0	6,124	(258,599)	0
DETAILS OF WRITE-INS			0	0	0
0901.	0	0	0	0	0
0902.	0	0	0	0	0
0903.	0	0	0	0	0
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

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

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	100	100	0
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)	100	100	0
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.....	0	0	0
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.....	533,803	104,959	(428,844)
21. Furniture and equipment, including health care delivery assets.....	77,202	81,347	4,145
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	131	131	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	611,236	186,537	(424,699)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	611,236	186,537	(424,699)
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. Workers Comp Deposit.....	131	131	0
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)	131	131	0

NOTES TO FINANCIAL STATEMENTS

NOTE I - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. The financial statements of Mennonite Mutual Insurance Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual version effective January 1, 2001 ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of ABC is shown below:

	State of Domicile	2015	2014
(1) Net Income ABC state basis	OH	1,344,082	1,216,434
(2) State Prescribed Practices (Income): Depreciation of fixed assets			
(3) State Permitted Practices (Income): Depreciation, home office property.			
(4) Net Income, NAIC SAP		1,344,082	1,216,434
(5) Statutory Surplus ABC basis		13,393,183	12,504,368
(6) State Prescribed Practices (Surplus): Goodwill, net Fixed Assets, net			
(7) State Permitted Practices (Surplus): Home Office Property			
(8) Statutory Surplus, NAIC SAP		13,393,183	12,504,368

B. Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

Reinsurance recoverables are estimates of paid and unpaid losses collectible from the Company's reinsurers. The amounts ultimately collected may be more or less than these estimates. Any adjustments of these estimates is reflected in income as they are determined. The Company periodically reviews the financial condition of its reinsurers and amounts recoverable therefrom, recording an allowance when necessary for uncollectible reinsurance.

The capitalization policy for fixed assets has not changed from prior year.

In addition the Company uses the following accounting policies:

1. Short-Term investments are stated at cost, which is also their fair value.
2. Bonds are stated at amortized cost using the interest method unless required by the NAIC to be carried at fair value.
3. Common stocks are stated at fair value except the stock of its uncombined subsidiary is carried on the equity basis.

NOTES TO FINANCIAL STATEMENTS

4. Preferred stocks are stated at fair value.
5. Mortgage loans - are valued at unpaid balance.
6. Loan backed securities are stated at amortized cost using the interest method unless required by the NAIC to be carried at fair value.

7. Investments in Subsidiary, Controlled and Affiliated Entities

The Company carries Orrville Insurance Agency, Inc. at GAAP equity.

8. Joint Ventures, Partnerships, and Limited Liability Companies - N/A

9. Derivitives - N/A

10. The Company anticipates investment income as a factor in the premium deficiency calculation

11. Unpaid Claims, Losses and Loss Adjusting Expenses

Unpaid losses and loss adjustment expenses including an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed, and any adjustments are reflected in the period determined.

12. Capitalization policy - no change

13. Pharmaceutical rebate receivables - N/A

NOTE 2 - ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

A. (Description of above other than results from codification)

B. The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Ohio. Effective January 1, 2001, the State of Ohio required that insurance companies domiciled in the State of Ohio prepare their statutory basis financial statements in accordance with the NAIC Accounting

Practices Procedures Manual - Version effective January 1, 2001, subject to any deviations prescribed or p the State of Ohio Insurance Commissioners.

As a result of these changes, the Company reported a change of accounting principle, as an adjustment which increased unassigned funds of \$95,541 as of January 1, 2001. Included in this total adjustment is an increase in unassigned funds of approximately \$95,541 related to deferred tax assets.

NOTE 3 - BUSINESS COMBINATIONS AND GOODWILL - N/A

NOTE 4 - DISCONTINUED OPERATIONS - N/A

NOTE 5 - INVESTMENTS

A. Mortgage Loans - N/A

B. Debt Restructuring - N/A

C. Reverse Mortgages - N/A

D. Loan Backed and Structured Securities -

Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from broker dealer survey values or internal estimates. No OTTI recognized.

E. Repurchase, Reverse Repurchase, and Dollar Repurchase Agreements

For repurchase agreements, Company policies require a minimum of 102% of the fair value of securities purchased under repurchase agreements to be maintained as collateral. Cash collateral received is invested in short-term investments and the offsetting collateral liability is included in "Miscellaneous liabilities".

F. Real Estate

G. Investment in low income Housing

NOTE 6 - INVESTMENTS IN JOINT VENTURES, PARTNERSHIPS, AND LLC'S - N/A

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

NOTES TO FINANCIAL STATEMENTS

NOTE 7 - INVESTMENT INCOME - N/A

NOTE 8 – DERIVATIVES – N/A

NOTE 9 - INCOME TAXES

MENNOMITE MUTUAL INSURANCE COMPANY
Income Tax Disclosures Required under SSAP 101
December 31, 2015

A. The components of the net deferred tax asset/(liability) at December 31, 2015 are as follows:

1.

	2015			2014			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Gross deferred tax assets	\$ 789,758	\$ 10,987	\$ 800,745	\$ 602,874	\$ -	\$ 602,874	\$ 186,884	\$ 10,987	\$ 197,871
Statutory valuation allowance adjustment	-	-	-	-	-	-	-	-	-
Adjusted gross deferred tax assets	789,758	10,987	800,745	602,874	-	602,874	186,884	10,987	197,871
Non-admitted deferred tax assets	-	-	-	-	-	-	-	-	-
Net admitted deferred tax asset	789,758	10,987	800,745	602,874	-	602,874	186,884	10,987	197,871
Deferred tax liabilities	94,732	-	94,732	48,475	76,936	125,411	46,257	(76,936)	(30,679)
Net admitted deferred tax asset (liability)	\$ 695,026	\$ 10,987	\$ 706,013	\$ 554,399	\$ (76,936)	\$ 477,463	\$ 140,627	\$ 87,923	\$ 228,550

2.

	2015		
	Ordinary	Capital	Total
Admission calculation components - SSAP 101, paragraph 11:			
Recovered through loss			
carryback 11.a	\$ 789,758	\$ 10,987	\$ 800,745
Lesser of paragraph 11.b.i			
and 11.b.ii	-	-	-
Deferred tax asset offset against			
deferred tax liabilities 11.c	-	-	-
Total admitted deferred tax assets			
under paragraph 11	\$ 789,758	\$ 10,987	\$ 800,745
2014			
	Ordinary	Capital	Total
Admission calculation components - SSAP 101, paragraph 11:			
Recovered through loss			
carryback 11.a	\$ 482,019	\$ -	\$ 482,019
Lesser of paragraph 11.b.i			
and 11.b.ii	-	-	-
Deferred tax asset offset against			
deferred tax liabilities 11.c	120,855	-	120,855
Total admitted deferred tax assets			
under paragraph 11	\$ 602,874	\$ -	\$ 602,874

3.

	2015	2014
Ratio percentage of authorized control level risk based capital	1290%	1184%
Amount of adjusted surplus	\$ 12,690,723	\$ 12,026,904

C.

1. Current Income Tax

	2015	2014
Federal	\$ 673,666	552,156
Foreign	-	-
Subtotal	673,666	552,156
Federal income tax on net capital gains	-	-
Utilization of capital loss carryforwards	-	-
Other	3,072	(13,329)
Federal and foreign income taxes incurred	\$ 676,738	\$ 538,827

NOTES TO FINANCIAL STATEMENTS

2. Deferred Tax Asset

	2015	2014	Change
Ordinary:			
Discounting of unpaid losses and loss adjustment expense	\$ 27,594	\$ 30,837	\$ (3,243)
Unearned and advanced premiums	519,627	482,018	37,609
Fixed Assets	-	-	-
Compensation and benefits accrual	-	-	-
Pension Accrual	-	-	-
Net Operating carry-forward	-	-	-
Other	34,717	26,675	8,042
Other assets-nonadmitted	<u>207,820</u>	<u>63,344</u>	<u>144,476</u>
Subtotal	789,758	602,874	186,884
Statutory valuation allowance adjustment	-	-	-
Non-admitted deferred tax assets	-	-	-
Admitted ordinary deferred tax assets	<u>789,758</u>	<u>602,874</u>	<u>186,884</u>
Capital:			
Investments	10,987	-	10,987
Statutory valuation allowance adjustment	-	-	-
Non-admitted deferred tax assets	-	-	-
Admitted capital deferred tax assets	<u>10,987</u>	<u>-</u>	<u>10,987</u>
Admitted deferred tax assets	<u>\$ 800,745</u>	<u>\$ 602,874</u>	<u>\$ 197,871</u>
3. Deferred Tax Liabilities			
	2015	2014	Change
Ordinary:			
Investments	\$ 4,171	\$ 4,446	\$ (275)
Fixed assets	90,561	44,029	46,532
Other	-	-	-
Subtotal	<u>94,732</u>	<u>48,475</u>	<u>46,257</u>
Capital:			
Investments	-	76,936	(76,936)
Other	-	-	-
Subtotal	<u>-</u>	<u>76,936</u>	<u>(76,936)</u>
Total deferred tax liabilities	<u>94,732</u>	<u>125,411</u>	<u>(30,679)</u>
Net deferred tax assets	<u>\$ 706,013</u>	<u>\$ 477,463</u>	<u>\$ 228,550</u>

D. Reconciliation of Federal Income Tax Rate

	December 31, 2015	Effective Tax Rate
Provision computed at statutory rate	\$ 687,079	34.0%
Proration of tax exempt investment income	10,289	0.5%
Tax-exempt income deduction	(41,580)	-2.1%
Dividends received deduction	(27,013)	-1.3%
Disallowable travel and entertainment	9,855	0.5%
Other permanent differences	(108,663)	-5.4%
Total ordinary DTA's	-	0.0%
Total ordinary DTL's	-	0.0%
Total capital DTA's	-	0.0%
Total capital DTL's	-	0.0%
Accrual adjustment	<u>3,072</u>	<u>0.2%</u>
Total statutory income tax expense	<u>\$ 533,039</u>	<u>26.4%</u>
Current year income tax incurred	\$ 673,666	33.3%
Realized capital gains (losses) tax	-	0.0%
Change in net deferred income taxes	<u>(140,627)</u>	<u>-7.0%</u>
Total statutory income tax expense	<u>\$ 533,039</u>	<u>26.4%</u>

NOTES TO FINANCIAL STATEMENTS

E. Operating Loss and Tax Credit Carryforwards

1. The company did not have any unused net operating loss carryforwards available to offset future taxable income.
2. The Company has income tax expense for 2015 and 2014 of \$673,666 and \$552,156, respectively, that is available for recoupment in the event of future tax losses.

F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is not consolidated with any other entities.

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company has no tax loss contingencies for which it is reasonable possible that the total liability will significantly increase within twelve months of the reporting date.

NOTE 10 - INFORMATION CONCERNING PARENTS, SUBSIDIARIES, AND AFFILIATES

All outstanding shares of the Orrville Insurance Agency are owned by the Mennonite Mutual Insurance Company domiciled in the state of Ohio. Mennonite Mutual Aid Society became an affiliate of Mennonite Mutual Insurance Company in 2013. .

NOTE 11 - DEBT - N/A

NOTE 12 - BENEFIT PLANS

The Company has provided its employees with a 401 (K) retirement plan. The company also makes an additional contribution each year for all qualified employees.

NOTE 13 - CAPITAL AND SURPLUS AND SHAREHOLDERS' AND POLICYHOLDERS' DIVIDEND RESTRICTIONS

1. N/A
2. The Company has no preferred stock outstanding.
3. N/A
4. N/A
5. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
6. N/A
7. N/A
8. N/A
9. The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

1. unrealized gains and losses:	(258,599)
2..nonadmitted asset values:	(424,699)
3. provision for reinsurance:	0

10. N/A

NOTE 14 - CONTINGENCIES

A. Liabilities, Contingencies and Impairment of Assets

Various lawsuits against the Company regarding questions of coverage have arisen in the course of the Company's business. Contingent liabilities arising from litigation and other matters are not considered material in relation to the financial position of the Company.

B. Guarantee Fund and Other Assessments

C. Gain Contingencies

D. All Other

NOTES TO FINANCIAL STATEMENTS

NOTE 15 - LEASES - N/A

NOTE 16 - FINANCIAL INSTRUMENTS AND OFF-BALANCE SHEET RISK - N/A

NOTE 17 - TRANSFERS AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES - N/A

NOTE 18 - UNINSURED PLANS - NA

NOTE 19 - MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS - NA

NOTE 20 – FAIR VALUE MEASUREMENT

Fair values are based on quoted market prices when available. The Company's financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on Statutory Accounting Principle No. 100, Fair Value Measurements. Level 1 inputs consist of unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date. Level 2 inputs consist of quoted prices for similar assets and liabilities in active markets, quoted prices from those willing to trade markets that are not active, or other inputs that are observable or can be confirmed by market data for the term of the instrument. Level 3 inputs consist of unobservable inputs (supported by little or no market activity) and reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

The following table provides information as of December 31, 2015 about the Company's financial assets measured at fair value on a recurring basis:

Fair Value Hierarchy - Note 20 A. (1)

MENNONTIE MUTUAL INSURANCE COMPANY

Year to Date as of: December 31, 2015

Description for each class of Asset or Liability

	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at Fair Value				
Common Stock				
INDUSTRIAL & MISCELLANEOUS	4,515,361.21	86,435.70	0.00	4,601,796.91
PARENTS, SUBSIDIARIES AND AFFILIATES	0.00	0.00	100.00	100.00
Total Common Stock:	4,515,361.21	86,435.70	100.00	4,601,896.91
Total a. Assets at Fair Value:	4,515,361.21	86,435.70	100.00	4,601,896.91
Total MENNONTIE MUTUAL INSURANCE COMPANY:	4,515,361.21	86,435.70	100.00	4,601,896.91

Level 1 Transfers - Details

MENNONTIE MUTUAL INSURANCE COMPANY -

Year to Date as of: December 31, 2015

	Current Fair Value	Transfers into Level 1	Transfers out of Level 1	Comments from Level 1
	2			to Level 2
N/A	0.00	0.00	0.00	0.00
Total Assets MENNONTIE MUTUAL INSURANCE COMPANY:	0.00	0.00	0.00	0.00

Fair Value Measurements - Level 3

Reconciliation

MENNONTIE MUTUAL INSURANCE COMPANY

Year to Date as of: December 31, 2015

	Beginning Balance at 01/01/2015	Transfers into Level 3	Transfer out of Level 3	Total gains and (losses)	Total gains and (losses)	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2015
Description										

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

NOTES TO FINANCIAL STATEMENTS

a. ASSETS

Common Stock

PARENTS, SUBSIDIARIES AND AFFILIATES	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
Total a. ASSETS:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
Total MENNONITE MUTUAL INSURANCE COMPANY:	100.00	0.00	100.00						

Aggregate Fair Value by Hierarchical Level

MENNONTIE MUTUAL INSURANCE COMPANY

Year to Date as of: December 31, 2015

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bond	9,464,311.45	9,247,660.06	9,464,311.45	0.00	0.00	0.00
CMO	346,272.57	344,440.91	346,272.57	0.00	0.00	0.00
MBS	571,957.96	567,914.07	571,957.96	0.00	0.00	0.00
Common Stock	4,601,896.91	4,601,896.91	4,515,361.21	86,435.70	100.00	0.00
Short Term	4,223,605.29	4,223,605.29	4,223,605.29	0.00	0.00	0.00
Total Assets MENNONITE MUTUAL INSURANCE COMPANY:	19,208,044.18	18,985,517.24	19,121,508.48	86,435.70	100.00	0.00

Not Practicable to Estimate Fair Value Detail

MENNONTIE MUTUAL INSURANCE COMPANY

Year to Date as of: December 31, 2015

Type or Class of Financial Instrument

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate
Total Short Term:	4,223,605.29	12/31/2015
Total Assets MENNONITE MUTUAL INSURANCE COMPANY:	4,223,605.29	

NOTE 21 – OTHER ITEMS - N/A

NOTE 22 – EVENTS SUBSEQUENT - N/A

NOTE 23 - REINSURANCE

A. Unsecured reinsurance recoverables in excess of 3% of surplus

B. Reinsurance Recoverable in Dispute

C. Reinsurance Assumed and Ceded

	ASSUMED REINSURANCE		CEDED REINSURANCE		NET	
	(1)	(2)	(3)	(4)	(5)	(6)
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
1 Affiliates	\$255,465	\$76,640	0	0	\$255,465	\$76,640
2. All Other	30,663	10,953	\$283,398	\$94,938	(\$252,735)	(\$83,985)
3. Total	\$286,128	\$87,593	\$283,398	\$94,938	\$2,730	(\$7,345)

4. Direct Unearned Premium reserve \$ 7,532,944

NOTES TO FINANCIAL STATEMENTS

D. Uncollectible Reinsurance - N/A
 E. Commutation of Ceded Reinsurance - N/A

F. Retroactive Reinsurance - N/A

NOTE 24 - RETROSPECTIVELY RATED CONTRACTS - N/A

NOTE 25- CHANGES IN INCURRED LOSSES AND LAE

The estimated cost of loss and loss adjustment expenses (LAE) attributable to insured events of prior years increased by 256,439 during 2015 increases or decreases of this nature occur as the result of claim settlements during the current year, and as additional information is received regarding individual claims, causing changes from the original estimates of the cost of these claims.

	2015 Calendar Year Losses & LAE Incurred	2014 Loss Year Losses & LAE Incurred	Total Shortage (Redundancy)	Loss & DCC Shortage (Redundancy)	Impact of AO on Total Shortage (Redundancy)
	Sch. P – Part 1			Sch. P – Part 2	
Net Losses Incurred Page 4, Col.1, Line 2	3,757,630				
Net LAE Incurred Page 4, Col.1, Line 3	1,368,931				
Sch.P Part 1 Summary Col 28, Line 11		5,126,561			
ROLLFORWARD Unpaid losses & LAE At Beginning of Year		1,497,740			
Losses & LAE incurred in current year: For current year losses And LAE (Sch. P Part1)		5,383,000	(256,439)	(479,000)	222,561
For prior year losses & defence Cost containment expenses (Sch.P Part 2)		(479,000)			
For prior year adjusting & Other expenses		<u>222,561</u>			
Income Statement Col 1, Lines 2 and 3		5,126,561			

NOTE 26 - INTERCOMPANY POOLING ARRANGEMENTS - N/A

NOTE 27 - STRUCTURED SETTLEMENTS - N/A

NOTE 28 – HEALTH CARE RECEIVABLES - N/A

NOTE 29 – PARTICIPATING POLICIES - N/A

NOTE 30 – PREMIUM DEFICIENCY RESERVES -

	Fire	HO/FO	CMP	G/L	CAP	Total
Unearned premium reserve at 12/31/15	879,179	2,742,964	3,194,891	216,587	367,043	7,400,664
Anticipated loss and adjusting (5 year average)	-367,800	-1,655,014	-1,893,757	-105,746	-159,293	-4,181,611
Acquisition costs (at renewal)	0	0	0	0	0	0
Policy maintenance cost (10.0% estimate)	-87,918	-274,296	-319,489	-21,659	-36,704	-740,066
If negative - deficiency	<u>423,461</u>	<u>813,653</u>	<u>981,645</u>	<u>89,182</u>	<u>171,045</u>	<u>2,478,986</u>
Net earned premium 2011	1,498	6,360	1,793	533	555	
Net earned premium 2012	1,417	5,499	2,028	500	578	
Net earned premium 2013	1,926	4,521	2,531	560	672	
Net earned premium 2014	1,803	4,326	3,657	537	708	
Net earned premium 2015	1,598	4,597	4,768	463	729	
	<u>8,242</u>	<u>25,303</u>	<u>14,777</u>	<u>2,593</u>	<u>3,242</u>	
Net incurred loss & lae 2011	642	4,995	1,182	68	237	
Net incurred loss & lae 2012	765	4,086	1,328	359	239	
Net incurred loss & lae 2013	670	2,964	1,544	22	312	
Net incurred loss & lae 2014	579	1,494	2,455	482	328	
Net incurred loss & lae 2015	792	1,728	2,250	335	291	
	<u>3,448</u>	<u>15,267</u>	<u>8,759</u>	<u>1,266</u>	<u>1,407</u>	

Note 30

The Company evaluated the need to record a premium deficiency reserve as of the end of the year and determined a reserve was not required. This evaluation was completed subsequent to year end. The Company does not anticipate investment income when evaluating the need for premium deficiency reserves.

NOTES TO FINANCIAL STATEMENTS

NOTE 31 – HIGH DEDUCTIBLES – N/A

NOTE 32 – DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES AND LAE - N/A

NOTE 33 - ASBESTOS AND ENVIRONMENTAL CLAIMS

A. Does the Company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to asbestos losses? Yes () No (X)

NOTE 34 - SUBSCRIBER SAVINGS ACCOUNTS – N/A

NOTE 35 – MULTIPLE PERIL CROP INSURANCE – N/A

NOTE 36 – FINANCIAL GUARANTY INSURANCE - NA

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 [] 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 [] 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 [] No []
2.2 If yes, date of change:
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2012
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.12/31/2012
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).11/05/2013
3.4 By what department or departments? Ohio Department of Insurance.....
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 []
3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] 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 []
4.12 renewals? Yes [] No []
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 []
4.22 renewals? Yes [] No []
5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []
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. Yes [] No []

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 []
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 []
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 MENNONITE 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?
Buffamente, Whipple, Buttafaro, P.C., 201 West Third Street Suite # 300, Jamestown, NY 14701.....

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?
Joseph L Petrelli, President, Demotech, Inc., 2715 Tuller Parkway, Dublin, Ohio 43017-2310.....

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 [X] No []

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

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

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 MENNONITE 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 \$.....
20.12 To stockholders not officers \$.....
20.13 Trustees, supreme or grand (Fraternal only) \$.....

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

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 \$.....
21.22 Borrowed from others \$.....
21.23 Leased from others \$.....
21.24 Other \$.....

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 [X] No []

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 44,476

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MENNONITE 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 [X]

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

25.21 Subject to repurchase agreements	\$.....
25.22 Subject to reverse repurchase agreements	\$.....
25.23 Subject to dollar repurchase agreements	\$.....
25.24 Subject to reverse dollar repurchase agreements	\$.....
25.25 Placed under option agreements	\$.....
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$.....
25.27 FHLB Capital Stock	\$ 32,500
25.28 On deposit with states	\$.....
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32 Other	\$.....

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? Yes [] No [] N/A [X]
If no, attach a description with this statement.

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 [X]

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 during and after standard hours or outside normal business hours in accordance with Section 441(b), General Exemption

pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 11, 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
Wayne Savings Community Bank.....	Wooster, Ohio.....
Manufacturers and Traders Trust co.....	Baltimore, Md.....

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?

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 MENNONITE 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
.....
.....
.....
.....

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 [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....
.....
29.2999 TOTAL		0

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
.....
.....
.....

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.....	14,383,620	14,606,147	222,527
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	14,383,620	14,606,147	222,527

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

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 [X] 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? Yes [X] No []

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 MENNONITE MUTUAL INSURANCE COMPANY

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 102,481

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
AAIS.....	\$.....47,466

34.1 Amount of payments for legal expenses, if any? \$ 135,506

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
Montgomery, Rennie & Johnson.....	\$.....85,059

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$

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 MENNONITE 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? \$

1.31 Reason for excluding

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

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	\$ 12,133,424	\$ 11,031,378
2.3 Premium Ratio (2.1/2.2)	.....0.000	.....0.000
2.4 Reserve Numerator	\$ 0	\$ 0
2.5 Reserve Denominator	\$ 9,320,778	\$ 8,422,274
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 \$

3.22 Non-participating policies \$

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 [X] No []

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

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

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 MENNONITE 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:
N/A.....

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:
AIR 2015 Touchstone V3.0.....

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?
Purchases Cat Reinsurance to the 1000 year event.....

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)?
Yes [] No []

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?
Yes [] No []

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.....
Yes [] No []

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.....
Yes [] No []

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.....
Yes [] No []

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?.....
Yes [] No []

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.....
Yes [] No []

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.....
Yes [] No []

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 [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MENNONITE 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..... \$.....
 12.12 Unpaid underwriting expenses (including loss adjustment expenses)..... \$.....

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..... \$.....

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..... %.....
 12.42 To..... %.....

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..... \$.....
 12.62 Collateral and other funds..... \$.....

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):..... \$..... 200,000
 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.

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 MENNONITE 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
17.11	Excluded from Schedule F – Part 5..... \$.....
17.12	Unfunded portion of Interrogatory 17.11..... \$.....
17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11..... \$.....
17.14	Case reserves portion of Interrogatory 17.11..... \$.....
17.15	Incurred but not reported portion of Interrogatory 17.11..... \$.....
17.16	Unearned premium portion of Interrogatory 17.11..... \$.....
17.17	Contingent commission portion of Interrogatory 17.11..... \$.....

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

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. \$.....
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. \$.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MENNONITE 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)	1,659,437	1,559,706	1,678,779	1,426,063	1,354,547
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	1,912,118	1,995,273	2,585,796	1,856,100	1,863,714
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	12,077,601	11,035,784	9,525,243	9,625,333	10,167,703
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)	15,649,156	14,590,763	13,789,818	12,907,496	13,385,964
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)	994,287	961,656	1,111,085	936,126	944,156
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	1,751,960	1,802,939	2,323,288	1,554,789	1,668,146
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	9,863,307	8,670,043	7,072,448	7,155,976	8,457,036
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)	12,609,554	11,434,638	10,506,821	9,646,891	11,069,338
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	1,732,341	961,421	269,896	(135,239)	(299,019)
14. Net investment gain (loss) (Line 11)	215,214	741,914	435,953	399,648	430,739
15. Total other income (Line 15)	73,266	51,926	72,500	71,491	74,856
16. Dividends to policyholders (Line 17)	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)	676,738	538,827	203,666	75,817	69,996
18. Net income (Line 20)	1,344,083	1,216,434	574,683	260,083	136,580
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	24,600,980	22,920,094	21,622,796	19,993,131	19,984,009
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	388,766	282,841	289,226	262,213	311,595
20.2 Deferred and not yet due (Line 15.2)	3,559,248	3,290,350	2,884,907	2,604,936	2,510,732
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	11,207,797	10,415,726	9,987,805	9,308,461	9,740,635
22. Losses (Page 3, Line 1)	1,755,764	1,322,140	1,645,712	1,168,329	1,593,926
23. Loss adjustment expenses (Page 3, Line 3)	164,350	175,600	155,400	151,400	160,200
24. Unearned premiums (Page 3, Line 9)	7,400,664	6,924,534	6,521,274	6,224,761	6,599,623
25. Capital paid up (Page 3, Lines 30 & 31)	0	0	0	0	0
26. Surplus as regards policyholders (Page 3, Line 37)	13,393,183	12,504,368	11,634,991	10,684,670	10,243,374
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	1,123,478	753,870	1,133,758	(368,149)	966,412
Risk-Based Capital Analysis					
28. Total adjusted capital	13,393,183	12,504,368	11,634,991	10,684,670	10,243,374
29. Authorized control level risk-based capital	1,290,217	1,015,990	720,260	693,342	783,684
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)	51.4	45.7	59.2	65.9	70.3
31. Stocks (Lines 2.1 & 2.2)	23.3	24.3	14.4	9.2	8.1
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.4
33. Real estate (Lines 4.1, 4.2 & 4.3)	4.4	4.6	5.1	6.0	4.8
34. Cash, cash equivalents and short-term investments (Line 5)	21.0	25.4	21.3	18.9	16.5
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	0.0	0.0	0.0
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)	100	100	100	100	100
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	100	100	100	100	100
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	0.0	0.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MENNONITE 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)	(258,599)	(475,359)	316,026	105,441	(5,601)
52. Dividends to stockholders (Line 35)	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38)	888,814	869,378	950,321	441,296	381,616
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)	328,241	1,097,888	297,268	163,474	80,848
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	675,720	590,239	530,469	1,015,615	828,473
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	2,424,876	4,315,199	4,427,910	7,610,556	5,729,088
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)	3,428,837	6,003,326	5,255,647	8,789,645	6,638,409
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)	234,379	49,224	282,220	163,474	80,848
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	675,720	590,239	523,167	848,514	817,627
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	2,413,907	3,514,256	3,508,393	4,706,822	4,851,193
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)	3,324,006	4,153,719	4,313,780	5,718,810	5,749,668
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)	31.0	34.7	47.0	53.0	54.0
68. Loss expenses incurred (Line 3)	11.3	11.7	11.0	12.0	10.0
69. Other underwriting expenses incurred (Line 4)	43.5	44.9	40.0	37.0	38.0
70. Net underwriting gain (loss) (Line 8)	14.3	8.7	3.0	(1.0)	(3.0)
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)	41.2	42.9	38.0	37.0	36.0
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	42.3	46.4	58.0	65.0	65.0
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)	94.1	91.4	90.0	90.0	108.0
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)	(479)	(299)	(22)	(375)	(397)
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)	(3.8)	(2.6)	0.0	(4.0)	(4.0)
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)	(477)	98	(260)	(530)	(567)
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)	(4.1)	0.9	(3.0)	(5.0)	(6.0)

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 MENNONITE 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	155	94	27	0	0	0	0	0	.88	
2. 2006	11,569	2,427	9,142	5,978	2,139	164	0	.692	0	0	14	4,695	
3. 2007	11,601	2,203	9,398	4,992	483	155	0	.683	0	0	.30	5,347	
4. 2008	11,767	2,470	9,297	6,345	2,381	91	0	.738	0	0	.54	4,793	
5. 2009	11,986	2,329	9,657	5,999	1,657	139	0	.865	0	0	.87	5,346	
6. 2010	12,287	2,289	9,998	7,128	1,959	68	0	.956	0	0	.435	6,193	
7. 2011	13,046	2,307	10,739	6,365	291	32	0	.999	0	0	.95	7,105	
8. 2012	13,276	3,254	10,022	8,784	3,316	103	0	1,097	0	0	.93	6,668	
9. 2013	13,454	3,244	10,210	5,552	1,115	.46	0	.972	0	0	.43	5,455	
10. 2014	14,142	3,110	11,032	4,570	759	146	0	1,070	0	0	.23	5,027	
11. 2015	15,113	2,979	12,134	2,929	3	0	0	921	0	0	.55	3,847	
12. Totals	XXX	XXX	XXX	58,797	14,197	971	0	8,993	0	929	54,564	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.	10	0	3	0	12	0	0	0	0	0	0	0	.25
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	25	0	7	0	0	0	0	0	0	0	0	0	.34
5.	5	0	2	0	0	0	0	0	0	0	0	0	7
6.	18	0	6	0	0	0	0	0	0	1	0	0	.25
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	.175	.82	.45	0	18	0	0	0	.5	0	0	0	161
9.	24	0	6	0	.8	0	0	0	1	0	0	0	.39
10.	.430	.429	.74	0	7	0	0	0	11	0	0	0	.93
11.	1,323	300	414	0	17	0	0	0	82	0	0	0	1,536
12.	2,010	811	557	0	62	0	0	0	102	0	0	0	1,920

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	13	.12
2.	6,834	2,139	4,695	.59.1	.88.1	.51.4	0	0	0	0	0
3.	5,830	483	5,347	.50.3	.21.9	.56.9	0	0	0	0	0
4.	7,208	2,381	4,827	.61.3	.96.4	.51.9	0	0	0	0	.32
5.	7,010	1,657	5,353	.58.5	.71.1	.55.4	0	0	0	0	0
6.	8,177	1,959	6,218	.66.6	.85.6	.62.2	0	0	0	0	.24
7.	7,396	291	.7,105	.56.7	.12.6	.66.2	0	0	0	0	0
8.	10,227	3,398	6,829	.77.0	.104.4	.68.1	0	0	0	0	.138
9.	6,609	1,115	5,494	.49.1	.34.4	.53.8	0	0	0	0	.30
10.	6,308	1,188	5,120	.44.6	.38.2	.46.4	0	0	0	0	.75
11.	5,686	303	5,383	.37.6	.10.2	.44.4	0	0	0	1,437	99
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1,756	164

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 MENNONITE 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	725	355	201	193	128	111	132	154	271	247	(24)	93
2. 2006	4,365	4,102	4,019	3,979	3,978	4,034	4,003	4,003	4,002	4,003	.1	.0
3. 2007	XXX	5,029	4,780	4,681	4,679	4,681	4,663	4,663	4,664	4,664	.0	.1
4. 2008	XXX	XXX	3,985	4,090	4,002	4,042	3,999	3,998	3,998	4,087	.89	.89
5. 2009	XXX	XXX	XXX	4,901	4,501	4,409	4,438	4,463	4,465	4,488	.23	.25
6. 2010	XXX	XXX	XXX	XXX	5,926	5,540	5,449	5,480	5,503	5,261	(242)	(219)
7. 2011	XXX	XXX	XXX	XXX	XXX	6,342	6,100	6,138	6,123	6,106	(17)	(32)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	5,842	5,705	5,698	5,727	.29	.22
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,977	4,558	4,521	(37)	(456)
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,340	4,039	(301)	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,380	XXX	XXX
										12. Totals	(479)	(477)

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	151	26	.58	.62	.73	.94	.114	.134	.222	XXX	XXX
2. 2006	3,348	3,801	3,889	3,914	3,965	3,969	4,003	4,003	4,002	4,003	XXX	XXX
3. 2007	XXX	4,102	4,392	4,499	4,554	4,603	4,663	4,663	4,664	4,664	XXX	XXX
4. 2008	XXX	XXX	3,374	3,825	3,960	3,977	3,999	3,998	3,998	4,055	XXX	XXX
5. 2009	XXX	XXX	XXX	3,989	4,306	4,350	4,402	4,444	4,446	4,481	XXX	XXX
6. 2010	XXX	XXX	XXX	XXX	4,860	5,469	5,412	5,443	5,455	5,237	XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX	5,124	6,071	6,083	6,097	6,106	XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	4,813	5,443	5,525	5,571	XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,704	4,447	4,483	XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,476	3,957	XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,926	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	.369	.68	39	.24	.20	.13	.13	.13	.30	.3	
2. 2006	.466	154	54	.17	.3	.15	.0	.0	.0	.0	
3. 2007	XXX	456	167	.63	.29	.18	.0	.0	.0	.0	
4. 2008	XXX	XXX	297	130	.26	.15	.0	.0	.0	.7	
5. 2009	XXX	XXX	XXX	369	.71	.12	.8	.4	.4	.2	
6. 2010	XXX	XXX	XXX	XXX	306	.28	.8	.9	.15	.6	
7. 2011	XXX	XXX	XXX	XXX	XXX	354	.17	.35	.6	.0	
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	408	.71	.65	.45	
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.321	.41	.6	
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.395	.74	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	414	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MENNONITE 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	3,532,465	3,215,403	0	988,887	922,995	597,053	12,839
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	11,830,563	11,609,217	0	2,400,301	3,186,010	1,937,978	.83,645
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	L	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	Q	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)	3	15,363,028	14,824,620	0	3,389,188	4,109,005	2,535,031	96,484
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
58999. Totals (Lines 58001 through 58003 + 58998) (Line 58 above)		XXX.	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.

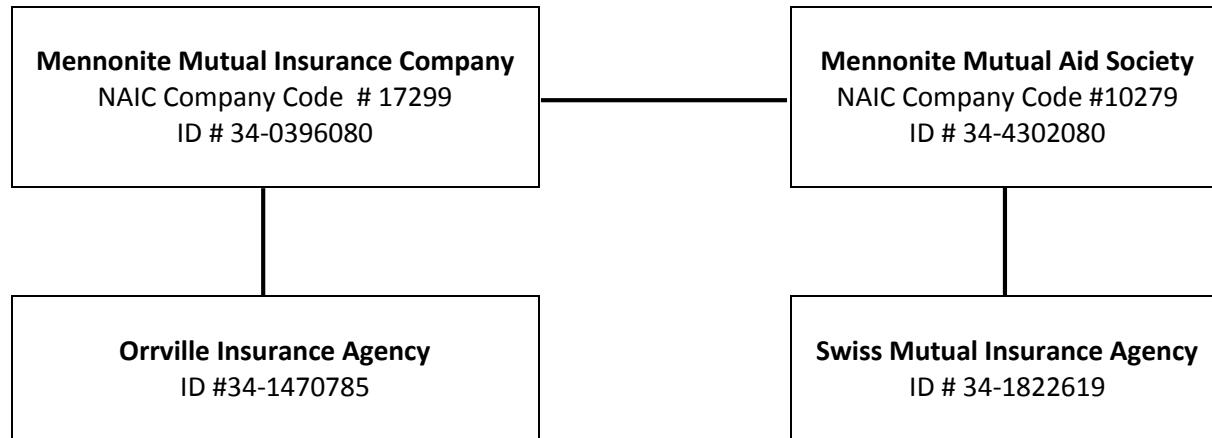
Explanation of basis of allocation of premiums by states, etc.

All of the premiums are allocated to the state in which the property or insured is located. Losses are allocated to the state in which premium was allocated.

(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
PART 1 – ORGANIZATIONAL CHART

**MENNONITE MUTUAL GROUP
ORGANIZATIONAL CHART
NAIC Group Code #4780**



1. Both companies and agencies are controlled by a common board of directors and officers.

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	19
Five-Year Historical Data	17
General Interrogatories	15
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-Ins	100
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Verification Between Years	SI15
Schedule F – Part 1	20
Schedule F – Part 2	21
Schedule F – Part 3	22
Schedule F – Part 4	23
Schedule F – Part 5	24
Schedule F – Part 6 – Section 1	25
Schedule F – Part 6 – Section 2	26
Schedule F – Part 7	27
Schedule F – Part 8	28
Schedule F – Part 9	29
Schedule H – Accident and Health Exhibit – Part 1	30
Schedule H – Part 2, Part 3, and Part 4	31
Schedule H – Part 5 – Health Claims	32
Schedule P – Part 1 – Summary	33
Schedule P – Part 1A – Homeowners/Farmowners	35
Schedule P – Part 1B – Private Passenger Auto Liability/Medical	36
Schedule P – Part 1C – Commercial Auto/Truck Liability/Medical	37
Schedule P – Part 1D – Workers' Compensation (Excluding Excess Workers' Compensation)	38

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

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

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 3B – Private Passenger Auto Liability/Medical	62
Schedule P – Part 3C – Commercial Auto/Truck Liability/Medical	62
Schedule P – Part 3D – Workers’ Compensation (Excluding Excess Workers’ Compensation)	62
Schedule P – Part 3E – Commercial Multiple Peril	62
Schedule P – Part 3F – Section 1 – Medical Professional Liability – Occurrence	63
Schedule P – Part 3F – Section 2 – Medical Professional Liability – Claims-Made	63
Schedule P – Part 3G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	63
Schedule P – Part 3H – Section 1 – Other Liability – Occurrence	63
Schedule P – Part 3H – Section 2 – Other Liability – Claims-Made	63
Schedule P – Part 3I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	64
Schedule P – Part 3J – Auto Physical Damage	64
Schedule P – Part 3K – Fidelity/Surety	64
Schedule P – Part 3L – Other (Including Credit, Accident and Health)	64
Schedule P – Part 3M – International	64
Schedule P – Part 3N – Reinsurance – Nonproportional Assumed Property	65
Schedule P – Part 3O – Reinsurance – Nonproportional Assumed Liability	65
Schedule P – Part 3P – Reinsurance – Nonproportional Assumed Financial Lines	65
Schedule P – Part 3R – Section 1 – Products Liability – Occurrence	66
Schedule P – Part 3R – Section 2 – Products Liability – Claims-Made	66
Schedule P – Part 3S – Financial Guaranty/Mortgage Guaranty	66
Schedule P – Part 3T – Warranty	66
Schedule P – Part 4A – Homeowners/Farmowners	67
Schedule P – Part 4B – Private Passenger Auto Liability/Medical	67
Schedule P – Part 4C – Commercial Auto/Truck Liability/Medical	67
Schedule P – Part 4D – Workers’ Compensation (Excluding Excess Workers’ Compensation)	67
Schedule P – Part 4E – Commercial Multiple Peril	67
Schedule P – Part 4F – Section 1 – Medical Professional Liability – Occurrence	68
Schedule P – Part 4F – Section 2 – Medical Professional Liability – Claims-Made	68
Schedule P – Part 4G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	68
Schedule P – Part 4H – Section 1 – Other Liability – Occurrence	68
Schedule P – Part 4H – Section 2 – Other Liability – Claims-Made	68
Schedule P – Part 4I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	69
Schedule P – Part 4J – Auto Physical Damage	69
Schedule P – Part 4K – Fidelity/Surety	69
Schedule P – Part 4L – Other (Including Credit, Accident and Health)	69
Schedule P – Part 4M – International	69
Schedule P – Part 4N – Reinsurance – Nonproportional Assumed Property	70
Schedule P – Part 4O – Reinsurance – Nonproportional Assumed Liability	70
Schedule P – Part 4P – Reinsurance – Nonproportional Assumed Financial Lines	70
Schedule P – Part 4R – Section 1 – Products Liability – Occurrence	71
Schedule P – Part 4R – Section 2 – Products Liability – Claims-Made	71

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 4S – Financial Guaranty/Mortgage Guaranty	71
Schedule P – Part 4T – Warranty	71
Schedule P – Part 5A – Homeowners/Farmowners	72
Schedule P – Part 5B – Private Passenger Auto Liability/Medical	73
Schedule P – Part 5C – Commercial Auto/Truck Liability/Medical	74
Schedule P – Part 5D – Workers’ Compensation (Excluding Excess Workers’ Compensation)	75
Schedule P – Part 5E – Commercial Multiple Peril	76
Schedule P – Part 5F – Medical Professional Liability – Claims-Made	78
Schedule P – Part 5F – Medical Professional Liability – Occurrence	77
Schedule P – Part 5H – Other Liability – Claims-Made	80
Schedule P – Part 5H – Other Liability – Occurrence	79
Schedule P – Part 5R – Products Liability – Claims-Made	82
Schedule P – Part 5R – Products Liability – Occurrence	81
Schedule P – Part 5T – Warranty	83
Schedule P – Part 6C – Commercial Auto/Truck Liability/Medical	84
Schedule P – Part 6D – Workers’ Compensation (Excluding Excess Workers’ Compensation)	84
Schedule P – Part 6E – Commercial Multiple Peril	85
Schedule P – Part 6H – Other Liability – Claims-Made	86
Schedule P – Part 6H – Other Liability – Occurrence	85
Schedule P – Part 6M – International	86
Schedule P – Part 6N – Reinsurance – Nonproportional Assumed Property	87
Schedule P – Part 6O – Reinsurance – Nonproportional Assumed Liability	87
Schedule P – Part 6R – Products Liability – Claims-Made	88
Schedule P – Part 6R – Products Liability – Occurrence	88
Schedule P – Part 7A – Primary Loss Sensitive Contracts	89
Schedule P – Part 7B – Reinsurance Loss Sensitive Contracts	91
Schedule P Interrogatories	93
Schedule T – Exhibit of Premiums Written	94
Schedule T – Part 2 – Interstate Compact	95
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule Y – Part 1A – Detail of Insurance Holding Company System	97
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	98
Statement of Income	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	99
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11

