



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

Ohio Mutual Insurance Company

NAIC Group Code 0963 0963 NAIC Company Code 10202 Employer's ID Number 34-4320350

Organized under the Laws of _____, State of Domicile or Port of Entry _____
Country of Domicile _____, United States of America _____ OHIO

Incorporated/Organized 03/05/1901 Commenced Business 03/05/1901

Statutory Home Office 1725 Hopley Avenue, Bucyrus , OH, US 44820-0111
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office _____ 1725 Hopley Avenue
(Street and Number)
Bucyrus , OH, US 44820-0111 _____, 419-562-3011
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1725 Hopley Avenue, Bucyrus , OH, US 44820-0111
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records _____ 1725 Hopley Avenue
(Street and Number)
Bucyrus , OH, US 44820-0111 , 419-562-3011
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address _____ www.omig.com

Statutory Statement Contact Caroline Kay Metcalf Mrs., 419-563-0816
(Name) (Area Code) (Telephone Number)
cmetcalf@omig.com, 419-562-0995
(E-mail Address) (FAX Number)

OFFICERS

President Mark Clarence Russell, Mr. # Secretary Albert Michael Heister, Mr.
Treasurer David Gary Hendrix, Mr.

OTHER

Todd Emery Albert, Mr., Vice President Information Systems Michael Alexander Brogan, Mr., Vice President Claims David Alan Grove, Mr., Vice President Product Management

DIRECTORS OR TRUSTEES

Robert Bruce Albro, Mr.	Albert Michael Heister, Mr.	Susan Porter, Mrs.
John Redon Purse, Mr.	Mark Clarence Russell, Mr. #	David Anthony Siebenburghen, Mr.
Randy Lee Walker, Mr.	Thomas Eugene Woolley, Mr.	

State of Ohio SS: _____
County of Crawford _____

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.

Mark Clarence Russell
President and CEO

David Gary Hendrix
Treasurer and CFO

Michael Alexander Brogan
Assistant Secretary

Subscribed and sworn to before me this
_____ day of _____

- a. Is this an original filing?
- b. If no,

Yes [X] No []



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2015

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2015

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2015

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2015

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
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21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
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34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
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3401.												
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3403.												
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3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2015

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2015

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

NONE



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 096

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2015

NAIC Company Code 10202

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2015

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	2,961,426	2,991,323		1,619,361	955,080	926,454	89,429	16,692	21,460	8,726	430,429	35,767
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril	1,885,589	1,908,281		855,099	415,949	368,251	191,530	22,093	23,146	.18,721	251,658	22,773
4. Homeowners multiple peril	11,108,396	10,131,514		5,743,878	3,817,687	3,895,802	853,155	48,140	42,833	.28,183	1,993,168	134,163
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	17,591	16,649		7,858								2,553
10. Financial guaranty												212
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	271,869	277,347		135,649	135,907	98,604	82,942	13,542	(46,400)	.61,654	.39,545	3,284
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	19,765,579	19,706,589		7,341,777	13,191,354	12,291,503	13,849,255	601,512	711,317	2,028,725	2,884,797	238,722
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	17,745,500	17,476,761		6,678,564	10,659,748	10,601,961	1,217,877	165,311	185,125	.52,656	2,657,188	214,324
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	101,202	104,099		50,426	10,711	18,399	12,699	650	2,162	1,650	.14,732	1,222
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	53,857,152	52,612,563		22,432,612	29,186,436	28,200,974	16,296,887	867,941	939,644	2,200,315	8,274,070	650,467
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 826,031

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2015

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 096

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2015

NAIC Company Code 10202

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2015

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2015

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2015

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2015

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	2,961,426	2,991,323		1,619,361	955,080	926,454	89,429	16,692	21,460	8,726	430,429	35,767
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril	1,885,589	1,908,281		855,099	415,949	368,251	191,530	22,093	23,146	.18,721	251,658	22,773
4. Homeowners multiple peril	11,108,396	10,131,514		5,743,878	3,817,687	3,895,802	853,155	48,140	42,833	.28,183	1,993,168	134,163
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	17,591	16,649		7,858								2,553
10. Financial guaranty												212
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	271,869	277,347		135,649	135,907	98,604	82,942	13,542	(46,400)	.61,654	.39,545	3,284
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	19,765,579	19,706,589		7,341,777	13,191,354	12,291,503	13,849,255	601,512	711,317	2,028,725	2,884,797	238,722
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	17,745,500	17,476,761		6,678,564	10,659,748	10,601,961	1,217,877	165,311	185,125	.52,656	2,657,188	214,324
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	101,202	104,099		50,426	10,711	18,399	12,699	650	2,162	1,650	.14,732	1,222
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	53,857,152	52,612,563		22,432,612	29,186,436	28,200,974	16,296,887	867,941	939,644	2,200,315	8,274,070	650,467
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 826,031

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8	9	10	11	12	13	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
34-1008736	13072	UNITED OHIO INSURANCE COMPANY	OH	135,850		36,418	36,418			64,161				
01-0407315	25950	CASCO INDEMNITY COMPANY	ME	10,181		3,619	3,619			4,755				
0199999. Affiliates - U.S. Intercompany Pooling				146,031		40,037	40,037			68,916				
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates				146,031		40,037	40,037			68,916				
0999998. Other U.S. Unaffiliated Insurers Reinsurance for which the total of Column 8 is less than \$100,000														
0999999. Total Other U.S. Unaffiliated Insurers														
1099998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Mandatory Pools														
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools														
AA-9995035	00000	MUTUAL RE INSURANCE BUREAU	IL	38										
1199998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Voluntary Pools														
1199999. Total Pools, Associations or Other Similar Facilities - Voluntary Pools				38										
1299999. Total - Pools and Associations				38										
1399998. Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000														
1399999. Total Other Non-U.S. Insurers														
9999999 Totals				146,069		40,037	40,037			68,916				

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
.34-1008736	13072	UNITED OHIO INSURANCE COMPANY	OH		128,903			33,221		17,572		59,276		110,069			110,069		
.01-0407315	25950	CASCO INDEMNITY COMPANY	ME		15,865			4,089		2,163		7,295		13,547			13,547		
01999999.	Total Authorized - Affiliates - U.S. Intercompany Pooling				144,768			37,310		19,735		66,571		123,616			123,616		
04999999.	Total Authorized - Affiliates - U.S. Non-Pool																		
07999999.	Total Authorized - Affiliates - Other (Non-U.S.)																		
08999999.	Total Authorized - Affiliates				144,768			37,310		19,735		66,571		123,616			123,616		
.95-4387273	19489	ALLIED WORLD ASSURANCE COMPANY	DE		124							1		.1	(1)		2		
.36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN		2							1		.1			1		
.06-1430254	10348	ARCH REINSURANCE COMPANY	DE									1		.1			1		
.47-0574325	32603	BERKLEY INSURANCE COMPANY	DE		.1							1		.1			1		
.42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		3							1		.1			1		
.22-2005057	26921	EVEREST REINSURANCE COMPANY	DE		.28							24		.24	.2		.22		
.05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		.53														
.42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		.1							115		115	(287)		402	113	
.13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		266							9		.9			8		
.06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		.18														
.31-4259550	14621	MOTORIST MUTUAL INSURANCE COMPANY	OH																
.13-4924125	10227	MUNICIPAL REINSURANCE AMERICA, INC.	DE																
.47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		.44														
.52-1952955	10357	PLATINUM UNDERWRITERS RE INSURANCE	MD		.69										(1)		1		
.35-6021485	12416	PROTECTIVE INSURANCE COMPANY	IN		.28														
.23-1641984	10219	QBE RE INSURANCE CORPORATION	PA																
.75-1444207	30058	SCOR REINSURANCE COMPANY	NY																
.43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		.53														
.13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY		.28														
.13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		.2							1		.1			1		
.13-5616275	19453	TRANSATLANTIC REINSURANCE COMPANY	NY		.1														
0999998.	Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers				721								153		153	(286)		439	113
23-7024436	.32573	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH		.4							2		.2	.1		1		
1099999.	Total Authorized - Pools - Mandatory Pools				4							2		2	1		1		
AA-9995035	.00000	MUTUAL REINSURANCE BUREAU	IL		101										2		(2)		
1199999.	Total Authorized - Pools - Voluntary Pools				101										2		(2)		
AA-1128791	.00000	LLOYD'S SYNDICATE #0382	GBR																
AA-1126435	.00000	LLOYD'S SYNDICATE #0435	GBR		.45														
AA-1126623	.00000	LLOYD'S SYNDICATE #0623	GBR		.5														
AA-1126780	.00000	LLOYD'S SYNDICATE #0780	GBR																
AA-1126958	.00000	LLOYD'S SYNDICATE #0958	GBR																
AA-1127221	.00000	LLOYD'S SYNDICATE #1221	GBR																
AA-1120085	.00000	LLOYD'S SYNDICATE #1274	GBR																
AA-1127414	.00000	LLOYD'S SYNDICATE #1414	GBR																
AA-1120157	.00000	LLOYD'S SYNDICATE #1729	GBR		.5														
AA-1128001	.00000	LLOYD'S SYNDICATE #2001	GBR		.49														
AA-1128003	.00000	LLOYD'S SYNDICATE #2003	GBR		131										(1)		1		
AA-1127415	.00000	LLOYD'S SYNDICATE #2007	GBR		.25														
AA-1128010	.00000	LLOYD'S SYNDICATE #2010	GBR		100										(1)		1		
AA-1120158	.00000	LLOYD'S SYNDICATE #2014	GBR		.24														
AA-1128623	.00000	LLOYD'S SYNDICATE #2623	GBR		.22														
AA-1128791	.00000	LLOYD'S SYNDICATE #2791	GBR		.79										(1)		1		
AA-1128987	.00000	LLOYD'S SYNDICATE #2987	GBR																
AA-1120086	.00000	LLOYD'S SYNDICATE #4141	GBR																

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										18 Reinsurance Payable	19 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
AA-1126004	00000	LLOYD'S SYNDICATE #4444	GBR															
1299998.	Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																	
1299999.	Total Authorized - Other Non-U.S. Insurers				485												(3)	3
1399999.	Total Authorized				146,079			37,310		19,735		66,726		123,771		(286)	124,057	113
1499999.	Total Unauthorized - Affiliates - U.S. Intercompany Pooling																	
1799999.	Total Unauthorized - Affiliates - U.S. Non-Pool																	
2099999.	Total Unauthorized - Affiliates - Other (Non-U.S.)																	
2199999.	Total Unauthorized - Affiliates																	
2299998.	Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																	
2299999.	Total Unauthorized - Other U.S. Unaffiliated Insurers																	
AA-3194139	00000	AXIS SPECIALTY LIMITED	BMU															
AA-3194161	00000	CATLIN INSURANCE COMPANY LTD	BMU		.89													
AA-3194122	00000	DAVINCI REINSURANCE LTD	BMU		.22													
AA-1340125	00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		.1													
AA-3190875	00000	HISCOX INSURANCE COMPANY	BMU		.28													
AA-1840000	00000	MAPFRE RE COMPAÑIA DE REASEGUROS, S.A.	ESP															
AA-3194200	00000	MS FRONTIER REINSURANCE	BMU		.11													
AA-3194129	00000	MONTPELIER RE INSURANCE	BMU															
AA-3190339	00000	RENAISSANCE RE INSURANCE, LTD	BMU		.33													
AA-1340192	00000	R&V VERSICHERUNG AG	DEU		.119											(1)	1	
AA-1440076	00000	SIRIUS INTERNATIONAL CORPORATION	SWE															
2599998.	Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																	
2599999.	Total Unauthorized - Other Non-U.S. Insurers				303											(1)	1	
2699999.	Total Unauthorized				303											(1)	1	
2799999.	Total Certified - Affiliates - U.S. Intercompany Pooling																	
3099999.	Total Certified - Affiliates - U.S. Non-Pool																	
3399999.	Total Certified - Affiliates - Other (Non-U.S.)																	
3499999.	Total Certified - Affiliates																	
3599998.	Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)																	
3599999.	Total Certified - Other U.S. Unaffiliated Insurers																	
3899998.	Total Certified - Other Non-U.S. Insurers (Under \$100,000)																	
3899999.	Total Certified - Other Non-U.S. Insurers																	
3999999.	Total Certified																	
4099999.	Total Authorized, Unauthorized and Certified				146,382			37,310		19,735		66,726		123,771		(287)	124,058	113
4199999.	Total Protected Cells																	
9999999.	Totals				146,382			37,310		19,735		66,726		123,771		(287)	124,058	113

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1. FACTORY MUTUAL INSURANCE COMPANY	.35.000	.53,308
2.		
3.		
4.		
5.		

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1. GENERAL REINSURANCE CORPORATION	115,340	266,217	Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums	6 Reinsurance Premiums Written	Reinsurance Recoverable On										18 Reinsurance Payable	19 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
2.	FACTORY MUTUAL INSURANCE COMPANY			23,975		53,308	Yes [] No [X]											
3.	HARTFORD STEAM BOILER INSPECTION & INS			9,245		17,841	Yes [] No [X]											
4.	OHIO FAIR PLAN UNDERWRITING ASSOCIATION			2,132		4,076	Yes [] No [X]											
5.	ALLIED WORLD ASSURANCE COMPANY			832		124,407	Yes [] No [X]											

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 4

Aging of Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domi- ciliary Juris- diction	5 Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	6 Funds Held By Company Under Reinsurance Treaties	7 Letters of Credit	8 Issuing or Confirming Bank Reference Number (a)	9 Ceded Balances Payable	10 Miscellaneous Balances Payable	11 Trust Funds and Other Allowed Offset Items	12 Total Collateral and Offsets Allowed (Cols. 6+7+9+10+11 but not in Excess of Col. 5)	13 Provision for Unauthorized Reinsurance (Col. 5 Minus Col. 12)	14 Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	15 20% of Amount in Dispute Included in Column 5	16 20% of Amount in Col. 14	17 Provision for Overdue Reinsurance (Col. 15 plus Col. 16)	18 Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 plus Col. 17 but not in Excess of Col. 5)	
0499999. Total - U.S. Non-Pool							XXX											
0799999. Total - Other (Non-U.S.)							XXX											
0899999. Total - Affiliates							XXX											
AA-3194139 ..00000 ..	AXIS SPECIALTY LIMITED		BMU															
AA-3194161 ..00000 ..	CATLIN INSURANCE COMPANY LTD		BMU															
AA-3194122 ..00000 ..	DAVINCI REINSURANCE LTD		BMU															
AA-1340125 ..00000 ..	HANNOVER RUCKVERSICHERUNGS AG		DEU															
AA-3190875 ..00000 ..	HISCOX INSURANCE COMPANY		BMU															
AA-1840000 ..00000 ..	MAPFRE RE COMPAÑIA DE REASEGUROS, S.A.		ESP															
AA-3194200 ..00000 ..	MS FRONTIER REINSURANCE		BMU															
AA-3194129 ..00000 ..	MONTPELIER REINSURANCE		BMU															
AA-3190339 ..00000 ..	RENAISSANCE REINSURANCE, LTD		BMU															
AA-1340192 ..00000 ..	R&V VERSICHERUNG AG		DEU					1 0001		(1)								
AA-1440076 ..00000 ..	SIRIUS INTERNATIONAL CORPORATION		SWE															
1299999. Total Other Non-U.S. Insurers								1 XXX		(1)								
1399999. Total Affiliates and Others								1 XXX		(1)								
1499999. Total Protected Cells								XXX										
9999999 Totals								1 XXX		(1)								

1. Amounts in dispute totaling \$ are included in Column 5.
 2. Amounts in dispute totaling \$ are excluded from Column 14.

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
	1.....	021000089	Citibank, N.A. .....	.....1

Schedule F - Part 6 - Section 1 - Provision for Reinsurance Ceded to Certified Reinsurers

N O N E

Schedule F - Part 6 - Section 1 - Bank Footnote

N O N E

Schedule F - Part 6 - Section 2 - Provision for Overdue Reinsurance Ceded to Certified Reinsurers

N O N E

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 8

Provision for Overdue Reinsurance as of December 31, Current Year

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	241,238,651		241,238,651
2. Premiums and considerations (Line 15)	12,413,460		12,413,460
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	259	(259)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	3,174,300		3,174,300
6. Net amount recoverable from reinsurers		123,942,843	123,942,843
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	256,826,670	123,942,584	380,769,254
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	26,182,114	57,044,500	83,226,614
10. Taxes, expenses, and other obligations (Lines 4 through 8)	3,618,815		3,618,815
11. Unearned premiums (Line 9)	24,622,261	66,724,406	91,346,667
12. Advance premiums (Line 10)	535,831		535,831
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	(286,624)	286,624	
15. Funds held by company under reinsurance treaties (Line 13)	112,946	(112,946)	
16. Amounts withheld or retained by company for account of others (Line 14)			
17. Provision for reinsurance (Line 16)			
18. Other liabilities	700,655		700,655
19. Total liabilities excluding protected cell business (Line 26)	55,485,998	123,942,584	179,428,582
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	201,340,672	XXX	201,340,672
22. Totals (Line 38)	256,826,670	123,942,584	380,769,254

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? _____

Yes [] No []

If yes, give full explanation: Ohio Mutual Insurance Company and its wholly owned subsidiaries, United Ohio Insurance Company and Casco Indemnity Company, entered into a pooling agreement whereby all underwriting results are pooled and then split 27% to Ohio Mutual, 65% to United Ohio, and 8% to Casco Indemnity. _____

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written		1,304	XXX		XXX		XXX		XXX		1,304	XXX		XXX		XXX		XXX
2. Premiums earned		1,556	XXX		XXX		XXX		XXX		1,556	XXX		XXX		XXX		XXX
3. Incurred claims .....		.162	10.4								.162	10.4						
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....		.162	10.4								.162	10.4						
6. Increase in contract reserves																		
7. Commissions (a)		201	12.9								201	12.9						
8. Other general insurance expenses		203	13.0								203	13.0						
9. Taxes, licenses and fees																		
10. Total other expenses incurred		404	26.0								404	26.0						
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds		990	63.6								990	63.6						
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds		990	63.6								990	63.6						
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	547					547			
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	547					547			
5. Total premium reserves, prior year	799					799			
6. Increase in total premium reserves	(252)					(252)			
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits (deferred maternity and other similar benefits)									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year	1,041					1,041			
2. Total prior year	1,107					1,107			
3. Increase	(66)					(66)			

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year	228					228			
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year	1,041					1,041			
3. Test:									
3.1 Line 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year	1,107					1,107			
3.3 Line 3.1 minus Line 3.2	(1,107)					(1,107)			

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	4,828					4,828			
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	3,524					3,524			
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims				162
2. Beginning claim reserves and liabilities				1,107
3. Ending claim reserves and liabilities				1,041
4. Claims paid				228
B. Assumed Reinsurance:				
5. Incurred Claims.....				
6. Beginning claim reserves and liabilities				
7. Ending claim reserves and liabilities				
8. Claims paid				
C. Ceded Reinsurance:				
9. Incurred Claims.....				
10. Beginning claim reserves and liabilities				
11. Ending claim reserves and liabilities				
12. Claims paid				
D. Net:				
13. Incurred Claims.....				162
14. Beginning claim reserves and liabilities				1,107
15. Ending claim reserves and liabilities				1,041
16. Claims paid				228
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses				
18. Beginning reserves and liabilities				
19. Ending reserves and liabilities				
20. Paid claims and cost containment expenses				

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS
 (\$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 (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									XXX	
2. 2006	9,749	586	9,163	4,591	158	93	1	601		49	5,126	1,041	
3. 2007	10,019	554	9,465	5,309	167	89	2	602		44	5,831	1,039	
4. 2008	10,788	765	10,023	9,048	2,943	268	125	642		53	6,890	1,966	
5. 2009	11,216	1,004	10,212	7,467	1,685	149	14	630		120	6,547	1,690	
6. 2010	11,733	713	11,020	6,049	92	167		591		73	6,715	2,050	
7. 2011	12,368	998	11,370	10,729	2,153	243	76	907		47	9,650	1,714	
8. 2012	13,221	1,667	11,554	13,565	6,616	545	313	1,134		58	8,315	1,795	
9. 2013	14,164	1,243	12,921	8,291	348	137	1	959		124	9,038	1,094	
10. 2014	15,125	1,489	13,636	6,157	52	91		740		76	6,936	776	
11. 2015	15,575	1,334	14,241	4,238	44	63		489		39	4,746	683	
12. Totals	XXX	XXX	XXX	75,444	14,258	1,845	532	7,295		683	69,794	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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. Prior.													
2. 2006													
3. 2007													
4. 2008	18		9				1					28	1
5. 2009	3		1									4	
6. 2010													
7. 2011	12		3				1					16	1
8. 2012	121		44				13					178	6
9. 2013	77		23				19		1			120	3
10. 2014	110		121				34		20			285	8
11. 2015	1,229	58	546	19			73		138			1,909	77
12. Totals	1,570	58	747	19			141		159			2,540	96

	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	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006	5,285	159	5,126	54.2	27.1	55.9				27.0	
3. 2007	6,000	169	5,831	59.9	30.5	61.6				27.0	
4. 2008	9,986	3,068	6,918	92.6	401.0	69.0				27.0	27
5. 2009	8,250	1,699	6,551	73.6	169.2	64.2				27.0	4
6. 2010	6,807	92	6,715	58.0	12.9	60.9				27.0	
7. 2011	11,895	2,229	9,666	96.2	223.3	85.0				27.0	15
8. 2012	15,422	6,929	8,493	116.6	415.7	73.5				27.0	165
9. 2013	9,507	349	9,158	67.1	28.1	70.9				27.0	100
10. 2014	7,273	52	7,221	48.1	3.5	53.0				27.0	231
11. 2015	6,776	121	6,655	43.5	9.1	46.7				27.0	1,698
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		300

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
 (\$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 (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	(4)		1				4	(3)	XXX	
2. 2006	10,640	816	9,824	5,884	519	310	35	656	21	238	6,275	1,549	
3. 2007	11,208	815	10,393	7,069	748	308	27	612	21	297	7,193	1,661	
4. 2008	12,674	775	11,899	7,795	630	414	13	668	22	336	8,212	1,819	
5. 2009	13,174	832	12,342	8,463	762	429	25	740	26	332	8,819	2,071	
6. 2010	13,406	523	12,883	8,448	451	478	21	766	12	405	9,208	2,490	
7. 2011	12,499	159	12,340	7,089	28	434		551		291	8,046	1,363	
8. 2012	11,219	104	11,115	6,817	187	340	5	504		291	7,469	1,039	
9. 2013	10,707	76	10,631	5,755	6	158		464		184	6,371	1,013	
10. 2014	11,135	54	11,081	5,247		89		494		160	5,830	974	
11. 2015	11,569	64	11,505	3,535		67		588		109	4,190	991	
12. Totals	XXX	XXX	XXX	66,098	3,331	3,028	126	6,043	102	2,647	71,610	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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. Prior.	3											3	
2. 2006										2		2	
3. 2007	15	4										11	
4. 2008	12		5				1					18	1
5. 2009	103	41	7				6	2	1			74	3
6. 2010	72	6	35	10			18	1	4			112	4
7. 2011	97		94				56		15			262	6
8. 2012	310		154	1			87		24			574	14
9. 2013	782	16	355	4			196		.41			1,354	27
10. 2014	1,855		543				283		120			2,801	112
11. 2015	3,554	34	1,521	47			560		439			5,993	398
12. Totals	6,803	101	2,714	62			1,207	3	646			11,204	565

	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	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3	
2. 2006	6,852	575	6,277	64.4	70.5	63.9			27.0		2
3. 2007	8,004	800	7,204	71.4	98.2	69.3			27.0		11
4. 2008	8,895	665	8,230	70.2	85.8	69.2			27.0		17
5. 2009	9,749	856	8,893	74.0	102.9	72.1			27.0		5
6. 2010	9,821	501	9,320	73.3	95.8	72.3			27.0		91
7. 2011	8,336	28	8,308	66.7	17.6	67.3			27.0		71
8. 2012	8,236	193	8,043	73.4	185.6	72.4			27.0		111
9. 2013	7,751	26	7,725	72.4	34.2	72.7			27.0		237
10. 2014	8,631		8,631	77.5		77.9			27.0		403
11. 2015	10,264	81	10,183	88.7	126.6	88.5			27.0		994
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		1,850

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
 (\$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 (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									XXX	
2. 2006	1,308	210	1,098	427	26	32	3	.41		5	.471	79	
3. 2007	1,660	255	1,405	1,053	250	71	5	.81		38	.950	108	
4. 2008	1,992	158	1,834	484	3	78		.45		4	.604	121	
5. 2009	2,438	252	2,186	846	24	70	2	.83		107	.973	161	
6. 2010	2,655	216	2,439	1,553	143	.69	2	.136		13	1,613	256	
7. 2011	2,919	184	2,735	907		110		.115		18	1,132	175	
8. 2012	3,310	196	3,114	1,447	130	.91	8	.160		14	1,560	176	
9. 2013	3,781	206	3,575	1,349	144	.89	6	.195		19	1,483	188	
10. 2014	4,295	229	4,066	1,953	182	.65	5	.262		15	2,093	222	
11. 2015	4,420	256	4,164	867		14		.158		8	1,039	228	
12. Totals	XXX	XXX	XXX	10,886	902	689	31	1,276		241	11,918	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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. Prior.													
2. 2006													
3. 2007													
4. 2008													
5. 2009													
6. 2010	.45		22				.5				72	1	
7. 2011	.35		7				12		1		55	1	
8. 2012	219	1	.115	1			57		5		.394	3	
9. 2013	346		75				.114		10		.545	13	
10. 2014	919		.538	4			219		.82		1,754	25	
11. 2015	1,232	311	990	167			188		204		2,136	73	
12. Totals	2,796	312	1,747	172			595		302		4,956	116	

	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	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006	500	.29	.471	.38.2	13.8	.42.9			27.0		
3. 2007	1,205	255	.950	.72.6	100.0	.67.6			27.0		
4. 2008	607	3	.604	.30.5	1.9	.32.9			27.0		
5. 2009	999	26	.973	.41.0	10.3	.44.5			27.0		
6. 2010	1,830	145	1,685	.68.9	67.1	.69.1			27.0	67	5
7. 2011	1,187		.1,187	.40.7		.43.4			27.0	42	13
8. 2012	2,094	140	.1,954	.63.3	71.4	.62.7			27.0	.332	.62
9. 2013	2,178	150	2,028	.57.6	72.8	.56.7			27.0	.421	124
10. 2014	4,038	191	3,847	.94.0	83.4	.94.6			27.0	1,453	301
11. 2015	3,653	478	3,175	82.6	186.7	76.2			27.0	1,744	392
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4,059	897

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

**SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

(\$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 (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									XXX	
2. 2006													
3. 2007													
4. 2008													
5. 2009													
6. 2010													
7. 2011													
8. 2012													
9. 2013													
10. 2014													
11. 2015													
12. Totals	XXX	XXX	XXX									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									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2006																
3. 2007																
4. 2008																
5. 2009																
6. 2010																
7. 2011																
8. 2012																
9. 2013																
10. 2014																
11. 2015																
12. Totals																

	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		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006											
3. 2007											
4. 2008											
5. 2009											
6. 2010											
7. 2011											
8. 2012											
9. 2013											
10. 2014											
11. 2015											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$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 (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	9		10		1			20	XXX	
2. 2006	2,065	257	1,808	954	84	56	4	101		6	1,023	123	
3. 2007	2,658	325	2,333	1,332	114	118	3	109		73	1,442	162	
4. 2008	3,245	352	2,893	1,803	502	168	18	118		8	1,569	253	
5. 2009	3,637	491	3,146	1,701	287	147	4	153		19	1,710	313	
6. 2010	3,962	514	3,448	1,961	73	276	2	187		19	2,349	560	
7. 2011	4,298	553	3,745	2,974	721	265	24	293		51	2,787	325	
8. 2012	4,812	637	4,175	2,654	670	186	27	305		39	2,448	332	
9. 2013	5,720	713	5,007	2,987	477	242	26	383		15	3,109	288	
10. 2014	6,675	863	5,812	2,417	174	126	6	356		28	2,719	297	
11. 2015	6,939	863	6,076	1,223	23	74		193		26	1,467	239	
12. Totals	XXX	XXX	XXX	20,015	3,125	1,668	114	2,199		284	20,643	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.	1											1				
2. 2006	1		1									2	1			
3. 2007																
4. 2008									1			1	1			
5. 2009	27		14				13					54	1			
6. 2010	63		32			42		3				140	2			
7. 2011	55		25			55		4				139	3			
8. 2012	40		12			60		3				115	3			
9. 2013	850	270	364	7		296		12				1,245	19			
10. 2014	491	15	193	80		309		41				939	31			
11. 2015	640	4	646	51		481		161				1,873	67			
12. Totals	2,168	289	1,287	138		1,256		225				4,509	128			

	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	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		1
2. 2006	1,113	88	1,025	53.9	34.2	56.7			27.0		2
3. 2007	1,559	117	1,442	58.7	36.0	61.8			27.0		
4. 2008	2,090	520	1,570	64.4	147.7	54.3			27.0		1
5. 2009	2,055	291	1,764	56.5	59.3	56.1			27.0	41	13
6. 2010	2,564	75	2,489	64.7	14.6	72.2			27.0	95	45
7. 2011	3,671	745	2,926	85.4	134.7	78.1			27.0	80	59
8. 2012	3,260	697	2,563	67.7	109.4	61.4			27.0	52	63
9. 2013	5,134	780	4,354	89.8	109.4	87.0			27.0	937	308
10. 2014	3,933	275	3,658	58.9	31.9	62.9			27.0	589	350
11. 2015	3,418	78	3,340	49.3	9.0	55.0			27.0	1,231	642
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3,028	1,481

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
 (\$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 (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									XXX	
2. 2006	1,619	435	1,184	687	297	44	1	.77			17	510	
3. 2007	1,627	484	1,143	408	74	.41		.72			.4	447	
4. 2008	1,605	556	1,049	356		.81		.35				472	
5. 2009	1,567	569	.998	.491	243	.38		.34			1	320	
6. 2010	1,528	594	.934	.368	.180	.56	2	.47			.4	289	
7. 2011	1,626	.660	.966	.363	.55	.77	13	.37			2	409	
8. 2012	1,765	.761	1,004	.170		.22		.27			2	219	
9. 2013	1,888	.823	1,065	.569	.363	.50		.66			1	322	
10. 2014	1,952	.893	1,059	.772	.622	.16		.105			1	271	
11. 2015	1,987	890	1,097	29		7		.21			1	57	
12. Totals	XXX	XXX	XXX	4,213	1,834	432	16	521			33	3,316	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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. Prior.	36												36
2. 2006										1			1
3. 2007													
4. 2008										12			12
5. 2009										2			3
6. 2010										.5			5
7. 2011	1		1						11	7			20
8. 2012	.54	1	21	1					19				92
9. 2013	347	.122	.145	.61					90	5			404
10. 2014	.95		281	22					40	16			410
11. 2015	342	243	352	170					100	44			425
12. Totals	875	366	800	254					266	87			1,408

	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	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		36
2. 2006	809	298	.511	50.0	68.5	.43.2				27.0	
3. 2007	.521	.74	.447	.32.0	.15.3	.39.1				27.0	
4. 2008	.484		.484	.30.2		.46.1				27.0	
5. 2009	.566	243	.323	.36.1	.42.7	.32.4				27.0	
6. 2010	.476	182	.294	.31.2	.30.6	.31.5				27.0	
7. 2011	.497	.68	.429	.30.6	.10.3	.44.4				27.0	
8. 2012	.313	2	.311	.17.7	.0.3	.31.0				27.0	
9. 2013	1,272	.546	.726	.67.4	.66.3	.68.2				27.0	
10. 2014	1,325	.644	.681	.67.9	.72.1	.64.3				27.0	
11. 2015	895	413	482	45.0	46.4	43.9				27.0	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		1,055

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
 (\$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 (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									XXX	
2. 2006													
3. 2007													
4. 2008													
5. 2009													
6. 2010													
7. 2011													
8. 2012													
9. 2013													
10. 2014													
11. 2015													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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. Prior.													
2. 2006													
3. 2007													
4. 2008													
5. 2009													
6. 2010													
7. 2011													
8. 2012													
9. 2013													
10. 2014													
11. 2015													
12. Totals													

	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		Losses Unpaid	Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006											
3. 2007											
4. 2008											
5. 2009											
6. 2010											
7. 2011											
8. 2012											
9. 2013											
10. 2014											
11. 2015											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)**
(\$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 (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	5		4				3	.9	XXX	
2. 2014	5,422	422	5,000	2,113	1	36		252		27	2,400	XXX	
3. 2015	5,638	354	5,284	1,840		43		205		57	2,088	XXX	
4. Totals	XXX	XXX	XXX	3,958	1	83		457		87	4,497	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior			4				1					5				
2. 2014	3		4				1		3			11	1			
3. 2015	323		190				26		35			574	20			
4. Totals	326		198				28		38			590	21			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4	1
2. 2014	2,412	1	2,411	44.5	0.2	48.2			27.0	7	4
3. 2015	2,662		2,662	47.2		50.4			27.0	513	61
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	524	66

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$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 (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	(46)	(8)	3				53	(35)	XXX	
2. 2014	10,028	285	9,743	6,500		111		566		870	7,177	4	
3. 2015	10,515	234	10,281	6,408		109	1	766		531	7,282	211	
4. Totals	XXX	XXX	XXX	12,862	(8)	223	1	1,332		1,454	14,424	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	1		1				2				4	1				
2. 2014	6		5				4		5		20	4				
3. 2015	394	14	443				35		64		922	211				
4. Totals	401	14	449				41		69		946	216				

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
2. 2014	7,197		7,197	71.8		73.9			27.0	11	9
3. 2015	8,219	15	8,204	78.2	6.4	79.8			27.0	823	99
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	836	110

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$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 (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									XXX	
2. 2014												XXX	
3. 2015												XXX	
4. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2014																
3. 2015																
4. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
2. 2014											
3. 2015											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
 (\$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 (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									XXX	
2. 2014		2		2	3							3	
3. 2015		1		1								XXX	
4. Totals	XXX	XXX	XXX	3							3	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2014																
3. 2015		1										1				
4. Totals		1										1				

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2014	3		3	150.0		150.0			27.0		
3. 2015	1		1	100.0		100.0			27.0	1	
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1	

Schedule P - Part 1M - International

N O N E

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
 (\$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 (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									XXX	
2. 2006	116	5	111	12		5		1				18 .4	
3. 2007	111	4	107	71		9		5				85 .7	
4. 2008	83	9	74	2		2		1				.5 .4	
5. 2009	73	2	71	8		9		1				18 .19	
6. 2010	60	1	59	3		3						.6 .48	
7. 2011	51		51	8		4		1				13 .3	
8. 2012	49		49	6								.6 .1	
9. 2013	52		52	8		5		1				14 .2	
10. 2014	57		57	1		3						.4 .1	
11. 2015	57		57									1	
12. Totals	XXX	XXX	XXX	119		40		10			169	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing 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. Prior.													
2. 2006													
3. 2007													
4. 2008													
5. 2009													
6. 2010													
7. 2011													
8. 2012													
9. 2013									1				1
10. 2014	1								24				25
11. 2015									1				1
12. Totals	1								26				27

	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	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2006	18		18	15.5		16.2				27.0	
3. 2007	85		85	76.6		79.4				27.0	
4. 2008	5		5	6.0		6.8				27.0	
5. 2009	18		18	24.7		25.4				27.0	
6. 2010	6		6	10.0		10.2				27.0	
7. 2011	13		13	25.5		25.5				27.0	
8. 2012	6		6	12.2		12.2				27.0	
9. 2013	15		15	28.8		28.8				27.0	1
10. 2014	29		29	50.9		50.9				27.0	1
11. 2015	1		1	1.8		1.8				27.0	1
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1	26

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 1T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

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	1,446	824	578	392	382	381	377	370	370	370		
2. 2006	5,368	5,048	4,778	4,596	4,545	4,525	4,525	4,526	4,525	4,525		(1)
3. 2007	XXX	6,321	5,778	5,368	5,249	5,233	5,229	5,230	5,229	5,229		(1)
4. 2008	XXX	XXX	7,153	6,464	6,312	6,284	6,266	6,269	6,276	6,276		7
5. 2009	XXX	XXX	XXX	6,460	5,994	5,994	6,032	5,925	5,921	5,921		(4)
6. 2010	XXX	XXX	XXX	XXX	6,790	6,323	6,192	6,160	6,128	6,124	(4)	(36)
7. 2011	XXX	XXX	XXX	XXX	XXX	9,451	8,998	8,940	8,759	8,759		(181)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	7,589	7,372	7,334	7,359	25	(13)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,793	8,316	8,198	(118)	(595)
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,037	6,461	(576)	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,028	XXX	XXX
											12. Totals	(673) (824)

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	4,327	3,249	2,701	2,534	2,422	2,426	2,410	2,388	2,385	2,381	(4)	(7)
2. 2006	6,938	6,465	5,954	5,802	5,651	5,638	5,634	5,638	5,634	5,640	6	2
3. 2007	XXX	8,008	7,246	6,903	6,746	6,652	6,605	6,613	6,606	6,613	7	
4. 2008	XXX	XXX	8,698	7,803	7,868	7,635	7,613	7,607	7,602	7,584	(18)	(23)
5. 2009	XXX	XXX	XXX	9,440	8,870	8,555	8,484	8,285	8,232	8,178	(54)	(107)
6. 2010	XXX	XXX	XXX	XXX	9,356	9,285	9,090	8,951	8,714	8,562	(152)	(389)
7. 2011	XXX	XXX	XXX	XXX	XXX	8,774	8,313	8,042	7,779	7,742	(37)	(300)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	8,379	8,017	7,594	7,515	(79)	(502)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,358	7,417	7,220	(197)	(138)
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,102	8,017	(85)	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,156	XXX	XXX
											12. Totals	(613) (1,464)

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	596	425	371	362	347	334	334	334	334	334		
2. 2006	606	447	423	449	437	430	432	430	430	430		
3. 2007	XXX	918	942	1,018	1,072	883	875	869	869	869		
4. 2008	XXX	XXX	695	756	743	566	610	583	584	559	(25)	(24)
5. 2009	XXX	XXX	XXX	1,073	1,081	967	905	894	898	890	(8)	(4)
6. 2010	XXX	XXX	XXX	XXX	2,313	1,992	1,818	1,663	1,549	1,549		(114)
7. 2011	XXX	XXX	XXX	XXX	XXX	1,866	1,485	1,234	1,126	1,071	(55)	(163)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	1,832	1,868	1,886	1,789	(97)	(79)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,999	1,814	1,823	9	(176)
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,317	3,503	186	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,813	XXX	XXX
											12. Totals	10 (560)

**SCHEDULE P - PART 2D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior												
2. 2006												
3. 2007												
4. 2008												
5. 2009												
6. 2010												
7. 2011												
8. 2012												
9. 2013												
10. 2014												
11. 2015												

NONE

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior	670	713	544	384	311	302	293	294	301	321	20	27
2. 2006	1,242	1,142	1,019	973	932	932	919	919	919	924	.5	.5
3. 2007	XXX	1,791	1,571	1,345	1,464	1,456	1,342	1,341	1,332	1,333	1	(8)
4. 2008	XXX	XXX	1,471	1,395	1,517	1,506	1,476	1,459	1,450	1,451	1	(8)
5. 2009	XXX	XXX	XXX	1,778	1,678	1,691	1,564	1,543	1,545	1,611	66	68
6. 2010	XXX	XXX	XXX	XXX	2,443	2,407	2,409	2,194	2,236	2,299	63	105
7. 2011	XXX	XXX	XXX	XXX	XXX	2,654	2,771	2,675	2,691	2,629	(62)	(46)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	2,910	2,402	2,237	2,255	18	(147)
9. 2013	XXX	3,773	3,942	3,959	17	186						
10. 2014	XXX	3,240	3,261	21	XXX							
11. 2015	XXX	2,986	XXX	XXX								
											12. Totals	150 182

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SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XX	XXX							
8. 2012	XXX	XXX	XXX	XX	XXX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

NONE**SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX	XX							
8. 2012	XXX	XXX	XXX	XXX	XX	XXX						
9. 2013	XXX	XXX	XXX	XX	XXX	XXX	XX					
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX				XXX
11. 2015	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
										12. Totals		

NONE**SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)**

1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX	XX							
8. 2012	XXX	XXX	XXX	XXX	XX	XXX						
9. 2013	XXX	XXX	XXX	XX	XXX	XXX	XX					
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX				XXX
11. 2015	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
										12. Totals		

NONE**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior	.916	.751	.548	.588	.517	.517	.488	.488	.483	.482	(1)	(6)
2. 2006	.879	.652	.500	.493	.473	.455	.437	.436	.437	.433	(4)	(3)
3. 2007	XXX	.751	.566	.396	.390	.392	.394	.393	.375	.375		(18)
4. 2008	XXX	XXX	.610	.561	.385	.376	.363	.360	.441	.437	(4)	.77
5. 2009	XXX	XXX	XXX	.370	.379	.294	.296	.291	.294	.287	(7)	(4)
6. 2010	XXX	XXX	XXX	XXX	.237	.387	.343	.385	.255	.247	(8)	(138)
7. 2011	XXX	XXX	XXX	XXX	XXX	.295	.486	.437	.458	.385	(.73)	(52)
8. 2012	XXX	XXX	XXX	XXX	XXX	.279	.364	.364	.263	.284	21	(80)
9. 2013	XXX	XXX	XXX	XXX	XXX	.XXX	.495	.510	.655	.145		160
10. 2014	XXX	XXX	XXX	XXX	XXX	.XXX	.XXX	.XXX	.504	.560	.56	.XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.417	XXX		XXX
										12. Totals		125
												(64)

NONE**SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX	XX							
8. 2012	XXX	XXX	XXX	XXX	XX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XX	XXX	XX					
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX				XXX
11. 2015	XXX			XXX	XXX							
										12. Totals		

NONE

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SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	584	410	402	(8)	(182)
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,450	2,156	(294)	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,422	XXX	XXX
										4. Totals	(302)	(182)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	709	442	.389	(53)	(320)						
2. 2014	XXX	7,077	6,626	(451)	XXX							
3. 2015	XXX	7,374	XXX	XXX								
										4. Totals	(504)	(320)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior	XXX											
2. 2014	XXX				XXX							
3. 2015	XXX			XXX	XXX							
										4. Totals		

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX											
2. 2014	XXX	4	3	(1)	XXX							
3. 2015	XXX	1	XXX	XXX								
										4. Totals	(1)	

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013	XXX											
10. 2014	XXX				XXX							
11. 2015	XXX	XXX										
										12. Totals		

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

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	47	44	30	55	50	38	38	38	38	38		
2. 2006	19	18	19	22	17	18	17	17	17	17		
3. 2007	XXX	95	99	97	93	82	81	80	80	80		
4. 2008	XXX	XXX	11	9	4	4	4	4	4	4		
5. 2009	XXX	XXX	XXX	63	29	22	18	17	17	17		
6. 2010	XXX	XXX	XXX	XXX	12	5	5	6	6	6		
7. 2011	XXX	XXX	XXX	XXX	XXX	38	22	19	12	12		(7)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	13	12	6	6		(6)
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	20	14	(6)	(5)
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	29	13	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	XXX	XXX
											12. Totals	7 (18)

SCHEDULE P - PART 2R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior												
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013	XXX											
10. 2014	XXX				XXX							
11. 2015	XXX			XXX	XXX							
											12. Totals	

SCHEDULE P - PART 2S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX											
2. 2014	XXX				XXX							
3. 2015	XXX			XXX	XXX							
											4. Totals	

SCHEDULE P - PART 2T - WARRANTY

1. Prior	XXX											
2. 2014	XXX				XXX							
3. 2015	XXX			XXX	XXX							
											4. Totals	

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

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	.215	.315	.365	.368	.367	.366	.370	.370	.370	264	
2. 2006	3,294	4,266	4,406	4,517	4,519	4,525	4,525	4,525	4,525	4,525	888	153
3. 2007	XXX	4,131	4,998	5,196	5,224	5,230	5,229	5,229	5,229	5,229	879	160
4. 2008	XXX	XXX	4,976	6,026	6,123	6,230	6,239	6,242	6,248	6,248	1,714	251
5. 2009	XXX	XXX	XXX	4,943	5,711	5,852	5,882	5,912	5,917	5,917	1,377	313
6. 2010	XXX	XXX	XXX	XXX	5,076	5,972	6,086	6,120	6,124	6,124	1,007	1,043
7. 2011	XXX	XXX	XXX	XXX	XXX	7,446	8,515	8,701	8,735	8,743	1,506	207
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	5,927	6,921	7,127	7,181	1,608	181
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,427	8,001	8,079	917	174
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,413	6,196	628	140
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,257	488	118

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	.000	1,565	2,072	2,211	2,277	2,312	2,377	2,384	2,381	2,378	2,790	
2. 2006	2,772	4,219	4,870	5,254	5,471	5,576	5,605	5,609	5,608	5,640	1,288	261
3. 2007	XXX	2,964	5,090	5,965	6,307	6,507	6,548	6,573	6,603	6,602	1,379	282
4. 2008	XXX	XXX	3,393	5,388	6,538	7,200	7,456	7,522	7,573	7,566	1,486	332
5. 2009	XXX	XXX	XXX	3,549	6,226	7,206	7,803	7,945	8,091	8,105	1,490	578
6. 2010	XXX	XXX	XXX	XXX	3,905	6,492	7,354	8,052	8,363	8,454	1,460	1,026
7. 2011	XXX	XXX	XXX	XXX	XXX	3,748	5,673	6,580	7,154	7,495	1,119	238
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	3,065	5,099	6,322	6,965	870	155
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,653	4,904	5,907	853	133
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,195	5,336	742	120
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,602	517	76

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	.000	.236	.301	.317	.328	.334	.334	.334	.334	.334	70	
2. 2006	154	.231	.251	.340	.430	.430	.430	.430	.430	.430	69	10
3. 2007	XXX	.266	.423	.620	.800	.831	.869	.869	.869	.869	97	11
4. 2008	XXX	XXX	.251	.360	.420	.488	.516	.546	.547	.559	102	19
5. 2009	XXX	XXX	XXX	.308	.506	.614	.763	.842	.877	.890	116	.45
6. 2010	XXX	XXX	XXX	XXX	.445	.848	1,262	1,460	1,471	1,477	143	112
7. 2011	XXX	XXX	XXX	XXX	XXX	.447	.659	.856	.979	1,017	148	26
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.524	.836	1,306	1,400	143	30
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.606	1,110	1,288	151	24
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	938	1,831	178	19
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	881	143	12

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION
 (EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior	.000											
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX	XX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	115	223	245	254	293	293	294	301	320	46	
2. 2006	.557	.750	.802	.911	.915	.919	.919	.919	.919	.922	91	.31
3. 2007	XXX	.863	1,156	1,189	1,285	1,299	1,322	1,323	1,332	1,333	125	.37
4. 2008	XXX	XXX	.788	.823	1,077	1,380	1,402	1,406	1,412	1,451	204	.48
5. 2009	XXX	XXX	XXX	1,040	1,333	1,414	1,446	1,507	1,524	1,557	207	105
6. 2010	XXX	XXX	XXX	XXX	1,034	1,561	1,949	2,032	2,086	2,162	277	281
7. 2011	XXX	XXX	XXX	XXX	XXX	1,465	1,990	2,191	2,391	2,494	262	60
8. 2012	XXX	XXX	XXX	XXX	XXX	1,460	1,960	2,028	2,143	2,71	58	
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,563	2,392	2,726	215	54	
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,694	2,363	212	.54	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,274	143	29	

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SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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											
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XX								
7. 2011	XXX	XXX	XXX	XX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX						

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior	.000											
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX	XX							
8. 2012	XXX	XXX	XXX	XXX	XX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XX	XXX	XX					
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX				
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	.000										XXX	XXX
2. 2006											XXX	XXX
3. 2007	XXX										XXX	XXX
4. 2008	XXX	XXX									XXX	XXX
5. 2009	XXX	XXX	XXX								XXX	XXX
6. 2010	XXX	XXX	XXX	XXX							XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XX						XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX			XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX			XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX			XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	.000	232	318	356	445	446	446	446	446	446	446	366
2. 2006	168	349	399	424	417	428	428	428	428	428	433	73
3. 2007	XXX	120	251	350	364	373	373	374	374	375	375	65
4. 2008	XXX	XXX	83	234	295	305	356	360	360	372	437	110
5. 2009	XXX	XXX	XXX	62	167	252	263	273	273	273	286	306
6. 2010	XXX	XXX	XXX	XXX	58	114	169	202	202	240	242	46
7. 2011	XXX	XXX	XXX	XXX	XXX	85	124	313	335	372	372	34
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	89	163	188	192	192	37
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68	176	256	256	30
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88	166	166	23
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36	11	11	5

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior	.000											
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX	XX							
8. 2012	XXX	XXX	XXX	XXX	XX	XXX	XX					
9. 2013	XXX	XXX	XXX	XXX	XX	XXX	XX					
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XX					
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					

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SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	388	.397	XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,987	2,148	XXX	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,883	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	.000	420	.385								
2. 2014	XXX	6,238	6,611									
3. 2015	XXX	XXX	6,516									

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX			XXX	XXX							
2. 2014	XXX			XXX	XXX							
3. 2015	XXX		XXX	XXX								

NONE

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	.000			XXX	XXX						
2. 2014	XXX	3	3	XXX	XXX							
3. 2015	XXX	XXX		XXX	XXX							

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2006											XXX	XXX
3. 2007	XXX										XXX	XXX
4. 2008	XXX	XXX									XXX	XXX
5. 2009	XXX	XXX	XXX								XXX	XXX
6. 2010	XXX	XXX	XXX	XXX							XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

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SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

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	14	16	23	26	38	38	38	38	38	5	
2. 2006	2	3	7	17	17	17	17	17	17	17	3	1
3. 2007	XXX	54	75	80	81	80	80	80	80	80	6	1
4. 2008	XXX	XXX	1	2	3	4	4	4	4	4	2	2
5. 2009	XXX	XXX	XXX	3	7	9	17	17	17	17	10	9
6. 2010	XXX	XXX	XXX	XXX	3	3	3	6	6	6	22	26
7. 2011	XXX	XXX	XXX	XXX	XXX	9	9	12	12	12	3	
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	2	6	6	6	1	
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7	13	2	
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	1	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	

SCHEDULE P - PART 3R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior	.000											
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XXX								
7. 2011	XXX	XXX	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	.000			XXX	XXX						
2. 2014	XXX			XXX	XXX							
3. 2015	XXX	XXX		XXX	XXX							

SCHEDULE P - PART 3T - WARRANTY

1. Prior	XXX	.000										
2. 2014	XXX											
3. 2015	XXX	XXX										

NONE

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SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

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	1,044	404	190	16	5	5	2			
2. 2006	1,079	520	195	50	9		1			
3. 2007	XXX	1,231	460	134	25	3		1		
4. 2008	XXX	XXX	1,202	230	54	18	9	9	10	10
5. 2009	XXX	XXX	XXX	782	80	105	54	4	1	1
6. 2010	XXX	XXX	XXX	XXX	1,052	272	83	37	4	
7. 2011	XXX	XXX	XXX	XXX	XXX	977	285	117	11	4
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	777	161	87	57
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	873	228	.42
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	806	155
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	600

SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	1,854	790	289	134	.38	36	8			
2. 2006	1,918	1,112	388	173	.46	26	7			(1)
3. 2007	XXX	2,187	950	366	160	63	16	5		
4. 2008	XXX	XXX	2,334	817	464	134	63	44	16	6
5. 2009	XXX	XXX	XXX	2,298	976	489	242	125	47	11
6. 2010	XXX	XXX	XXX	XXX	2,145	1,166	688	419	174	.42
7. 2011	XXX	XXX	XXX	XXX	XXX	1,996	946	539	231	150
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	2,036	973	454	240
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,776	1,086	547
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,796	826
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,034

SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	226	94	.29	15	8					
2. 2006	335	168	.54	28	7		2			
3. 2007	XXX	.309	144	165	219	18	6			
4. 2008	XXX	XXX	.314	308	232	31	39	17	.17	
5. 2009	XXX	XXX	XXX	482	352	111	30	13	6	
6. 2010	XXX	XXX	XXX	XXX	1,161	621	337	185	37	.27
7. 2011	XXX	XXX	XXX	XXX	XXX	1,143	675	188	101	.19
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	777	513	342	171
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	867	.402	189
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,213	753
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,011

**SCHEDULE P - PART 4D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013	XXX									
10. 2014	XXX									
11. 2015	XXX									

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior	422	.400	263	.118	20	.6				
2. 2006	440	.312	171	.55	.12	13				.1
3. 2007	XXX	.573	352	.99	.54	45	9	.7		
4. 2008	XXX	XXX	389	292	183	91	45	.26	.16	
5. 2009	XXX	XXX	XXX	437	233	187	63	.23	.10	.27
6. 2010	XXX	XXX	XXX	XXX	780	492	370	.107	.90	.74
7. 2011	XXX	XXX	XXX	XXX	XXX	690	556	.238	.173	.80
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	1,007	.312	.115	.72
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,261	.884	.653
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.927	.422
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,076

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XX							
6. 2010	XXX	XXX	XX	XX						
7. 2011	XXX	XXX	XX	XX	XX					
8. 2012	XXX	XXX	XX	XXX	XX					
9. 2013	XXX	XXX	XX	XXX	XXX					
10. 2014	XXX	XXX	XXX	XXX	XXX					
11. 2015	XXX	XXX	XXX	XXX	XXX					

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XX	XXX	XX					
8. 2012	XXX	XXX	XX	XX	XX					
9. 2013	XXX	XXX	XX	XX	XX					
10. 2014	XXX	XXX	XX	XXX	XX					
11. 2015	XXX	XXX	XXX	XXX	XXX					

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XX	XXX	XX					
8. 2012	XXX	XXX	XX	XX	XX					
9. 2013	XXX	XXX	XX	XX	XX					
10. 2014	XXX	XXX	XX	XXX	XX					
11. 2015	XXX	XXX	XXX	XXX	XXX					

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	507	241	.64	97	21	20	5	.5		
2. 2006	491	192	.68	20	16	11	4	.3	4	
3. 2007	XXX	399	194	22	8	.7	9	.7		
4. 2008	XXX	XXX	375	258	.46	.36	7		37	
5. 2009	XXX	XXX	XXX	180	127	21	.17	.6	.9	1
6. 2010	XXX	XXX	XXX	XXX	109	190	110	.143	.8	5
7. 2011	XXX	XXX	XXX	XXX	XXX	66	146	.41	.64	12
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	126	.159	.35	.39
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.330	.129	.174
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.292	.299
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	282

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XX	XXX	XX					
8. 2012	XXX	XXX	XX	XX	XX					
9. 2013	XXX	XXX	XX	XX	XX					
10. 2014	XXX	XXX	XX	XXX	XX					
11. 2015	XXX	XXX	XXX	XXX	XXX					

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SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	253	18	5
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	274	5
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	216

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	296	19	3						
2. 2014	XXX	387	9							
3. 2015	XXX	478								

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX									
2. 2014	XXX									
3. 2015	XXX									

NONE

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX									
2. 2014	XXX	1								
3. 2015	XXX									

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013	XXX									
10. 2014	XXX									
11. 2015	XXX									

NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

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.....	34	23	9	26	19					
2. 2006.....	14	13	6	5		1				
3. 2007.....	XXX	26	17	14	12	2	1			
4. 2008.....	XXX	XXX	11	6	1					
5. 2009.....	XXX	XXX	XXX	57	14	6	1			
6. 2010.....	XXX	XXX	XXX	XXX	9	2	2			
7. 2011.....	XXX	XXX	XXX	XXX	XXX	25	11	3		
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	5	6		
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	9	1
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	24
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SCHEDULE P - PART 4R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XX	XXX						
7. 2011.....	XXX	XXX	XX	XX	XX					
8. 2012.....	XXX	XXX	XX	XX	XX	XX				
9. 2013.....	XXX	XXX	XX	XXX	XXX	XX	XX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2. 2014.....	XXX	XXX	XX	XXX	XX	XX	XXX	XXX	XXX	
3. 2015.....	XXX	XXX	XX	XX	XX	XX	XX	XXX	XXX	

SCHEDULE P - PART 4T - WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2. 2014.....	XXX	XXX	XX	XXX	XX	XX	XXX	XXX	XXX	
3. 2015.....	XXX	XXX	XX	XX	XX	XX	XX	XXX	XXX	

NONE

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SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	246	148	131	(19)	2		1		1	
2. 2006	741	876	887	885	887	888	888	888	888	888
3. 2007	XXX	731	851	869	875	875	877	878	879	879
4. 2008	XXX	XXX	1,461	1,689	1,705	1,708	1,711	1,712	1,714	1,714
5. 2009	XXX	XXX	XXX	1,219	1,357	1,369	1,374	1,376	1,377	1,377
6. 2010	XXX	XXX	XXX	XXX	879	993	1,002	1,006	1,007	1,007
7. 2011	XXX	XXX	XXX	XXX	XXX	1,343	1,492	1,500	1,505	1,506
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	1,460	1,594	1,604	1,608
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	769	907	917
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	539	628
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	488

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	18	7	3	1						
2. 2006	85	27	2	2	1					
3. 2007	XXX	97	19	2						
4. 2008	XXX	XXX	181	15	4	2	1	1	1	1
5. 2009	XXX	XXX	XXX	86	12	4	2	1		
6. 2010	XXX	XXX	XXX	XXX	80	9	3	1	1	
7. 2011	XXX	XXX	XXX	XXX	XXX	108	11	4	2	1
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	92	15	9	6
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	114	10	3
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	73	8
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	77

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	99	62	59	264	5	(2)	1		1	
2. 2006	951	1,012	1,015	1,038	1,042	1,041	1,041	1,041	1,041	1,041
3. 2007	XXX	957	1,003	1,024	1,034	1,035	1,037	1,038	1,039	1,039
4. 2008	XXX	XXX	1,793	1,934	1,960	1,961	1,963	1,964	1,966	1,966
5. 2009	XXX	XXX	XXX	1,454	1,679	1,686	1,689	1,690	1,690	1,690
6. 2010	XXX	XXX	XXX	XXX	1,979	2,042	2,047	2,050	2,051	2,050
7. 2011	XXX	XXX	XXX	XXX	XXX	1,625	1,707	1,710	1,713	1,714
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	1,706	1,788	1,794	1,795
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,029	1,089	1,094
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	737	776
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	683

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	688	425	372	16	15	1,954	3	4	1	
2. 2006	609	850	913	936	947	1,281	1,285	1,286	1,287	1,288
3. 2007	XXX	707	986	1,024	1,050	1,372	1,376	1,378	1,379	1,379
4. 2008	XXX	XXX	796	1,004	1,064	1,459	1,474	1,481	1,484	1,486
5. 2009	XXX	XXX	XXX	672	960	1,433	1,464	1,478	1,487	1,490
6. 2010	XXX	XXX	XXX	XXX	725	1,341	1,409	1,444	1,456	1,460
7. 2011	XXX	XXX	XXX	XXX	XXX	754	996	1,076	1,104	1,119
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	521	792	848	870
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	595	805	853
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	514	742
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	517

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	105	41	1	7	5	4	1	1	1	
2. 2006	258	60	7	8	3	2	1	1	1	
3. 2007	XXX	313	48	26	9	4	2	1		
4. 2008	XXX	XXX	134	82	36	15	5	2	1	1
5. 2009	XXX	XXX	XXX	391	98	47	19	10	5	3
6. 2010	XXX	XXX	XXX	XXX	420	111	38	12	7	4
7. 2011	XXX	XXX	XXX	XXX	XXX	440	105	40	15	6
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	363	105	35	14
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	343	79	27
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	388	112
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	398

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	110	77	71	961	29	2,403	1	4	1	(1)
2. 2006	928	964	969	1,100	1,119	1,544	1,547	1,548	1,549	1,549
3. 2007	XXX	1,072	1,103	1,208	1,245	1,657	1,659	1,661	1,661	1,661
4. 2008	XXX	XXX	1,232	1,261	1,349	1,804	1,810	1,815	1,817	1,819
5. 2009	XXX	XXX	XXX	1,164	1,511	2,055	2,060	2,066	2,070	2,071
6. 2010	XXX	XXX	XXX	XXX	2,003	2,459	2,468	2,481	2,489	2,490
7. 2011	XXX	XXX	XXX	XXX	XXX	1,353	1,323	1,351	1,356	1,363
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	966	1,039	1,036	1,039
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,011	1,007	1,013
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	970	974
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	991

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	37	22	16	1		31				
2. 2006	40	58	60	62	63	69	69	69	69	69
3. 2007	XXX	62	83	87	89	96	97	97	97	97
4. 2008	XXX	XXX	70	91	95	101	102	102	102	102
5. 2009	XXX	XXX	XXX	69	98	110	112	114	115	116
6. 2010	XXX	XXX	XXX	XXX	87	127	137	141	142	143
7. 2011	XXX	XXX	XXX	XXX	XXX	98	134	142	147	148
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	92	128	139	143
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	103	144	151
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	125	178
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	143

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	10	3								
2. 2006	16	2		1						
3. 2007	XXX	24	3	4	2	1				
4. 2008	XXX	XXX	9	6	4	1	1			
5. 2009	XXX	XXX	XXX	32	10	4	3	2	1	
6. 2010	XXX	XXX	XXX	XXX	49	13	5	1	1	1
7. 2011	XXX	XXX	XXX	XXX	XXX	43	12	5	2	1
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	51	17	7	3
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48	16	13
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65	25
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	73

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	10	9	8	28		36				
2. 2006	59	64	65	71	72	79	79	79	79	79
3. 2007	XXX	86	90	98	102	108	108	108	108	108
4. 2008	XXX	XXX	96	111	116	121	122	121	121	121
5. 2009	XXX	XXX	XXX	112	152	159	160	161	161	161
6. 2010	XXX	XXX	XXX	XXX	238	250	253	253	255	256
7. 2011	XXX	XXX	XXX	XXX	XXX	157	171	173	175	175
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	161	173	176	176
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	165	183	188
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	203	222
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	228

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	34	21	18	1	4	2				
2. 2006	67	83	86	89	90	91	91	91	91	91
3. 2007	XXX	86	112	117	121	123	124	124	125	125
4. 2008	XXX	XXX	135	183	194	199	202	203	203	204
5. 2009	XXX	XXX	XXX	126	187	196	202	204	206	207
6. 2010	XXX	XXX	XXX	XXX	213	256	267	272	274	277
7. 2011	XXX	XXX	XXX	XXX	XXX	180	239	249	258	262
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	199	255	266	271
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	153	202	215
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	154	212
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	143

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	10	8		1	1			.1	1	
2. 2006	15	4	.1	1	1					.1
3. 2007	XXX	23	.6	4	2	2	.1	.1		
4. 2008	XXX	XXX	.23	.11	.7	.4	.1	.1	.2	.1
5. 2009	XXX	XXX	XXX	32	9	12	2	2	1	.1
6. 2010	XXX	XXX	XXX	XXX	.45	.54	.8	.5	.5	.2
7. 2011	XXX	XXX	XXX	XXX	XXX		.19	.13	.6	.3
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.45	.13	.7	.3
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.53	.21	.19
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.65	.31
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	17	.11	.10	41	5	.1		.1		(1)
2. 2006	.98	107	109	119	122	122	122	122	122	123
3. 2007	XXX	131	142	.154	160	.162	162	162	162	162
4. 2008	XXX	XXX	196	227	248	251	251	252	253	253
5. 2009	XXX	XXX	XXX	.184	.299	.313	.309	.311	.312	.313
6. 2010	XXX	XXX	XXX	XXX	.520	.587	.555	.558	.560	.560
7. 2011	XXX	XXX	XXX	XXX	XXX	.221	.314	.321	.324	.325
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.282	.322	.330	.332
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.239	.272	.288
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.258	.297
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	239

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE
SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	202	182	175	13	3	1	1	1	1	
2. 2006	46	65	68	70	72	73	73	73	73	73
3. 2007	XXX	41	55	61	63	64	64	64	65	65
4. 2008	XXX	XXX	39	102	106	108	109	109	109	110
5. 2009	XXX	XXX	XXX	286	301	304	305	306	306	306
6. 2010	XXX	XXX	XXX	XXX	27	38	42	44	46	46
7. 2011	XXX	XXX	XXX	XXX	XXX	22	29	31	33	34
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	21	33	36	37
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	25	30
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	23
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	20	15	3	2	1	2	2	2	1	1
2. 2006	17	6	1	2	1	1				
3. 2007	XXX	14	3	3	1					
4. 2008	XXX	XXX	9	6	2	1				
5. 2009	XXX	XXX	XXX	13	6	2	1			
6. 2010	XXX	XXX	XXX	XXX	14	8	5	2		
7. 2011	XXX	XXX	XXX	XXX	XXX	13	5	3	1	
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	16	6	2	1
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	9	6
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	9
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	78	68	64	(586)	6	(1)	2	1	(1)	
2. 2006	74	85	86	92	95	96	96	96	96	96
3. 2007	XXX	61	14	76	77	78	78	78	79	79
4. 2008	XXX	XXX	64	130	138	138	138	138	138	139
5. 2009	XXX	XXX	XXX	333	365	366	367	367	367	367
6. 2010	XXX	XXX	XXX	XXX	80	89	91	90	91	91
7. 2011	XXX	XXX	XXX	XXX	XXX	43	47	47	47	47
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	46	51	51	52
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	45	48
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37	41
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	.5	3	2							
2. 2006	.1	2	2	.3	3	.3	3	.3	3	3
3. 2007	XXX	2	4	.5	6	.6	6	.6	6	6
4. 2008	XXX	XXX	.1	1	2	2	2	2	2	2
5. 2009	XXX	XXX	XXX	1	9	9	10	10	10	10
6. 2010	XXX	XXX	XXX	XXX	22	22	22	22	22	22
7. 2011	XXX	XXX	XXX	XXX	XXX	.1	2	2	3	3
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX			1	1
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1	.2	2
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	.1	1								
2. 2006	.1									
3. 2007	XXX	2								
4. 2008	XXX	XXX		1						
5. 2009	XXX	XXX	XXX	1	1	1				
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX	XXX			.1		
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1		
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015
1. Prior	3	1	1	4		(1)				
2. 2006	2	2	3	4	4	4	4	4	4	4
3. 2007	XXX	5	5	.6	7	.7	7	7	7	7
4. 2008	XXX	XXX	.1	2	4	4	4	4	4	4
5. 2009	XXX	XXX	XXX	.2	19	19	19	19	19	19
6. 2010	XXX	XXX	XXX	XXX	.48	48	48	48	48	48
7. 2011	XXX	XXX	XXX	XXX	XXX	1	2	.3	3	3
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX			1	1
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
**SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....	1,308	1,308	1,308	1,308	1,308	1,308	1,308	1,308	1,308	1,308	
3. 2007.....	XXX	1,660	1,660	1,660	1,660	1,660	1,660	1,660	1,660	1,660	
4. 2008.....	XXX	XXX	1,992	1,992	1,992	1,992	1,992	1,992	1,992	1,992	
5. 2009.....	XXX	XXX	XXX	2,438	2,438	2,438	2,438	2,438	2,438	2,438	
6. 2010.....	XXX	XXX	XXX	XXX	2,655	2,655	2,655	2,655	2,655	2,655	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	2,919	2,919	2,919	2,919	2,919	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	3,310	3,310	3,310	3,310	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	3,781	3,781	3,781	3,781	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,295	4,295	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,420	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,420
13. Earned Premiums (Sch P-Pt. 1)	1,308	1,660	1,992	2,438	2,655	2,919	3,310	3,781	4,295	4,420	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....	210	210	210	210	210	210	210	210	210	210	
3. 2007.....	XXX	255	255	255	255	255	255	255	255	255	
4. 2008.....	XXX	XXX	158	158	158	158	158	158	158	158	
5. 2009.....	XXX	XXX	XXX	252	252	252	252	252	252	252	
6. 2010.....	XXX	XXX	XXX	XXX	216	216	216	216	216	216	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	184	184	184	184	184	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	196	196	196	196	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	206	206	206	206	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	229	229	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	256	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	256
13. Earned Premiums (Sch P-Pt. 1)	210	255	158	252	216	184	196	206	229	256	XXX

**SCHEDULE P - PART 6D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

**SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....	2,065	2,065	2,065	2,065	2,065	2,065	2,065	2,065	2,065	2,065	
3. 2007.....	XXX	2,658	2,658	2,658	2,658	2,658	2,658	2,658	2,658	2,658	
4. 2008.....	XXX	XXX	3,245	3,245	3,245	3,245	3,245	3,245	3,245	3,245	
5. 2009.....	XXX	XXX	XXX	3,637	3,637	3,637	3,637	3,637	3,637	3,637	
6. 2010.....	XXX	XXX	XXX	XXX	3,962	3,962	3,962	3,962	3,962	3,962	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	4,298	4,298	4,298	4,298	4,298	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	4,812	4,812	4,812	4,812	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	5,720	5,720	5,720	5,720	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,675	6,675	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,939	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,939
13. Earned Premiums (Sch P-Pt. 1)	2,065	2,658	3,245	3,637	3,962	4,298	4,812	5,720	6,675	6,939	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....	257	257	257	257	257	257	257	257	257	257	
3. 2007.....	XXX	325	325	325	325	325	325	325	325	325	
4. 2008.....	XXX	XXX	352	352	352	352	352	352	352	352	
5. 2009.....	XXX	XXX	XXX	491	491	491	491	491	491	491	
6. 2010.....	XXX	XXX	XXX	XXX	514	514	514	514	514	514	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	553	553	553	553	553	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	637	637	637	637	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	713	713	713	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	863	863	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	863	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	863
13. Earned Premiums (Sch P-Pt. 1)	257	325	352	491	514	553	637	713	863	863	XXX

**SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE
SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....	1,619	1,619	1,619	1,619	1,619	1,619	1,619	1,619	1,619	1,619	
3. 2007.....	XXX	1,627	1,627	1,627	1,627	1,627	1,627	1,627	1,627	1,627	
4. 2008.....	XXX	XXX	1,605	1,605	1,605	1,605	1,605	1,605	1,605	1,605	
5. 2009.....	XXX	XXX	XXX	1,567	1,567	1,567	1,567	1,567	1,567	1,567	
6. 2010.....	XXX	XXX	XXX	XXX	1,528	1,528	1,528	1,528	1,528	1,528	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,626	1,626	1,626	1,626	1,626	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	1,765	1,765	1,765	1,765	1,765	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	1,888	1,888	1,888	1,888	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,952	1,952	1,952	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,987	1,987	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,987
13. Earned Premiums (Sch P-Pt. 1)	1,619	1,627	1,605	1,567	1,528	1,626	1,765	1,888	1,952	1,987	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....	435	435	435	435	435	435	435	435	435	435	
3. 2007.....	XXX	484	484	484	484	484	484	484	484	484	
4. 2008.....	XXX	XXX	556	556	556	556	556	556	556	556	
5. 2009.....	XXX	XXX	XXX	569	569	569	569	569	569	569	
6. 2010.....	XXX	XXX	XXX	XXX	594	594	594	594	594	594	
7. 2011.....	XXX	XXX	XXX	XXX	660	660	660	660	660	660	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	761	761	761	761	761	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	823	823	823	823	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	893	893	893	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	890	890	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	890
13. Earned Premiums (Sch P-Pt. 1)	435	484	556	569	594	660	761	823	893	890	XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....	116	116	116	116	116	116	116	116	116	116	
3. 2007.....	XXX	111	111	111	111	111	111	111	111	111	
4. 2008.....	XXX	XXX	83	83	83	83	83	83	83	83	
5. 2009.....	XXX	XXX	XXX	73	73	73	73	73	73	73	
6. 2010.....	XXX	XXX	XXX	XXX	60	60	60	60	60	60	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	51	51	51	51	51	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	49	49	49	49	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52	52	52	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57	57	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)	116	111	83	73	60	51	49	52	57	57	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....	5	5	5	5	5	5	5	5	5	5	
3. 2007.....	XXX	3	3	3	3	3	3	3	3	3	
4. 2008.....	XXX	XXX	8	8	8	8	8	8	8	8	
5. 2009.....	XXX	XXX	XXX	1	1	1	1	1	1	1	
6. 2010.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)	5	3	8	1	1						XXX

**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE
SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)
SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	2,540				14,377	
2. Private Passenger Auto Liability/Medical	11,204				11,744	
3. Commercial Auto/Truck Liability/Medical	4,956				4,162	
4. Workers' Compensation						
5. Commercial Multiple Peril	4,509				6,189	
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	1,408				1,090	
10. Other Liability - Claims-Made						
11. Special Property .....	.590				5,338	
12. Auto Physical Damage	946				10,586	
13. Fidelity/Surety						
14. Other	1				1	
15. International						
16. Reinsurance - Nonproportional Assumed Property						
17. Reinsurance - Nonproportional Assumed Liability						
18. Reinsurance - Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence	27				56	
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	26,181				53,544	

SECTION 2

Years in Which Policies Were Issued	INCURRED 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										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XX							
6. 2010	XXX	XXX	XX	XX						
7. 2011	XXX	XXX	XX	XX	XX					
8. 2012	XXX	XXX	XX	XXX	XXX	XX				
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES 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										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XX							
6. 2010	XXX	XXX	XX	XX						
7. 2011	XXX	XXX	XX	XX	XX					
8. 2012	XXX	XXX	XX	XXX	XXX	XX				
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A [X]

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior
1.602 2006
1.603 2007
1.604 2008
1.605 2009
1.606 2010
1.607 2011
1.608 2012
1.609 2013
1.610 2014
1.611 2015
1.612 Totals

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for:

(in thousands of dollars)

5.1 Fidelity
5.2 Surety

6. Claim count information is reported per claim or per claimant (Indicate which). per claim.....
If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [X] No []

7.2 (An extended statement may be attached.)

Effective January 1, 2006, Ohio Mutual Insurance Company and its wholly-owned subsidiary, United Ohio Insurance Company entered into a pooling agreement whereby all underwriting results are pooled together and then split out proportionally with 25% going to Ohio Mutual and 75% going to United Ohio. As the pooling agreement was effective for all losses, the loss and LAE reserves, paid losses and paid LAE for the prior years were reallocated on Schedule P to resemble this pooling agreement.

Effective January 1, 2011, Ohio Mutual purchased 100% of the shares of Casco Indemnity Company. At that time, Casco was added to the pool with Ohio Mutual and United Ohio. Casco was provided 8% of the pool with United Ohio holding 65% and Ohio Mutual retaining 27% of the pool. For 2011, the history presented on the Schedule P was reallocated once again to resemble this revised pooling agreement.

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

Effective 1/1/2011, Ohio Mutual Insurance Company and its wholly owned subsidiaries, United Ohio Insurance Company and Casco Indemnity Company entered into a pooling agreement whereby all underwriting results are pooled together and then split out proportionally with 27% going to Ohio Mutual, 65% going to United Ohio, and 8% going to Casco Indemnity.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

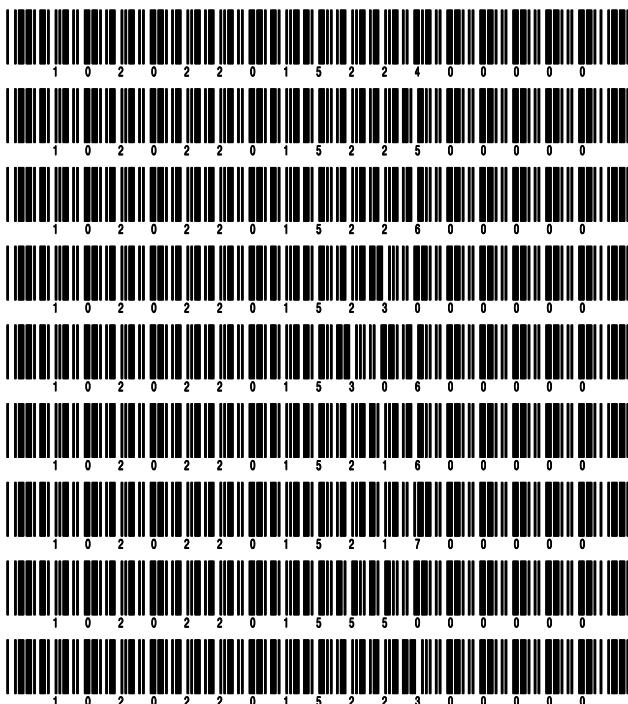
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

Responses

MARCH FILING		Responses
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		
MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusted Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	YES
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING		
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:		
12.	Bar Codes:	
12.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 0 2 0 2 2 0 1 1 5 4 2 0 0 0 0 0 0
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	 1 0 2 0 2 2 0 1 1 5 2 4 0 0 0 0 0 0
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 1 0 2 0 2 2 0 1 1 5 3 6 0 0 0 0 0 0
15.	Supplement A to Schedule T [Document Identifier 455]	 1 0 2 0 2 2 0 1 1 5 4 5 5 0 0 0 0 0
16.	Trusted Surplus Statement [Document Identifier 490]	 1 0 2 0 2 2 0 1 1 5 4 9 0 0 0 0 0 0
17.	Premiums Attributed to Protected Cells [Document Identifier 385]	 1 0 2 0 2 2 0 1 1 5 3 8 5 0 0 0 0 0
19.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 2 0 2 2 0 1 1 5 3 6 5 0 0 0 0 0
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 0 2 0 2 2 0 1 1 5 4 0 0 0 0 0 0 0
23.	Bail Bond Supplement [Document Identifier 500]	 1 0 2 0 2 2 0 1 1 5 5 0 0 0 0 0 0 0
24.	Director and Officer Insurance Coverage Supplement [Document Identifier 505]	 1 0 2 0 2 2 0 1 1 5 5 0 0 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 25. Relief from the five-year rotation requirement for lead audit partner
[Document Identifier 224]
- 26. Relief from the one-year cooling off period for independent CPA
[Document Identifier 225]
- 27. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 28. Credit Insurance Experience Exhibit [Document Identifier 230]
- 29. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 32. Supplemental Health Care Exhibit's Expense Allocation Report
[Document Identifier 217]
- 33. Cybersecurity and Identity Theft Insurance Coverage Supplement
[Document Identifier 550]
- 34. Management's Report of Internal Control Over Financial Reporting
[Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company
OVERFLOW PAGE FOR WRITE-INS

NONE



1 0 2 0 2 2 0 1 5 4 0 1 0 0 1

SUPPLEMENT FOR THE YEAR 2015 OF THE Ohio Mutual Insurance Company

REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

ELEMENTARY FUND FOR GENERAL

Year Ended December
To Be Filed by March 1

10. To Be Filled by March (A) Financial Impact

(A) Financial Impact	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets	256,826,670		256,826,670
A02. Liabilities	55,485,998		55,485,998
A03. Surplus as regards to policyholders	201,340,672		201,340,672
A04. Income before taxes	4,164,710		4,164,710

(B) Summary of Reinsurance Contract Terms	(C) Management's Objectives

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.

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