

ANNUAL STATEMENT

RECEIVED

FEB 28 2017

OFFICE OF RISK
ASSESSMENT

For the Year Ended

December 31 , 2016

OF THE CONDITION AND AFFAIRS OF THE

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

ORGANIZED UNDER THE LAWS OF THE STATE OF OHIO

Made to the

INSURANCE COMMISSIONER OF THE STATE OF OHIO

Pursuant to the Laws thereof

NAIC Company Code	10272		
Home Office	13439 WOODWORTH RD Street and Number	NEW SPRINGFIELD 44443 City Zip Code	OH
Mail Address	PO BOX 228 Street and Number	NEW SPRINGFIELD 44443 City Zip Code	OH
Main Administrative Office	330-549-2880 Telephone Number		
Organized	JANUARY 1, 1892	Commenced Business	SEPTEMBER 1, 1852
Annual Statement Contact Person	MARLENE WENTZ	Telephone Number	330-549-2880
Contact Person Email Address	mwentz@zoominternet.net		

OFFICERS

President	J DANIEL SIMON	Vice President	LEE F KOHLER
Secretary	MARLENE M WENTZ	Treasurer	MARLENE M WENTZ

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

J DANIEL SIMON	LEE F KOHLER	DONALD H SNYDER, JR	JACK G MASSENGILL
MARLENE M WENTZ			

State of Ohio
County of
MAHONING

J DANIEL SIMON	President and	MARLENE M WENTZ	Secretary of the
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION			
, being duly sworn each for himself/herself deposes and says, that they are the above described officers of said reporting entity, and that on the reporting period stated above all the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, with the schedules and explanations herein contained, annexed or referred to, is a full and correct statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, according to the best of their information, knowledge and belief, respectively.			

Subscribed and sworn to before me, this 7th
day of Feb 20 17

Notary Public

Frank A. DeRhodes
Notary Public, State of Ohio
My commission expires Dec. 26, 2020

President
Secretary

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

2016

ASSETS

		Assets Current Year	Nonadmitted Assets Current Year	Net Admitted Assets Current Year	Net Admitted Assets Prior Year
1	Bonds (Schedule D - Part 1)	0.00	0.00	0.00	
2	Preferred stocks, common stocks and mutual funds (Schedule D - Part 2)	265,381.58	0.00	265,381.58	221,027.35
3	Real estate (less liens, encumbrances) (Schedule A)	73,433.37	0.00	73,433.37	83,157.37
4	Cash (Schedule E)	2,846,133.25	0.00	2,846,133.25	2,487,469.98
5	Short-term investments		0.00	0.00	
6	Aggregate write-ins for invested assets		0.00	0.00	
7	Subtotals, cash and invested assets	3,184,948.20	0.00	3,184,948.20	2,791,654.70
8	Investment income due and accrued	3,987.37	0.00	3,987.37	3,947.51
9.1	Assessments or premiums in the course of collection (including agents balances)		0.00	0.00	
9.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due		0.00	0.00	
9.3	Earned but unbilled premiums (post assessment)		0.00	0.00	
10.1	Amounts recoverable from reinsurers	18,356.00	0.00	18,356.00	46,156.00
10.2	Funds held by or deposited with reinsured companies		0.00	0.00	
11.1	Current federal income tax recoverable and interest thereon		0.00	0.00	
11.2	Net deferred tax asset		0.00	0.00	
12	Electronic data processing equipment and software		0.00	0.00	
13	Furniture and equipment		0.00	0.00	
14	Receivables from parent, subsidiaries and affiliates		0.00	0.00	
15	Aggregate write-ins for other than invested assets	0.00	0.00	0.00	0.00
16	Total Assets	3,207,291.57	0.00	3,207,291.57	2,841,758.21
	Details of Write-Ins for Assets:				
1501				0.00	
1502				0.00	
1503				0.00	
1598	Summary or remaining write-ins from overflow page	0.00	0.00	0.00	0.00
1599	Total aggregate write-ins	0.00	0.00	0.00	0.00

ANNUAL STATEMENT FOR THE YEAR

2016

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Year	Prior Year
1	Unpaid Losses (Underwriting Exhibit - Part 2A)	58,312.00	29,507.00
2	Unpaid loss adjustment expenses (Underwriting Exhibit - Part 2A)	2,000.00	2,000.00
3	Commissions due and payable to agents	24,503.91	25,129.86
4	Other expenses (excluding taxes, licenses and fees)	2,090.20	1,963.94
5	Taxes, licenses and fees (excluding federal income taxes)	582.46	991.46
6	Current federal income taxes (including \$0 on realized capital gains (losses))	90,000.00	40,000.00
7	Net deferred tax liability		
8	Borrowed money and interest thereon		
9	Unearned assessment/premium reserve	667,454.25	659,522.75
10	Advance premium		
11	Ceded reinsurance premiums payable	38,674.00	63,497.00
12	Funds held by company under reinsurance treaties		
13	Amounts withheld or retained by company for account of others		
14	Provision for unauthorized reinsurance		
15	Payable to parent, subsidiaries and affiliates		
16	Aggregate write-ins for liabilities	0.00	0.00
17	Total liabilities	883,616.82	822,612.01
18	Surplus as regards policyholders	2,323,674.75	2,019,146.20
19	Total liabilities and surplus	3,207,291.57	2,841,758.21
	Details of Write-Ins for Liabilities:		
1601			
1602			
1603			
1698	Summary or remaining write-ins from overflow page	0.00	0.00
1699	Total aggregate write-ins	0.00	0.00

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION
STATEMENT OF INCOME

2016

		Current Year	Prior Year
	UNDERWRITING INCOME		
1.1	Gross Assessments/Premiums earned	2,212,661.00	2,202,760.00
1.2	Less: Return Assessments/Premiums earned	56,062.70	32,596.60
1.3	Direct Assessments/Premiums earned	2,156,598.30	2,170,163.40
1.4	Deduct premiums for reinsurance ceded (Reinsurance Schedule)	893,550.00	1,222,165.42
1.5	Add premiums received for reinsurance assumed (Reinsurance Schedule)	0.00	
1.6	Net Assessments/Premiums earned	1,263,048.30	947,997.98
	DEDUCTIONS		
2	Losses incurred (Underwriting Exhibit - Part 2)	285,163.70	350,984.56
3	Loss expenses incurred (Expense Exhibit)	66,612.33	55,485.84
4	Other underwriting expenses incurred (Expense Exhibit)	545,681.05	666,021.12
5	Aggregate write-ins for underwriting deductions	0.00	0.00
6	Total underwriting deductions	897,457.08	1,072,491.52
7	Net underwriting gain (loss)	365,591.22	-124,493.54
	INVESTMENT INCOME		
8	Net investment income earned	23,487.36	22,480.00
9	Net realized capital gains (losses) less capital gains tax		
10	Net investment gain (loss)	23,487.36	22,480.00
	OTHER INCOME		
11	Net gain (loss) from agents' or premium balances charged off		
12	Finance and service charges not included in premiums	36,368.90	38,294.72
13	Aggregate write-ins for miscellaneous income	-37,996.16	283,939.07
14	Total other income	-1,627.26	322,233.79
15	Net income, after capital gains tax and before federal income taxes	387,451.32	220,220.25
16	Federal income taxes incurred	127,277.00	53,874.00
17	Net income	260,174.32	166,346.25
	SURPLUS ACCOUNT		
18	Surplus as regards policyholders, December 31 prior year	2,019,146.20	1,842,846.34
19	Net income	260,174.32	166,346.25
20	Change in net unrealized capital gains or (losses) less capital gains tax	44,354.23	9,953.61
21	Change in net deferred income tax		
22	Change in nonadmitted assets (Exhibit of Nonadmitted Assets)	0.00	
23	Change in provision for reinsurance		
24	Aggregate write-ins for gains and losses in surplus	0.00	0.00
25	Change in surplus as regards policyholders for the year	304,528.55	176,299.86
26	Surplus as regards policyholders, December 31 current year	2,323,674.75	2,019,146.20
	DETAILS OF WRITE-INS		
0501			
0502			
0503			
0599	Total Aggregate write-ins for underwriting deductions	0.00	0.00
1301	misc income	26,618.66	68,628.12
1302	mine sub;uoi payments;wm payments	-36,760.68	12,393.99
1303	accrued income	-27,854.14	211,824.75
1304			-8,907.79
1399	Total Aggregate write-ins for miscellaneous income	-37,996.16	283,939.07
2401			
2402			
2499	Total Aggregate write-ins for gains and losses in surplus	0.00	0.00

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

2016

CASH FLOW STATEMENT

		Current Year	Prior Year
Cash from Operations			
1	Premiums/Assessments collected net of reinsurance	1,461,421.50	1,192,419.33
2	Net investment income	23,487.36	22,480.00
3	Miscellaneous income	54,903.73	72,248.75
4	Total	1,539,812.59	1,287,148.08
5	Benefit and loss related payments	351,776.03	406,470.40
6	Commissions, expenses paid and aggregate write-ins for deductions	702,096.29	675,878.70
7	Federal and foreign income taxes paid (recovered)	127,277.00	53,874.00
8	Total	1,181,149.32	1,136,223.10
9	Net cash from operations	358,663.27	150,924.98
Cash from Investments			
10	Proceeds from investments sold, matured or repaid:		
10.1	Bonds		
10.2	Stocks		
10.3	Real estate		
10.4	Net gains (losses) on cash, cash equivalents and short- term investments		
10.5	Miscellaneous proceeds		
10.6	Total investment proceeds	0.00	0.00
11	Cost of investments acquired (long-term only):		
11.1	Bonds		
11.2	Stocks		
11.3	Real estate		
11.4	Miscellaneous applications		
11.5	Total investments acquired	0.00	0.00
11.6	Net cash from investments	0.00	0.00
Cash from Financing and Miscellaneous Sources			
12.1	Borrowed funds (cash provided/applied)		
12.2	Other cash provided (applied)		
13	Net cash from financing and miscellaneous sources	0.00	0.00
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
14	Net change in cash, cash equivalents and short-term investments	358,663.27	150,924.98
15.1	Beginning of year (cash, cash equivalents and short-term investments)	2,487,469.98	2,336,545.00
15.2	End of year (cash, cash equivalents and short-term investments)	2,846,133.25	2,487,469.98

**ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION**

2016

EXPENSE EXHIBIT

		Current Year
1.1	Claim Adjusting: Direct	0.00
1.2	Reinsurance assumed	0.00
1.3	Reinsurance ceded excluding contingent (commission and brokerage)	0.00
1.4	Net claim adjusting	0.00
2.1	Commission and Brokerage: Direct commission and brokerage	333,515.21
2.2	Reinsurance assumed excluding contingent	0.00
2.3	Reinsurance ceded excluding contingent (commission and brokerage)	142,310.50
2.4	Contingent - direct (commission and brokerage)	0.00
2.5	Contingent - reinsurance assumed (commission and brokerage)	0.00
2.6	Contingent - reinsurance ceded (commission and brokerage)	0.00
2.7	Policy and membership fees (commission and brokerage)	0.00
2.8	Net commission and brokerage	191,204.71
3	Allowances to managers and agents	0.00
4	Advertising	2,004.20
5	Boards, bureaus and associations	619.88
6	Surveys and underwriting reports	0.00
7	Audit of assureds' records	0.00
8.1	Salary and related items: Salaries	137,720.16
8.2	Payroll taxes	11,216.66
9	Employee relations and welfare	0.00
10	Insurance	0.00
11	Directors' fees	27,000.00
12	Travel and travel items	1,382.70
13	Rent and rent items	0.00
14	Equipment	
15	Cost or depreciation of EDP equipment and software	9,513.76
16	Printing and stationery	22,728.32
17	Postage, telephone, exchange and express	15,168.68
18	Legal and auditing	3,858.86
19	Loss adjustment expenses	66,612.33
18	Investment expenses	0.00
19	Totals	297,825.55
20.1	Taxes, licenses and fees: State and local insurance taxes	250.00
20.2	Insurance department licenses and fees	4,336.00
20.3	All other (excluding federal income and real estate)	0.00
20.4	Total taxes, licenses and fees	4,586.00
21	Real estate expenses	2,987.50
22	Real estate taxes	2,874.86
23	Aggregate write-ins for miscellaneous expenses	112,814.76
24	Total expenses incurred (a)	612,293.38
25	Less unpaid expenses - current year	0.00
26	Add unpaid expenses - prior year	0.00
27	Total expenses paid	612,293.38
Details of Write-Ins:		
2301	utilities;security;trash;clean serv';lawn serv	10,992.02
2302	E&O;dues/fees;bond;edu	19,500.81
2303	bk fee;reliafund;prem ref;dep exp	21,317.12
2304	accrued expense	61,004.81
2305		
2399	Total Write-ins	112,814.76

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

ANNUAL STATEMENT FOR THE YEAR2016

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

INSURANCE IN FORCE

		Amount (dollars)	Number
1	In force December 31 of previous year (to equal prior year's statement)	336,743,671	3,787
2	Written during the year	49,976,750	466
3	Total	386,720,421	4,253
4	Deduct those expired and cancelled	61,551,325	637
5	In force December 31 of current year	325,169,096	3,616
6	Deduct amount reinsured	132,869,249	XXX
7	Net amount in force	192,299,847	XXX

UNDERWRITING EXHIBIT - PART 2
LOSSES INCURRED

1	2	3	4	5	6
Lines of Business	Direct Losses Incurred	Losses Incurred on Reinsurance Assumed	Deduct: Reinsurance Recovered on Incurred Losses	Deduct: Salvage and Subrogation Converted To Cash	* Net Losses Incurred Columns 2 and 3 minus Columns 4 and 5
PHYSICAL DAMAGE TO PROPERTY	591,988.62		306,824.92		285,163.70
					-
					-
					-
					-
					-
OVERFLOW AMOUNTS					-
Totals	\$ 591,988.62	\$ -	\$ 306,824.92	\$ -	\$ 285,163.70

* Total should equal Line 2, Page 4, Current Year.

UNDERWRITING EXHIBIT - PART 2A
UNPAID LOSSES and LOSS ADJUSTMENT EXPENSES

1	2	3	4	5	6
Lines of Business	Direct Unpaid Losses	Unpaid Losses on Reinsurance Assumed	Deduct: Reinsurance Recoverable on Unpaid Losses	** Unpaid Loss Adjustment Expenses	*** Net Unpaid Losses Columns 2 and 3 minus Column 4
PHYSICAL DAMAGE TO PROPERTY	56,668.00		18,356.00	2,000.00	38,312.00
IBNR	20,000.00				20,000.00
					-
					-
					-
					-
OVERFLOW AMOUNTS					-
Totals	\$ 76,668.00	\$ -	\$ 18,356.00	\$ 2,000.00	\$ 58,312.00

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

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

EXHIBIT OF NONADMITTED ASSETS

		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets
1	Bonds			0.00
2	Preferred and common stocks and mutual funds			0.00
3	Real estate (less liens, encumbrances)			0.00
4	Cash			0.00
5	Short-term investments			0.00
6	Aggregate write-ins for invested assets			0.00
7	Subtotals, cash and invested assets	0.00	0.00	0.00
8	Investment income due and accrued			0.00
9.1	Assessments or premiums in the course of collection (including agents balances)			0.00
9.2	Premium receivable for advance pay			0.00
9.3	Earned but unbilled premiums (post assessment)			0.00
10.1	Amounts recoverable from reinsurers			0.00
10.2	Funds held by or deposited with reinsured companies			0.00
11.1	Current federal income tax recoverable and interest thereon			0.00
11.2	Net deferred tax asset			0.00
12	Electronic data processing equipment and software			0.00
13	Furniture and equipment			0.00
14	Receivables from parent, subsidiaries and affiliates			0.00
15	Aggregate write-ins for other than invested assets	0.00	0.00	0.00
16	Total Assets	0.00	0.00	0.00
	Details of Write-Ins for Assets:			
1501		0.00	0.00	0.00
1502		0.00	0.00	0.00
1503		0.00	0.00	0.00
1598	Summary or remaining write-ins from overflow page	0.00	0.00	0.00
1599	Total aggregate write-ins	0.00	0.00	0.00

2016 ANNUAL STATEMENT OF SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

SCHEDULE A

Showing All Real Estate OWNED December 31 of Current Year

1	2	3	4	5	6	7	8	9	10
Description of Property	Date Acquired	Name of Vendor	Actual Cost	Current Year Acquisitions or Permanent Improvements	Accumulated Depreciation	Amount of Encumbrances	Book Value End of Current Year (Col. 4+5-6-7) *	Gross Income Current Year (Real Estate)	Gross Expenses Current Year (Real Estate)
HOME OFFICE	2/1/1991	SPRINGFIELD TWP MUT	311,263.37		237,830.00		73,433.37		965.50
							-		
							-		
							-		
							-		
OVERFLOW AMOUNTS							-		
Totals	XXX	XXX	\$ 311,263.37	\$ -	\$ 237,830.00	\$ -	\$ 73,433.37	\$ -	\$ 965.50

*Total to agree with Page 2, Line 3, Current Year.

FURNITURE, FIXTURES and AUTOMOBILES

Showing All Furniture, Fixtures and Automobiles OWNED December 31 of Current Year

1	2	3	4	5	6	7	8
Description	Date Acquired	Name of Vendor	Actual Cost	Current Year Acquisitions or Permanent Improvements	Accumulated Depreciation	Amount of Encumbrances	Book Value End of Current Year (Col. 4+5-6-7)
OFFICE EQUIPMENT	2/1/1991	SPRINGFIELD TWP MUT	25,736.23		25,736.23		-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
OVERFLOW AMOUNTS							-
Totals	XXX	XXX	\$ 25,736.23	\$ -	\$ 25,736.23	\$ -	\$ -

REINSURANCE SCHEDULE
Reinsurance Ceded and Reinsurance Assumed

1	2	3	4	5	6	7	8
Reinsurer or Reinsured	Ceded or Assumed	Location of Company	Total Amount Reinsured	Total Premiums Ceded *	Total Premiums Assumed **	Largest Risk Ceded or Assumed	Remarks
HANNOVER RUCK SE	7	NEW YORK	9,300,847	62,548.50			
TOA RE CO OF AMERICA	16.5	DELAWARE	21,923,426	147,435.75			
SWISS REINS AM CORP	20	NEW YORK	26,573,850	178,710.00			
AM AG/BERKLEY INS CO	18.5	CT	24,580,811	165,306.75			
O/B/O BERKLEY INS CO	14	CT	18,601,695	125,097.00			
EMPLOYERS MUT	15.25	IOWA	20,262,560	136,266.37			
FARMERS MUT HAIL	8.75	IOWA	11626060	78,185.63			
OVERFLOW AMOUNTS							
Totals	XXX	XXX	\$ 132,869,249	\$ 893,550.00	\$ -	XXX	XXX

*Total to agree with Page 4, Line 1.4, Current Year.
**Total to agree with Page 4, Line 1.5, Current Year.

COMPENSATION SCHEDULE

Show all salaries, commissions, claim adjustment expenses, directors fees and expenses, and travel items paid in the current year for the top 5 officers/employees and all directors, travel or car allowances, if paid, are to be included.

1	2	3	4	5	6	7	8	9
Name of Payee	Title	Salaries	Commissions	Claim Adjustment Expenses	Directors Fees & Expenses	Travel & Travel Items	All Other	Total
Officers/Employees:								
1) J DANIEL SIMON	PRES/DIR/AGENT		15,968.66		6,300.00	89.10		\$ 22,357.78
2) LEE F KOHLER	VICE PRES/DIR				5,400.00			\$ 5,400.00
3) MARLENE M WENTZ	SECRETARY/TREAS/DIR	55,760.16			5,100.00	396.00		\$ 61,256.16
4) CHRISTINE A SEIFERT	ASST SEC/TREAS/UW	46,080.00				165.00		\$ 46,245.00
5) CASEY L HARTLEY	CSR/UW	35,880.00						\$ 35,880.00
								\$ -
Directors:								
DONALD H SNYDER JR	DIRECTOR				5,100.00			\$ 5,100.00
JACK G MASSENGILL	DIRECTOR/AGENT		15,931.10		5,100.00	732.60		\$ 21,763.70
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
Totals	XXXX	\$ 137,720.16	\$ 31,899.78	\$ -	\$ 27,000.00	\$ 1,382.70	\$ -	\$ 198,002.64

GENERAL INTERROGATORIES

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

1. Company's retention: Fire \$40,000 Wind \$40,000 Other \$40,000
- 1a. Retention before reinsurance applies for: Catastrophe Reinsurance \$40,000 Aggregate excess of loss
2. What is the largest risk assumed and retained: \$40,000
3. What kind of perils are being covered? FIRE & EXTENDED COVERAGE
4. Have the by-laws been amended during the current year? NO If so, were such amendments filed with the Ohio Department of Insurance?
5. In what counties does the Company operate: STATE OF OHIO
6. Name of Principal Officer and amount of bond. MARLENE M WENTZ \$100,000
7. Are all of the persons who handle funds of the Company bonded? Yes X No
State the name and amount of each bond on each, except person named in Item 6 above. CHRISTINE A SEIFERT \$100,000
CASEY L HARTLEY \$100,000
8. Does the Company have an annual audit conducted by an independent CPA? No
9. State the number of members holding policies in the Company. 3616
10. Was an annual report of the Company made available to each policyholder? YES If so, did such report agree with the annual statement filed with the Ohio Department of Insurance?
11. State as of what date the latest examination of the Company was made by the Ohio Department of Insurance. NOV 30 2011
12. How many assessments were made during the year? Date of last assessment MONTHLY BILL
13. Did the assessment provide for all losses, expenses and all other liabilities prior to the date of assessment? YES
14. Rate of policy fee 0
15. State the amount of borrowed money since date of last assessment 0 interest thereon 0
16. Does any person, firm, corporation or association have any claim, contingent or otherwise, against this Company which is NOT included in the liabilities on page 2 of this statement? Yes No X
If yes, give the amount, terms for payment and reasons why such were not recorded as a liability on page 2 of this statement.

2016

Showing All Balances (according to Company's Records) Carried in Each Bank or Savings and Loan

[illegible]

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

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

2016

ORGANIZATIONAL CHART

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

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION
PARENT
OHIO CORPORATION - INSURER

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE AGENCY
SUBSIDIARY
OHIO CORPORATION - NON-INSURER

of the **SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION**
SUPPLEMENTAL COMPENSATION EXHIBIT
(To be filed by March 1)

RECEIVED

FEB 28 2017

PART 1 - INTERROGATORIES

1. The reporting insurer is a member of a group of insurers or other holding company system:
If yes, do the above amounts represent
1)total gross compensation paid to each individual by or on behalf of all companies which are part of the group
or 2) allocation to each insurer

Yes No X
2. Did any person while an officer, director, or trustee of the reporting entity receive (directly or indirectly , during the period covered by this statement any commission on the business transactions of the reporting entity?

Yes X No
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement?

Yes No X

OFFICE OF RISK
ASSESSMENT

Part 2 - OFFICERS AND EMPLOYEES COMPENSATION

1	2	Annual Compensation			
		3	4	5	6
		Salary	Bonus	All Other Compensation	Totals
J DANIEL SIMON, PRESIDENT	2016			15,969	15,969
1. J DANIEL SIMON, PRESIDENT	2015			18,432	18,432
J DANIEL SIMON, PRESIDENT	2014			16,858	16,858
MARLENE M WENTZ, SEC'Y-TREAS	2016	55760			55,760
2. MARLENE M WENTZ, SEC'Y-TREAS	2015	55760		0	55,760
MARLENE M WENTZ, SEC'Y-TREAS	2014	53760		0	53,760
CHRISTINE A SEIFERT	2016	46,080			46,080
3. CHRISTINE A SEIFERT	2015	46,130			46,130
CHRISTINE A SEIFERT	2014	44,000			44,000
CASEY L HARTLEY, CSR	2016	35,880			35,880
4. CASEY L HARTLEY, CSR	2015	35,930			35,930
CASEY L HARTLEY, CSR	2014	34,000			34,000
	2016				0
5.	2015				0
	2014				0
	2016				0
6.	2015				0
	2014				0
	2016				0
7.	2015				0
	2014				0
	2016				0
8.	2015				0
	2014				0
	2016				0
9.	2015				0
	2014				0
	2016				0
10.	2015				0
	2014				0

PART 3 - DIRECTOR COMPENSATION

1	2	3	4
Name and Principal Position or Occupation	Compensation Paid or Deferred for Services as Director	All other Compensation Paid or Deferred	Totals
1. J DANIEL SIMON, PRESIDENT, DIRECTOR, AGT	6,300	15,969	22,269
2. LEE F KOHLER, VICE PRESIDENT, DIRECTOR	5,400		5,400
3. DONALD H SNYDER, JR., DIRECTOR	5,100		5,100
4. JACK G MASSENGILL, DIRECTOR, AGT	5,100	15,931	21,031
5. MARLENE M WENTZ, DIRECTOR	5,100		5,100
6.			0
7.			0
8.			0
9.			0
10.			0
11.			0
12.			0
13.			0
14.			0
15.			0
16.			0
17.			0
18.			0
19.			0
20.			0
21.			0
22.			0
23.			0
24.			0
25.			0