



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT
For the Year Ended December 31, 2015
OF THE CONDITION AND AFFAIRS OF THE
WESTERN RESERVE MUTUAL CASUALTY COMPANY

NAIC Group Code	0207	0207	NAIC Company Code	26131	Employer's ID Number	34-0613930
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio			State of Domicile or Port of Entry		Ohio
Country of Domicile	United States					
Incorporated/Organized	06/29/1937			Commenced Business		07/30/1937
Statutory Home Office	1685 Cleveland Road			Wooster, OH, US 44691-0036		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	1685 Cleveland Road			Wooster, OH, US 44691-0036		330-262-9060
	(Street and Number)			(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)
Mail Address	1685 Cleveland Road			Wooster, OH, US 44691-0036		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	1685 Cleveland Road			Wooster, OH, US 44691-0036		330-262-9060
	(Street and Number)			(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)
Internet Web Site Address	www.wrg-ins.com					
Statutory Statement Contact	Joseph Earl Wilford			330-262-9060-2437		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	joe_wilford@wrg-ins.com			330-264-7822		
	(E-Mail Address)			(Fax Number)		

OFFICERS

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

OTHER OFFICERS

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

DIRECTORS OR TRUSTEES

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

State ofOhio.....
County ofWayne.....

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

KEVIN W. DAY PRESIDENT AND SECRETARY -CHIEF EXECUTIVE OFFICER	MICHAEL A. SHUTT VICE PRESIDENT AND TREASURER -CHIEF FINANCIAL OFFICER	a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes [X] No []
Subscribed and sworn to before me this 26th day of February, 2016			

Lauresa Durham, Notary Public
July 30, 2016

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE WESTERN RESERVE MUTUAL CASUALTY COMPANY

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	97,880,477	0	97,880,477	95,316,540
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	390,528
2.2 Common stocks	52,272,041	296,327	51,975,714	51,691,235
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....	7,115,080	0	7,115,080	7,337,621
4.2 Properties held for the production of income (less \$ encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances)	0	0	0	0
5. Cash (\$(15,766,005) , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$2,054,149 , Schedule DA).....	(13,711,856)	0	(13,711,856)	(6,608,737)
6. Contract loans (including \$ premium notes).....	0	0	0	0
7. Derivatives (Schedule DB).....	0	0	0	0
8. Other invested assets (Schedule BA)	7,360,507	979,595	6,380,912	4,006,754
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	150,916,249	1,275,923	149,640,326	152,133,941
13. Title plants less \$ charged off (for Title insurers only).....	0	0	0	0
14. Investment income due and accrued	969,578	0	969,578	967,800
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	30,131,270	114,466	30,016,804	28,606,839
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....	0	0	0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	10,623	0	10,623	21,021
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	599,688	0	599,688	0
18.2 Net deferred tax asset.....	2,829,482	0	2,829,482	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software.....	11,295,698	9,900,945	1,394,753	820,601
21. Furniture and equipment, including health care delivery assets (\$)	276,538	276,538	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	32,910	0	32,910	32,283
24. Health care (\$) and other amounts receivable.....	0	0	0	0
25. Aggregate write-ins for other-than-invested assets	100,839	100,839	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	197,162,875	11,668,711	185,494,164	182,582,484
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0	0
28. Total (Lines 26 and 27)	197,162,875	11,668,711	185,494,164	182,582,484
DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.	0	0	0	0
1103.	0	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expense.....	100,839	100,839	0	0
2502.	0	0	0	0
2503.	0	0	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	100,839	100,839	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	25,578,034	23,587,137
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)	5,383,973	4,864,650
4. Commissions payable, contingent commissions and other similar charges	2,754,764	2,424,361
5. Other expenses (excluding taxes, licenses and fees)	3,804,939	3,838,143
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	945,283	934,908
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	0	162,372
7.2 Net deferred tax liability	0	702,861
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 \$1,383,265 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)	36,843,699	36,158,198
10. Advance premium	653,890	538,309
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	283,308	269,149
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	1,676,896	2,413,378
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$ certified) (Schedule F, Part 8)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	0	0
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ and interest thereon \$	0	0
25. Aggregate write-ins for liabilities	943,984	487,088
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	78,868,769	76,380,555
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	78,868,769	76,380,555
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)	106,625,394	106,201,929
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)	106,625,394	106,201,929
38. Totals (Page 2, Line 28, Col. 3)	185,494,164	182,582,484
DETAILS OF WRITE-INS		
2501. Other Liabilities.....	943,984	487,088
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)	943,984	487,088
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.		0
3202.		0
3203.		0
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE WESTERN RESERVE MUTUAL CASUALTY COMPANY

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)	77,562,764	75,912,942
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	40,267,609	39,837,759
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	8,161,084	7,854,139
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	25,299,082	24,675,947
5. Aggregate write-ins for underwriting deductions	0	0
6. Total underwriting deductions (Lines 2 through 5)	73,727,775	72,367,845
7. Net income of protected cells	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	3,834,989	3,545,097
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	3,569,404	3,696,220
10. Net realized capital gains (losses) less capital gains tax of \$ (417,831) (Exhibit of Capital Gains (Losses))	(811,083)	2,063,063
11. Net investment gain (loss) (Lines 9 + 10)	2,758,321	5,759,283
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ 88,215)	(88,215)	(93,051)
13. Finance and service charges not included in premiums	1,178,538	1,198,157
14. Aggregate write-ins for miscellaneous income	429	1,993
15. Total other income (Lines 12 through 14)	1,090,752	1,107,099
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	7,684,061	10,411,479
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)	7,684,061	10,411,479
19. Federal and foreign income taxes incurred	2,979,119	791,638
20. Net income (Line 18 minus Line 19) (to Line 22)	4,704,943	9,619,842
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	106,201,929	101,621,488
22. Net income (from Line 20)	4,704,943	9,619,842
23. Net transfers (to) from Protected Cell accounts	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ (1,351,279)	(2,623,071)	(659,312)
25. Change in net unrealized foreign exchange capital gain (loss)	0	0
26. Change in net deferred income tax	2,181,063	(66,695)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	(3,847,414)	(4,280,489)
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	7,944	(32,905)
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	423,465	4,580,441
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	106,625,394	106,201,929
DETAILS OF WRITE-INS		
0501.	0	0
0502.	0	0
0503.	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0
1401. Other Income (Expense)	429	1,993
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	429	1,993
3701. Change in Surplus Due to Prior Period Adjustment (see Footnote 2)	7,944	(32,905)
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	7,944	(32,905)

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	77,026,943	75,317,508
2. Net investment income	4,196,628	4,234,559
3. Miscellaneous income	1,090,752	1,107,099
4. Total (Lines 1 through 3)	82,314,322	80,659,167
5. Benefit and loss related payments	38,266,314	39,664,420
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	32,576,733	32,466,978
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	3,323,348	535,000
10. Total (Lines 5 through 9)	74,166,395	72,666,397
11. Net cash from operations (Line 4 minus Line 10)	8,147,927	7,992,770
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	13,238,916	11,470,183
12.2 Stocks	15,003,503	14,449,917
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	544,028	5,738,557
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	4,006,296	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	32,792,743	31,658,657
13. Cost of investments acquired (long-term only):		
13.1 Bonds	16,111,516	15,821,774
13.2 Stocks	19,942,597	12,781,769
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	2,680,000	6,051,242
13.6 Miscellaneous applications	4,006,296	3
13.7 Total investments acquired (Lines 13.1 to 13.6)	42,740,409	34,654,788
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)	(9,947,666)	(2,996,131)
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)	(5,303,380)	(5,966,873)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(5,303,380)	(5,966,873)
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)	(7,103,119)	(970,233)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	(6,608,737)	(5,638,504)
19.2 End of year (Line 18 plus Line 19.1)	(13,711,856)	(6,608,737)

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	1,295,450	.687,832	.681,306	1,301,976
2.	Allied lines .....	.594,013	.371,915	.370,452	.595,476
3.	Farmowners multiple peril .....	.8,239,177	.4,163,371	.4,345,149	.8,057,399
4.	Homeowners multiple peril	20,301,394	11,731,080	11,469,121	20,563,353
5.	Commercial multiple peril	9,400,489	.4,565,576	.4,797,149	9,168,916
6.	Mortgage guaranty .....	.0	.0	.0	.0
8.	Ocean marine .....	.0	.0	.0	.0
9.	Inland marine .....	.832,300	.377,963	.422,024	.788,239
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	15,296	.7,482	.7,409	15,369
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 .....	.489,220	.247,137	.258,899	.477,458
17.1	Other liability-occurrence .....	.416,251	.198,230	.199,836	.414,645
17.2	Other liability-claims-made .....	.784	.494	.1,142	.136
17.3	Excess workers' compensation.....	.0	.0	.0	.0
18.1	Products liability-occurrence .....	.62,949	.30,816	.34,055	.59,710
18.2	Products liability-claims-made .....	.0	.0	.0	.0
19.1,19.2	Private passenger auto liability	17,484,716	.6,450,638	.6,561,035	17,374,319
19.3,19.4	Commercial auto liability .....	.3,426,413	.1,529,994	.1,665,077	.3,291,330
21.	Auto physical damage	15,576,406	.5,743,743	.5,976,289	15,343,860
22.	Aircraft (all perils) .....	.0	.0	.0	.0
23.	Fidelity .....	.0	.0	.0	.0
24.	Surety .....	.0	.0	.0	.0
26.	Burglary and theft .....	.32,178	.16,497	.16,219	.32,456
27.	Boiler and machinery .....	.81,229	.35,430	.38,537	.78,122
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	78,248,265	36,158,198	36,843,699	77,562,764
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

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 .....	.681,306				.681,306
2.	Allied lines .....	.370,452				.370,452
3.	Farmowners multiple peril	4,345,149				4,345,149
4.	Homeowners multiple peril	11,469,121				11,469,121
5.	Commercial multiple peril	4,797,149				4,797,149
6.	Mortgage guaranty	0				0
8.	Ocean marine	0				0
9.	Inland marine	422,024				422,024
10.	Financial guaranty	0				0
11.1	Medical professional liability-occurrence	0				0
11.2	Medical professional liability-claims-made	0				0
12.	Earthquake	7,409				7,409
13.	Group accident and health	0				0
14.	Credit accident and health (group and individual) ...	0				0
15.	Other accident and health	0				0
16.	Workers' compensation	258,899				258,899
17.1	Other liability-occurrence	199,836				199,836
17.2	Other liability-claims-made	1,142				1,142
17.3	Excess workers' compensation	0				0
18.1	Products liability-occurrence	34,055				34,055
18.2	Products liability-claims-made	0				0
19.1,19.2	Private passenger auto liability	6,561,035				6,561,035
19.3,19.4	Commercial auto liability	1,665,077				1,665,077
21.	Auto physical damage	5,976,289				5,976,289
22.	Aircraft (all perils)	0				0
23.	Fidelity	0				0
24.	Surety	0				0
26.	Burglary and theft	16,219				16,219
27.	Boiler and machinery	38,537				38,537
28.	Credit	0				0
29.	International	0				0
30.	Warranty	0				0
31.	Reinsurance-nonproportional assumed property	0				0
32.	Reinsurance-nonproportional assumed liability	0				0
33.	Reinsurance-nonproportional assumed financial lines	0				0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0
35.	TOTALS	36,843,699	0	0	0	36,843,699
36.	Accrued retrospective premiums based on experience					
37.	Earned but unbilled premiums					
38.	Balance (Sum of Lines 35 through 37)					36,843,699
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.

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	3,208,671	1,295,450		3,192,341	16,330	1,295,450
2.	Allied lines	1,749,946	594,013		1,459,815	290,131	594,013
3.	Farmowners multiple peril	0	8,239,177		0	0	8,239,177
4.	Homeowners multiple peril	19,208,953	20,301,394		17,358,975	1,849,978	20,301,394
5.	Commercial multiple peril	13,238,998	9,400,489		12,746,527	492,471	9,400,489
6.	Mortgage guaranty	0	0				0
8.	Ocean marine	0	0				0
9.	Inland marine	1,038,717	832,300		1,002,419	36,298	832,300
10.	Financial guaranty	0					0
11.1	Medical professional liability-occurrence	0					0
11.2	Medical professional liability-claims-made	0					0
12.	Earthquake	17,861	15,296		17,656	205	15,296
13.	Group accident and health	0					0
14.	Credit accident and health (group and individual)	0					0
15.	Other accident and health	0					0
16.	Workers' compensation	1,400,024	489,220		1,223,051	176,973	489,220
17.1	Other liability-occurrence	3,271,920	416,251		904,079	2,367,841	416,251
17.2	Other liability-claims-made	13,723	784		380	13,343	784
17.3	Excess workers' compensation	0					0
18.1	Products liability-occurrence	121,908	62,949		119,431	2,477	62,949
18.2	Products liability-claims-made	0			0	0	0
19.1,19.2	Private passenger auto liability	27,019,726	17,484,716		27,009,551	10,175	17,484,716
19.3,19.4	Commercial auto liability	3,869,095	3,426,413		3,852,824	16,271	3,426,413
21.	Auto physical damage	23,802,767	15,576,406		23,603,720	199,047	15,576,406
22.	Aircraft (all perils)						0
23.	Fidelity						0
24.	Surety						0
26.	Burglary and theft	35,076	32,178		33,591	1,485	32,178
27.	Boiler and machinery	183,713	81,229		52,844	130,869	81,229
28.	Credit	0				0	0
29.	International	0				0	0
30.	Warranty	0				0	0
31.	Reinsurance-nonproportional assumed property	XXX				0	0
32.	Reinsurance-nonproportional assumed liability	XXX				0	0
33.	Reinsurance-nonproportional assumed financial lines	XXX				0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
35.	TOTALS	98,181,098	78,248,265	0	92,577,204	5,603,894	78,248,265
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 WESTERN RESERVE MUTUAL CASUALTY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

		Losses Paid Less Salvage				5	6	7	8
		1	2	3	4				
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 - 3)	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.	Fire	1,128,916	451,566	1,128,916	451,566	42,139	142,426	351,279	27.0
2.	Allied lines	1,202,510	484,056	1,202,510	484,056	124,905	144,813	464,148	77.9
3.	Farmowners multiple peril	0	2,720,093	0	2,720,093	1,024,214	1,361,882	2,382,425	29.6
4.	Homeowners multiple peril	7,219,322	8,763,467	7,219,322	8,763,467	2,977,108	2,725,829	9,014,746	43.8
5.	Commercial multiple peril	5,553,404	3,593,375	5,553,404	3,593,375	5,486,191	3,555,710	5,523,856	60.2
6.	Mortgage guaranty				0	0	0	0	0.0
8.	Ocean marine				0	0	0	0	0.0
9.	Inland marine	117,965	127,832	117,965	127,832	2,680	39,498	91,014	11.5
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	520,950	208,380	520,950	208,380	215,473	228,075	195,778	41.0
17.1	Other liability-occurrence	110,988	45,432	110,988	45,432	455,745	386,808	114,369	27.6
17.2	Other liability-claims-made		0		0	0	0	0	0.0
17.3	Excess workers' compensation				0	0	0	0	0.0
18.1	Products liability-occurrence		16,000		16,000	12,000	11,400	16,600	27.8
18.2	Products liability-claims-made				0	0	0	0	0.0
19.1,19.2	Private passenger auto liability	18,765,792	11,013,220	18,765,792	11,013,220	12,284,846	12,312,201	10,985,865	63.2
19.3,19.4	Commercial auto liability	930,384	1,022,028	930,384	1,022,028	1,907,369	1,755,149	1,174,248	35.7
21.	Auto physical damage	15,302,522	9,830,976	15,302,522	9,830,976	1,043,363	923,346	9,950,993	64.9
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	718	287	718	287	2,001	0	2,288	7.0
27.	Boiler and machinery	15,280	0	15,280	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	50,868,751	38,276,712	50,868,751	38,276,712	25,578,034	23,587,137	40,267,609	51.9
DETAILS OF WRITE-INS									
3401.	.....							
3402.	.....							
3403.	.....							
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0.0
3499.	Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE WESTERN RESERVE MUTUAL CASUALTY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

		Reported Losses				Incurred But Not Reported			8	9
		1	2	3	4	5	6	7		
Line of Business		Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1.	Fire	105,347	42,139	105,347	42,139	.0	.0	.0	42,139	.0
2.	Allied lines	18,716	7,486	18,716	7,486	311,454	117,419	311,454	124,905	.61,739
3.	Farmowners multiple peril .....	.0	688,907	.0	688,907	.0	335,307	.0	1,024,214	266,427
4.	Homeowners multiple peril	2,138,926	2,416,239	2,138,926	2,416,239	792,675	560,869	792,675	2,977,108	707,087
5.	Commercial multiple peril	4,167,102	3,817,521	4,167,102	3,817,521	3,341,285	1,668,670	3,341,285	5,486,191	1,667,773
6.	Mortgage guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.	Ocean marine .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.	Inland marine	5,700	2,680	5,700	2,680	.0	.0	.0	2,680	.0
10.	Financial guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
11.1	Medical professional liability-occurrence .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
11.2	Medical professional liability-claims-made .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13.	Group accident and health .....	.0	.0	.0	.0	.0	.0	.0	(a) .0	.0
14.	Credit accident and health (group and individual) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.	Other accident and health .....	.0	.0	.0	.0	.0	.0	.0	(a) .0	.0
16.	Workers' compensation	310,832	124,333	310,832	124,333	291,258	.91,140	291,258	215,473	.51,926
17.1	Other liability-occurrence	981,502	273,801	981,502	273,801	849,034	181,944	849,034	455,745	176,631
17.2	Other liability-claims-made .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.3	Excess workers' compensation .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.1	Products liability-occurrence	20,000	12,000	20,000	12,000	.0	.0	.0	12,000	.0
18.2	Products liability-claims-made .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1,19.2	Private passenger auto liability	19,839,420	11,532,331	19,839,420	11,532,331	1,427,573	752,515	1,427,573	12,284,846	1,792,477
19.3,19.4	Commercial auto liability	808,064	1,552,669	808,064	1,552,669	239,871	354,700	239,871	1,907,369	291,114
21.	Auto physical damage	1,120,448	752,942	1,120,448	752,942	542,810	290,421	542,810	1,043,363	368,799
22.	Aircraft (all perils) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
23.	Fidelity .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
24.	Surety .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
26.	Burglary and theft	5,000	2,000	4,999	2,001	.0	.0	.0	2,001	.0
27.	Boiler and machinery .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
28.	Credit .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
29.	International .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
30.	Warranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
31.	Reinsurance-nonproportional assumed property	XXX	.0	.0	.0	XXX	.0	.0	.0	.0
32.	Reinsurance-nonproportional assumed liability	XXX	.0	.0	.0	XXX	.0	.0	.0	.0
33.	Reinsurance-nonproportional assumed financial lines	XXX	.0	.0	.0	XXX	.0	.0	.0	.0
34.	Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
35.	TOTALS	29,521,057	21,225,048	29,521,056	21,225,049	7,795,960	4,352,985	7,795,960	25,578,034	5,383,973
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.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct	2,073,596	0	0	2,073,596
1.2 Reinsurance assumed	0	0	0	0
1.3 Reinsurance ceded	(246,707)	0	0	(246,707)
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	2,320,303	0	0	2,320,303
2. Commission and brokerage:				
2.1 Direct, excluding contingent	0	12,422,281	0	12,422,281
2.2 Reinsurance assumed, excluding contingent	0	0	0	0
2.3 Reinsurance ceded, excluding contingent	0	491,458	0	491,458
2.4 Contingent-direct	0	1,705,462	0	1,705,462
2.5 Contingent-reinsurance assumed	0	0	0	0
2.6 Contingent-reinsurance ceded	0	7,516	0	7,516
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	13,628,769	0	13,628,769
3. Allowances to manager and agents	58,898	137,429	0	196,328
4. Advertising	11,299	37,950	0	49,249
5. Boards, bureaus and associations	49,256	279,637	0	328,893
6. Surveys and underwriting reports	0	1,065,637	0	1,065,637
7. Audit of assureds' records	0	0	0	0
8. Salary and related items:				
8.1 Salaries	3,593,220	4,787,455	443,754	8,824,429
8.2 Payroll taxes	234,345	318,790	26,196	579,331
9. Employee relations and welfare	462,919	483,181	46,611	992,711
10. Insurance	11,630	17,488	51,500	80,618
11. Directors' fees	42,967	42,967	42,967	128,900
12. Travel and travel items	32,922	62,916	19,389	115,227
13. Rent and rent items	147,410	210,523	12,467	370,400
14. Equipment	23,712	91,138	6,064	120,914
15. Cost or depreciation of EDP equipment and software	603,950	1,232,313	113,792	1,950,056
16. Printing and stationery	24,816	64,629	2,089	91,534
17. Postage, telephone and telegraph, exchange and express	169,257	309,215	5,474	483,946
18. Legal and auditing	354,311	1,122,911	333,375	1,810,597
19. Totals (Lines 3 to 18)	5,820,914	10,264,179	1,103,676	17,188,769
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$	0	926,599	0	926,599
20.2 Insurance department licenses and fees	0	433,931	0	433,931
20.3 Gross guaranty association assessments	0	0	0	0
20.4 All other (excluding federal and foreign income and real estate)	0	15,731	0	15,731
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	1,376,261	0	1,376,261
21. Real estate expenses	0	0	253,071	253,071
22. Real estate taxes	0	0	159,422	159,422
23. Reimbursements by uninsured plans	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses	19,866	29,873	10,317	60,057
25. Total expenses incurred	8,161,084	25,299,082	1,526,486	(a) 34,986,652
26. Less unpaid expenses-current year	5,383,973	7,449,501	55,485	12,888,959
27. Add unpaid expenses-prior year	4,864,650	7,136,070	61,342	12,062,062
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)	7,641,761	24,985,651	1,532,344	34,159,756
DETAILS OF WRITE-INS				
2401. Charitable Donations.....	19,866	29,873	10,317	60,057
2402.				
2403.				
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	19,866	29,873	10,317	60,057

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

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a).....321,784	.....295,125
1.1	Bonds exempt from U.S. tax	(a).....895,615	.....958,133
1.2	Other bonds (unaffiliated)	(a).....1,846,417	.....1,813,677
1.3	Bonds of affiliates	(a).....0	.....
2.1	Preferred stocks (unaffiliated)	(b).....16,200	.....10,800
2.11	Preferred stocks of affiliates	(b).....0	.....
2.2	Common stocks (unaffiliated) .....	.....1,530,630	.....1,517,633
2.21	Common stocks of affiliates .....	.....0	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....413,640	.....413,640
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e).....3,469	.....3,469
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....280,843	.....297,900
9.	Aggregate write-ins for investment income .....	.....8,054	.....8,054
10.	Total gross investment income	5,316,652	5,318,431
11.	Investment expenses		(g).....1,526,486
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g).....
13.	Interest expense		(h).....
14.	Depreciation on real estate and other invested assets		(i).....222,541
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....1,749,027
17.	Net investment income (Line 10 minus Line 16)		3,569,404
DETAILS OF WRITE-INS			
0901.	Artio Global Funds (Aberdeen).....	.....15	.....15
0902.	Aston / Lake partners.....	.....30	.....30
0903.	Diamond Hill Funds Long-short.....	.....23	.....23
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....7,986	.....7,986
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	8,054	8,054
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)		0

(a) Includes \$63,590 accrual of discount less \$526,586 amortization of premium and less \$27,446 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	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....			.....0	.....8,740	.....
1.1	Bonds exempt from U.S. tax .....	.....1,167		.....1,167		
1.2	Other bonds (unaffiliated) .....	.....144,427		.....144,427		
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....(15,125)	.....0	.....(15,125)	.....8,402	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....2,646,912	.....(4,006,295)	.....(1,359,383)	.....(3,679,038)	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....(6,614)	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....0	.....0	.....0		.....0
5.	Contract loans .....			.....0		
6.	Cash, cash equivalents and short-term investments .....			.....0	.....0	.....0
7.	Derivative instruments .....			.....0		
8.	Other invested assets .....	.....0	.....0	.....0	.....(305,842)	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses)	2,777,381	(4,006,295)	(1,228,914)	(3,974,352)	0
DETAILS OF WRITE-INS						
0901.	.....				
0902.	.....				
0903.	.....				
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	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	296,327	302,941	6,614
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)	979,595	1,523,623	544,028
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)	1,275,923	1,826,564	550,641
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.....	114,466	173,370	58,904
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.....	9,900,945	5,543,058	(4,357,887)
21. Furniture and equipment, including health care delivery assets.....	276,538	198,750	(77,789)
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	100,839	79,555	(21,284)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	11,668,711	7,821,297	(3,847,414)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	11,668,711	7,821,297	(3,847,414)
DETAILS OF WRITE-INS			
1101.			0
1102.			0
1103.			0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501. Prepaid Asset.....	100,839	79,555	(21,284)
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)	100,839	79,555	(21,284)

NOTES TO FINANCIAL STATEMENTS

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:

.....11/13/2015
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2011
- 3.2

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

.....12/31/2011
- 3.3

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

.....11/26/2012
- 3.4

By what department or departments? Ohio.....
- 3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒
- 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.

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG 191 West Nationwide Blvd. Columbus, Ohio 43215-2568.....
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
10.2 If the response to 10.1 is yes, provide information related to this exemption:
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
10.4 If the response to 10.3 is yes, provide information related to this exemption:
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
William D. Hansen, FCAS, MAAA, Oliver Wyman, 325 John H. McConnell Blvd. Suite 350 Columbus, Ohio 43215.....
12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
12.11 Name of real estate holding company
12.12 Number of parcels involved
12.13 Total book/adjusted carrying value \$.....
12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
c. Compliance with applicable governmental laws, rules and regulations;
d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
e. Accountability for adherence to the code.
14.11 If the response to 14.1 is no, please explain:
14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
14.21 If the response to 14.2 is yes, provide information related to amendment(s)
14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?
- Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
- Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?
- Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....0
- 20.12 To stockholders not officers \$.....0
- 20.13 Trustees, supreme or grand (Fraternal only) \$.....0
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....0
- 20.22 To stockholders not officers \$.....0
- 20.23 Trustees, supreme or grand (Fraternal only) \$.....0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....0
- 21.22 Borrowed from others \$.....0
- 21.23 Leased from others \$.....0
- 21.24 Other \$.....0
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments?
- Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
- 22.22 Amount paid as expenses \$.....
- 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:
- \$.....0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)
- Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?
- Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.
- \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.
- \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?
- Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?
- Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?
- Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....0
- 24.103 Total payable for securities lending reported on the liability page \$.....0

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 [X] No []

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

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

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

1,897,392

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 [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes [] No [] N/A [X]

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. \$ 0

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [] No [X]

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

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

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Eaton Vance Management.....	Two International Place Boston, MA 02110.....	Purchased in 2014; not accounted for by Northern Trust Company.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

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

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

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

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

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2001. 233203-84-3.....	DFA US Small Cap Portfolio.....	2,225,042
29.2002. 25264S-85-8.....	Diamond Hill Small Cap FD.....	2,259,091
29.2003. 256206-10-3.....	Dodge Cox Intl Stock FD.....	12,523,134
29.2004. 413838-20-2.....	The Oakmark International Fund.....	79,182
29.2999 TOTAL		17,086,449

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

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation
DFA US Small Cap Portfolio.....	Piedmont Natural Gas Co Common Stock.....	7,632	12/31/2015.....
DFA US Small Cap Portfolio.....	Jetblue Airways Corp Commn Stock.....	7,543	12/31/2015.....
DFA US Small Cap Portfolio.....	Manhattan Associates Inc Common Stock.....	7,543	12/31/2015.....
DFA US Small Cap Portfolio.....	Stancorp Financial Group Common Stock.....	7,476	12/31/2015.....
DFA US Small Cap Portfolio.....	Health Net Inc Common Stock.....	7,009	12/31/2015.....
Diamond Hill Small Cap FD CI I.....	State Street Institutional Liquid Reserves Fund.....	464,921	12/31/2015.....
Diamond Hill Small Cap FD CI I.....	Avis Budget Group, Inc.....	81,101	12/31/2015.....
Diamond Hill Small Cap FD CI I.....	DST Systems, Inc.....	65,740	12/31/2015.....
Diamond Hill Small Cap FD CI I.....	Navigators Group, Inc.....	65,288	12/31/2015.....
Diamond Hill Small Cap FD CI I.....	Alere, Inc.....	62,351	12/31/2015.....
Dodge & Cox Intl Stk FD.....	Naspers, Ltd.....	525,972	12/31/2015.....
Dodge & Cox Intl Stk FD.....	Samsung Electronics Co., Ltd.....	475,879	12/31/2015.....
Dodge & Cox Intl Stk FD.....	Sanofi.....	463,356	12/31/2015.....
Dodge & Cox Intl Stk FD.....	Schlumberger, Ltd.....	425,787	12/31/2015.....
Dodge & Cox Intl Stk FD.....	Novartis AG.....	425,787	12/31/2015.....
The Oakmark Interantional Fund I.....	Credit Suisse Group.....	3,801	12/31/2015.....
The Oakmark Interantional Fund I.....	Honda Motor.....	3,009	12/31/2015.....
The Oakmark Interantional Fund I.....	BNP Paribas.....	2,930	12/31/2015.....
The Oakmark Interantional Fund I.....	Nomura Holdings.....	2,771	12/31/2015.....
The Oakmark Interantional Fund I.....	Daimler.....	2,534	12/31/2015.....

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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	99,934,627	100,774,332	839,705
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	99,934,627	100,774,332	839,705

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

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

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

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 [] 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:

Prices are provided by FT Interactive Data (online pricing service).....

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:

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$328,894
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Insurance Services Office.....	\$.....218,655

- 34.1 Amount of payments for legal expenses, if any? \$12,049
- 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
Little Mendolson.....	\$.....5,211

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

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

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2

If yes, indicate premium earned on U. S. business only.

\$.....0

1.3

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

\$.....0

1.31

Reason for excluding

0.....

1.4

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

\$.....0

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$.....0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$.....0

1.62

Total incurred claims

\$.....0

1.63

Number of covered lives

.....0

All years prior to most current three years:

1.64

Total premium earned

\$.....0

1.65

Total incurred claims

\$.....0

1.66

Number of covered lives

.....0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$.....0

1.72

Total incurred claims

\$.....0

1.73

Number of covered lives

.....0

All years prior to most current three years:

1.74

Total premium earned

\$.....0

1.75

Total incurred claims

\$.....0

1.76

Number of covered lives

.....0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

\$.....0

\$.....0

2.2

Premium Denominator

\$.....77,562,764

\$.....75,912,942

2.3

Premium Ratio (2.1/2.2)

.....0.000

.....0.000

2.4

Reserve Numerator

\$.....0

\$.....0

2.5

Reserve Denominator

\$.....67,805,706

\$.....64,609,985

2.6

Reserve Ratio (2.4/2.5)

.....0.000

.....0.000

3.1

Does the reporting entity issue both participating and non-participating policies?

Yes [] No [X]

3.2

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

3.21

Participating policies

\$.....0

3.22

Non-participating policies

\$.....0

4.

For Mutual reporting entities and Reciprocal Exchanges only:

4.1

Does the reporting entity issue assessable policies?

Yes [] No [X]

4.2

Does the reporting entity issue non-assessable policies?

Yes [] No [X]

4.3

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

.....0.0 %

4.4

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

\$.....0

5.

For Reciprocal Exchanges Only:

5.1

Does the exchange appoint local agents?

Yes [] No []

5.2

If yes, is the commission paid:

5.21

Out of Attorney's-in-fact compensation

Yes [] No [] N/A []

5.22

As a direct expense of the exchange

Yes [] No [] N/A []

5.3

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

.....

5.4

Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?

Yes [] No []

5.5

If yes, give full information

.....

16

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1

What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:

Protection is provided by the casualty excess of loss agreement with one layer of \$4 million excess of \$1 million and by the workers compensation excess of loss agreement's additional layer of \$5 million excess of \$5 million creating a \$9 million limit above a \$1 million per occurrence retention.....

6.2

Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:

Catastrophe modeling (AIR and RMS models provided by our catastrophe reinsurance broker) is utilized to estimate probable maximum loss (PML). The exposures comprising the PML were severe thunderstorms, winter storms and earthquake in Ohio and Indiana.....

6.3

What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?.....

A property catastrophe reinsurance agreement consists of three layers with an automatic reinstatement for additional premium. The total amount of coverage for a single loss occurrence is \$56.5 million above an \$8.5 million retention.....

6.4

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

Yes [X] No []

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 uninsured 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)?.....

Yes [] No [X]

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 [X]

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 noncancellable 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 [X]

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 [X]

9.3

If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:

(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;

(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and

(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4

Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:

(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or

(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes [] No [X]

9.5

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

9.6

The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:

(a) The entity does not utilize reinsurance; or,

(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or

(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

Yes [] No [X]

Yes [] No [X]

Yes [] No [X]

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 [] No [] N/A [X]

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

11.1

Has the reporting entity guaranteed policies issued by any other entity and now in force:

Yes [] No [X]

11.2

If yes, give full information

12.1

If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:

12.11

Unpaid losses

\$ 0

12.12

Unpaid underwriting expenses (including loss adjustment expenses)

\$ 0

12.2

Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?

\$ 0

12.3

If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?

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

12.4

If yes, provide the range of interest rates charged under such notes during the period covered by this statement:

12.41

From

0.0 %

12.42

To

0.0 %

12.5

Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?

Yes [] No [X]

12.6

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

12.61

Letters of Credit

\$ 0

12.62

Collateral and other funds

\$ 0

13.1

Largest net aggregate amount insured in any one risk (excluding workers' compensation):

\$ 1,000,000

13.2

Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?

Yes [] No [X]

13.3

State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.

2

14.1

Is the company a cedant in a multiple cedant reinsurance contract?

Yes [] No [X]

14.2

If yes, please describe the method of allocating and recording reinsurance among the cedants:

14.3

If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?

Yes [] No []

14.4

If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?

Yes [] No []

14.5

If the answer to 14.4 is no, please explain:

15.1

Has the reporting entity guaranteed any financed premium accounts?

Yes [] No [X]

15.2

If yes, give full information

16.1

Does the reporting entity write any warranty business?

Yes [] No [X]

If yes, disclose the following information for each of the following types of warranty coverage:

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

* Disclose type of coverage:

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:

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

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

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

18.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....0

18.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE WESTERN RESERVE MUTUAL CASUALTY 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)	57,576,729	60,622,444	59,780,060	57,838,696	54,858,409
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	48,198,681	51,671,093	52,741,432	50,981,429	46,999,477
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	70,653,953	70,575,049	67,897,240	62,809,674	57,819,626
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)	176,429,363	182,868,586	180,418,732	171,629,799	159,677,512
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)	21,880,333	21,288,986	20,656,210	20,252,953	19,568,797
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	18,345,643	18,290,824	18,448,042	17,984,893	16,861,451
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	38,022,289	37,500,741	35,191,870	31,622,896	29,009,565
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)	78,248,265	77,080,551	74,296,122	69,860,742	65,439,813
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	3,834,989	3,545,097	1,150,058	(8,681,940)	(6,140,773)
14. Net investment gain (loss) (Line 11)	2,758,321	5,759,283	4,122,758	4,209,576	5,018,430
15. Total other income (Line 15)	1,090,752	1,107,099	1,115,404	1,045,126	1,043,834
16. Dividends to policyholders (Line 17)	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)	2,979,119	791,638	(77,176)	(204,974)	(595,692)
18. Net income (Line 20)	4,704,943	9,619,842	6,465,396	(3,222,264)	517,183
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	185,494,164	182,582,484	177,839,989	161,771,192	156,593,836
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	30,016,804	28,606,839	26,966,974	25,001,501	22,045,171
20.2 Deferred and not yet due (Line 15.2)	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	78,868,769	76,380,555	76,218,501	69,289,373	64,290,784
22. Losses (Page 3, Line 1)	25,578,034	23,587,137	23,423,302	21,571,591	20,292,545
23. Loss adjustment expenses (Page 3, Line 3)	5,383,973	4,864,650	4,671,215	4,511,248	3,964,000
24. Unearned premiums (Page 3, Line 9)	36,843,699	36,158,198	34,990,589	33,094,446	30,414,052
25. Capital paid up (Page 3, Lines 30 & 31)	0	0	0	0	0
26. Surplus as regards policyholders (Page 3, Line 37)	106,625,394	106,201,929	101,621,488	92,481,819	92,303,052
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	8,147,927	7,992,770	10,260,527	(1,436,506)	1,417,213
Risk-Based Capital Analysis					
28. Total adjusted capital	106,625,394	106,201,929	101,621,488	92,481,819	92,303,052
29. Authorized control level risk-based capital	8,776,964	8,154,173	8,188,562	7,594,034	7,196,267
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)	65.4	62.7	61.6	60.6	61.0
31. Stocks (Lines 2.1 & 2.2)	34.7	34.2	34.7	36.0	32.6
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	4.8	4.8	5.1	5.9	6.1
34. Cash, cash equivalents and short-term investments (Line 5)	(9.2)	(4.3)	(3.8)	(5.2)	(2.5)
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)	4.3	2.6	2.4	2.8	2.8
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)	296,327	302,941	300,361	263,615	253,019
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	0	0	0	0	0
47. All other affiliated	0	0	0	0	0
48. Total of above Lines 42 to 47	296,327	302,941	300,361	263,615	253,019
49. Total Investment in parent included in Lines 42 to 47 above		0	0	0	0
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)	0.3	0.3	0.3	0.3	0.3

FIVE-YEAR HISTORICAL DATA

	1	2	3	4	5
	2015	2014	2013	2012	2011
(Continued)					
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)	(2,623,071)	(659,312)	3,806,826	1,641,887	(1,079,499)
52. Dividends to stockholders (Line 35)	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38)	423,465	4,580,441	9,139,669	178,767	211,503
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)	32,633,174	35,508,960	36,728,897	38,244,544	30,859,258
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	28,647,348	30,859,970	29,824,345	30,623,567	30,665,735
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	27,864,941	29,494,647	26,703,209	43,192,264	36,930,028
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)	89,145,463	95,863,577	93,256,451	112,060,375	98,455,021
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)	12,305,060	12,066,840	12,824,045	12,864,371	11,049,794
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	10,894,717	10,609,376	10,217,528	10,341,719	10,028,834
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	15,076,935	16,997,708	14,272,233	21,165,812	17,634,099
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)	38,276,712	39,673,924	37,313,806	44,371,902	38,712,727
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	51.9	52.5	54.1	68.0	65.3
68. Loss expenses incurred (Line 3)	10.5	10.3	10.1	10.7	9.3
69. Other underwriting expenses incurred (Line 4)	32.6	32.5	34.2	34.3	35.1
70. Net underwriting gain (loss) (Line 8)	4.9	4.7	1.6	(12.9)	(9.7)
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	30.9	30.6	31.8	31.5	32.3
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	62.4	62.8	64.2	78.6	74.6
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	73.4	72.6	73.1	75.5	70.9
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)	(1,728)	(1,316)	(2,089)	(593)	(1,855)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)	(1.6)	(1.3)	(2.3)	(0.6)	(2.0)
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)	(3,427)	(3,306)	(1,415)	(2,126)	(2,943)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	(3.4)	(3.6)	(1.5)	(2.3)	(3.2)

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

.....

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
	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)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	22	0	4	0	5	0	17	31	XXX
2. 2006	59,975	3,889	56,086	35,920	4,889	888	32	4,620	25	1,569	36,482	XXX
3. 2007	59,103	2,885	56,218	34,535	2,354	988	128	4,807	23	1,762	37,825	XXX
4. 2008	59,044	3,021	56,023	40,975	6,386	1,256	106	5,631	0	1,605	41,370	XXX
5. 2009	59,690	3,104	56,586	36,090	1,451	796	0	4,211	0	1,637	39,646	XXX
6. 2010	63,138	2,952	60,186	37,382	264	850	5	4,651	3	2,036	42,611	XXX
7. 2011	67,505	4,425	63,080	50,460	9,631	875	0	5,271	2	2,255	46,973	XXX
8. 2012	72,594	5,417	67,177	49,579	7,393	803	0	6,126	0	2,002	49,115	XXX
9. 2013	77,236	4,836	72,400	36,911	46	574	0	6,162	0	2,159	43,601	XXX
10. 2014	80,271	4,363	75,908	35,750	86	241	0	6,407	0	1,881	42,312	XXX
11. 2015	81,777	4,214	77,563	27,689	75	115	0	5,070	0	922	32,799	XXX
12. Totals	XXX	XXX	XXX	385,313	32,575	7,390	271	52,961	53	17,845	412,765	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	32	0	0	0	0	0	0	0	0	0	0	32	XXX
2.	46	32	0	0	0	0	0	0	4	0	0	18	XXX
3.	31	0	0	0	3	0	1	0	11	0	0	46	XXX
4.	103	73	0	0	7	0	2	1	12	0	0	50	XXX
5.	85	0	49	14	20	0	7	3	34	1	0	177	XXX
6.	286	0	30	8	34	2	14	6	56	3	0	401	XXX
7.	344	0	138	38	73	1	23	11	94	5	0	617	XXX
8.	716	0	193	49	168	3	49	20	189	10	0	1,233	XXX
9.	2,974	94	291	85	456	6	128	51	423	23	0	4,013	XXX
10.	6,083	90	548	154	713	9	206	83	707	44	0	7,877	XXX
11.	10,855	42	4,533	1,080	1,004	11	320	130	1,118	69	0	16,498	XXX
12.	21,555	331	5,782	1,428	2,478	32	750	305	2,648	155	0	30,962	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	32	0
2.	41,478	4,978	36,500	69.2	128.0	65.1	0	0	40.0	14	4
3.	40,376	2,505	37,871	68.3	86.8	67.4	0	0	40.0	31	15
4.	47,986	6,566	41,420	81.3	217.3	73.9	0	0	40.0	30	20
5.	41,292	1,469	39,823	69.2	47.3	70.4	0	0	40.0	120	57
6.	43,303	291	43,012	68.6	9.9	71.5	0	0	40.0	308	93
7.	57,278	9,688	47,590	84.9	218.9	75.4	0	0	40.0	444	173
8.	57,823	7,475	50,348	79.7	138.0	74.9	0	0	40.0	860	373
9.	47,919	305	47,614	62.0	6.3	65.8	0	0	40.0	3,086	927
10.	50,655	466	50,189	63.1	10.7	66.1	0	0	40.0	6,387	1,490
11.	50,704	1,407	49,297	62.0	33.4	63.6	0	0	40.0	14,266	2,232
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	25,578	5,384

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.

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	2	3	4	5	6	7	8	9	10	11	12
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	One Year	Two Year
1. Prior	7,855	6,781	5,878	5,513	5,226	5,114	5,113	5,073	5,052	5,059	7	(14)
2. 2006	32,810	32,997	32,403	32,173	32,049	31,994	32,026	32,028	31,920	31,901	(19)	(127)
3. 2007	XXX	34,613	34,457	33,360	32,806	32,799	32,844	33,024	33,084	33,076	(8)	52
4. 2008	XXX	XXX	37,036	37,041	35,965	35,751	36,038	35,953	35,894	35,777	(117)	(176)
5. 2009	XXX	XXX	XXX	36,607	36,351	36,093	35,804	35,656	35,571	35,579	8	(77)
6. 2010	XXX	XXX	XXX	XXX	39,852	38,643	38,298	38,601	38,341	38,311	(30)	(290)
7. 2011	XXX	XXX	XXX	XXX	XXX	43,898	43,576	42,542	42,450	42,232	(218)	(310)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	46,660	45,393	44,741	44,043	(698)	(1,350)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42,187	42,088	41,052	(1,036)	(1,135)
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42,736	43,119	383	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43,178	XXX	XXX
12. Totals											(1,728)	(3,427)

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	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior	000	3,081	4,116	4,789	4,943	4,907	5,020	5,010	5,001	5,027	XXX	XXX
2. 2006	21,940	28,597	30,158	31,210	31,568	31,744	31,816	31,840	31,852	31,887	XXX	XXX
3. 2007	XXX	22,891	29,207	30,657	31,819	32,228	32,770	32,896	32,957	33,041	XXX	XXX
4. 2008	XXX	XXX	26,092	32,388	34,147	35,034	35,776	35,580	35,581	35,739	XXX	XXX
5. 2009	XXX	XXX	XXX	24,722	31,962	33,912	35,054	35,324	35,402	35,435	XXX	XXX
6. 2010	XXX	XXX	XXX	XXX	27,215	33,632	36,227	37,288	37,805	37,963	XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX	29,780	37,585	40,057	41,277	41,704	XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	32,321	39,430	41,551	42,989	XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,402	35,172	37,439	XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,933	35,905	XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,729	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)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	1,010	481	174	40	0	3	1	0	0	0
2. 2006	3,057	310	124	69	21	9	24	1	(4)	0
3. 2007	XXX	3,273	204	183	38	18	0	(1)	1	1
4. 2008	XXX	XXX	2,869	415	147	29	17	20	29	1
5. 2009	XXX	XXX	XXX	3,001	211	181	15	23	38	39
6. 2010	XXX	XXX	XXX	XXX	3,369	387	60	117	92	30
7. 2011	XXX	XXX	XXX	XXX	XXX	3,197	504	290	190	112
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	3,091	548	366	173
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,691	513	283
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,553	517
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,643

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories										
States, etc.		1	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4	5	6	7	8	9
			2	3						
		Active Status	Direct Premiums Written	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	L	.0	.0	.0	.0	.0	.0	.0	
15. Indiana	IN	L	28,109,370	29,205,816	.0	14,548,855	15,360,334	10,680,375	379,307	
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	70,071,728	71,786,660	.0	36,319,896	35,423,012	26,636,642	1,020,131	
37. Oklahoma	OK	N	.0	.0	.0	.0	.0	.0	.0	
38. Oregon	OR	N	.0	.0	.0	.0	.0	.0	.0	
39. Pennsylvania	PA	N	.0	.0	.0	.0	.0	.0	.0	
40. Rhode Island	RI	N	.0	.0	.0	.0	.0	.0	.0	
41. So. Carolina	SC	N	.0	.0	.0	.0	.0	.0	.0	
42. So. Dakota	SD	N	.0	.0	.0	.0	.0	.0	.0	
43. Tennessee	TN	L	.0	.0	.0	.0	.0	.0	.0	
44. Texas	TX	N	.0	.0	.0	.0	.0	.0	.0	
45. Utah	UT	N	.0	.0	.0	.0	.0	.0	.0	
46. Vermont	VT	N	.0	.0	.0	.0	.0	.0	.0	
47. Virginia	VA	N	.0	.0	.0	.0	.0	.0	.0	
48. Washington	WA	N	.0	.0	.0	.0	.0	.0	.0	
49. West Virginia	WV	N	.0	.0	.0	.0	.0	.0	.0	
50. Wisconsin	WI	N	.0	.0	.0	.0	.0	.0	.0	
51. Wyoming	WY	N	.0	.0	.0	.0	.0	.0	.0	
52. American Samoa	AS	N	.0	.0	.0	.0	.0	.0	.0	
53. Guam	GU	N	.0	.0	.0	.0	.0	.0	.0	
54. Puerto Rico	PR	N	.0	.0	.0	.0	.0	.0	.0	
55. U.S. Virgin Islands	VI	N	.0	.0	.0	.0	.0	.0	.0	
56. Northern Mariana Islands	MP	N	.0	.0	.0	.0	.0	.0	.0	
57. Canada	CAN	N	.0	.0	.0	.0	.0	.0	.0	
58. Aggregate other alien	OT	XXX	.0	.0	.0	.0	.0	.0	.0	.0
59. Totals	(a) 4		98,181,098	100,992,476	0	50,868,750	50,783,346	37,317,016	1,399,438	0
DETAILS OF WRITE-INS										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998. Sum. of remaining write-ins for Line 58 from overflow page		XXX	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 + 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0

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

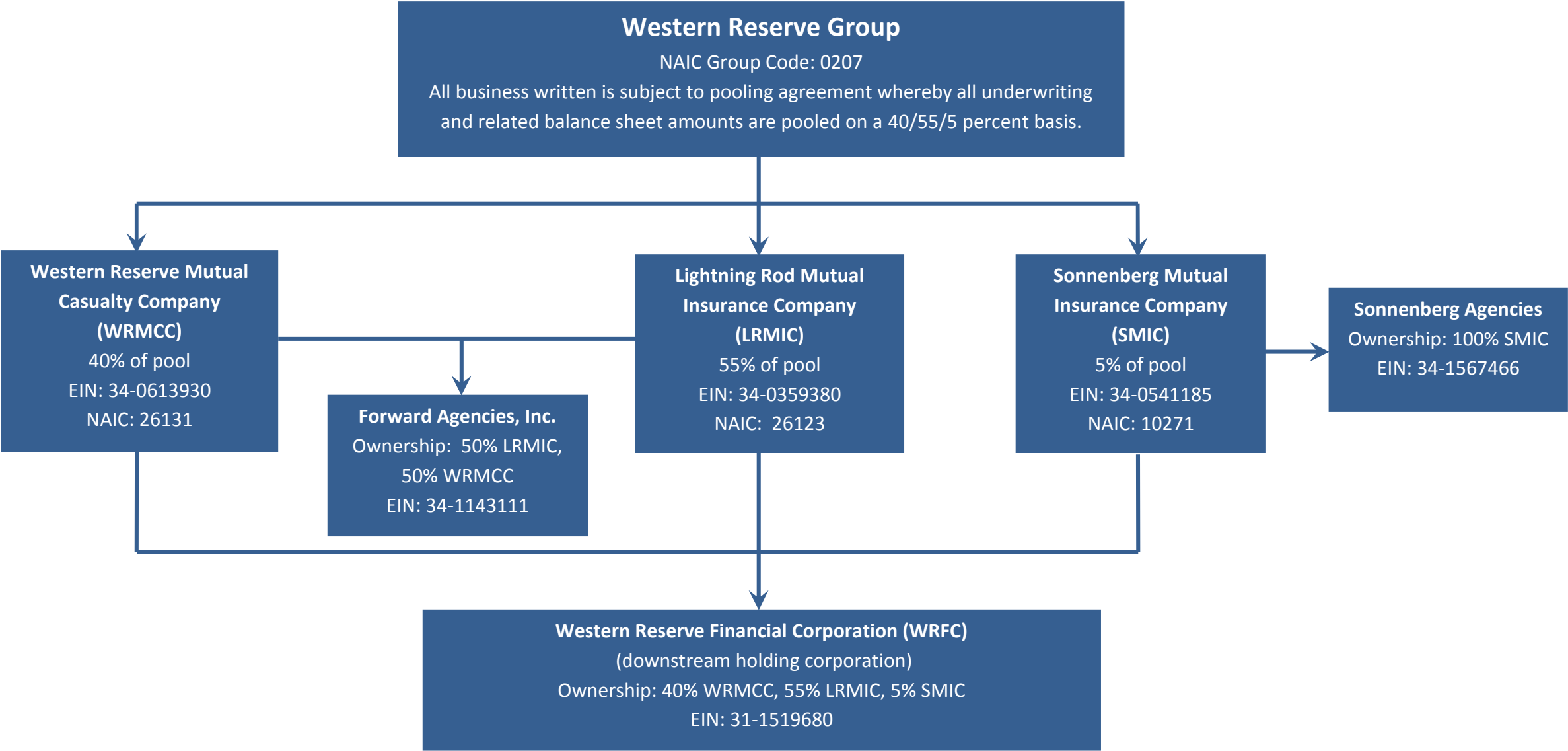
Explanation of basis of allocation of premiums by states, etc.

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

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

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

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