



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

**ANNUAL STATEMENT
For the Year Ended December 31, 2015
OF THE CONDITION AND AFFAIRS OF THE
Ohio Indemnity Company**

NAIC Group Code	00000 (Current Period)	00000 (Prior Period)	NAIC Company Code	26565	Employer's ID Number	31-0620146
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States					
Incorporated/Organized	02/11/1956		Commenced Business	07/24/1956		
Statutory Home Office	250 E. Broad 7th floor (Street and Number)		, Columbus, OH, US 43215-0000		(City or Town, State, Country and Zip Code)	
Main Administrative Office	250 E. Broad 7th Floor (Street and Number)		Columbus, OH, US 43215-0000		614-228-2800 (Area Code) (Telephone Number)	
Mail Address	250 E. Broad 7th Floor (Street and Number or P.O. Box)		, Columbus, OH, US 43215-0000		(City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	250 E. Broad 7th floor (Street and Number)		Columbus, OH, US 43215-0000		614-228-2800 (Area Code) (Telephone Number)	
Internet Web Site Address	www.ohioindemnity.com					
Statutory Statement Contact	Matt C Nolan (Name)		614-220-5207 (Area Code) (Telephone Number) (Extension)			
	Mnolan@ohioindemnity.com (E-Mail Address)		614-228-5552 (Fax Number)			

OFFICERS

Name	Title	Name	Title
John Scott Sokol	CEO and President	Matthew Christopher Nolan	Vice President, CFO, Treasurer and Secretary
OTHER OFFICERS			
Daniel John Stephan	Senior Vice President	Stephen John Toth	Vice President
Margaret Ann Noreen	Vice President		
DIRECTORS OR TRUSTEES			
Kenton Robert Bowen	Ann Marie LoConti	Robert W Price	John Scott Sokol
Matthew Douglas Walter			

State ofOhio..... **ss**
County ofFranklin.....

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.

John Scott Sokol CEO and President	Matthew Christopher Nolan Vice President, CFO, Treasurer and Secretary	Matthew Christopher Nolan Vice President, CFO, Treasurer and Secretary a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached
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Subscribed and sworn to before me
this 22 day of February, 2016

Yes [] No []

Gary M. Dillard, Notary
01-08-2017

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	103,842,616		103,842,616	101,991,692
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	1,873,439
2.2 Common stocks		12,668,101	12,668,101	17,268,194
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 7,363,856 , Schedule E-Part 1), cash equivalents (\$ 0 , Schedule E-Part 2) and short-term investments (\$ 1,247,445 , Schedule DA).....		8,611,301	8,611,301	11,157,286
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	125,122,018	0	125,122,018	132,290,611
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	1,355,176		1,355,176	1,333,545
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	8,876,637	47,263	8,829,374	9,390,506
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....	610,784		610,784	446,012
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	5,188,095		5,188,095	3,655,868
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset.....	3,700,776		3,700,776	2,613,889
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$)	4,954	4,954	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	429,824		429,824	0
24. Health care (\$) and other amounts receivable.....			0	0
25. Aggregate write-ins for other-than-invested assets	44,647	44,647	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	145,332,911	96,864	145,236,047	149,730,431
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	145,332,911	96,864	145,236,047	149,730,431
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.			0	0
2502. Deferred Expenses.....	44,647	44,647	0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	44,647	44,647	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	13,995,144	12,200,702
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)	352,742	344,470
4. Commissions payable, contingent commissions and other similar charges	3,301,359	4,544,311
5. Other expenses (excluding taxes, licenses and fees)	1,821,907	1,732,903
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	964,976	839,137
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	342,757	831,117
7.2 Net deferred tax liability	0	0
8. Borrowed money \$ and interest thereon \$	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 117,789,332 and including warranty reserves of \$ 60,191 and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)	60,928,040	61,524,604
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	9,930,945	8,773,856
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)	1,433,186	1,511,636
14. Amounts withheld or retained by company for account of others	6,676,630	6,020,150
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	1,498,404
20. Derivatives	0	0
21. Payable for securities	0	4,639,110
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ and interest thereon \$	0	0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	99,747,686	104,460,400
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	99,747,686	104,460,400
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	3,000,746	3,000,746
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	8,199,503	8,199,503
35. Unassigned funds (surplus)	34,288,112	34,069,784
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)	45,488,361	45,270,033
38. Totals (Page 2, Line 28, Col. 3)	145,236,047	149,730,433
DETAILS OF WRITE-INS		
2501. Reserve for Rate Credits and Retrospective Adjustment Based on Experience	0	0
2502.	0	0
2503.	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0
2901.	0	0
2902.	0	0
2903.	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.	0	0
3202.	0	0
3203.	0	0
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)	68,208,798	55,074,553
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	27,240,735	18,237,445
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	2,053,159	1,523,413
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	29,437,710	26,574,357
5. Aggregate write-ins for underwriting deductions	0	0
6. Total underwriting deductions (Lines 2 through 5)	58,731,604	46,335,215
7. Net income of protected cells	9,477,194	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	8,739,338	8,739,338
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	3,086,450	3,242,378
10. Net realized capital gains (losses) less capital gains tax of \$ 663,571 (Exhibit of Capital Gains (Losses))	1,337,174	60,325
11. Net investment gain (loss) (Lines 9 + 10)	4,423,624	3,302,703
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ charged off \$)	amount	0
13. Finance and service charges not included in premiums		0
14. Aggregate write-ins for miscellaneous income	125,266	(131)
15. Total other income (Lines 12 through 14)	125,266	(131)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	14,026,084	12,041,910
17. Dividends to policyholders		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)	14,026,084	12,041,910
19. Federal and foreign income taxes incurred	3,566,680	3,773,478
20. Net income (Line 18 minus Line 19) (to Line 22)	10,459,404	8,268,432
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	45,270,033	45,224,530
22. Net income (from Line 20)	10,459,404	8,268,432
23. Net transfers (to) from Protected Cell accounts		0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ (824,049)	(1,599,626)	258,742
25. Change in net unrealized foreign exchange capital gain (loss)		0
26. Change in net deferred income tax	262,838	436,462
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	95,709	81,867
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	0	0
29. Change in surplus notes		0
30. Surplus (contributed to) withdrawn from protected cells		0
31. Cumulative effect of changes in accounting principles		0
32. Capital changes:		
32.1 Paid in		0
32.2 Transferred from surplus (Stock Dividend)		0
32.3 Transferred to surplus		0
33. Surplus adjustments:		
33.1 Paid in		0
33.2 Transferred to capital (Stock Dividend)		0
33.3 Transferred from capital		0
34. Net remittances from or (to) Home Office		0
35. Dividends to stockholders	(9,000,000)	(9,000,000)
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	218,325	45,503
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	45,488,358	45,270,033
DETAILS OF WRITE-INS		
0501.		0
0502.		0
0503.		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.		0
1402. Miscellaneous income	125,266	(131)
1403.		0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	125,266	(131)
3701. Surplus Correction		0
3702.		0
3703.		0
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1. Premiums collected net of reinsurance.....		69,207,521	61,591,480
2. Net investment income.....		4,233,333	4,213,100
3. Miscellaneous income.....		125,266	(131)
4. Total (Lines 1 through 3).....		73,566,120	65,804,449
5. Benefit and loss related payments.....		26,978,520	18,358,104
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....		32,501,551	27,957,468
8. Dividends paid to policyholders.....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....		4,718,611	3,823,849
10. Total (Lines 5 through 9).....		64,198,682	50,139,421
11. Net cash from operations (Line 4 minus Line 10).....		9,367,438	15,665,028
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....		10,466,334	7,553,143
12.2 Stocks.....		59,603,198	49,169,574
12.3 Mortgage loans.....		0	0
12.4 Real estate.....		0	0
12.5 Other invested assets.....		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		0	0
12.7 Miscellaneous proceeds.....		525,972	5,353,944
12.8 Total investment proceeds (Lines 12.1 to 12.7).....		70,595,503	62,076,661
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....		13,398,017	25,845,109
13.2 Stocks.....		53,640,349	43,518,091
13.3 Mortgage loans.....		0	0
13.4 Real estate.....		0	0
13.5 Other invested assets.....		0	0
13.6 Miscellaneous applications.....		5,165,083	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....		72,203,448	69,363,200
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).....		(1,607,945)	(7,286,539)
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.....		9,000,000	9,000,000
16.6 Other cash provided (applied).....		(1,305,478)	987,786
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....		(10,305,478)	(8,012,214)
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).....		(2,545,985)	366,276
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....		11,157,286	10,791,010
19.2 End of year (Line 18 plus Line 19.1).....		8,611,301	11,157,286

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire	0	0	0	0
2. Allied lines	0	0	0	0
3. Farmowners multiple peril	0	0	0	0
4. Homeowners multiple peril	0	0	0	0
5. Commercial multiple peril	0	0	0	0
6. Mortgage guaranty	0	0	0	0
8. Ocean marine	0	0	0	0
9. Inland marine	468,983	0	360,353	108,630
10. Financial guaranty	0	0	0	0
11.1 Medical professional liability-occurrence	0	0	0	0
11.2 Medical professional liability-claims-made	0	0	0	0
12. Earthquake	0	0	0	0
13. Group accident and health	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0
15. Other accident and health	0	0	0	0
16. Workers' compensation	0	0	0	0
17.1 Other liability-occurrence	1,873,266	2,845,856	2,628,311	2,090,811
17.2 Other liability-claims-made	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0
18.1 Products liability-occurrence	0	0	0	0
18.2 Products liability-claims-made	0	0	0	0
19.1,19.2 Private passenger auto liability	0	0	0	0
19.3,19.4 Commercial auto liability	0	0	0	0
21. Auto physical damage	5,861,400	5,813,060	5,400,495	6,273,965
22. Aircraft (all perils)	0	0	0	0
23. Fidelity	0	0	0	0
24. Surety	10,949,779	3,148,681	3,280,857	10,817,603
26. Burglary and theft	0	0	0	0
27. Boiler and machinery	0	0	0	0
28. Credit	48,372,008	49,549,213	49,091,895	48,829,326
29. International	0	0	0	0
30. Warranty .....	.76,251	.59,119	66,319	.69,051
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	10,548	108,675	99,810	19,413
35. TOTALS	67,612,235	61,524,604	60,928,040	68,208,799
DETAILS OF WRITE-INS				
3401. Collateral Protection	10,548	0	0	10,548
3402. Excess of Loss	0	108,675	99,810	8,865
3403. GAP	0	0	0	0
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)	10,548	108,675	99,810	19,413

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire					0
2. Allied lines					0
3. Farmowners multiple peril					0
4. Homeowners multiple peril					0
5. Commercial multiple peril					0
6. Mortgage guaranty					0
8. Ocean marine					0
9. Inland marine	354,764	5,589			360,353
10. Financial guaranty					0
11.1 Medical professional liability-occurrence					0
11.2 Medical professional liability-claims-made					0
12. Earthquake					0
13. Group accident and health					0
14. Credit accident and health (group and individual)					0
15. Other accident and health					0
16. Workers' compensation					0
17.1 Other liability-occurrence	1,354,255	1,274,056			2,628,311
17.2 Other liability-claims-made					0
17.3 Excess workers' compensation					0
18.1 Products liability-occurrence					0
18.2 Products liability-claims-made					0
19.1,19.2 Private passenger auto liability					0
19.3,19.4 Commercial auto liability					0
21. Auto physical damage	2,819,128	2,581,367			5,400,495
22. Aircraft (all perils)					0
23. Fidelity					0
24. Surety	3,012,463	268,394			3,280,857
26. Burglary and theft					0
27. Boiler and machinery					0
28. Credit	28,924,302	17,283,857		2,883,736	49,091,895
29. International					0
30. Warranty	39,392	26,927			66,319
31. Reinsurance-nonproportional assumed property					0
32. Reinsurance-nonproportional assumed liability					0
33. Reinsurance-nonproportional assumed financial lines					0
34. Aggregate write-ins for other lines of business	99,810	0	0	0	99,810
35. TOTALS	36,604,114	21,440,190	0	2,883,736	60,928,040
36. Accrued retrospective premiums based on experience					
37. Earned but unbilled premiums					
38. Balance (Sum of Lines 35 through 37)					60,928,040
DETAILS OF WRITE-INS					
3401. Collateral Protection					0
3402. Excess of Loss	99,810				99,810
3403. GAP					0
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)	99,810	0	0	0	99,810

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire						0
2. Allied lines						0
3. Farmowners multiple peril						0
4. Homeowners multiple peril						0
5. Commercial multiple peril						0
6. Mortgage guaranty						0
8. Ocean marine						0
9. Inland marine	78,394,894		1,655,563		79,581,474	468,983
10. Financial guaranty						0
11.1 Medical professional liability-occurrence						0
11.2 Medical professional liability-claims-made						0
12. Earthquake						0
13. Group accident and health						0
14. Credit accident and health (group and individual)						0
15. Other accident and health						0
16. Workers' compensation						0
17.1 Other liability-occurrence	1,873,266					1,873,266
17.2 Other liability-claims-made						0
17.3 Excess workers' compensation						0
18.1 Products liability-occurrence						0
18.2 Products liability-claims-made						0
19.1, 19.2 Private passenger auto liability						0
19.3, 19.4 Commercial auto liability						0
21. Auto physical damage	5,898,183				36,783	5,861,400
22. Aircraft (all perils)						0
23. Fidelity						0
24. Surety	8,511,725		5,473,757		3,035,703	10,949,779
26. Burglary and theft						0
27. Boiler and machinery						0
28. Credit	70,837,483		(274,287)		22,191,188	48,372,008
29. International						0
30. Warranty	76,251					76,251
31. Reinsurance-nonproportional assumed property	XXX					0
32. Reinsurance-nonproportional assumed liability	XXX					0
33. Reinsurance-nonproportional assumed financial lines	XXX					0
34. Aggregate write-ins for other lines of business	10,548	0	0	0	0	10,548
35. TOTALS	165,602,350	0	6,855,033	0	104,845,148	67,612,235
DETAILS OF WRITE-INS						
3401. Excess of Loss	10,548					10,548
3402.						0
3403.						0
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)	10,548	0	0	0	0	10,548

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

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 Ohio Indemnity Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Direct Business	Losses Paid Less Salvage			Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
		1 Reinsurance Assumed	2 Reinsurance Recovered	3 Net Payments (Cols. 1 + 2 - 3)				
1. Fire				0	0	0	0	0.0
2. Allied lines				0	0	0	0	0.0
3. Farmowners multiple peril				0	0	0	0	0.0
4. Homeowners multiple peril				0	0	0	0	0.0
5. Commercial multiple peril				0	0	0	0	0.0
6. Mortgage guaranty				0	0	0	0	0.0
8. Ocean marine				0	0	0	0	0.0
9. Inland marine	28,985,672	107,591	28,938,680	154,583	0	0	154,583	142.3
10. Financial guaranty				0	0	0	0	0.0
11.1 Medical professional liability-occurrence				0	0	0	0	0.0
11.2 Medical professional liability-claims-made				0	0	0	0	0.0
12. Earthquake				0	0	0	0	0.0
13. Group accident and health				0	0	0	0	0.0
14. Credit accident and health (group and individual)				0	0	0	0	0.0
15. Other accident and health				0	0	0	0	0.0
16. Workers' compensation				0	0	0	0	0.0
17.1 Other liability-occurrence	1,061,083			1,061,083	239,349	183,803	1,116,629	53.4
17.2 Other liability-claims-made				0	0	0	0	0.0
17.3 Excess workers' compensation				0	0	0	0	0.0
18.1 Products liability-occurrence				0	0	0	0	0.0
18.2 Products liability-claims-made				0	0	0	0	0.0
19.1,19.2 Private passenger auto liability				0	0	0	0	0.0
19.3,19.4 Commercial auto liability				0	0	0	0	0.0
21. Auto physical damage	1,780,533		9,553	1,770,980	1,004,109	558,079	2,217,010	35.3
22. Aircraft (all perils)		(11,645)		(11,645)	909,665	2,776,554	(1,878,534)	(17.4)
23. Fidelity				0	0	0	0	0.0
24. Surety				0	0	0	0	0.0
26. Burglary and theft				0	0	0	0	0.0
27. Boiler and machinery				0	0	0	0	0.0
28. Credit	32,313,224	2,732,396	12,812,034	22,233,586	11,815,021	8,046,649	26,001,958	53.3
29. International				0	0	0	0	0.0
30. Warranty				0	27,000	82,867	(55,867)	(80.9)
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	237,706	0	0	237,706	0	552,750	(315,044)	(1,622.9)
35. TOTALS	64,378,218	2,828,342	41,760,267	25,446,293	13,995,144	12,200,702	27,240,735	39.9
DETAILS OF WRITE-INS								
3401. Excess of Loss		237,706		237,706	0	552,750	(315,044)	(2,986.8)
3402.				0	0	0	0	0.0
3403.				0	0	0	0	0.0
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)	237,706	0	0	237,706	0	552,750	(315,044)	(1,622.9)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire				0				0	0
2. Allied lines				0				0	0
3. Farmowners multiple peril				0				0	0
4. Homeowners multiple peril				0				0	0
5. Commercial multiple peril				0				0	0
6. Mortgage guaranty				0				0	0
8. Ocean marine				0				0	0
9. Inland marine	1,007,767			1,007,767		1,871,233		1,871,233	147,306
10. Financial guaranty				0				0	0
11.1 Medical professional liability-occurrence				0				0	0
11.2 Medical professional liability-claims-made				0				0	0
12. Earthquake				0				0	0
13. Group accident and health				0				(a)	0
14. Credit accident and health (group and individual)				0				(a)	0
15. Other accident and health				0				(a)	0
16. Workers' compensation				0				0	0
17.1 Other liability-occurrence	85,895			.85,895		153,454		239,349	8,226
17.2 Other liability-claims-made				0				0	0
17.3 Excess workers' compensation				0				0	0
18.1 Products liability-occurrence				0				0	0
18.2 Products liability-claims-made				0				0	0
19.1,19.2 Private passenger auto liability				0				0	0
19.3,19.4 Commercial auto liability				0				0	0
21. Auto physical damage	510,679			510,679		493,430		1,004,109	11,529
22. Aircraft (all perils)				0				0	0
23. Fidelity				0				0	0
24. Surety				0		2,049,750		1,140,085	909,665
26. Burglary and theft				0				0	0
27. Boiler and machinery				0				0	0
28. Credit	3,050,186		306,225	438,500	2,917,911	8,031,010	2,617,723	1,751,623	11,815,021
29. International				0				0	169,443
30. Warranty				0		27,000		27,000	0
31. Reinsurance-nonproportional assumed property	XXX			0		XXX		0	0
32. Reinsurance-nonproportional assumed liability	XXX			0		XXX		0	0
33. Reinsurance-nonproportional assumed financial lines	XXX			0		XXX		0	0
34. Aggregate write-ins for other lines of business	0		.0	0		0		0	0
35. TOTALS	4,654,527		306,225	1,446,267	3,514,485	12,625,877	2,617,723	4,762,941	13,995,144
DETAILS OF WRITE-INS									
3401. Collateral Protection					0			0	0
3402. Excess of Loss					0			0	0
3403. GAP					0			0	0
3498. Sum. of remaining write-ins for Line 34 from overflow page	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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct	3,113,177	0	0	3,113,177
1.2 Reinsurance assumed	215	0	0	215
1.3 Reinsurance ceded	1,842,423	0	0	1,842,423
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	1,270,969	0	0	1,270,969
2. Commission and brokerage:				
2.1 Direct, excluding contingent	0	16,298,787	0	16,298,787
2.2 Reinsurance assumed, excluding contingent	0	3,176,116	0	3,176,116
2.3 Reinsurance ceded, excluding contingent	0	8,790,398	0	8,790,398
2.4 Contingent-direct	0	7,758,979	0	7,758,979
2.5 Contingent-reinsurance assumed	0	(251,756)	0	(251,756)
2.6 Contingent-reinsurance ceded	0	0	0	0
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	18,191,728	0	18,191,728
3. Allowances to manager and agents	0	0	298,378	298,378
4. Advertising	0	37,690	0	37,690
5. Boards, bureaus and associations	0	116,886	0	116,886
6. Surveys and underwriting reports	0	143,957	0	143,957
7. Audit of assureds' records	0	81,562	0	81,562
8. Salary and related items:				
8.1 Salaries	638,755	4,577,744	106,459	5,322,958
8.2 Payroll taxes	35,558	254,834	5,926	296,318
9. Employee relations and welfare	57,968	442,630	9,661	510,259
10. Insurance	0	6,286	0	6,286
11. Directors' fees	0	34,000	0	34,000
12. Travel and travel items	0	315,453	0	315,453
13. Rent and rent items	27,659	202,830	0	230,489
14. Equipment	442	3,244	0	3,686
15. Cost or depreciation of EDP equipment and software	0	0	0	0
16. Printing and stationery	11,287	82,773	0	94,060
17. Postage, telephone and telegraph, exchange and express	10,521	85,454	0	95,975
18. Legal and auditing	0	132,184	0	132,184
19. Totals (Lines 3 to 18)	782,190	6,517,527	420,424	7,720,141
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$	0	3,447,847	0	3,447,847
20.2 Insurance department licenses and fees	0	635,030	0	635,030
20.3 Gross guaranty association assessments	0	54	0	54
20.4 All other (excluding federal and foreign income and real estate)	0	0	0	0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	4,082,931	0	4,082,931
21. Real estate expenses				0
22. Real estate taxes				0
23. Reimbursements by uninsured plans				0
24. Aggregate write-ins for miscellaneous expenses	0	645,524	0	645,524
25. Total expenses incurred	2,053,159	29,437,710	420,424	(a) 31,911,293
26. Less unpaid expenses-current year	352,742	5,988,659	99,583	6,440,984
27. Add unpaid expenses-prior year	344,470	7,032,559	83,839	7,460,868
28. Amounts receivable relating to uninsured plans, prior year	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	2,044,887	30,481,610	404,680	32,931,177
DETAILS OF WRITE-INS				
2401. Miscellaneous	0	240,007	0	240,007
2402. Administration Fees		405,517		405,517
2403.				0
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	0	645,524	0	645,524

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) .57,676	46,672
1.1 Bonds exempt from U.S. tax	(a) 2,823,332	2,895,775
1.2 Other bonds (unaffiliated)	(a) 323,336	298,681
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) .33,323	18,854
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	243,225	242,579
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) .....	.....
4. Real estate	(d) .....	.....
5. Contract loans	(e) 4,353	4,313
6. Cash, cash equivalents and short-term investments	(f) .....	.....
7. Derivative instruments	0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	3,485,246	3,506,874
11. Investment expenses	(g) 420,424	.....
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)	0
15. Aggregate write-ins for deductions from investment income	0	420,424
16. Total deductions (Lines 11 through 15)	0	3,086,450
17. Net investment income (Line 10 minus Line 16)	0	0
DETAILS OF WRITE-INS		
0901. .....	.....	.....
0902. .....	.....	.....
0903. .....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501. .....	.....	.....
1502. .....	.....	.....
1503. .....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	0	0

(a) Includes \$ 185,820 accrual of discount less \$ 1,354,334 amortization of premium and less \$ 19,736 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	.0	.....	.....	.....	.....
1.1 Bonds exempt from U.S. tax	58,753	.....	58,753	.....	.....
1.2 Other bonds (unaffiliated)	29,001	.....	29,001	.....	.....
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	279,759	0	279,759	33,642	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	2,159,204	(525,973)	1,633,231	(2,457,317)	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	2,526,718	(525,973)	2,000,745	(2,423,674)	0
DETAILS OF WRITE-INS			.....	.....	.....
0901. .....	.....	.....	0	.....	.....
0902. .....	.....	.....	0	.....	.....
0903. .....	.....	.....	0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	44,649	53,800	9,151
12. Subtotals, cash and invested assets (Lines 1 to 11)	44,649	53,800	9,151
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.....	47,263	89,101	41,838
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets	4,954	49,674	44,720
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	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	96,866	192,575	95,709
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	96,866	192,575	95,709
DETAILS OF WRITE-INS			
1101. Deferred Expenses.....	44,649	53,800	9,151
1102.	0	0	0
1103.	0	0	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)	44,649	53,800	9,151
2501.	0	0	0
2502.	0	0	0
2503.	0	0	0
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)	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

SECTION A

1. Summary of Significant Accounting Policies:

A. Accounting Practices:

The financial statements of Ohio Indemnity Company ("the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department ("the Department").

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual has been adopted as a component of prescribed or permitted practices by the state of Ohio.

	<u>State of Domicile</u>	<u>2015</u>	<u>2014</u>
NET INCOME			
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	.....OH \$.....	10,459,404	\$.....8,268,432
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	.....	.....	.....
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	.....	.....	.....
(4) NAIC SAP (1-2-3=4)	.....OH \$.....	10,459,404	\$.....8,268,432
SURPLUS			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	.....OH \$.....	45,488,361	\$.....45,270,033
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	.....	.....	.....
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	.....	.....	.....
(8) NAIC SAP (5-6-7=8)	.....OH \$.....	45,488,361	\$.....45,270,033

B. Use of Estimates in the Preparation of the Financial Statements:

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities as of the date of the financial statements and revenue and expenses for the period then ended. It also requires estimates in the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ materially from these estimates.

C. Accounting Policy:

Ohio Indemnity's insurance premiums are earned over the terms of the related insurance policies and reinsurance contracts. For certain of our lender service products, premiums are earned over the contract period in proportion to the amount of insurance protection provided as the amount of insurance protection declines according to a predetermined schedule. For all other products, premiums are earned pro rata over the contract period. The portion of premiums written applicable to the unexpired portion of insurance policies is recorded in the balance sheet as unearned premiums.

Certain lender service policies are eligible for premium adjustments based on loss experience. For certain policies, return premiums are calculated and settled on an annual basis. Certain other policies are eligible for an experience rating adjustment that is calculated and adjusted from period to period and settled upon cancellation of the policy. These balances are presented in the accompanying balance sheet as unearned premiums.

SSAP No. 65, "Property and Casualty Contracts," requires a separate test for unearned premiums for policies with coverage periods equal to or in excess of thirteen months. Depending on the results of this test, a reporting entity may be required to record additional unearned premiums on a statutory basis that are not recorded on a GAAP basis. As of December 31, 2015 and December 31, 2014, respectively, we recorded \$2,120,206 and \$2,026,610, respectively of additional unearned premiums under SSAP No. 65 for our GAP product line.

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

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost. Money market investments are reflected at cost.
- (2) Bonds not backed by other loans are stated at amortized value using the scientific interest method.
- (3) Redeemable preferred stocks are stated at amortized cost.
- (4) Common stocks, non-redeemable preferred stocks and mutual funds are stated at market values based upon prices prescribed by the NAIC.

NOTES TO FINANCIAL STATEMENTS

(5) Realized gains and losses on disposal of investments are determined by the specific identification method and are included in investment income. The carrying value of investments is revised and the amount of revision is charged to net realized losses on investments when management determines that a decline in the value of an investment is other-than-temporary.

We continually monitor the difference between the book value and the estimated fair value of our investments, which involves judgment as to whether declines in value are temporary in nature. If we believe the decline in any investment is "other-than-temporarily impaired," we record the decline as a realized loss through the income statement. If our judgment changes in the future, we may ultimately record a realized loss for a security after having originally concluded that the decline in value was temporary. We begin to monitor a security for other-than-temporary impairment when its fair value to book value ratio falls below 80%. Our assessment as to whether a security is other-than-temporarily impaired depends on, among other things: (1) the length of time and extent to which the estimated fair value has been less than book value; (2) whether the decline appears to be related to general market or industry conditions or is issuer specific; (3) our current judgment as to the financial condition and future prospects of the entity that issued the investment security; and (4) our intent to sell the security or the likelihood that we will be required to sell the security before its anticipated recovery.

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

Assumed reinsurance is a line of business with inherent volatility. Since the length of time required for the losses to be reported through the reinsurance system can be quite long, unexpected events are more difficult to predict. Ultimate loss experience for assumed reinsurance is based primarily on reports received by the Company from the underlying ceding insurers.

2. Accounting Changes and Corrections of Errors: Not applicable

3. Business Combinations and Goodwill: Not applicable.

4. Discontinued Operations: Not applicable.

5. Investments:

A. Mortgage Loans: Not applicable.

B. Debt Restructuring: Not applicable.

C. Reverse Mortgages: Not applicable.

D. Loan-Backed Securities: Not applicable.

E. Repurchase Agreements: Not applicable.

G. Low Income Housing credit: Not applicable

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

H. Restricted Assets:

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross Restricted					8	Percentage			
	Current Year		Protected Cell Account Assets Supporting G/A Activity (b)	5	6		9	10		
	1	2					Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown										
	\$.....	\$.....	\$.....	\$.....	0	\$.....	0	\$.....	0	0.0 %
b. Collateral held under security lending agreements					0	0	0		0.0	0.0
c. Subject to repurchase agreements					0	0	0		0.0	0.0
d. Subject to reverse repurchase agreements					0	0	0		0.0	0.0
e. Subject to dollar repurchase agreements					0	0	0		0.0	0.0
f. Subject to dollar reverse repurchase agreements					0	0	0		0.0	0.0
g. Placed under option contracts					0	0	0		0.0	0.0
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock					0	0	0		0.0	0.0
i. FHLB capital stock					0	0	0		0.0	0.0
j. On deposit with states	5,282,312			5,282,312	5,282,312	5,588,007	(305,695)		3.6	0.0
k. On deposit with other regulatory bodies					0	0	0		0.0	0.0
l. Pledged as collateral to FHLB (including assets backing funding agreements)					0	0	0		0.0	0.0
m. Pledged as collateral not captured in other categories					0	0	0		0.0	0.0
n. Other restricted assets					0	0	0		0.0	0.0
o. Total Restricted Assets	\$.....5,282,312	\$.....0	\$.....0	\$.....0	\$.....5,282,312	\$.....5,588,007	\$.....(305,695)	\$.....0	3.6 %	3.6 %

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) NONE

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) NONE

I. Working Capital Finance Investments: Not applicable

J. Offsetting and Netting of Assets and Liabilities: Not applicable

K. Structured Notes: Not applicable

6. Joint Ventures, Partnerships and Limited Liability Companies: Not applicable.

7. Investment Income:

A. Accrued Investment Income: The Company non-admits investment income due and accrued if amounts are not received within 15 days of the settlement date.

B. Amounts Nonadmitted: Not applicable.

8. Derivative Instruments: Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes:

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

1.

	12/31/2015		
	(1)	(2)	(3)
	Ordinary	Capital	(Col 1+2) Total
(a) Gross Deferred Tax Assets	\$.....3,800,294	\$.....234,054	\$.....4,034,348
(b) Statutory Valuation Allowance Adjustments	\$.....0	\$.....0	\$.....0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$.....3,800,294	\$.....234,054	\$.....4,034,348
(d) Deferred Tax Assets Nonadmitted	\$.....0	\$.....0	\$.....0
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$.....3,800,294	\$.....234,054	\$.....4,034,348
(f) Deferred Tax Liabilities	\$.....144,974	\$.....188,598	\$.....333,572
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$.....3,655,320	\$.....45,456	\$.....3,700,776

	12/31/2014		
	(4)	(5)	(6)
	Ordinary	Capital	(Col 4+5) Total
(a) Gross Deferred Tax Assets	\$.....3,694,956	\$.....250,735	\$.....3,945,691
(b) Statutory Valuation Allowance Adjustments	\$.....0	\$.....0	\$.....0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$.....3,694,956	\$.....250,735	\$.....3,945,691
(d) Deferred Tax Assets Nonadmitted	\$.....0	\$.....0	\$.....0
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$.....3,694,956	\$.....250,735	\$.....3,945,691
(f) Deferred Tax Liabilities	\$.....69,596	\$.....1,262,206	\$.....1,331,802
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$.....3,625,360	\$.....(1,011,471)	\$.....2,613,889

	Change		
	(7)	(8)	(9)
	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Gross Deferred Tax Assets	\$.....105,338	\$.....(16,681)	\$.....88,657
(b) Statutory Valuation Allowance Adjustments	\$.....0	\$.....0	\$.....0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$.....105,338	\$.....(16,681)	\$.....88,657
(d) Deferred Tax Assets Nonadmitted	\$.....0	\$.....0	\$.....0
(e) Subtotal Net Admitted Deferred Tax Asset (1c -1d)	\$.....105,338	\$.....(16,681)	\$.....88,657
(f) Deferred Tax Liabilities	\$.....75,378	\$.....(1,073,608)	\$.....(998,230)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$.....29,960	\$.....1,056,927	\$.....1,086,887

2.

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$.....2,373,146	\$.....0	\$.....2,373,146
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$.....994,058	\$.....0	\$.....994,058
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$.....3,322,404	\$.....0	\$.....3,322,404
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	<u>XXX</u>	<u>XXX</u>	\$.....6,268,138
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$.....71,941	\$.....261,631	\$.....333,572
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$.....3,439,145	\$.....261,631	\$.....3,700,776

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$.....2,320,994	\$.....0	\$.....2,320,994
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$.....(1,038,907)	\$.....0	\$.....(1,038,907)
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$.....3,945,691	\$.....0	\$.....3,945,691
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	<u>XXX</u>	<u>XXX</u>	\$.....6,398,422
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$.....69,596	\$.....1,262,206	\$.....1,331,802

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.
 Total (2(a) + 2(b) + 2(c))

\$.....1,351,683 \$.....1,262,206 \$.....2,613,889

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total

(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.
 (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b) and 2(b)2 Below)
 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.
 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.
 (c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.
 (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.
 Total (2(a) + 2(b) + 2(c))

\$.....52,152 \$.....0 \$.....52,152

\$.....2,032,965 \$.....0 \$.....2,032,965

\$.....(623,287) \$.....0 \$.....(623,287)

XXX XXX \$.....(130,284)

\$.....2,346 \$.....(1,000,575) \$.....(998,229)

\$.....2,087,463 \$.....(1,000,575) \$.....1,086,888

3.

(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.
 (b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.

.....15%15%

\$.....41,787,585 \$.....42,656,144

4.

12/31/2015	
(1)	(2)
Ordinary	Capital

Impact of Tax-Planning Strategies

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.
 1. Adjusted Gross DTAs Amount From Note 9A1(c)3,800,294234,054
 2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies0.00.0
 3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)3,800,294234,054
 4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies0.00.0

12/31/2014	
(3)	(4)
Ordinary	Capital

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.
 1. Adjusted Gross DTAs Amount From Note 9A1(c)3,694,956250,735
 2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies0.00.0
 3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)3,694,956250,735
 4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies0.00.0

Change	
(5)	(6)
(Col 1-3) Ordinary	(Col 2-4) Capital

(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.
 1. Adjusted Gross DTAs Amount From Note 9A1(c)105,338(16,681)
 2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies0.00.0
 3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)105,338(16,681)
 4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies0.00.0

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes..... No..... X.....

C. Current income taxes incurred consist of the following major components:

(1)	(2)	(3)
12/31/2015	12/31/2014	(Col 1-2) Change

1. Current Income Tax

(a) Federal3,566,680 \$.....3,773,478 \$.....(206,798)
 (b) Foreign0 \$.....0 \$.....0
 (c) Subtotal3,566,680 \$.....3,773,478 \$.....(206,798)
 (d) Federal income tax on net capital gains663,571 \$.....168,381 \$.....495,190
 (e) Utilization of capital loss carry-forwards0 \$.....0 \$.....0
 (f) Other0 \$.....0 \$.....0
 (g) Federal and foreign income taxes incurred4,230,251 \$.....3,941,859 \$.....288,392

2. Deferred Tax Assets:

(a) Ordinary

(1) Discounting of unpaid losses\$.....0 \$.....0 \$.....0
 (2) Unearned premium reserve3,631,252 \$.....3,538,524 \$.....92,728
 (3) Policyholder reserves168,476 \$.....147,122 \$.....21,354
 (4) Investments\$.....0 \$.....0 \$.....0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

(5) Deferred acquisition costs	\$.....	\$.....	0	\$.....	0
(6) Policyholder dividends accrual	\$.....	\$.....	0	\$.....	0
(7) Fixed assets	\$.....	\$.....	0	\$.....	0
(8) Compensation and benefits accrual	\$.....	\$.....	0	\$.....	0
(9) Pension accrual	\$.....	\$.....	0	\$.....	0
(10) Receivables - nonadmitted	\$.....	\$.....	0	\$.....	0
(11) Net operating loss carry-forward	\$.....	\$.....	0	\$.....	0
(12) Tax credit carry-forward	\$.....	\$.....	0	\$.....	0
(13) Other (including items <5% of total ordinary tax assets)	\$..... 567	\$..... 9,310	\$..... (8,743)		
(99) Subtotal	\$..... 3,800,295	\$..... 3,694,956	\$..... 105,339		
 (b) Statutory valuation allowance adjustment	\$.....	\$.....	0	\$.....	0
(c) Nonadmitted	\$.....	\$.....	0	\$.....	0
 (d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$..... 3,800,295	\$..... 3,694,956	\$..... 105,339		
 (e) Capital:					
(1) Investments	\$..... 234,054	\$..... 250,735	\$..... (16,681)		
(2) Net capital loss carry-forward	\$.....	\$..... 0	\$..... 0		
(3) Real estate	\$.....	\$..... 0	\$..... 0		
(4) Other (including items <5% of total capital tax assets)	\$.....	\$..... 0	\$..... 0		
(99) Subtotal	\$..... 234,054	\$..... 250,735	\$..... (16,681)		
 (f) Statutory valuation allowance adjustment	\$.....	\$.....	0	\$.....	0
(g) Nonadmitted	\$.....	\$.....	0	\$.....	0
 (h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$..... 234,054	\$..... 250,735	\$..... (16,681)		
 (i) Admitted deferred tax assets (2d + 2h)	\$..... 4,034,349	\$..... 3,945,691	\$..... 88,658		
 3. Deferred Tax Liabilities:					
 (a) Ordinary					
(1) Investments	\$..... 3,494	\$..... 8,633	\$..... (5,139)		
(2) Fixed assets	\$.....	\$..... 0	\$..... 0		
(3) Deferred and uncollected premium	\$.....	\$..... 0	\$..... 0		
(4) Policyholder reserves	\$.....	\$..... 0	\$..... 0		
(5) Other (including items <5% of total ordinary tax liabilities)	\$..... 68,448	\$..... 60,963	\$..... 7,485		
(99) Subtotal	\$..... 71,942	\$..... 69,596	\$..... 2,346		
 (b) Capital:					
(1) Investments	\$..... 261,631	\$..... 1,262,206	\$..... (1,000,575)		
(2) Real estate	\$.....	\$..... 0	\$..... 0		
(3) Other (including items <5% of total capital tax liabilities)	\$.....	\$..... 0	\$..... 0		
(99) Subtotal	\$..... 261,631	\$..... 1,262,206	\$..... (1,000,575)		
 (c) Deferred tax liabilities (3a99 + 3b99)	\$..... 333,573	\$..... 1,331,802	\$..... (998,229)		
 4. Net deferred tax assets/liabilities (2i - 3c)	\$..... 3,700,776	\$..... 2,613,889	\$..... 1,086,887		

D. Federal income tax expense differs from the amount computed by applying the normal tax rate of 34% to income before federal income tax as follows:

	2015	2014
Expected federal income tax expense	\$4,994,483	\$4,151,499
Change in unearned premium reserves	58,525	464,945
Book over tax reserves	84,127	19,420
Book to tax return adjustments	(117,517)	(51,997)
Tax exempt interest and dividends received deduction	(875,240)	(804,861)
Other-than-temporary impairments on investments	(16,682)	90,621
Other	102,555	72,232
 Federal income tax expense	<u>\$4,230,251</u>	<u>\$3,941,859</u>

E. Operating Loss and Tax Credit Carryforwards:

At December 31, 2015, the Company had \$0 of net operating loss carryforward. The Company also had \$0 alternative minimum tax credit at December 31, 2015.

The following is income tax expense for 2015, 2014 and 2013 that is available for recoupement in the event of future net losses:

2015 (current year)	\$ 4,230,251
2014 (current - 1)	3,941,859
2013 (current - 2)	3,903,411

F. Consolidated Federal Income Tax Return: The Company's federal income tax return is consolidated with Bancinsurance Corporation.

The Company files a consolidated federal income tax return with its parent, Bancinsurance Corporation. The Company has a tax sharing agreement, as approved by the Board of Directors, with its parent whereby federal income tax expense is determined as if the Company filed a separate federal income tax return and payments for this liability are made to the parent.

10. Information Concerning Parent, Subsidiaries and Affiliates:

A. Ohio Indemnity is a wholly-owned subsidiary of Bancinsurance Corporation, an insurance holding company domiciled in the State of Ohio. See Schedule Y, Part 1 Organizational Chart.

B. The Company has no investment in parent or affiliates. The Company has no subsidiaries or affiliated insurers.

NOTES TO FINANCIAL STATEMENTS

C. There are no guarantees or undertakings for the benefit of an affiliate which result in a material contingent exposure of the Company's net assets to liabilities.

D. Other Disclosures: In 2005, the Company entered into a cost sharing agreement with Bancinsurance. During 2015 and 2014, the amount of expenses the Company allocated to Bancinsurance under this agreement were \$55,176 and \$118,245, respectively, which have been recorded in the accompanying statements of income.

In 2007, the Company entered into an intercompany agreement (the "Agreement") by and between the Company, Bancinsurance and USA (collectively, the "Parties"). Pursuant to the terms of the agreement, amounts owed relating to transactions between the Parties during each quarter shall be settled within forty-five days after quarter end. In accordance with SSAP No. 96, amounts owed to the Company over ninety days from the due date in the Agreement shall be nonadmitted. As of December 31, 2015, the Company had no amounts owed to it by the Parties greater than ninety days from the due date in the Agreement.

Effective October 27, 2010, Fenist and Bancinsurance (collectively, the "Borrowers") entered into a credit agreement (the "Credit Agreement") with a lender. As of December 31, 2015, the Credit Agreement consists of a \$5.5 million senior secured revolving credit facility, of which zero is borrowed as of December 31, 2015. The Borrowers' obligations under the Credit Agreement are secured by a first priority lien on substantially all of the assets of the Borrowers and by a pledge by Bancinsurance of 100% of the stock of Ohio Indemnity, subject to the restrictions on the exercise of remedies under applicable insurance law. As of December 31, 2015, the Borrowers and were in compliance with all covenants under the Credit Agreement.

The Company pays certain fees and commissions to its affiliate, Ultimate Services Agency, LLC, a property and casualty insurance agency. During 2015 and 2014, the amount of commissions and fees incurred by the Company related to USA were \$11,265,305 and \$9,849,262 respectively.

During 2002 and 2003, Bancinsurance Corporation entered into an arrangement with BIC Statutory Trust I ("BIC Trust I"), a Connecticut special purpose business trust, and BIC Statutory Trust II ("BIC Trust II"), a Delaware special purpose business trust (collectively, the "Trusts"), whereby the Trusts issued and Bancinsurance Corporation purchased approximately \$8 million and \$7 million respectively, of floating rate trust preferred capital securities in exchange for junior subordinated debentures of Bancinsurance Corporation. Bancinsurance Corporation has fully and unconditionally guaranteed the obligations of the Trusts with respect to the floating rate trust preferred capital securities. The floating rate trust preferred capital securities, and the junior subordinated debentures issued in connection therewith, pay dividends and interest, as applicable, on a quarterly basis, are redeemable at par and mature in 2032 (for BIC Trust I) and 2033 (for BIC Trust II). Dividends paid by Ohio Indemnity to Bancinsurance Corporation can be a source of funds used to pay interest and any principal payments, if applicable, on the junior subordinated debentures by Bancinsurance Corporation.

11. Debt: Not applicable.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other post retirement Benefit Plans:

Defined Benefit Plan(A - D):

A. Reconciliation: Not applicable

B. Description: Not applicable

C. Fair Value: Not applicable

D. Narrative Description of Basis: Not applicable

E. Defined Contribution Plan: The Company provides a qualified 401(k) profit sharing plan, available to full-time employees who meet the plan's eligibility requirements. The Company matches 100% of the qualified employee's contribution up to 3% of salary and 50% of the qualified employee's contribution between 3% and 5% of salary. The total cost of the matching contribution was \$126,350 and \$123,552 for the years ended December 31, 2015 and 2014 respectively.

F. Multiemployer Plans: Not applicable.

G. Consolidated/Holding Company Plans: Not applicable.

H. Post employment Benefits and Compensated Absences: Not applicable.

I. Impact of Medicare Modernization Act: Not applicable

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations:

(1) The Company has 40,000 common shares authorized, 37,332 common shares issued and 37,332 common shares outstanding. All shares are Class A shares. The Company has 5,000 non-voting preferred shares authorized, none issued and outstanding.

(2) Dividend Rate of Preferred Stock: Not applicable.

(3) Dividend Restrictions: Generally, the Company is restricted by the insurance laws of the State of Ohio as to amounts that can be transferred to the parent in the form of dividends, loans, or advances without the approval of the Department to the greater of (a) 10 percent of statutory surplus as of December 31 of the year preceding the dividend, loan or advancement or (b) 100 percent of statutory net income for the year ended December 31 preceding the dividend, loan or advancement. Under the above restrictions,

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NOTES TO FINANCIAL STATEMENTS

during 2016, dividends, loans or advances in excess of \$10,459,404 will require the approval of the Department.

(4)The following dividends were declared by Ohio Indemnity to Bancinsurance Corporation during 2015 and 2014:

- On October 29, 2015, Ohio Indemnity's board of directors declared a cash dividend in an aggregate amount of \$9,000,000 that was paid to Bancinsurance Corporation during the fourth quarter of 2015; and
- On October 27, 2014, Ohio Indemnity's board of directors declared a cash dividend in an aggregate amount of \$9,000,000 that was paid to Bancinsurance Corporation during the fourth quarter of 2014.

The Company is subject to a risk-based capital ("RBC") test applicable to property and casualty insurers. The RBC test serves as a benchmark of insurance enterprises' solvency by state insurance regulators by establishing statutory surplus targets which will require certain Company level or regulatory level actions. Based on the Company's analysis, the Company's total adjusted capital was in excess of all required action levels at December 31, 2015.

All insurance companies must file annual financial statements (prepared in accordance with statutory accounting rules) in states where they are authorized to do business and are subject to regular and special examinations by the regulatory agencies of those states. In 2012, the Department initiated its financial examination of Ohio Indemnity covering the period from January 2007 through December 31, 2011. On September 6, 2012, the Department issued its examination report. No adjustments to Ohio Indemnity's previously filed statutory financial statements were required as a result of the examination.

(5) Portion of the Company's Profits that may be paid as Ordinary Dividends to Stockholders: See Note 13C above.

(6) Restrictions Placed on the Unassigned Funds, Including for Whom the Surplus is Being Held: Not applicable.

(7) Mutual Surplus Advances: Not applicable.

(8) Company Stock Held for Special Purposes: See Note 10

(9) Changes in Special Surplus Funds: Not applicable.

(10) Changes in Unassigned Funds:

The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

(a) Unrealized gains and losses, net of tax	\$ (1,599,626)
(b) Nonadmitted asset value:	95,712
(c) Deferred income tax:	262,838
(d) Dividends to stockholders:	(9,000,000)

(11). Surplus Notes: Not applicable.

(12) Impact of Restatement Due to Quasi Reorganizations: Not applicable.

(13) Effective Date of Quasi Reorganizations: Not applicable.

14. Liabilities, Contingencies and Assessments:

A. Contingent Commitments: Not applicable.

B. Assessments: Not applicable.

C. Gain Contingencies: Not applicable.

D. Claims related extra Contractual Obligation and bad faith losses stemming from lawsuits: Not applicable

E Contingencies related to product warranties: Not applicable

F. Joint and Several Liabilities: Not applicable

G. All Other Contingencies:

We are involved in legal proceedings arising in the ordinary course of business which are routine in nature and incidental to our business. We currently believe that none of these matters, either individually or in the aggregate, is reasonably likely to have a material adverse effect on our financial condition, results of operations or liquidity. However, because litigation is subject to inherent uncertainties and the outcome of such matters cannot be predicted with certainty, future developments could cause any one or more of these matters to have a material adverse effect on our financial condition, results of operations and liquidity.

15. Leases:

A. Lessee Operating Lease: As of December 31, 2015, we leased approximately 11,700 square feet in Columbus, Ohio for our headquarters pursuant to a lease that commenced on January 1, 2009, as amended April 1, 2015, and expires on December 31, 2020. Rent expense is recognized evenly over the lease term ending December 31, 2020. Rental expenses, which primarily include expenses for our office lease, were \$230,489 and \$253,097 for the years ended December 31, 2015 and 2014, respectively.

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NOTES TO FINANCIAL STATEMENTS

The future minimum lease payments required under operating leases for the next five fiscal years are as follows:

2016	\$ 198,900
2017	201,825
2018	204,750
2019	207,675
2020	210,600
Total	<u>\$ 1,023,750</u>

B. Lessor Leases:

1. Operating Leases: Not applicable

2. Leveraged leases: Not applicable.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk: Not applicable.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities:

A. Transfers of Receivables Reported as Sales: Not applicable.

B. Transfers and Servicing of Financial Assets: Not applicable.

C. Wash Sales: Not applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans:
Not applicable.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators:

The Company uses several managing general agents to write and administer its lender services products in specified territories. The following are the Company's managing general agents and their respective direct premiums written for 2015 and 2014:

<u>Name and Address</u>	<u>FEIN Number</u>	<u>Exclusive Contract</u>	<u>Type of Business Written</u>	<u>Type of Authority Granted</u>	<u>2015 Direct Premiums Written</u>	<u>2014 Direct Premiums Written</u>
Southwest Business Corporation 9311 San Pedro, Suite 600 San Antonio, TX 78216	75-1553739	No	Credit, Auto Physical Damage & Other Liability	C, CA, P, U	\$ 22,964,386	\$ 6,393,735
American Risk Services 11135 Kenwood Road Cincinnati, OH 45242	38-3773191	No	Credit & Auto Physical	C, CA, R, P, U	17,003,618	8,172,519
Reinsurance Associates Inc. 1670 Fenpark Drive Fenton, MO 63026	43-1525402	No	Credit, Auto Physical Damage & Other Liability	C, CA, P, U	15,370,007	17,276,380*
Lee & Mason Financial Services, Inc. P. O. Box 270, Route 30 Northville, NY 12134	14-1722170	No	Credit, Auto Physical Damage & Other Liability	C, CA, P, U	9,817,969	9,548,337
HUB International 300 Country Pine Lane Battle Creek, MI 49015	35-0672425	No	Credit, Auto Physical Damage & Other Liability	C, CA, P, U	\$ 4,415,143	\$ 6,624,960
				Total	<u>\$ 69,571,123</u>	<u>\$ 48,015,931</u>

C - Claims Payment
CA - Claims Adjustment
R - Reinsurance Ceding
B - Binding Authority
P - Premium Collection
U - Underwriting

*This agent did not qualify as a managing general agent for the noted fiscal year.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

20. Fair Value Measurement:

A. The following table summarizes the Company's financial assets measured at fair value on a recurring basis as of December 31:

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
--	-----------	-----------	-----------	-------

December 31, 2015

Assets at fair value	\$ -	\$ -	\$ -
Preferred Stock	\$ -	\$ -	\$ -
Common Stock	\$ 12,668,101	\$ -	\$ 12,668,101
Total assets at fair value	\$ 12,668,101	\$ -	\$ 12,668,101

December 31, 2014

Assets at fair value	\$ 203,300	\$ 203,300	\$ 203,300
Preferred Stock	\$ 203,300	\$ -	\$ -
Common Stock	\$ 17,268,194	\$ -	\$ 17,268,194
Total assets at fair value	\$ 17,471,194	\$ -	\$ 17,471,194

B. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy: None

The Company has categorized its assets into the three-level hierarchy based upon the priority of the inputs to the respective valuation technique. The following summarizes the type of assets included within the three-level hierarchy presented in the table above:

- *Level 1* – This category includes exchange-traded preferred stocks, common stocks and mutual funds. Certain preferred stocks (redeemable preferred stocks and preferred stocks with an NAIC rating of 3 through 6) are carried at the lower of cost or fair value. The preferred stocks and common stocks listed in the above table are carried at fair value.
- *Level 2* – This category includes bonds. Bonds with an NAIC rating of 3 through 6 are carried at the lower of amortized cost or fair value. The company has no level 2 assets or liabilities.
- *Level 3* – The Company has no Level 3 assets or liabilities.

As of December 31 2015 and 2014, the Company had no financial liabilities that were measured at fair value and no financial assets that were measured at fair value on a non-recurring basis. The Company also did not have any non-financial assets or non-financial liabilities that were measured at fair value on a recurring or non-recurring basis.

C. The carrying amount and estimated fair value of financial instruments subject to disclosure requirements were as follows as of December 31:

December 31, 2015

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 108,278,191	\$ 103,842,616	\$ -	\$ 108,278,191	\$ -	\$ -
Common Stocks	\$ 12,668,101	\$ 12,668,101	\$ 12,668,101	\$ -	\$ -	\$ -
Preferred Stocks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Short Term Investments	\$ 1,247,446	\$ 1,247,446	\$ 1,247,446	\$ -	\$ -	\$ -
Cash	\$ 7,363,855	\$ 7,363,855	\$ 7,363,855	\$ -	\$ -	\$ -

December 31, 2014

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 106,162,049	\$ 101,991,691	\$ -	\$ 106,162,049	\$ -	\$ -
Common Stocks	\$ 17,268,194	\$ 17,268,194	\$ 17,268,194	\$ -	\$ -	\$ -
Preferred Stocks	\$ 2,143,580	\$ 1,873,439	\$ 2,143,580	\$ -	\$ -	\$ -
Short Term Investments	\$ 4,610,864	\$ 4,610,864	\$ 4,610,864	\$ -	\$ -	\$ -
Cash	\$ 6,546,423	\$ 6,546,423	\$ 6,546,423	\$ -	\$ -	\$ -

D. Not Practicable Estimated Fair Values: None

21. Other Items:

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

- A. Extraordinary Items: Not applicable.
- B. Troubled Debt Restructuring: Not applicable.
- C. Other Disclosures and unusual items: The Company elected to use rounding in reporting amounts in this Annual Statement. The Company files the Annual Statement in accordance with NAIC validation tolerance levels.
- D.. Business Interruption Insurance recoveries: Not applicable.
- E. State Transferable Tax Credits: Not applicable.
- F. Subprime-Mortgage-Related Risk Exposure: Not applicable

22. Events Subsequent:

The Company used February 11, 2016, the date these statutory financial statements were available to be issued, as the date through which subsequent events have been evaluated. There were no material subsequent events that required recognition or additional disclosure in these statutory financial statements.

23. Reinsurance:

- A. Unsecured Reinsurance Recoverables: Not applicable.

- B. Reinsurance Recoverable in Dispute: Not applicable.

C. Reinsurance Assumed and Ceded:

1.

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium <u>Reserve</u>	Commission <u>Equity</u>	Premium <u>Reserve</u>	Commission <u>Equity</u>	Premium <u>Reserve</u>	Commission <u>Equity</u>
a. Affiliates	\$	\$	\$	\$	\$	\$
b. All Other	\$5,186,716	\$1,542,052	\$117,789,332	\$8,748,907	\$..(112,602,616)	\$(7,206,855)
c. TOTAL	\$5,186,716	\$1,542,052	\$117,789,332	\$8,748,907	\$..(112,602,616)	\$(7,206,855)
d. Direct Unearned Premium Reserve			\$173,530,657			

Line (c) of Ceded Reinsurance Premium Reserve Column must equal Page 3, Line 9, first inside amount.

- 2. The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this annual statement as a result of existing contractual arrangements: Not applicable.

- D. Uncollectible Reinsurance: Not applicable.

- E. Commutation of Ceded Reinsurance: Not applicable.

- F. Retroactive Reinsurance: Not applicable.

- G. Reinsurance Accounted For As A Deposit: Not applicable.

- H. Disclosures for the transfer of Property and Casualty run-off agreements: Not applicable

- I. Certified Reinsurer Rating Downgraded or Status subject to Revocation: Not applicable

24. Retrospectively and Experience Rated Contracts and Contracts Subject to Redetermination:

The Company estimates accrued retrospective and experience rated premium adjustments through the review of each individual retrospectively or experience rated risk, comparing case basis loss development with that anticipated in the policy contract to arrive at the best estimate of return or additional retrospective and experience rated premium.

Net premiums written of \$386,509 and \$1,775,680 were subject to retrospective and experience rating features during 2015 and 2014, respectively. This represented approximately 1% and 3%, respectively, of total net premiums written.

25. Change in incurred Losses and Loss Adjustment Expenses:

As a result of changes in estimates of insured events in prior years, the provision for unpaid loss and LAE decreased by approximately \$4.4 million and \$5.0 million for the years ended December 31, 2015 and 2014, respectively. The decreases in 2015 and 2014 were primarily due to favorable loss development for our lender services and WIP product lines. The majority of our losses are short-tail in nature and adjustments to reserve amounts occur rather quickly. Conditions that affected redundancies in reserves may not necessarily occur in the future. Accordingly, it may not be appropriate to extrapolate this redundancy to future periods.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2015 and 2014 no additional premiums or return premiums have been accrued as a result of the prior-year reserve effects.

26. Intercompany Pooling Arrangements: Not applicable.

27. Structured Settlements: Not applicable.

28. Health Care Receivables: Not applicable.

29. Participating Policies: Not applicable.

30. Premium Deficiency Reserves:

1. Liability carried for premium deficiency reserves	-
2. Date of the most recent evaluation of this liability	12/31/2015
3. Was anticipated investment income utilized in the calculation?	no

31. High Deductibles: Not applicable.

32. Discounting of Liabilities for Unpaid Losses of Unpaid Loss Adjustment Expenses: Not applicable.

33. Asbestos/Environmental Reserves: Not applicable.

34. Subscriber Savings Accounts: Not applicable.

35. Multiple Peril Crop Insurance: Not applicable.

36. Financial guaranty Insurance: Not applicable

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] 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?

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

2.2 If yes, date of change:
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2011

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).09/06/2012

3.4 By what department or departments? Ohio Department of Insurance.....

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

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

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

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

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []
5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation. Yes [] No []

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []
6.2 If yes, give full information
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []
7.2 If yes,
7.21 State the percentage of foreign control
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).
.....

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES

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

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

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

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
SKODA, MINOTTI & CO. 6885 BETA DR. MAYFIELD VILLAGE, OHIO 44143..... Yes [] No [X]

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?
MATT MERLINO, 3374-B MEDLOCK BRIDGE, NORCROSS, GA 30092.....

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 [X]

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

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

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

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

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

e. Accountability for adherence to the code.

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES

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

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

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

BOARD OF DIRECTORS

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

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

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

FINANCIAL

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

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers \$.....
20.12 To stockholders not officers \$.....
20.13 Trustees, supreme or grand (Fraternal only) \$.....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): 20.21 To directors or other officers \$.....
20.22 To stockholders not officers \$.....
20.23 Trustees, supreme or grand (Fraternal only) \$.....

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

21.2 If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others \$.....
21.22 Borrowed from others \$.....
21.23 Leased from others \$.....
21.24 Other \$.....

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

22.2 If answer is yes: 22.21 Amount paid as losses or risk adjustment \$.....
22.22 Amount paid as expenses \$.....
22.23 Other amounts paid \$.....

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 429,824

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 []

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

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

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

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....

24.103 Total payable for securities lending reported on the liability page \$.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES

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

Yes [] No []

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

25.21 Subject to repurchase agreements	\$.....
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	\$..... 5,282,312
25.29 On deposit with other regulatory bodies	\$.....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$.....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$.....
25.32 Other	\$.....

25.3 For category (25.26) provide the following:

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

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

Yes [] No []

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

Yes [] No [] N/A []

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

Yes [] No []

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

\$.....

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

Yes [] No []

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

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third Bank.....	38 Fountain Square Cincinnati, Ohio 45263.....
Meeder Asset Management.....	6125 Memorial Drive Dublin, Ohio 43017.....
Huntington National Bank.....	30050 Chagrin Boulevard STE 150 Pepper Pike OH 44124.....
Raymond James and Associates.....	2154 E. Main Street Columbus, Ohio 43209.....

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

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

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

Yes [] No []

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES

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

1 Central Registration Depository Number(s)	2 Name	3 Address
110638.....	Diamond Hill Capitol Management.....	325 John H McConnell Blvd Ste 200 Columbus, Ohio 43215.....
105794.....	Meeder Asset Management.....	6125 Memorial Drive Dublin, Ohio 43015.....
7745.....	Huntington National Bank.....	30050 Chagrin Blvd Ste 150 Pepper Pike Ohio.....
107038.....	J.P Morgan Investment Inc.....	80 South Eighth Street 3300 IDC Center Minneapolis, MN 55402.....
0725.....	Raymond James and Associates.....	2154 E. Main Street Columbus, Ohio 43209.....

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

29.2 If yes, complete the following schedule:

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

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....
.....
.....
.....

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	105,090,063	109,525,637	4,435,574
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	105,090,063	109,525,637	4,435,574

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

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

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [X] No []

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

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [X] No []

32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 66,995
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
National Insurance Producer Registry.....	\$..... 17,143
SERFF.....	\$..... 25,090

34.1 Amount of payments for legal expenses, if any? \$ 132,184
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
Green,Peffer, Sallander & Lally LLP.....	\$..... 70,664
Vorys, Sater, Seymour, & Pease LLP.....	\$..... 46,821

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

1.31 Reason for excluding

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

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

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ 0

1.65 Total incurred claims \$ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$ 0	\$ 0
2.2 Premium Denominator	\$ 68,208,798	\$ 55,074,553
2.3 Premium Ratio (2.1/2.2)	.....0.000	.....0.000
2.4 Reserve Numerator	\$ 0	\$ 0
2.5 Reserve Denominator	\$ 72,392,190	\$ 0
2.6 Reserve Ratio (2.4/2.5)	.....0.000	.....0.000

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

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

3.21 Participating policies \$

3.22 Non-participating policies \$

4. For Mutual reporting entities and Reciprocal Exchanges only:

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

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

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

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

5. For Reciprocal Exchanges Only:

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

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation Yes [] No [] N/A []

5.22 As a direct expense of the exchange Yes [] No [] N/A []

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

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

5.5 If yes, give full information

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:.....
Not Applicable.....

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:.....
Not Applicable Limited Property Coverage Written.....

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?.....
Not Applicable Limited Property Coverage Written.....

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

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss
Not Applicable Limited Property Coverage Written.....

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 noncancelable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.....
Yes [] No [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]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?.....
Yes [X] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

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

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

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

12.6 If yes, state the amount thereof at December 31 of current year:
 12.61 Letters of Credit..... \$..... 117,176,000
 12.62 Collateral and other funds..... \$..... 20,475,000

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):..... \$..... 4,500,000
 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?..... Yes [] No [X]

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

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

 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?..... Yes [] No [X]
 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 [X]
 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 [X] No []
 If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home	\$	\$	\$	\$	\$
16.12 Products	\$	\$	\$	\$	\$
16.13 Automobile	\$	(55,867)	\$	27,000	\$
16.14 Other*	\$	\$	\$	\$	\$

* Disclose type of coverage:

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

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

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

FIVE-YEAR HISTORICAL DATA

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

	1 2015	2 2014	3 2013	4 2012	5 2011
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	1,873,266	1,460,506	1,746,527	1,309,473	818,793
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	85,948,640	74,760,865	64,959,320	54,490,465	46,446,370
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	84,635,477	69,241,374	52,542,336	57,276,530	54,580,742
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	172,457,383	145,462,745	119,248,183	113,076,468	101,845,905
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)	1,873,266	1,460,506	1,746,527	1,309,473	818,793
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	6,330,383	4,676,594	10,951,435	9,580,724	7,541,669
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	59,408,586	53,990,114	40,836,433	48,868,781	46,375,116
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	67,612,235	60,127,214	53,534,395	59,758,978	54,735,578
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	9,477,194	8,739,338	8,468,639	9,152,886	7,020,090
14. Net investment gain (loss) (Line 11)	4,423,624	3,302,703	3,846,286	6,395,009	5,132,037
15. Total other income (Line 15)	125,266	(131)	3,341	(143)	2,429,602
16. Dividends to policyholders (Line 17)	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)	3,566,680	3,773,478	3,569,087	4,246,629	3,871,465
18. Net income (Line 20)	10,459,404	8,268,432	8,749,179	11,301,123	10,710,264
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	145,236,047	149,730,431	133,325,549	121,063,430	111,935,955
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	8,829,374	9,390,506	6,845,985	5,468,214	5,983,906
20.2 Deferred and not yet due (Line 15.2)	610,784	446,012	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)	99,747,686	104,460,400	88,101,019	75,874,872	66,743,649
22. Losses (Page 3, Line 1)	13,995,144	12,200,702	11,024,198	11,250,473	12,669,636
23. Loss adjustment expenses (Page 3, Line 3)	352,742	344,470	322,524	209,415	316,365
24. Unearned premiums (Page 3, Line 9)	60,928,040	61,524,604	50,346,217	41,692,397	29,427,160
25. Capital paid up (Page 3, Lines 30 & 31)	3,000,746	3,000,746	3,000,746	3,000,746	3,000,746
26. Surplus as regards policyholders (Page 3, Line 37)	45,488,361	45,270,033	45,224,530	45,188,558	45,192,306
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	9,367,438	15,665,028	17,911,682	17,995,593	21,071,134
Risk-Based Capital Analysis					
28. Total adjusted capital	45,488,361	45,270,033	45,224,530	45,188,558	45,192,306
29. Authorized control level risk-based capital	8,407,528	6,518,371	6,928,884	6,918,592	6,452,866
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)	83.0	77.1	70.7	68.8	68.1
31. Stocks (Lines 2.1 & 2.2)	10.1	14.5	19.7	9.5	18.1
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	6.9	8.4	9.0	21.2	13.3
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9)	0.0	0.0	0.6	0.5	0.5
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)	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47	0	0	0	0	0
49. Total Investment in parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2015	2 2014	3 2013	4 2012	5 2011
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)	(1,599,626)	258,742	955,588	656,455	(972,112)
52. Dividends to stockholders (Line 35)	(9,000,000)	(9,000,000)	(10,000,000)	(12,000,000)	(9,700,000)
53. Change in surplus as regards policyholders for the year (Line 38)	218,325	45,503	35,972	(3,748)	(9,835)
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)	1,061,083	728,533	459,378	65,788	34,038
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	30,873,796	24,528,934	20,063,786	15,124,516	11,273,502
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	35,271,681	21,931,370	12,740,067	12,594,521	12,461,190
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59. Total (Line 35)	67,206,560	47,188,837	33,263,231	27,784,825	23,768,730
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	1,061,083	728,533	459,378	65,788	34,038
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	1,925,563	1,369,879	2,528,290	1,540,991	828,464
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	22,459,647	14,962,529	8,191,539	10,599,158	10,639,279
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
65. Total (Line 35)	25,446,293	17,060,941	11,179,207	12,205,937	11,501,781
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)	39.9	33.1	23.5	23.4	30.7
68. Loss expenses incurred (Line 3)	3.0	2.8	2.7	2.8	3.2
69. Other underwriting expenses incurred (Line 4)	43.2	48.3	55.7	53.9	50.6
70. Net underwriting gain (loss) (Line 8)	13.9	15.9	18.1	19.9	15.5
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)	43.4	44.2	48.5	41.5	37.5
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	42.9	35.9	26.2	26.2	33.9
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)	148.6	132.8	118.4	132.2	121.1
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)	(4,424)	(4,966)	(5,133)	(3,472)	(2,612)
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)	(9.8)	(11.0)	(11.4)	(7.7)	(5.8)
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)	(6,317)	(7,591)	(5,516)	(2,453)	(2,315)
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)	(14.0)	(16.8)	(12.2)	(5.4)	(5.1)

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

Yes No

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	6	6	0	0	0	0	0	0	XXX	
2. 2006	55,699	6,592	49,107	25,869	2,953	1,503	.41	.486	0	1,279	24,864	XXX	
3. 2007	61,064	14,091	46,973	28,549	6,675	1,943	131	.490	0	1,639	24,176	XXX	
4. 2008	68,782	21,458	47,324	33,397	10,071	1,759	.294	.532	0	1,136	25,323	XXX	
5. 2009	68,965	25,275	43,690	33,856	10,541	1,374	.381	.580	0	854	24,888	XXX	
6. 2010	77,546	31,613	45,933	27,014	11,105	1,390	.517	.582	0	820	17,364	XXX	
7. 2011	82,552	37,216	45,336	23,100	12,282	1,425	.685	.564	0	584	12,122	XXX	
8. 2012	88,954	42,953	46,001	26,119	16,873	1,444	.905	.736	0	574	10,521	XXX	
9. 2013	100,272	53,603	46,669	34,482	22,056	1,646	.1,113	.689	0	551	13,648	XXX	
10. 2014	124,232	69,157	55,075	50,309	31,242	2,271	1,445	.743	0	607	20,636	XXX	
11. 2015	156,533	88,324	68,209	57,732	38,007	2,706	1,635	470	0	723	21,266	XXX	
12. Totals	XXX	XXX	XXX	340,433	161,811	17,461	7,147	5,872	0	8,767	194,808	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3.	0	0	3	0	0	0	0	0	0	0	0	0	3
4.	0	0	(22)	0	0	0	0	0	0	0	0	0	(22)
5.	0	0	(20)	0	0	0	0	0	0	0	0	0	(20)
6.	0	0	7	11	0	0	0	0	0	0	0	0	(4)
7.	0	0	.39	.22	0	0	0	0	0	0	0	0	.17
8.	3	0	.57	.8	0	0	0	0	0	0	0	0	.52
9.	.5	0	1,188	342	0	0	0	0	0	0	0	2	851
10.	18	3	1,435	429	0	0	0	0	0	0	0	6	1,021
11.	4,935	1,444	12,556	3,951	0	0	165	124	311	0	160	12,448	XXX
12.	4,961	1,447	15,243	4,763	0	0	165	124	311	0	168	14,346	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Direct and Assumed	Ceded	
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	27,858	2,994	24,864	.50.0	.45.4	.50.6	0	0		0	0
3.	30,985	6,806	24,179	.50.7	.48.3	.51.5	0	0		3	0
4.	35,666	10,365	25,301	.51.9	.48.3	.53.5	0	0		(22)	0
5.	35,790	10,922	24,868	.51.9	.43.2	.56.9	0	0		(20)	0
6.	28,993	11,633	17,360	.37.4	.36.8	.37.8	0	0		(4)	0
7.	25,128	12,989	12,139	.30.4	.34.9	.26.8	0	0		.17	0
8.	28,359	17,786	10,573	.31.9	.41.4	.23.0	0	0		.52	0
9.	38,010	23,511	14,499	.37.9	.43.9	.31.1	0	0		.851	0
10.	54,776	33,119	21,657	.44.1	.47.9	.39.3	0	0		1,021	0
11.	78,875	45,161	33,714	.50.4	.51.1	.49.4	0	0		12,096	352
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	13,994	352

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior	7,160	7,317	7,660	5,320	5,403	5,399	5,394	5,393	5,392	5,392	0	(1)
2. 2006	26,017	25,593	25,526	24,386	24,383	24,375	24,374	24,381	24,379	24,378	(1)	(3)
3. 2007	XXX	27,029	25,386	25,212	23,927	23,830	23,790	23,758	23,716	23,689	(27)	(69)
4. 2008	XXX	XXX	26,887	26,085	25,718	25,054	24,917	24,901	24,795	24,769	(26)	(132)
5. 2009	XXX	XXX	XXX	25,107	24,337	25,137	24,460	24,396	24,307	24,288	(19)	(108)
6. 2010	XXX	XXX	XXX	XXX	19,431	16,792	17,811	16,993	16,786	16,778	(8)	(215)
7. 2011	XXX	XXX	XXX	XXX	XXX	17,409	13,778	12,658	11,654	11,575	(79)	(1,083)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	14,789	11,700	10,693	9,837	(856)	(1,863)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	16,653	14,145	13,810	(335)	(2,843)	
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,987	20,914	(3,073)	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32,933	XXX	XXX
										12. Totals	(4,424)	(6,317)

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	000	169	800	5,317	5,400	5,399	5,394	5,393	5,392	5,392	XXX	XXX
2. 2006	20,409	24,396	24,365	24,361	24,369	24,369	24,369	24,378	24,378	24,378	XXX	XXX
3. 2007	XXX	20,108	23,687	23,688	23,713	23,722	23,713	23,707	23,698	23,686	XXX	XXX
4. 2008	XXX	XXX	20,795	24,641	24,726	24,780	24,792	24,797	24,795	24,791	XXX	XXX
5. 2009	XXX	XXX	XXX	1,765	23,398	24,299	24,313	24,312	24,306	24,308	XXX	XXX
6. 2010	XXX	XXX	XXX	XXX	11,235	14,837	16,776	16,781	16,784	16,782	XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX	7,766	11,596	11,575	11,563	11,558	XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	7,072	9,780	9,774	9,785	XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,044	12,924	12,959	XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,996	19,893	XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,796	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	7,160	7,149	6,860	3	3	0	0	0	0	0
2. 2006	4,950	1,194	1,161	25	14	5	5	3	1	0
3. 2007	XXX	6,412	1,698	1,524	214	107	.76	.51	.18	.3
4. 2008	XXX	XXX	5,472	1,439	992	273	125	104	0	(22)
5. 2009	XXX	XXX	XXX	6,649	939	838	147	84	1	(20)
6. 2010	XXX	XXX	XXX	XXX	7,634	1,952	1,035	212	2	(4)
7. 2011	XXX	XXX	XXX	XXX	XXX	8,990	2,177	1,077	.86	.17
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	6,944	1,895	.903	.49
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,728	.1,090	.846
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.8,708	.1,006
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,646

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories

States, etc.	Active Status	1	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken	4	5	6	7	8	9
		2 Direct Premiums Written	3 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
1. Alabama	AL	L	638,034	592,442	0	229,046	279,558	92,390	0
2. Alaska	AK	L	46,035	44,505	0	0	(294)	929	0
3. Arizona	AZ	L	3,069,125	2,936,067	0	1,966,496	2,370,254	601,731	0
4. Arkansas	AR	L	835,287	871,603	0	394,262	410,276	57,646	0
5. California	CA	L	6,177,088	6,102,481	0	1,864,790	1,704,849	1,082,268	0
6. Colorado	CO	L	640,862	713,453	0	383,313	390,695	188,721	0
7. Connecticut	CT	L	988,465	1,001,673	0	587,057	591,557	281,874	0
8. Delaware	DE	L	9,090	17,604	0	2,218	(3,137)	3,947	0
9. Dist. Columbia	DC	L	37,707	37,653	0	0	1,687	6,757	0
10. Florida	FL	L	2,651,627	2,784,185	0	1,052,723	1,064,910	444,712	0
11. Georgia	GA	L	1,391,179	1,353,448	0	812,642	916,385	253,177	0
12. Hawaii	HI	L	1,532,344	1,177,194	0	592,924	522,049	166,280	0
13. Idaho	ID	L	370,645	352,476	0	100,426	120,865	50,677	0
14. Illinois	IL	L	4,593,299	3,339,972	0	1,223,195	1,532,801	510,476	0
15. Indiana	IN	L	5,401,987	5,453,530	0	3,412,453	3,971,106	1,005,301	0
16. Iowa	IA	L	3,634,536	3,190,286	0	1,261,850	1,527,729	318,041	0
17. Kansas	KS	L	1,472,802	1,214,384	0	299,175	358,898	138,848	0
18. Kentucky	KY	L	2,560,607	2,127,073	0	585,528	485,014	435,608	0
19. Louisiana	LA	L	1,794,465	1,687,398	0	943,068	942,176	206,031	0
20. Maine	ME	L	164,434	164,803	0	86,323	79,720	20,251	0
21. Maryland	MD	L	1,041,363	936,262	0	516,535	583,983	240,615	0
22. Massachusetts	MA	L	1,307,872	1,694,222	0	761,518	443,249	338,794	0
23. Michigan	MI	L	3,884,628	3,522,042	0	1,528,898	1,426,659	490,093	0
24. Minnesota	MN	L	254,869	245,008	0	39,522	52,249	29,404	0
25. Mississippi	MS	L	492,141	441,945	0	409,764	413,115	43,656	0
26. Missouri	MO	L	3,516,640	2,950,217	0	603,583	648,110	401,383	0
27. Montana	MT	L	180,678	350,750	0	29,695	41,131	19,279	0
28. Nebraska	NE	L	934,223	763,387	0	148,276	104,596	43,215	0
29. Nevada	NV	L	2,296,254	3,081,044	0	683,769	766,043	309,532	0
30. New Hampshire	NH	L	472,586	473,049	0	152,148	191,108	70,452	0
31. New Jersey	NJ	L	5,587,379	4,638,531	0	2,667,540	2,437,105	739,605	0
32. New Mexico	NM	L	1,483,668	1,368,320	0	440,191	459,360	140,653	0
33. New York	NY	L	8,116,388	7,897,651	0	3,260,531	3,151,343	1,416,278	0
34. No. Carolina	NC	L	1,774,131	1,595,705	0	1,254,461	1,512,394	675,511	0
35. No. Dakota	ND	L	35,860	57,857	0	26,881	34,297	8,930	0
36. Ohio	OH	L	4,546,359	5,783,905	0	1,998,333	1,894,273	712,145	0
37. Oklahoma	OK	L	1,076,955	976,762	0	1,254,400	1,331,439	200,776	0
38. Oregon	OR	L	1,208,494	1,119,540	0	285,242	300,259	113,070	0
39. Pennsylvania	PA	L	1,134,740	1,017,366	0	277,958	311,774	123,188	0
40. Rhode Island	RI	L	(989,405)	540,872	0	183,917	88,748	58,357	0
41. So. Carolina	SC	L	817,373	822,269	0	396,534	426,003	127,327	0
42. So. Dakota	SD	L	168,446	137,447	0	14,446	19,398	6,290	0
43. Tennessee	TN	L	3,530,482	2,786,248	0	1,536,427	1,582,714	321,140	0
44. Texas	TX	L	79,815,178	63,502,549	0	28,000,057	28,010,384	3,676,525	0
45. Utah	UT	L	694,465	655,382	0	203,890	230,974	90,183	0
46. Vermont	VT	L	222,659	242,898	0	72,158	37,276	28,758	0
47. Virginia	VA	L	1,036,444	1,004,634	0	487,835	561,247	246,560	0
48. Washington	WA	L	1,504,613	1,646,780	0	875,636	1,075,534	433,602	0
49. West Virginia	WV	L	699,657	754,715	0	218,265	211,869	167,066	0
50. Wisconsin	WI	L	691,653	570,832	0	244,875	297,387	133,321	0
51. Wyoming	WY	L	55,939	54,448	0	7,442	10,401	9,029	0
52. American Samoa	AS	N	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Totals		(a) 51	165,602,350	146,794,867	0	64,378,216	65,921,520	17,280,402	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.

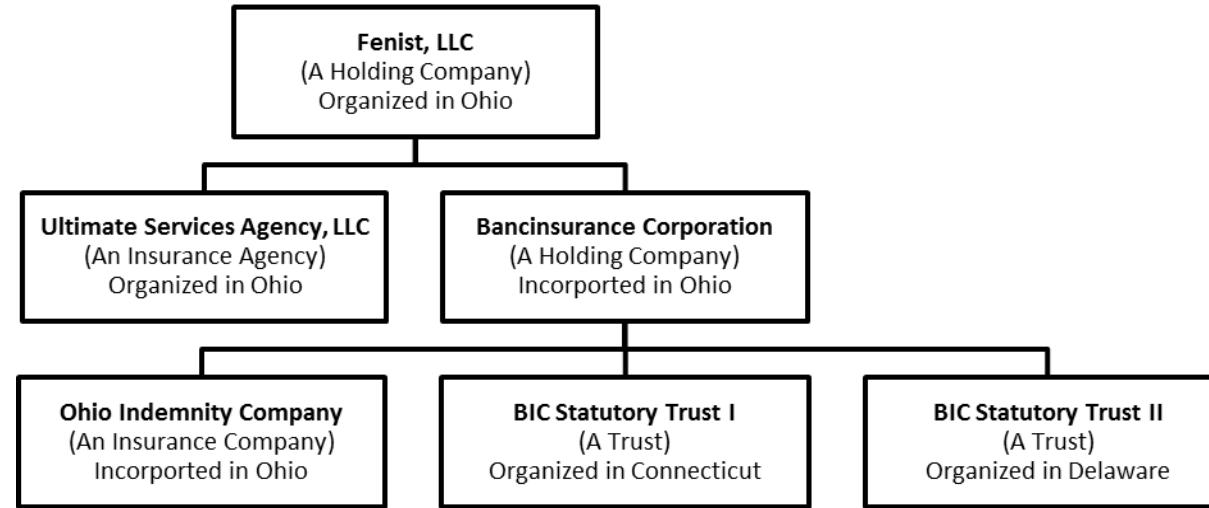
Explanation of basis of allocation of premiums by states, etc.

Premiums are allocated to states where risks are identified.

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Indemnity Company

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