



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

**ANNUAL STATEMENT**  
**For the Year Ended December 31, 2016**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**MENNONITE MUTUAL INSURANCE COMPANY**

NAIC Group Code	4780 (Current Period)	04780 (Prior Period)	NAIC Company Code	17299	Employer's ID Number	34-0396080
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Incorporated/Organized	02/01/1905		Commenced Business	02/01/1895		
Statutory Home Office	1000 South Main Street (Street and Number)			Orrville, OH, US 44667-0300 (City or Town, State, Country and Zip Code)		
Main Administrative Office	1000 South Main Street (Street and Number)			Orrville, OH, US 44667-0300 (City or Town, State, Country and Zip Code)	330-683-3730-21 (Area Code) (Telephone Number)	
Mail Address	PO Box 300 (Street and Number or P.O. Box)			Orrville, OH, US 44667-0300 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	1000 South Main Street (Street and Number)			Orrville, OH, US 44667-0300 (City or Town, State, Country and Zip Code)	330-683-3730-118 (Area Code) (Telephone Number)	
Internet Web Site Address	mennonitemutual.com					
Statutory Statement Contact	Ric Hochstetler (Name)			330-684-4118 (Area Code) (Telephone Number) (Extension)		
	rhochstetler@mennonitemutual.com (E-Mail Address)			330-683-2083 (Fax Number)		

**OFFICERS**

Name	Title	Name	Title
CHRISTOPHER J BLOUGH	President	GEORGE BIXLER JR	Secretary
GEORGE BIXLER JR #	Treasurer		

**OTHER OFFICERS**

J TODD NEVILLE	Vice-President of Claims	THOMAS A TROYER #	Vice-President of Underwriting
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**DIRECTORS OR TRUSTEES**

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

State of ..... Ohio .....  
 County of ..... Wayne .....  
 ss

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.

CHRISTOPHER J BLOUGH President	GEORGE BIXLER JR Secretary	GEORGE BIXLER JR Treasurer
Subscribed and sworn to before me this 24 day of February, 2017	a. Is this an original filing? Yes [ X ] No [ ] b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____	

Melanie J Alger, Notary Public  
April 18, 2021

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	10,594,473		10,594,473	10,160,015
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	.5,565,575	.100	.5,565,475	.4,601,797
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....	841,841		841,841	871,595
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... 456,179 , Schedule E-Part 1), cash equivalents (\$ ..... 0 , Schedule E-Part 2) and short-term investments (\$ ..... 4,415,216 , Schedule DA).....	4,871,395		4,871,395	4,145,912
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets .....	0	.0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	21,873,284	.100	21,873,184	19,779,319
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	.99,394		.99,394	.90,896
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	326,218		326,218	388,766
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....	.4,093,510		.4,093,510	.3,559,248
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	128,205		128,205	0
18.2 Net deferred tax asset .....	616,728		616,728	706,013
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	952,236	.898,675	.53,561	.32,262
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	.95,281	.95,281	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	.28,252		.28,252	.44,476
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other-than-invested assets .....	.131	.131	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	28,213,239	.994,187	.27,219,052	.24,600,980
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27) .....	28,213,239	.994,187	.27,219,052	.24,600,980
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	.0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Workers Comp Deposit .....	.131	.131	0	0
2502. Federal Home Loan Bank .....			0	0
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	.0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	.131	.131	0	0

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	2,077,369	1,755,764
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	215,200	164,350
4. Commissions payable, contingent commissions and other similar charges	1,268,264	1,197,760
5. Other expenses (excluding taxes, licenses and fees)	136,285	323,734
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	187,252	144,608
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	116,454	
7.2 Net deferred tax liability	0	0
8. Borrowed money \$ and interest thereon \$	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 311,051 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)	8,113,741	7,400,664
10. Advance premium	228,739	238,532
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	240,359	(136,582)
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)	0	0
14. Amounts withheld or retained by company for account of others	131	
15. Remittances and items not allocated	1,559	2,382
16. Provision for reinsurance (including \$ certified) (Schedule F, Part 8)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	
18. Drafts outstanding	0	
19. Payable to parent, subsidiaries and affiliates	0	
20. Derivatives	0	0
21. Payable for securities	0	
22. Payable for securities lending	0	
23. Liability for amounts held under uninsured plans	0	
24. Capital notes \$ and interest thereon \$	0	
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	12,468,768	11,207,797
27. Protected cell liabilities	0	
28. Total liabilities (Lines 26 and 27)	12,468,768	11,207,797
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	0	
31. Preferred capital stock	0	
32. Aggregate write-ins for other-than-special surplus funds	0	0
33. Surplus notes	0	
34. Gross paid in and contributed surplus	0	
35. Unassigned funds (surplus)	14,750,284	13,393,183
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$ )	0	
36.2 shares preferred (value included in Line 31 \$ )	0	
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	14,750,284	13,393,183
38. Totals (Page 2, Line 28, Col. 3)	27,219,052	24,600,980
<b>DETAILS OF WRITE-INS</b>		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4) .....	12,761,913	12,133,424
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7) .....	4,173,343	3,757,630
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1) .....	1,366,681	1,368,931
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2) .....	5,626,740	5,274,522
5. Aggregate write-ins for underwriting deductions .....	0	0
6. Total underwriting deductions (Lines 2 through 5) .....	11,166,764	10,401,083
7. Net income of protected cells .....	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) .....	1,595,149	1,732,341
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	232,824	209,090
10. Net realized capital gains (losses) less capital gains tax of \$ (Exhibit of Capital Gains (Losses)) .....	2,079	6,124
11. Net investment gain (loss) (Lines 9 + 10) .....	234,903	215,214
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ charged off \$ ) .....	amount	0
13. Finance and service charges not included in premiums .....	108,295	96,484
14. Aggregate write-ins for miscellaneous income .....	(24,688)	(23,218)
15. Total other income (Lines 12 through 14) .....	83,607	73,266
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) .....	1,913,659	2,020,821
17. Dividends to policyholders .....	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) .....	1,913,659	2,020,821
19. Federal and foreign income taxes incurred .....	488,341	676,738
20. Net income (Line 18 minus Line 19) (to Line 22) .....	1,425,318	1,344,083
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) .....	13,393,183	12,504,369
22. Net income (from Line 20) .....	1,425,318	1,344,083
23. Net transfers (to) from Protected Cell accounts .....	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ .....	404,018	(258,599)
25. Change in net unrealized foreign exchange capital gain (loss) .....	0	0
26. Change in net deferred income tax .....	(89,284)	228,029
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) .....	(382,951)	(424,699)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) .....	0	0
29. Change in surplus notes .....	0	0
30. Surplus (contributed to) withdrawn from protected cells .....	0	0
31. Cumulative effect of changes in accounting principles .....	0	0
32. Capital changes:		
32.1 Paid in .....	0	0
32.2 Transferred from surplus (Stock Dividend) .....	0	0
32.3 Transferred to surplus .....	0	0
33. Surplus adjustments:		
33.1 Paid in .....	0	0
33.2 Transferred to capital (Stock Dividend) .....	0	0
33.3 Transferred from capital .....	0	0
34. Net remittances from or (to) Home Office .....	0	0
35. Dividends to stockholders .....	0	0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1) .....	0	0
37. Aggregate write-ins for gains and losses in surplus .....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37) .....	1,357,101	888,814
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37) .....	14,750,284	13,393,183
<b>DETAILS OF WRITE-INS</b>		
0501. .....		
0502. .....		
0503. .....		
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0
1401. MISC.....	(24,688)	(23,218)
1402. .....		
1403. .....		
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	(24,688)	(23,218)
3701. Effect of accounting change .....		
3702. .....		
3703. .....		
3798. Summary of remaining write-ins for Line 37 from overflow page .....	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above) .....	0	0

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**CASH FLOW**

		1 Current Year	2 Prior Year
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance		13,370,424	11,952,776
2. Net investment income		414,275	354,243
3. Miscellaneous income		83,607	73,266
4. Total (Lines 1 through 3)		13,868,306	12,380,285
5. Benefit and loss related payments		3,851,738	3,324,006
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions		6,703,097	6,829,743
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		554,431	1,103,058
10. Total (Lines 5 through 9)		11,109,266	11,256,807
11. Net cash from operations (Line 4 minus Line 10)		2,759,040	1,123,478
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		1,461,462	1,228,603
12.2 Stocks		9,094	598,783
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	0
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		1,470,556	1,827,386
13. Cost of investments acquired (long-term only):			
13.1 Bonds		2,038,697	2,952,586
13.2 Stocks		559,659	928,310
13.3 Mortgage loans		0	0
13.4 Real estate		24,433	56,924
13.5 Other invested assets		0	0
13.6 Miscellaneous applications		1	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		2,622,790	3,937,820
14. Net increase (decrease) in contract loans and premium notes		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		(1,152,234)	(2,110,434)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes		0	0
16.2 Capital and paid in surplus, less treasury stock		0	0
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders		0	0
16.6 Other cash provided (applied)		(881,323)	390,427
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		(881,323)	390,427
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		725,483	(596,529)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		4,145,912	4,742,441
19.2 End of year (Line 18 plus Line 19.1)		4,871,395	4,145,912

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS EARNED**

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire .....	1,509,934	879,179	881,608	1,507,505
2. Allied lines .....	0	0	0	0
3. Farmowners multiple peril .....	4,802,570	2,706,216	2,796,702	4,712,084
4. Homeowners multiple peril .....	69,640	36,748	36,302	70,086
5. Commercial multiple peril .....	5,836,831	3,194,891	3,738,083	5,293,639
6. Mortgage guaranty .....	0	0	0	0
8. Ocean marine .....	0	0	0	0
9. Inland marine .....	0	0	0	0
10. Financial guaranty .....	0	0	0	0
11.1 Medical professional liability-occurrence .....	0	0	0	0
11.2 Medical professional liability-claims-made .....	0	0	0	0
12. Earthquake .....	0	0	0	0
13. Group accident and health .....	0	0	0	0
14. Credit accident and health (group and individual) .....	0	0	0	0
15. Other accident and health .....	0	0	0	0
16. Workers' compensation .....	0	0	0	0
17.1 Other liability-occurrence .....	414,323	216,587	215,588	415,322
17.2 Other liability-claims-made .....	0	0	0	0
17.3 Excess workers' compensation .....	0	0	0	0
18.1 Products liability-occurrence .....	0	0	0	0
18.2 Products liability-claims-made .....	0	0	0	0
19.1,19.2 Private passenger auto liability .....	0	0	0	0
19.3,19.4 Commercial auto liability .....	635,037	275,660	333,745	576,952
21. Auto physical damage .....	206,655	91,383	111,713	186,325
22. Aircraft (all perils) .....	0	0	0	0
23. Fidelity .....	0	0	0	0
24. Surety .....	0	0	0	0
26. Burglary and theft .....	0	0	0	0
27. Boiler and machinery .....	0	0	0	0
28. Credit .....	0	0	0	0
29. International .....	0	0	0	0
30. Warranty .....	0	0	0	0
31. Reinsurance-nonproportional assumed property .....	0	0	0	0
32. Reinsurance-nonproportional assumed liability .....	0	0	0	0
33. Reinsurance-nonproportional assumed financial lines .....	0	0	0	0
34. Aggregate write-ins for other lines of business .....	0	0	0	0
35. TOTALS .....	13,474,990	7,400,664	8,113,741	12,761,913
<b>DETAILS OF WRITE-INS</b>				
3401. ....				
3402. ....				
3403. ....				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1A - RECAPITULATION OF ALL PREMIUMS**

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned but Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire .....	881,608				881,608
2. Allied lines .....					0
3. Farmowners multiple peril .....	2,796,702				2,796,702
4. Homeowners multiple peril .....	36,302				36,302
5. Commercial multiple peril .....	3,738,083				3,738,083
6. Mortgage guaranty .....					0
8. Ocean marine .....					0
9. Inland marine .....					0
10. Financial guaranty .....					0
11.1 Medical professional liability-occurrence .....					0
11.2 Medical professional liability-claims-made .....					0
12. Earthquake .....					0
13. Group accident and health .....					0
14. Credit accident and health (group and individual) .....					0
15. Other accident and health .....					0
16. Workers' compensation .....					0
17.1 Other liability-occurrence .....	215,588				215,588
17.2 Other liability-claims-made .....					0
17.3 Excess workers' compensation .....					0
18.1 Products liability-occurrence .....					0
18.2 Products liability-claims-made .....					0
19.1,19.2 Private passenger auto liability .....					0
19.3,19.4 Commercial auto liability .....	333,745				333,745
21. Auto physical damage .....	111,713				111,713
22. Aircraft (all perils) .....					0
23. Fidelity .....					0
24. Surety .....					0
26. Burglary and theft .....					0
27. Boiler and machinery .....					0
28. Credit .....					0
29. International .....					0
30. Warranty .....					0
31. Reinsurance-nonproportional assumed property .....					0
32. Reinsurance-nonproportional assumed liability .....					0
33. Reinsurance-nonproportional assumed financial lines .....					0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0
35. TOTALS .....	8,113,741	0	0	0	8,113,741
36. Accrued retrospective premiums based on experience .....					
37. Earned but unbilled premiums .....					
38. Balance (Sum of Lines 35 through 37) .....					8,113,741
<b>DETAILS OF WRITE-INS</b>					
3401. ....					
3402. ....					
3403. ....					
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) .....	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1B - PREMIUMS WRITTEN**

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire .....	1,460,653	240,163			190,882	1,509,934
2. Allied lines .....						0
3. Farmowners multiple peril .....	5,789,290				986,720	4,802,570
4. Homeowners multiple peril .....	80,106				10,466	69,640
5. Commercial multiple peril .....	7,414,169				1,577,338	5,836,831
6. Mortgage guaranty .....						0
8. Ocean marine .....						0
9. Inland marine .....						0
10. Financial guaranty .....						0
11.1 Medical professional liability-occurrence .....						0
11.2 Medical professional liability-claims-made .....						0
12. Earthquake .....						0
13. Group accident and health .....						0
14. Credit accident and health (group and individual) .....						0
15. Other accident and health .....						0
16. Workers' compensation .....						0
17.1 Other liability-occurrence .....	1,043,076	24,352	31,072		684,177	414,323
17.2 Other liability-claims-made .....						0
17.3 Excess workers' compensation .....						0
18.1 Products liability-occurrence .....						0
18.2 Products liability-claims-made .....						0
19.1, 19.2 Private passenger auto liability .....						0
19.3, 19.4 Commercial auto liability .....	697,621				62,584	635,037
21. Auto physical damage .....	237,713				31,058	206,655
22. Aircraft (all perils) .....						0
23. Fidelity .....						0
24. Surety .....						0
26. Burglary and theft .....						0
27. Boiler and machinery .....						0
28. Credit .....						0
29. International .....						0
30. Warranty .....						0
31. Reinsurance-nonproportional assumed property .....	XXX					0
32. Reinsurance-nonproportional assumed liability .....	XXX					0
33. Reinsurance-nonproportional assumed financial lines .....	XXX					0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0
35. TOTALS .....	16,722,628	264,515	31,072	0	3,543,225	13,474,990
<b>DETAILS OF WRITE-INS</b>						
3401. ....						
3402. ....						
3403. ....						
3498. Sum. of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) .....	0	0	0	0	0	0

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

If yes: 1. The amount of such installment premiums \$ .....

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$ .....

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - LOSSES PAID AND INCURRED**

Line of Business	Direct Business	Losses Paid Less Salvage			Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
		1 Reinsurance Assumed	2 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire .....	364,892	33,262	92,739	305,415	32,824	161,083	177,156	11.8
2. Allied lines .....				0	0	0	0	0.0
3. Farmowners multiple peril .....	1,240,987			1,240,987	601,632	529,382	1,313,237	27.9
4. Homeowners multiple peril .....	8,172			8,172	23,985	23,985	8,172	11.7
5. Commercial multiple peril .....	2,140,585		269,157	1,871,428	1,174,098	575,001	2,470,525	46.7
6. Mortgage guaranty .....				0	0	0	0	0.0
8. Ocean marine .....				0	0	0	0	0.0
9. Inland marine .....				0	0	0	0	0.0
10. Financial guaranty .....				0	0	0	0	0.0
11.1 Medical professional liability-occurrence .....				0	0	0	0	0.0
11.2 Medical professional liability-claims-made .....				0	0	0	0	0.0
12. Earthquake .....				0	0	0	0	0.0
13. Group accident and health .....				0	0	0	0	0.0
14. Credit accident and health (group and individual) .....				0	0	0	0	0.0
15. Other accident and health .....				0	0	0	0	0.0
16. Workers' compensation .....				0	0	0	0	0.0
17.1 Other liability-occurrence .....	216,705	25,729		242,434	84,651	271,867	55,218	13.3
17.2 Other liability-claims-made .....				0	0	0	0	0.0
17.3 Excess workers' compensation .....				0	0	0	0	0.0
18.1 Products liability-occurrence .....				0	0	0	0	0.0
18.2 Products liability-claims-made .....				0	0	0	0	0.0
19.1,19.2 Private passenger auto liability .....				0	0	0	0	0.0
19.3,19.4 Commercial auto liability .....	54,157			54,157	157,596	141,950	69,803	12.1
21. Auto physical damage .....	129,145			129,145	2,583	52,496	79,232	42.5
22. Aircraft (all perils) .....				0	0	0	0	0.0
23. Fidelity .....				0	0	0	0	0.0
24. Surety .....				0	0	0	0	0.0
26. Burglary and theft .....				0	0	0	0	0.0
27. Boiler and machinery .....				0	0	0	0	0.0
28. Credit .....				0	0	0	0	0.0
29. International .....				0	0	0	0	0.0
30. Warranty .....				0	0	0	0	0.0
31. Reinsurance-nonproportional assumed property .....	XXX			0	0	0	0	0.0
32. Reinsurance-nonproportional assumed liability .....	XXX			0	0	0	0	0.0
33. Reinsurance-nonproportional assumed financial lines .....	XXX			0	0	0	0	0.0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0.0
35. TOTALS .....	4,154,643	58,991	361,896	3,851,738	2,077,369	1,755,764	4,173,343	32.7
<b>DETAILS OF WRITE-INS</b>								
3401. ....								
3402. ....								
3403. ....								
3498. Sum. of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0.0
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above) .....	0	0	0	0	0	0	0	0.0

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire	.25,249			.25,249	7,575			.32,824	.3,282
2. Allied lines				0				0	0
3. Farmowners multiple peril	762,794		300,000	462,794	138,838			601,632	.53,641
4. Homeowners multiple peril	18,450			18,450	.5,535			.23,985	1,199
5. Commercial multiple peril	1,196,448		300,243	896,205	277,893			1,174,098	.89,101
6. Mortgage guaranty				0				0	0
8. Ocean marine				0				0	0
9. Inland marine				0				0	0
10. Financial guaranty				0				0	0
11.1 Medical professional liability-occurrence				0				0	0
11.2 Medical professional liability-claims-made				0				0	0
12. Earthquake				0				0	0
13. Group accident and health				0			(a)	0	0
14. Credit accident and health (group and individual)				0			(a)	0	0
15. Other accident and health				0				0	0
16. Workers' compensation				0				0	0
17.1 Other liability-occurrence	.6,000	12,488		18,488	50,500	15,663		.84,651	.24,019
17.2 Other liability-claims-made				0				0	0
17.3 Excess workers' compensation				0				0	0
18.1 Products liability-occurrence				0				0	0
18.2 Products liability-claims-made				0				0	0
19.1,19.2 Private passenger auto liability				0				0	0
19.3,19.4 Commercial auto liability	.78,798			.78,798	.78,798			.157,596	.43,700
21. Auto physical damage	1,722			1,722	.861			2,583	258
22. Aircraft (all perils)				0				0	0
23. Fidelity				0				0	0
24. Surety				0				0	0
26. Burglary and theft				0				0	0
27. Boiler and machinery				0				0	0
28. Credit				0				0	0
29. International				0				0	0
30. Warranty				0				0	0
31. Reinsurance-nonproportional assumed property	XXX			0	XXX			0	0
32. Reinsurance-nonproportional assumed liability	XXX			0	XXX			0	0
33. Reinsurance-nonproportional assumed financial lines	XXX			0	XXX			0	0
34. Aggregate write-ins for other lines of business	0	.0	0	0	0	0	0	0	0
35. TOTALS	2,089,461	12,488	600,243	1,501,706	560,000	15,663	0	2,077,369	215,200
<b>DETAILS OF WRITE-INS</b>									
3401.									
3402.									
3403.									
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	.0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - EXPENSES**

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct .....	270,637	.0	.0	270,637
1.2 Reinsurance assumed .....	7,118	.0	.0	7,118
1.3 Reinsurance ceded .....	.0	.0	.0	0
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3) .....	277,755	.0	.0	277,755
2. Commission and brokerage:				
2.1 Direct, excluding contingent .....	.0	2,447,634	.0	2,447,634
2.2 Reinsurance assumed, excluding contingent .....	.0	90,637	.0	90,637
2.3 Reinsurance ceded, excluding contingent .....	.0	243,373	.0	243,373
2.4 Contingent-direct .....	.0	637,365	.0	637,365
2.5 Contingent-reinsurance assumed .....	.0	.0	.0	0
2.6 Contingent-reinsurance ceded .....	.0	256,560	.0	256,560
2.7 Policy and membership fees .....	.0	.0	.0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) .....	0	2,675,703	.0	2,675,703
3. Allowances to manager and agents .....	.0	.0	.0	0
4. Advertising .....	.0	86,792	.0	86,792
5. Boards, bureaus and associations .....	.0	113,302	.0	113,302
6. Surveys and underwriting reports .....	.0	52,187	.0	52,187
7. Audit of assureds' records .....	.0	.0	.0	0
8. Salary and related items:				
8.1 Salaries .....	547,452	1,213,519	63,869	1,824,840
8.2 Payroll taxes .....	42,807	94,890	4,994	142,691
9. Employee relations and welfare .....	165,560	366,992	19,316	551,868
10. Insurance .....	15,801	35,026	1,844	52,671
11. Directors' fees .....	30,206	73,898	3,776	107,880
12. Travel and travel items .....	35,784	133,295	9,840	178,919
13. Rent and rent items .....	37,512	101,714	5,050	144,276
14. Equipment .....	9,097	20,164	1,061	30,322
15. Cost or depreciation of EDP equipment and software .....	85,035	188,497	9,921	283,453
16. Printing and stationery .....	8,470	24,224	1,186	33,880
17. Postage, telephone and telegraph, exchange and express .....	12,358	35,342	1,730	49,430
18. Legal and auditing .....	37,670	104,721	8,287	150,678
19. Totals (Lines 3 to 18) .....	1,027,752	2,644,563	130,874	3,803,189
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....	.0	30,673	.0	30,673
20.2 Insurance department licenses and fees .....	.0	53,665	.0	53,665
20.3 Gross guaranty association assessments .....	.0	.0	.0	0
20.4 All other (excluding federal and foreign income and real estate) .....	.0	95,507	.0	95,507
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	0	179,845	0	179,845
21. Real estate expenses .....	.0	.0	88,563	88,563
22. Real estate taxes .....	.0	.0	24,652	24,652
23. Reimbursements by uninsured plans .....	.0	.0	.0	0
24. Aggregate write-ins for miscellaneous expenses .....	61,174	126,629	0	187,803
25. Total expenses incurred .....	1,366,681	5,626,740	244,089	(a) 7,237,510
26. Less unpaid expenses-current year .....	215,200	1,567,148	24,653	1,807,001
27. Add unpaid expenses-prior year .....	164,350	1,641,744	24,358	1,830,452
28. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year .....	.0	.0	.0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29) .....	1,315,831	5,701,336	243,794	7,260,961
<b>DETAILS OF WRITE-INS</b>				
2401. DATA PROCESSING.....	49,781	92,451	.0	142,232
2402. DONATIONS.....	11,393	34,178	.0	45,571
2403. MISC.....	.0	.0	.0	0
2498. Summary of remaining write-ins for Line 24 from overflow page .....	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above) .....	61,174	126,629	0	187,803

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) 26,909	30,551
1.1 Bonds exempt from U.S. tax .....	(a) 100,926	104,967
1.2 Other bonds (unaffiliated) .....	(a) 114,299	115,114
1.3 Bonds of affiliates .....	(a) 0	0
2.1 Preferred stocks (unaffiliated) .....	(b) 0	0
2.11 Preferred stocks of affiliates .....	(b) 0	0
2.2 Common stocks (unaffiliated) .....	127,207	127,207
2.21 Common stocks of affiliates .....	0	0
3. Mortgage loans .....	(c) 0	0
4. Real estate .....	(d) 144,000	144,000
5. Contract loans .....	(e) 2,652	2,652
6. Cash, cash equivalents and short-term investments .....	(f) 0	0
7. Derivative instruments .....	0	0
8. Other invested assets .....	0	0
9. Aggregate write-ins for investment income .....	6,609	6,609
10. Total gross investment income .....	522,602	531,100
11. Investment expenses .....	(g) 0	0
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) 244,089	244,089
13. Interest expense .....	(h) 0	0
14. Depreciation on real estate and other invested assets .....	(i) 54,187	54,187
15. Aggregate write-ins for deductions from investment income .....	0	0
16. Total deductions (Lines 11 through 15) .....	298,276	298,276
17. Net investment income (Line 10 minus Line 16) .....	232,824	232,824
<b>DETAILS OF WRITE-INS</b>		
0901. NAMICO .....	2,637	2,637
0902. MISC .....	3,972	3,972
0903. .....	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	6,609	6,609
1501. .....	0	0
1502. .....	0	0
1503. .....	0	0
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	0	0

(a) Includes \$ 6,423 accrual of discount less \$ 142,185 amortization of premium and less \$ 3,936 paid for accrued interest on purchases.  
 (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.  
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.  
 (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.  
 (e) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.  
 (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.  
 (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.  
 (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	(135)	0	(135)	0	0
1.1 Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2 Other bonds (unaffiliated) .....	(6,880)	0	(6,880)	0	0
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	9,094	0	9,094	404,019	0
2.21 Common stocks of affiliates .....	0	0	0	0	0
3. Mortgage loans .....	0	0	0	0	0
4. Real estate .....	0	0	0	0	0
5. Contract loans .....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments .....	0	0	0	0	0
7. Derivative instruments .....	0	0	0	0	0
8. Other invested assets .....	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	2,079	0	2,079	404,019	0
<b>DETAILS OF WRITE-INS</b>			0	0	0
0901. .....	0	0	0	0	0
0902. .....	0	0	0	0	0
0903. .....	0	0	0	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	100	100	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	100	100	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	898,675	533,803	(364,872)
21. Furniture and equipment, including health care delivery assets.....	95,281	77,202	(18,079)
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other-than-invested assets .....	131	131	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	994,187	611,236	(382,951)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	994,187	611,236	(382,951)
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0
2501. Workers Comp Deposit.....	131	131	0
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	131	131	0

## NOTES TO FINANCIAL STATEMENTS

### NOTE I - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

	State of Domicile	2016	2015
(1) Net Income ABC state basis	OH	1,425,318	1,344,082
(2) State Prescribed Practices (Income): Depreciation of fixed assets			
(3) State Permitted Practices (Income): Depreciation, home office property.			
(4) Net Income, NAIC SAP		1,425,318	1,344,082
(5) Statutory Surplus ABC basis		14,750,284	13,393,183
(6) State Prescribed Practices (Surplus): Goodwill, net Fixed Assets, net			
(7) State Permitted Practices (Surplus): Home Office Property			
(8) Statutory Surplus, NAIC SAP		<b>14,750,284</b>	<b>13,393,183</b>

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

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

### C. Accounting Policy

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

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

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

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

In addition the Company uses the following accounting policies:

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

## NOTES TO FINANCIAL STATEMENTS

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

### 7. Investments in Subsidiary, Controlled and Affiliated Entities

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

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

### 9. Derivitives - N/A

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

### 11. Unpaid Claims, Losses and Loss Adjusting Expenses

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

### 12. Capitalization policy - no change

### 13. Pharmaceutical rebate receivables - N/A

## NOTE 2 - ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

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

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

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

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

## NOTE 3 - BUSINESS COMBINATIONS AND GOODWILL - N/A

## NOTE 4 - DISCONTINUED OPERATIONS - N/A

## NOTE 5 - INVESTMENTS

### A. Mortgage Loans - N/A

### B. Debt Restructuring - N/A

### C. Reverse Mortgages - N/A

### D. Loan Backed and Structured Securities -

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

### E. Repurchase, Reverse Repurchase, and Dollar Repurchase Agreements

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

### F. Real Estate

### G. Investment in low income Housing

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

## NOTE 7 - INVESTMENT INCOME - N/A

## NOTES TO FINANCIAL STATEMENTS

### NOTE 8 – DERIVATIVES – N/A

### NOTE 9 - INCOME TAXES

MENNONITE MUTUAL INSURANCE COMPANY  
Income Tax Disclosures Required under SSAP 101  
December 31, 2016

A. The components of the net deferred tax asset(liability) at December 31, 2016 are as follows:

1.

	2016			2015			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Gross deferred tax assets	\$ 986,283	\$ -	\$ 986,283	\$ 789,758	\$ 10,987	\$ 800,745	\$ 196,525	\$ (10,987)	\$ 185,538
Statutory valuation allowance adjustment	-	-	-	-	-	-	-	-	-
Adjusted gross deferred tax assets	986,283	-	986,283	789,758	10,987	800,745	196,525	(10,987)	185,538
Non-admitted deferred tax assets	-	-	-	-	-	-	-	-	-
Net admitted deferred tax asset	986,283	-	986,283	789,758	10,987	800,745	196,525	(10,987)	185,538
Deferred tax liabilities	243,176	126,379	369,555	94,732	-	94,732	148,444	126,379	274,823
Net admitted deferred tax asset (liability)	\$ 743,107	\$ (126,379)	\$ 616,728	\$ 695,026	\$ 10,987	\$ 706,013	\$ 48,081	\$ (137,366)	\$ (89,285)

2.

	2016		
	Ordinary	Capital	Total
Admission calculation components - SSAP 101, paragraph 11:			
Recovered through loss carryback 11.a	\$ 986,283	\$ -	\$ 986,283
Lesser of paragraph 11.b.i and 11.b.ii	-	-	-
Deferred tax asset offset against deferred tax liabilities 11.c	-	-	-
Total admitted deferred tax assets under paragraph 11	\$ 986,283	\$ -	\$ 986,283
2015			
Ordinary	Capital	Total	
Admission calculation components - SSAP 101, paragraph 11:			
Recovered through loss carryback 11.a	\$ 789,758	\$ 10,987	\$ 800,745
Lesser of paragraph 11.b.i and 11.b.ii	-	-	-
Deferred tax asset offset against deferred tax liabilities 11.c	-	-	-
Total admitted deferred tax assets under paragraph 11	\$ 789,758	\$ 10,987	\$ 800,745

3.

	2016	2015
Ratio percentage of authorized control level risk based capital	1086%	983%
Amount of adjusted surplus	\$ 14,005,351	\$ 12,687,170

C.

#### 1. Current Income Tax

	2016	2015
Federal	\$ 508,572	673,666
Foreign	-	-
Subtotal	508,572	673,666
Federal income tax on net capital gains	-	-
Utilization of capital loss carryforwards		
Other	(20,231)	3,072
Federal and foreign income taxes incurred	\$ 488,341	\$ 676,738

STATEMENT AS OF DECEMBER 31, 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY

**NOTES TO FINANCIAL STATEMENTS**

**2. Deferred Tax Asset**

	2016	2015	Change
Ordinary:			
Discounting of unpaid losses and loss adjustment expense	\$ 30,239	\$ 27,594	\$ 2,645
Unearned and advanced premiums	567,395	519,627	47,768
Fixed Assets	-	-	-
Compensation and benefits accrual	-	-	-
Pension Accrual	-	-	-
Net Operating carry-forward	-	-	-
Other	50,625	34,717	15,908
Other assets-nonadmitted	338,024	207,820	130,204
Subtotal	986,283	789,758	196,525
Statutory valuation allowance adjustment	-	-	-
Non-admitted deferred tax assets	-	-	-
Admitted ordinary deferred tax assets	986,283	789,758	196,525
Capital:			
Investments	-	10,987	(10,987)
Statutory valuation allowance adjustment	-	-	-
Non-admitted deferred tax assets	-	-	-
Admitted capital deferred tax assets	-	10,987	(10,987)
Admitted deferred tax assets	\$ 986,283	\$ 800,745	\$ 185,538
<b>3. Deferred Tax Liabilities</b>			
	2016	2015	Change
Ordinary:			
Investments	\$ 6,243	\$ 4,171	\$ 2,072
Fixed assets	236,933	90,561	146,372
Other	-	-	-
Subtotal	243,176	94,732	148,444
Capital:			
Investments	126,379	-	126,379
Other	-	-	-
Subtotal	126,379	-	126,379
Total deferred tax liabilities	369,555	94,732	274,823
Net deferred tax assets	\$ 616,728	\$ 706,013	\$ (89,285)

**D. Reconciliation of Federal Income Tax Rate**

	December 31, 2016	Effective Tax Rate	2015
Provision computed at statutory rate	\$ 650,644	34.0%	687,079
Proration of tax exempt investment income	9,895	0.5%	10,289
Tax-exempt income deduction	(35,689)	-1.9%	(41,580)
Dividends received deduction	(30,275)	-1.6%	(27,013)
Disallowed travel and entertainment	12,923	0.7%	9,855
Other permanent differences	(126,776)	-6.6%	(108,663)
Total ordinary DTA's	-	0.0%	-
Total ordinary DTL's	-	0.0%	-
Total capital DTA's	-	0.0%	-
Total capital DTL's	-	0.0%	-
Accrual adjustment	(20,231)	-1.1%	3,072
Total statutory income tax expense	\$ 460,491	24.1%	533,039
Current year income tax incurred	\$ 508,572	26.6%	673,666
Realized capital gains (losses) tax	-	0.0%	-
Change in net deferred income taxes	(48,081)	-2.5%	(140,627)
Total statutory income tax expense	\$ 460,491	24.1%	533,039

The company did not have any unused net operating loss carryforwards available to offset future taxable income.

The Company has income tax expense for 2016 and 2015 of \$508,572 and \$653,435, respectively, that is available for recoupment in event of future tax losses.

## NOTES TO FINANCIAL STATEMENTS

### NOTE 10 - INFORMATION CONCERNING PARENTS, SUBSIDIARIES, AND AFFILIATES

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

### NOTE 11 - DEBT - N/A

### NOTE 12 - BENEFIT PLANS

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

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

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

1. unrealized gains and losses:	404,018
2..nonadmitted asset values:	(382,951)
3. provision for reinsurance:	0

10. N/A

### NOTE 14 - CONTINGENCIES

#### A. Liabilities, Contingencies and Impairment of Assets

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

#### B. Guarantee Fund and Other Assessments – N/A

#### C. Gain Contingencies – N/A

#### D. All Other – N/A

### NOTE 15 - LEASES - N/A

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

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

### NOTE 18 - UNINSURED PLANS - NA

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

## NOTES TO FINANCIAL STATEMENTS

### NOTE 20 – FAIR VALUE MEASUREMENT

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

The following table provides information as of December 31, 2016 about the Company's financial assets measured at fair value on a recurring basis:

#### Fair Value Hierarchy - Note 20 A. (1)

#### MENNOMITE MUTUAL INSURANCE COMPANY

Year to Date as of: December 31, 2016

Description for each class of Asset or Liability

	(Level 1)	(Level 2)	(Level 3)	Total
--	-----------	-----------	-----------	-------

#### a. Assets at Fair Value

##### Common Stock

INDUSTRIAL & MISCELLANEOUS	5,479,319.87	86,155.50	0.00	5,565,475.37
PARENTS, SUBSIDIARIES AND AFFILIATES	0.00	0.00	100.00	100.00
Total Common Stock:	5,479,319.87	86,155.50	100.00	5,565,575.37
Total a. Assets at Fair Value:	5,479,319.87	86,155.50	100.00	5,565,575.37
Total MENNOMITE MUTUAL INSURANCE COMPANY:	5,479,319.87	86,155.50	100.00	5,565,575.37

#### Level 1 Transfers - Details

#### MENNOMITE MUTUAL INSURANCE COMPANY -

Year to Date as of: December 31, 2016

	Current Fair Value	Transfers into Level 1 from Level 2	Transfers out of Level 1 to Level 2	Comments
--	--------------------	-------------------------------------	-------------------------------------	----------

N/A	0.00	0.00	0.00	
Total Assets MENNOMITE MUTUAL INSURANCE COMPANY:	0.00	0.00	0.00	

#### Fair Value Measurements - Level 3

##### Reconciliation

##### MENNOMITE MUTUAL INSURANCE COMPANY

Year to Date as of: December 31, 2016

Beginning Balance at 01/01/2016	Transfers into Level 3	Transfer s out of Level 3	Total gains and (losses)	Total gains and (losses)	Purcha ses	Issuanc es	Sales	Settlements	Ending Balance at 12/31/2016
---------------------------------	------------------------	---------------------------	--------------------------	--------------------------	------------	------------	-------	-------------	------------------------------

#### Description

#### a. ASSETS

##### Common Stock

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

## NOTES TO FINANCIAL STATEMENTS

Aggregate Fair Value by Hierarchical Level  
**MENNONTIE MUTUAL INSURANCE COMPANY**

Year to Date as of: December 31, 2016

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bond	9,738,776.17	9,649,212.76	9738,776.17	0.00	0.00	0.00
CMO	519,017.15	475,955.88	519,017.15	0.00	0.00	0.00
MBS	470,704.21	469,304.22	470,704.21	0.00	0.00	0.00
Common Stock	5,565,575.37	5,565,575.37	5,479,319.87	84,155.50	100.00	0.00
Short Term	4,415,216.18	4,15,216.18	4,415,216.18	0.00	0.00	0.00
Total Assets MENNONITE MUTUAL INSURANCE COMPANY:	20,709,289.08	20,575,264.41	20,623,033.58	86,155.50	100.00	0.00

Not Practicable to Estimate Fair Value Detail

**MENNONTIE MUTUAL INSURANCE COMPANY**

Year to Date as of: December 31, 2016

Type or Class of Financial Instrument

Type or Class of Financial Instrument	Carrying Value	Effective Interest Rate
Total Short Term:	4,415,216.18	12/31/2016
Total Assets MENNONITE MUTUAL INSURANCE COMPANY:	4,415,216.18	

NOTE 21 – OTHER ITEMS - N/A

NOTE 22 – EVENTS SUBSEQUENT - N/A

NOTE 23 - REINSURANCE

A. Unsecured reinsurance recoverables in excess of 3% of surplus – N/A

B. Reinsurance Recoverable in Dispute – N/A

C. Reinsurance Assumed and Ceded

	ASSUMED REINSURANCE		CEDED REINSURANCE		NET	
	(1)	(2)	(3)	(4)	(5)	(6)
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
1 Affiliates	\$264,515	\$79,355	0	0	\$264,515	\$79,355
2. All Other	31,072	11,283	\$311,051	\$104,202	(\$279,979)	(\$92,919)
3. Total	\$295,587	\$90,638	\$311,051	\$104,202	\$15,464	(\$13,564)

4. Direct Unearned Premium reserve \$ 8,271,900

D. Uncollectible Reinsurance - N/A

E. Commutation of Ceded Reinsurance - NA

F. Retroactive Reinsurance - N/A

NOTE 24 - RETROSPECTIVELY RATED CONTRACTS - N/A

NOTE 25- CHANGES IN INCURRED LOSSES AND LAE

The estimated cost of loss and loss adjustment expenses (LAE) attributable to insured events of prior years

## NOTES TO FINANCIAL STATEMENTS

increased by 170,976 during 2016. Increases or decreases of this nature occur as the result of claim settlements during the current year, and as additional information is received regarding individual claims, causing changes from the original estimates of the cost of these claims.

	2016 Calendar Year Losses & LAE Incurred	2016 Loss Year Losses & LAE Incurred	Total Shortage (Redundancy)	Loss & DCC Shortage (Redundancy)	Impact of AO on Total Shortage (Redundancy)
		Sch. P – Part 1		Sch. P – Part 2	
Net Losses Incurred Page 4, Col. 1, Line 2		4,173,343			
Net LAE Incurred Page 4, Col. 1, Line 3		1,366,681			
		5,540,024			
Sch.P Part 1 Summary Col 28, Line 11			5,711,000	(170,976)	(242,000)
ROLLFORWARD					71,024
Unpaid losses & LAE At Beginning of Year		1,920,114			
Losses & LAE incurred in current year:					
For current year losses And LAE (Sch. P Part1)		5,711,000			
For prior year losses & defence Cost containment expenses (Sch.P Part 2)		(242,000)			
For prior year adjusting & Other expenses		71,024			
Income Statement Col 1, Lines 2 and 3		5,540,024			

### NOTE 26 - INTERCOMPANY POOLING ARRANGEMENTS - NA

### NOTE 27 - STRUCTURED SETTLEMENTS - N/A

### NOTE 28 – HEALTH CARE RECEIVABLES - N/A

### NOTE 29 – PARTICIPATING POLICIES - N/A

### NOTE 30 – PREMIUM DEFICIENCY RESERVES –

	Fire	HO/FO	CMP	G/L	CAP	Total
Unearned premium reserve at 12/31/16	881,608	2,833,004	3,738,083	215,588	445,458	8,113,741
Anticipated loss and adjusting (5 year average)	-332,473	-1,445,293	-2,225,785	-88,203	-168,112	-4,259,866
Acquisition costs (at renewal)	0	0	0	0	0	0
Policy maintenance cost (10.0% estimate)	-88,161	-283,300	-373,808	-21,559	-44,546	-811,374
If negative - deficiency	460,975	1,104,410	1,138,490	105,826	232,800	3,042,501
Net earned premium 2012	1,417	5,499	2,028	500	578	
Net earned premium 2013	1,926	4,521	2,531	560	672	
Net earned premium 2014	1,803	4,327	3,657	537	708	
Net earned premium 2015	1,598	4,585	4,759	463	729	
Net earned premium 2016	1,508	4,782	5,294	416	763	
	8,252	23,714	18,269	2,476	3,450	
Net incurred loss & lae 2012	767	4,117	1,350	417	214	
Net incurred loss & lae 2013	588	2,965	1,552	39	311	
Net incurred loss & lae 2014	568	1,528	2,693	219	310	
Net incurred loss & lae 2015	768	1,647	2,250	173	216	
Net incurred loss & lae 2016	421	1,841	3,033	165	251	
	3,112	12,098	10,878	1,013	1,302	

#### Note 30

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

## NOTES TO FINANCIAL STATEMENTS

NOTE 31 – HIGH DEDUCTIBLES – N/A

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

NOTE 33 - ASBESTOS AND ENVIRONMENTAL CLAIMS

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

NOTE 34 - SUBSCRIBER SAVINGS ACCOUNTS – N/A

NOTE 35 – MULTIPLE PERIL CROP INSURANCE – N/A

NOTE 36 – FINANCIAL GUARANTY INSURANCE - NA

## GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

## GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ X ] No [ ] N/A [ ]

1.3 State Regulating? Ohio.....

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [ X ]  
2.2 If yes, date of change: .....  
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .....12/31/2012  
3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .....12/31/2012  
3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .....11/05/2013  
3.4 By what department or departments? Ohio Department of Insurance.....  
3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ X ] No [ ] N/A [ ]  
3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ X ] N/A [ ]  
4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? Yes [ ] No [ X ]  
4.12 renewals? Yes [ ] No [ X ]  
4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? Yes [ ] No [ X ]  
4.22 renewals? Yes [ ] No [ X ]  
5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ X ]  
5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [ X ]  
6.2 If yes, give full information .....  
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [ X ]  
7.2 If yes,  
7.21 State the percentage of foreign control .....0.0  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**GENERAL INTERROGATORIES**

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

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

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

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Buffamente, Whipple, Buttafaro, P.C., 201 West Third Street Suite # 300, Jamestown, NY 14701.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ X ] No [ ] N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Joseph L Petrelli, President, Demotech, Inc., 2715 Tuller Parkway, Dublin, Ohio 43017-2310.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]

12.11 Name of real estate holding company.....

12.12 Number of parcels involved.....0

12.13 Total book/adjusted carrying value \$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ X ] No [ ]

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

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

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

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

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

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

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

e. Accountability for adherence to the code.

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

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

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

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

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

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY

## GENERAL INTERROGATORIES

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

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

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

### BOARD OF DIRECTORS

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

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

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

### FINANCIAL

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

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

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

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

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

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

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

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 28,252

### INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ X ] No [ ]

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] NA [ X ]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] NA [ X ]

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

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

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

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

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

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

## GENERAL INTERROGATORIES

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

Yes [ ] No [ X ]

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

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

25.3 For category (25.26) provide the following:

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

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

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

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

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

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting

entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held  
entirely and for a substantial period of time, in a classified safe and under a key in accordance with Section 4-111, General Provisions.

pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 11, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [  ] No [  ]

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

1 Name of Custodian(s)	2 Custodian's Address
Wayne Savings Community Bank.....	Wooster, Ohio.....
Manufacturers and Traders Trust co.....	Baltimore, Md.....

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?  
28.04 If yes, give full and complete information relating thereto:

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

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**GENERAL INTERROGATORIES**

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
.....	.....
.....	.....
.....	.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets?

Yes [ ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets?

Yes [ ] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	12,008,563	12,142,588	134,025
30.2 Preferred Stocks.....	0	0	0
<b>30.3 Totals</b>	<b>12,008,563</b>	<b>12,142,588</b>	<b>134,025</b>

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

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [ X ] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker’s or custodian’s pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [ X ] No [ ]

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

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [ X ] No [ ]

32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY

**GENERAL INTERROGATORIES**

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ ..... 113,302

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

1 Name	2 Amount Paid
AAIS.....	\$..... 55,258

34.1 Amount of payments for legal expenses, if any? \$ ..... 69,944

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

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

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

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

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

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

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

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

1.31 Reason for excluding

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

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

1.6 Individual policies:

Most current three years:

1.61 Total premium earned ..... \$ ..... 0

1.62 Total incurred claims ..... \$ ..... 0

1.63 Number of covered lives ..... 0

All years prior to most current three years:

1.64 Total premium earned ..... \$ ..... 0

1.65 Total incurred claims ..... \$ ..... 0

1.66 Number of covered lives ..... 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned ..... \$ ..... 0

1.72 Total incurred claims ..... \$ ..... 0

1.73 Number of covered lives ..... 0

All years prior to most current three years:

1.74 Total premium earned ..... \$ ..... 0

1.75 Total incurred claims ..... \$ ..... 0

1.76 Number of covered lives ..... 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$ ..... 0	\$ ..... 0
2.2 Premium Denominator	\$ ..... 12,761,913	\$ ..... 12,133,424
2.3 Premium Ratio (2.1/2.2)	.....0.000	.....0.000
2.4 Reserve Numerator	\$ ..... 0	\$ ..... 0
2.5 Reserve Denominator	\$ ..... 10,406,310	\$ ..... 9,320,778
2.6 Reserve Ratio (2.4/2.5)	.....0.000	.....0.000

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

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

3.21 Participating policies ..... \$ .....

3.22 Non-participating policies ..... \$ .....

4. For Mutual reporting entities and Reciprocal Exchanges only:

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

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

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

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

5. For Reciprocal Exchanges Only:

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

5.2 If yes, is the commission paid:

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

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

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

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

5.5 If yes, give full information

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

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

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: .....  
AIR 2015 Touchstone V3.0.....

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? .....  
Purchases Cat Reinsurance to the 1000 year event.....

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

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss .....  
.....

7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? .....  
.....

7.2 If yes, indicate the number of reinsurance contracts containing such provisions.....

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? .....  
Yes [ ] No [ ]

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? .....  
Yes [ ] No [ ]

8.2 If yes, give full information .....  
.....

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results: (a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term; (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer; (c) Aggregate stop loss reinsurance coverage; (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party; (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.....  
Yes [ ] No [ ]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where: (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.....  
Yes [ ] No [ ]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9: (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income; (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.....  
.....

9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R - *Property and Casualty Reinsurance*, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either: (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? .....  
Yes [ ] No [ ]

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

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria: (a) The entity does not utilize reinsurance; or (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.....  
Yes [ ] No [ ]  
Yes [ ] No [ ]  
Yes [ ] No [ ]

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

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

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

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

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

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

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

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

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

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

14.1 Is the reporting entity a cedant in a multiple cedant reinsurance contract?..... Yes [ ] No [ X ]  
 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
 .....  
 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?..... Yes [ ] No [ ]  
 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?..... Yes [ ] No [ ]  
 14.5 If the answer to 14.4 is no, please explain:  
 .....  
 15.1 Has the reporting entity guaranteed any financed premium accounts?..... Yes [ ] No [ X ]  
 15.2 If yes, give full information  
 .....  
 16.1 Does the reporting entity write any warranty business?..... Yes [ ] No [ X ]  
 If yes, disclose the following information for each of the following types of warranty coverage:

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

\* Disclose type of coverage:

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY

**GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

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

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

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

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

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

18.1 Do you act as a custodian for health savings accounts?..... Yes [ ] No [ X ]  
18.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$.....  
18.3 Do you act as an administrator for health savings accounts?..... Yes [ ] No [ X ]  
18.4 If yes, please provide the balance of the funds administered as of the reporting date. .... \$.....

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**FIVE-YEAR HISTORICAL DATA**

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

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>Gross Premiums Written</b> (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	1,796,121	1,659,437	1,559,706	1,678,779	1,426,063
2. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	1,938,529	1,912,118	1,995,273	2,585,796	1,856,100
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	13,283,565	12,077,601	11,035,784	9,525,243	9,625,333
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
6. Total (Line 35) .....	17,018,215	15,649,156	14,590,763	13,789,818	12,907,496
<b>Net Premiums Written</b> (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	1,049,360	994,287	961,656	1,111,085	936,126
8. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	1,716,589	1,751,960	1,802,939	2,323,288	1,554,789
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	10,709,041	9,863,307	8,670,043	7,072,448	7,155,976
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
12. Total (Line 35) .....	13,474,990	12,609,554	11,434,638	10,506,821	9,646,891
<b>Statement of Income</b> (Page 4)					
13. Net underwriting gain (loss) (Line 8) .....	1,595,149	1,732,341	961,421	269,896	(135,239)
14. Net investment gain (loss) (Line 11) .....	234,903	215,214	741,914	435,953	399,648
15. Total other income (Line 15) .....	83,607	73,266	51,926	72,500	71,491
16. Dividends to policyholders (Line 17) .....	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19) .....	488,341	676,738	538,827	203,666	75,817
18. Net income (Line 20) .....	1,425,318	1,344,083	1,216,434	574,683	260,083
<b>Balance Sheet Lines</b> (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3) .....	27,219,052	24,600,980	22,920,094	21,622,796	19,993,131
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1) .....	326,218	388,766	282,841	289,226	262,213
20.2 Deferred and not yet due (Line 15.2) .....	4,093,510	3,559,248	3,290,350	2,884,907	2,604,936
20.3 Accrued retrospective premiums (Line 15.3) .....	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26) .....	12,468,768	11,207,797	10,415,726	9,987,805	9,308,461
22. Losses (Page 3, Line 1) .....	2,077,369	1,755,764	1,322,140	1,645,712	1,168,329
23. Loss adjustment expenses (Page 3, Line 3) .....	215,200	164,350	175,600	155,400	151,400
24. Unearned premiums (Page 3, Line 9) .....	8,113,741	7,400,664	6,924,534	6,521,274	6,224,761
25. Capital paid up (Page 3, Lines 30 & 31) .....	0	0	0	0	0
26. Surplus as regards policyholders (Page 3, Line 37) .....	14,750,284	13,393,183	12,504,368	11,634,991	10,684,670
<b>Cash Flow</b> (Page 5)					
27. Net cash from operations (Line 11) .....	2,759,040	1,123,478	753,870	1,133,758	(368,149)
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital .....	14,750,284	13,393,183	12,504,368	11,634,991	10,684,670
29. Authorized control level risk-based capital .....	1,444,977	1,290,217	1,015,990	720,260	693,342
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b>					
(Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1) .....	48.4	51.4	45.7	59.2	65.9
31. Stocks (Lines 2.1 & 2.2) .....	25.4	23.3	24.3	14.4	9.2
32. Mortgage loans on real estate (Lines 3.1 and 3.2) .....	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3) .....	3.8	4.4	4.6	5.1	6.0
34. Cash, cash equivalents and short-term investments (Line 5) .....	22.3	21.0	25.4	21.3	18.9
35. Contract loans (Line 6) .....	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7) .....	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8) .....	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9) .....	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10) .....	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11) .....	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12) .....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1) .....	0	0	0	0	0
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1) .....	0	0	0	0	0
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1) .....	100	100	100	100	100
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
46. Affiliated mortgage loans on real estate .....		0	0	0	0
47. All other affiliated .....	0	0	0	0	0
48. Total of above Lines 42 to 47 .....	100	100	100	100	100
49. Total Investment in parent included in Lines 42 to 47 above .....		0	0	0	0
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0) .....	0.0	0.0	0.0	0.0	0.0

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**FIVE-YEAR HISTORICAL DATA**

**(Continued)**

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24) .....	404,018	(258,599)	(475,359)	316,026	105,441
52. Dividends to stockholders (Line 35) .....	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38) .....	1,357,101	888,814	869,378	950,321	441,296
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	296,591	328,241	1,097,888	297,268	163,474
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	527,299	675,720	590,239	530,469	1,015,615
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	3,389,744	2,424,876	4,315,199	4,427,910	7,610,556
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
59. Total (Line 35) .....	4,213,634	3,428,837	6,003,326	5,255,647	8,789,645
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	296,591	234,379	49,224	282,220	163,474
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	434,560	675,720	590,239	523,167	848,514
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	3,120,587	2,413,907	3,514,256	3,508,393	4,706,822
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
65. Total (Line 35) .....	3,851,738	3,324,006	4,153,719	4,313,780	5,718,810
<b>Operating Percentages (Page 4)</b> (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....	32.7	31.0	34.7	47.0	53.0
68. Loss expenses incurred (Line 3) .....	10.7	11.3	11.7	11.0	12.0
69. Other underwriting expenses incurred (Line 4) .....	44.1	43.5	44.9	40.0	37.0
70. Net underwriting gain (loss) (Line 8) .....	12.5	14.3	8.7	3.0	(1.0)
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....	41.1	41.2	42.9	38.0	37.0
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .....	43.4	42.3	46.4	58.0	65.0
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....	91.4	94.1	91.4	90.0	90.0
<b>One Year Loss Development (000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11) .....	(242)	(479)	(299)	(22)	(375)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0) .....	(1.8)	(3.8)	(2.6)	0.0	(4.0)
<b>Two Year Loss Development (000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....	(350)	(477)	98	(260)	(530)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) .....	(2.8)	(4.1)	0.9	(3.0)	(5.0)

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

Yes  No

If no, please explain

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

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

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	6	0	2	0	0	0	0	0	8	
2. 2007	11,601	2,203	9,398	4,992	483	155	0	.683	0	.31	5,347	XXX	
3. 2008	11,767	2,470	9,297	6,344	2,381	92	0	.738	0	.54	4,793	XXX	
4. 2009	11,986	2,329	9,657	5,999	1,657	141	0	.865	0	.86	5,348	XXX	
5. 2010	12,287	2,289	9,998	7,126	1,959	.68	0	.956	0	.438	6,191	XXX	
6. 2011	13,046	2,307	10,739	6,365	291	.32	0	.999	0	.94	7,105	XXX	
7. 2012	13,276	3,254	10,022	8,921	3,316	109	0	1,097	0	.93	6,811	XXX	
8. 2013	13,454	3,244	10,210	5,616	1,208	.69	0	.977	0	.42	5,454	XXX	
9. 2014	14,142	3,110	11,032	4,806	994	166	0	1,109	0	.28	5,087	XXX	
10. 2015	15,113	2,979	12,134	3,337	3	.15	0	1,034	0	.88	4,383	XXX	
11. 2016	16,278	3,515	12,763	3,363	34	1	0	1,087	0	24	4,417	XXX	
12. Totals	XXX	XXX	XXX	56,875	12,326	850	0	9,545	0	978	54,944	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
2.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5.	18	0	5	0	18	0	0	0	1	0	0	42	XXX
6.	0	0	0	0	0	0	0	0	0	0	0	0	XXX
7.	31	0	10	0	13	0	0	0	0	0	0	.54	XXX
8.	1	0	0	0	0	0	0	0	0	0	0	1	XXX
9.	110	0	.67	0	54	0	0	0	0	0	0	231	XXX
10.	788	300	147	0	25	0	0	0	11	0	0	671	XXX
11.	1,154	300	347	0	0	0	0	0	93	0	0	1,294	XXX
12.	2,102	600	576	0	110	0	0	0	105	0	0	2,293	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	5,830	483	5,347	50.3	21.9	56.9	0	0		0	0
3.	7,174	2,381	4,793	61.0	.964	51.6	0	0		0	0
4.	7,005	1,657	5,348	58.4	.711	55.4	0	0		0	0
5.	8,192	1,959	6,233	.667	.856	.623	0	0		.23	.19
6.	7,396	291	7,105	.567	.126	.662	0	0		0	0
7.	10,181	3,316	6,865	.767	.1019	.685	0	0		.41	.13
8.	6,663	1,208	.5455	.495	.372	.534	0	0		.1	0
9.	6,312	994	.5318	.446	.320	.482	0	0		177	.54
10.	5,357	303	.5054	.354	.102	.417	0	0		635	.36
11.	6,045	334	5,711	.371	.95	.447	0	0		1,201	.93
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	2,078	215

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**SCHEDULE P - PART 2 - SUMMARY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior	505	268	220	154	193	183	205	321	298	281	(17)	(40)
2. 2007	5,029	4,780	4,681	4,679	4,681	4,663	4,663	4,664	4,664	4,664	0	0
3. 2008	XXX	3,985	4,090	4,002	4,042	3,999	3,998	3,998	4,087	4,055	(32)	57
4. 2009	XXX	XXX	4,901	4,501	4,409	4,438	4,463	4,465	4,488	4,483	(5)	18
5. 2010	XXX	XXX	XXX	5,926	5,540	5,449	5,480	5,503	5,261	5,276	15	(227)
6. 2011	XXX	XXX	XXX	XXX	6,342	6,100	6,138	6,123	6,106	6,106	0	(17)
7. 2012	XXX	XXX	XXX	XXX	XXX	5,842	5,705	5,698	5,727	5,768	41	70
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	4,977	4,558	4,521	4,478	(43)	(80)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,340	4,039	4,209	170	(131)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,380	4,009	(371)	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,531	XXX	XXX
										12. Totals	(242)	(350)

**SCHEDULE P - PART 3 - SUMMARY**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	000	(37)	20	.75	.90	145	165	.184	.273	.281	XXX	XXX
2. 2007	4,102	4,392	4,499	4,554	4,603	4,663	4,663	4,664	4,664	4,664	XXX	XXX
3. 2008	XXX	3,374	3,825	3,960	3,977	3,999	3,998	3,998	4,055	4,055	XXX	XXX
4. 2009	XXX	XXX	3,989	4,306	4,350	4,402	4,444	4,446	4,481	4,483	XXX	XXX
5. 2010	XXX	XXX	XXX	4,860	5,469	5,412	5,443	5,455	5,237	5,235	XXX	XXX
6. 2011	XXX	XXX	XXX	XXX	5,124	6,071	6,083	6,097	6,106	6,106	XXX	XXX
7. 2012	XXX	XXX	XXX	XXX	XXX	4,813	5,443	5,525	5,571	5,714	XXX	XXX
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	3,704	4,447	4,483	4,477	XXX	XXX
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,476	3,957	3,978	XXX	XXX
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,926	3,349	XXX	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,330	XXX	XXX

**SCHEDULE P - PART 4 - SUMMARY**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										10 2016
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior	.222	.93	41	.23	.28	.13	.13	.30	3	0	
2. 2007	456	167	63	.29	.18	0	.0	0	0	0	
3. 2008	XXX	297	130	.26	.15	0	0	0	7	0	
4. 2009	XXX	XXX	.369	.71	.12	8	.4	.4	2	0	
5. 2010	XXX	XXX	XXX	306	.28	8	.9	15	6	5	
6. 2011	XXX	XXX	XXX	XXX	354	.17	.35	.6	0	0	
7. 2012	XXX	XXX	XXX	XXX	XXX	.408	.71	.65	.45	10	
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.321	.41	6	0	
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.395	.74	67	
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	414	147	
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	347	

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE MENNONITE MUTUAL INSURANCE COMPANY**

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

**Allocated By States And Territories**

States, etc.	Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama	AL	N	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0
9. Dist. Columbia	DC	N	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0	0	0
15. Indiana	IN	L	4,096,998	3,747,109	0	1,266,840	1,605,390	935,603	13,622
16. Iowa	IA	N	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0
18. Kentucky	KY	N	0	0	0	0	0	0	0
19. Louisiana	LA	N	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0
34. No. Carolina	NC	N	0	0	0	0	0	0	0
35. No. Dakota	ND	N	0	0	0	0	0	0	0
36. Ohio	OH	L	12,625,630	12,236,563	0	2,887,802	2,663,682	1,713,858	94,673
37. Oklahoma	OK	N	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0
39. Pennsylvania	PA	L	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0
41. So. Carolina	SC	N	0	0	0	0	0	0	0
42. So. Dakota	SD	N	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Totals	(a)	3	16,722,628	15,983,672	0	4,154,642	4,269,072	2,649,461	108,295
<b>DETAILS OF WRITE-INS</b>									
58001.		XXX.							
58002.		XXX.							
58003.		XXX.							
58998. Sum. of remaining write-ins for Line 58 from overflow page		XXX.	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 + 58998) (Line 58 above)		XXX.	0	0	0	0	0	0	0

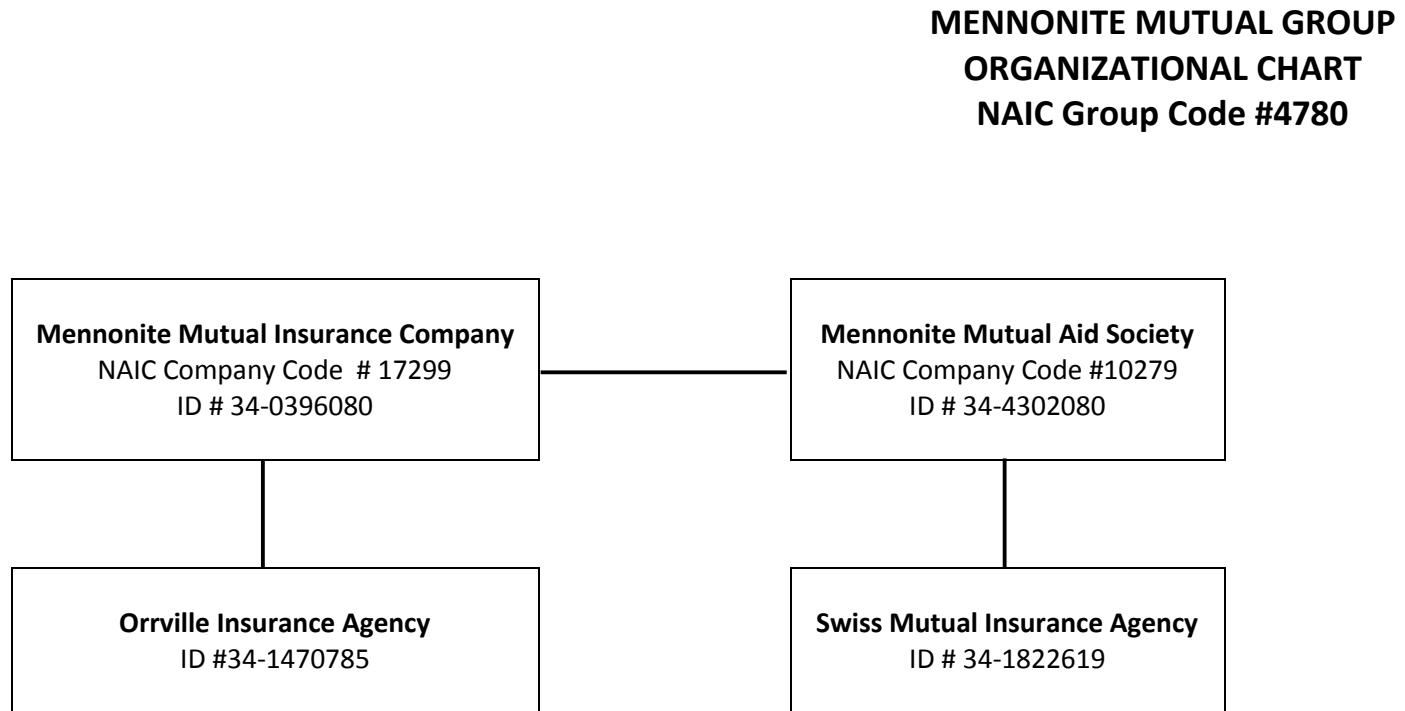
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

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

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

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 – ORGANIZATIONAL CHART**



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

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