



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

# ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

# Ohio Mutual Insurance Company

NAIC Group Code	0963 (Current)	0963 (Prior)	NAIC Company Code	10202	Employer's ID Number	34-4320350
Organized under the Laws of Country of Domicile	OHIO			State of Domicile or Port of Entry United States of America OH		
Incorporated/Organized	03/05/1901			Commenced Business	03/05/1901	
Statutory Home Office	1725 Hopley Avenue (Street and Number)			Bucyrus , OH, US 44820-0111 (City or Town, State, Country and Zip Code)		
Main Administrative Office	1725 Hopley Avenue (Street and Number)			Bucyrus , OH, US 44820-0111 (Area Code) (Telephone Number)		
Mail Address	1725 Hopley Avenue (Street and Number or P.O. Box)			Bucyrus , OH, US 44820-0111 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	1725 Hopley Avenue (Street and Number)			Bucyrus , OH, US 44820-0111 (Area Code) (Telephone Number)		
Internet Website Address	www.omig.com					
Statutory Statement Contact	Charles Elmer Easum Mr. (Name)			419-563-0810 (Area Code) (Telephone Number)		
	ceasum@omig.com (E-mail Address)			877-753-0580 (FAX Number)		

## OFFICERS

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

**OTHER**

Todd Emery Albert, Mr., Vice President Information Systems	Howard Lowell Barber, Mr. #, Vice President Sales	Michael Alexander Brogan, Mr., Vice President Claims
Chad Philip Combs, Mr. #, Vice President Personal Lines Underwriting	David Alan Grove, Mr., Vice President Product Management	Gary Thomas Johnson, Mr. #, Vice President Commercial Lines Underwriting
Susan Elizabeth Kent, Mrs. #, Vice President Business Analytics	Marcella Sloane Smith, Mrs. #, Vice President Human Resources	

## **DIRECTORS OR TRUSTEES**

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

State of Ohio SS: \_\_\_\_\_  
County of Crawford \_\_\_\_\_

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

Mark Clarence Russell  
President and CEO

David Gary Hendrix  
Treasurer and CFO

Michael Alexander Brogan  
Assistant Secretary

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_

- a. Is this an original filing? .....
- b. If no,
  - 1. State the amendment number.....
  - 2. Date filed .....
  - 3. Name of previous filer.....



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0963

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2016

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0963

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2016

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0963

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2016

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0963

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2016

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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(a) Finance and service charges not included in Lines 1 to 35 \$ .....

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

## **EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0963

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2016

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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(a) Finance and service charges not included in Lines 1 to 35 \$ .....

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0963

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2016

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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(a) Finance and service charges not included in Lines 1 to 35 \$ .....

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

## **EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 096

**BUSINESS IN THE STATE OF New Hampshire**

**DURING THE YEAR 2016**

NAIC Company Code 10202

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

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

19.NH



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0963

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2016

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	2,898,359	2,922,575		1,595,145	524,385	524,830	89,874	7,258	3,036	4,504	401,899	33,131	
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4. Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....	1,964,679	1,861,584		958,194	429,084	390,682	153,128	5,582	(8,062)	5,077	276,086	22,458	
4. Homeowners multiple peril .....	13,187,346	11,980,895		6,950,329	4,174,299	5,102,079	1,780,935	90,465	131,940	69,659	2,264,390	150,745	
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....	16,801	16,883		7,775								2,332	192
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
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15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....	262,681	268,296		130,034	63,865	118,479	137,556	6,656	(47,109)	7,889	36,447	3,003	
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....													
19.2 Other private passenger auto liability .....	21,868,240	20,381,923		8,828,095	11,229,073	13,773,860	16,394,042	393,011	282,302	1,918,015	3,009,115	249,976	
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....	19,137,502	18,121,008		7,695,058	10,453,549	10,376,794	1,141,122	77,761	.49,945	.24,840	2,701,334	218,762	
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....	94,188	97,811		46,802	34,192	27,245	5,752	10	(1,640)		13,073	1,077	
27. Boiler and machinery .....													
28. Credit .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....													
35. TOTALS (a) .....	59,429,796	55,650,975		26,211,432	26,908,447	30,313,969	19,702,409	580,743	410,412	2,029,984	8,704,676	679,344	
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....													

(a) Finance and service charges not included in Lines 1 to 35 \$ 807,495

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0963

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2016

NAIC Company Code 10202

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

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

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





ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0963

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2016

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0963

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2016

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0963

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2016

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0963

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2016

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0963

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2016

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	2,898,359	2,922,575		1,595,145	524,385	524,830	89,874	7,258	3,036	4,504	401,899	33,131	
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4. Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....	1,964,679	1,861,584		958,194	429,084	390,682	153,128	5,582	(8,062)	5,077	276,086	22,458	
4. Homeowners multiple peril .....	13,187,346	11,980,895		6,950,329	4,174,299	5,102,079	1,780,935	90,465	131,940	69,659	2,264,390	150,745	
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....	16,801	16,883		7,775								2,332	192
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancellable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....	262,681	268,296		130,034	63,865	118,479	137,556	6,656	(47,109)	7,889	36,447	3,003	
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....													
19.2 Other private passenger auto liability .....	21,868,240	20,381,923		8,828,095	11,229,073	13,773,860	16,394,042	393,011	282,302	1,918,015	3,009,115	249,976	
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....	19,137,502	18,121,008		7,695,058	10,453,549	10,376,794	1,141,122	77,761	.49,945	.24,840	2,701,334	218,762	
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....	94,188	97,811		46,802	34,192	27,245	5,752	10	(1,640)		13,073	1,077	
27. Boiler and machinery .....													
28. Credit .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....													
35. TOTALS (a) .....	59,429,796	55,650,975		26,211,432	26,908,447	30,313,969	19,702,409	580,743	410,412	2,029,984	8,704,676	679,344	
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....													

(a) Finance and service charges not included in Lines 1 to 35 \$ 807,495

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

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**SCHEDULE F - PART 1**

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8	9	10	11	12	13	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
34-1008736	13072	UNITED OHIO INSURANCE COMPANY	OH	141,998		38,822	38,822			66,764				
01-0407315	25950	CASCO INDEMNITY COMPANY	ME	9,173		2,395	2,395			4,383				
0199999. Affiliates - U.S. Intercompany Pooling				151,171		41,217	41,217			71,147				
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates				151,171		41,217	41,217			71,147				
0999998. Other U.S. Unaffiliated Insurers Reinsurance for which the total of Column 8 is less than \$100,000														
0999999. Total Other U.S. Unaffiliated Insurers														
1099998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Mandatory Pools														
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools														
AA-9995035	00000	MUTUAL RE INSURANCE BUREAU	IL	39										
1199998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Voluntary Pools														
1199999. Total Pools, Associations or Other Similar Facilities - Voluntary Pools				39										
1299999. Total - Pools and Associations				39										
1399998. Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000														
1399999. Total Other Non-U.S. Insurers														
9999999 Totals				151,210		41,217	41,217			71,147				

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

## **SCHEDULE F - PART 2**

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

# NONE

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

## SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On												Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commiss- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers						
.34-1008736	13072	UNITED OHIO INSURANCE COMPANY	OH		135,781			35,859		18,655		63,160		117,674					117,674			
.01-0407315	.25950	CASCO INDEMNITY COMPANY	ME		16,712			4,413		2,296		7,773		14,482					14,482			
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling					152,493		40,272		20,951		70,933		132,156					132,156			
0499999.	Total Authorized - Affiliates - U.S. Non-Pool																					
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)																					
0899999.	Total Authorized - Affiliates					152,493		40,272		20,951		70,933		132,156					132,156			
.95-4387273	19489	ALLIED WORLD ASSURANCE COMPANY	DE		129													1		(1)		
.36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN		3												1		1			
.06-1430254	10348	ARCH REINSURANCE COMPANY	DE																			
.47-0574325	32603	BERKLEY INSURANCE COMPANY	DE		2															1		
.42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		2															1		
.22-2005057	26921	EVEREST REINSURANCE COMPANY	DE		29															1		
.05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		.71	.1											39	.40	.6	.34		
.42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		.1												1	.1		1		
.13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		290												134	.140	.21	.119	.132	
.06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		22												9	.14		.14		
.31-4259550	14621	MOTORIST MUTUAL INSURANCE COMPANY	OH																			
.13-4924125	10227	MUNICH REINSURANCE AMERICA, INC	DE																			
.47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		47															(1)		
.52-1952955	10357	RENAISSANCE REINSURANCE US INC	MD																			
.35-6021485	12416	PROTECTIVE INSURANCE COMPANY	IN		29																	
.23-1641984	10219	QBE REINSURANCE CORPORATION	PA																			
.43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		56															(1)		
.13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY		32												1	.1	.1			
.13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		2												1	.1				
.13-5616275	19453	TRANSATLANTIC REINSURANCE COMPANY	NY																			
.13-1290712	.20583	XL REINSURANCE AMERICA	NY																			
0999998.	Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																					
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers					715	1		11								188	200	31		169	132
23-7024436	.32573	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH		5												2	2	.1		1	
1099999.	Total Authorized - Pools - Mandatory Pools								5								2	2	1		1	
AA-9995035	.00000	MUTUAL REINSURANCE BUREAU	IL			114													.4		(4)	
1199999.	Total Authorized - Pools - Voluntary Pools								114										4		(4)	
AA-1126033	.00000	LLOYD'S SYNDICATE #0033	GBR		12																	
AA-1126435	.00000	LLOYD'S SYNDICATE #0435	GBR		44																	
AA-1126623	.00000	LLOYD'S SYNDICATE #0623	GBR		7																	
AA-1126780	.00000	LLOYD'S SYNDICATE #0780	GBR																			
AA-1126958	.00000	LLOYD'S SYNDICATE #0958	GBR																			
AA-1120085	.00000	LLOYD'S SYNDICATE #1274	GBR																			
AA-1127414	.00000	LLOYD'S SYNDICATE #1414	GBR																			
AA-1120157	.00000	LLOYD'S SYNDICATE #1729	GBR		5																	
AA-1128001	.00000	LLOYD'S SYNDICATE #2001	GBR		52														.1		(1)	
AA-1128003	.00000	LLOYD'S SYNDICATE #2003	GBR		134														.1		(1)	
AA-1120071	.00000	LLOYD'S SYNDICATE #2007	GBR		24																	
AA-1128010	.00000	LLOYD'S SYNDICATE #2010	GBR		105														.1		(1)	
AA-1120158	.00000	LLOYD'S SYNDICATE #2014	GBR		25																	
AA-1128623	.00000	LLOYD'S SYNDICATE #2623	GBR		31																	
AA-1128791	.00000	LLOYD'S SYNDICATE #2791	GBR		76														.1		(1)	
AA-1128987	.00000	LLOYD'S SYNDICATE #2987	GBR																			
AA-1120086	.00000	LLOYD'S SYNDICATE #4141	GBR																			
AA-1126004	.00000	LLOYD'S SYNDICATE #4444	GBR																			
1299998.	Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																					

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

## SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
1299999. Total Authorized - Other Non-U.S. Insurers					515											4		(4)	
1399999. Total Authorized					153,842	1	40,283			20,951				71,123	132,358	40		132,318	132
1499999. Total Unauthorized - Affiliates - U.S. Intercompany Pooling																			
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool																			
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)																			
2199999. Total Unauthorized - Affiliates																			
2299998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
2299999. Total Unauthorized - Other U.S. Unaffiliated Insurers																			
AA-3194139 ..00000 ..AXIS SPECIALTY LIMITED ..	BMU																		
AA-3194161 ..00000 ..CATLIN INSURANCE COMPANY LTD ..	BMU				93												1		(1)
AA-3194122 ..00000 ..DAVINCI REINSURANCE LTD ..	BMU				47												1		(1)
AA-1340125 ..00000 ..HANNOVER RUCKVERSICHERUNGS AG ..	DEU				1														
AA-3190875 ..00000 ..HISCOX INSURANCE COMPANY ..	BMU				44														
AA-1840000 ..00000 ..MAPFRE RE COMPANIA DE REASEGUROS, S.A. ..	ESP																		
AA-3194200 ..00000 ..MS FRONTIER REINSURANCE ..	BMU				12														
AA-3190339 ..00000 ..RENAISSANCE REINSURANCE, LTD ..	BMU				70											1		(1)	
AA-1340192 ..00000 ..R&V VERSICHERUNG AG ..	DEU				130											1		(1)	
AA-1440076 ..00000 ..SIRIUS INTERNATIONAL CORPORATION ..	SWE																		
2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																			
2599999. Total Unauthorized - Other Non-U.S. Insurers					397											4		(4)	
2699999. Total Unauthorized					397											4		(4)	
2799999. Total Certified - Affiliates - U.S. Intercompany Pooling																			
3099999. Total Certified - Affiliates - U.S. Non-Pool																			
3399999. Total Certified - Affiliates - Other (Non-U.S.)																			
3499999. Total Certified - Affiliates																			
3599998. Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
3599999. Total Certified - Other U.S. Unaffiliated Insurers																			
3899998. Total Certified - Other Non-U.S. Insurers (Under \$100,000)																			
3899999. Total Certified - Other Non-U.S. Insurers																			
3999999. Total Certified																			
4099999. Total Authorized, Unauthorized and Certified					154,239	1	40,283			20,951				71,123	132,358	44		132,314	132
4199999. Total Protected Cells																			
9999999 Totals					154,239	1	40,283			20,951				71,123	132,358	44		132,314	132

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

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

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1. FACTORY MUTUAL INSURANCE COMPANY ..	35.000	71,259
2. ALLIED WORLD ASSURANCE COMPANY ..	25.000	129,037
3. ..		
4. ..		
5. ..		

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1. GENERAL REINSURANCE CORPORATION ..	140,370	290,013	Yes [ ] No [ X ]
2. FACTORY MUTUAL INSURANCE COMPANY ..	40,205	71,259	Yes [ ] No [ X ]
3. HARTFORD STEAM BOILER INSPECTION & INS.	13,876	22,336	Yes [ ] No [ X ]
4. OHIO FAIR PLAN UNDERWRITING ASSOCIATION ..	2,408	4,610	Yes [ ] No [ X ]
5. SWISS REINSURANCE AMERICA CORPORATION ..	1,191	31,538	Yes [ ] No [ X ]

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**SCHEDULE F - PART 4**

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11	
				5 Current	Overdue								
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9				
0499999. Total Authorized - Affiliates - U.S. Non-Pool													
0799999. Total Authorized - Affiliates - Other (Non-U.S.)													
0899999. Total Authorized - Affiliates													
.05-0316605 ..21482 ..FACTORY MUTUAL INSURANCE COMPANY			RI		1						1		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					1							1	
1399999. Total Authorized					1							1	
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool													
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)													
2199999. Total Unauthorized - Affiliates													
2699999. Total Unauthorized													
3099999. Total Certified - Affiliates - U.S. Non-Pool													
3399999. Total Certified - Affiliates - Other (Non-U.S.)													
3499999. Total Certified - Affiliates													
3999999. Total Certified													
4099999. Total Authorized, Unauthorized and Certified					1							1	
4199999. Total Protected Cells													
9999999 Totals					1							1	

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**SCHEDULE F - PART 5**

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domi- ciliary Juris- diction	5 Special Code	6 Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	7 Funds Held By Company Under Reinsurance Treaties	8 Letters of Credit	9 Issuing or Confirming Bank Reference Number (a)	10 Ceded Balances Payable	11 Miscellaneous Balances Payable	12 Trust Funds and Other Allowed Offset Items	13 Total Collateral and Offsets Allowed (Cols. 7+8+10+11 +12 but not in Excess of Col. 6)	14 Provision for Unauthorized Reinsurance (Col. 6 Minus Col. 13)	15 Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	16 20% of Amount in Dispute Included in Column 15	17 20% of Amount in Dispute Included in Column 6	18 Provision for Overdue Reinsurance (Col. 16 plus Col. 17)	19 Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6)
		0499999. Total - U.S. Non-Pool						XXX										
		0799999. Total - Other (Non-U.S.)						XXX										
		0899999. Total - Affiliates						XXX										
AA-3194139	..00000	AXIS SPECIALTY LIMITED	BMU															
AA-3194161	..00000	CATLIN INSURANCE COMPANY LTD	BMU															
AA-3194122	..00000	DAVINCI REINSURANCE LTD	BMU															
AA-1340125	..00000	HANNOVER RUCKVERSICHERUNGS AG	DEU															
AA-3190875	..00000	HISCOX INSURANCE COMPANY	BMU															
AA-1840000	..00000	MAPFRE RE COMPAÑIA DE REASEGUROS, S.A.	ESP															
AA-3194200	..00000	MS FRONTIER REINSURANCE	BMU															
AA-3190339	..00000	RENAISSANCE REINSURANCE, LTD	BMU															
AA-1340192	..00000	R&V VERSICHERUNG AG	DEU															
AA-1440076	..00000	SIRIUS INTERNATIONAL CORPORATION	SWE															
		1299999. Total Other Non-U.S. Insurers						XXX		4								
		1399999. Total Affiliates and Others						XXX		4								
		1499999. Total Protected Cells						XXX										
		9999999 Totals						XXX		4								

1. Amounts in dispute totaling \$ ..... are included in Column 6.  
 2. Amounts in dispute totaling \$ ..... are excluded from Column 15.

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
				<b>NONE</b>	

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

**N O N E**

Schedule F - Part 6 - Section 1 - Bank Footnote

**N O N E**

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

**N O N E**

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

## **SCHEDULE F - PART 8**

Provision for Overdue Reinsurance as of December 31, Current Year

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**SCHEDULE F - PART 9**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	259,961,063		259,961,063
2. Premiums and considerations (Line 15) .....	13,632,696		13,632,696
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	1,064	(1,064)	
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....	3,049,644		3,049,644
6. Net amount recoverable from reinsurers .....		132,181,369	132,181,369
7. Protected cell assets (Line 27) .....			
8. <b>Totals (Line 28)</b> .....	<b>276,644,467</b>	<b>132,180,305</b>	<b>408,824,772</b>
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	28,039,303	61,235,109	89,274,412
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	3,165,106		3,165,106
11. Unearned premiums (Line 9) .....	26,235,477	71,120,951	97,356,428
12. Advance premiums (Line 10) .....	393,091		393,091
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....	44,172	(44,172)	
15. Funds held by company under reinsurance treaties (Line 13) .....	131,583	(131,583)	
16. Amounts withheld or retained by company for account of others (Line 14) .....			
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....	1,009,739		1,009,739
19. Total liabilities excluding protected cell business (Line 26) .....	59,018,471	132,180,305	191,198,776
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37)	217,625,996	XXX	217,625,996
<b>22. Totals (Line 38)</b>	<b>276,644,467</b>	<b>132,180,305</b>	<b>408,824,772</b>

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

Yes [  ] No [  ]

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

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
<b>PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS</b>																		
1. Premiums written .....		857	XXX		XXX		XXX		XXX		857	XXX		XXX		XXX		XXX
2. Premiums earned .....		932	XXX		XXX		XXX		XXX		932	XXX		XXX		XXX		XXX
3. Incurred claims .....		(600)	(64.4)								(600)	(64.4)						
4. Cost containment expenses .....																		
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....		(600)	(64.4)								(600)	(64.4)						
6. Increase in contract reserves .....																		
7. Commissions (a) .....		147	15.8								147	15.8						
8. Other general insurance expenses .....		131	14.1								131	14.1						
9. Taxes, licenses and fees .....																		
10. Total other expenses incurred .....		278	29.8								278	29.8						
11. Aggregate write-ins for deductions .....																		
12. Gain from underwriting before dividends or refunds .....		1,254	134.5								1,254	134.5						
13. Dividends or refunds .....																		
14. Gain from underwriting after dividends or refunds .....		1,254	134.5								1,254	134.5						
<b>DETAILS OF WRITE-INS</b>																		
1101. ....																		
1102. ....																		
1103. ....																		
1198. Summary of remaining write-ins for Line 11 from overflow page .....																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....																		

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

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
<b>PART 2. - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums .....	472					472			
2. Advance premiums .....									
3. Reserve for rate credits .....									
4. Total premium reserves, current year .....	472					472			
5. Total premium reserves, prior year .....	547					547			
6. Increase in total premium reserves .....	(75)					(75)			
B. Contract Reserves:									
1. Additional reserves (a) .....									
2. Reserve for future contingent benefits .....									
3. Total contract reserves, current year .....									
4. Total contract reserves, prior year .....									
5. Increase in contract reserves .....									
C. Claim Reserves and Liabilities:									
1. Total current year .....	270					270			
2. Total prior year .....	1,041					1,041			
3. Increase .....	(771)					(771)			

<b>PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year .....									
1.2 On claims incurred during current year .....	171					171			
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year .....									
2.2 On claims incurred during current year .....	270					270			
3. Test:									
3.1 Line 1.1 and 2.1 .....									
3.2 Claim reserves and liabilities, December 31, prior year .....	1,041					1,041			
3.3 Line 3.1 minus Line 3.2 .....	(1,041)					(1,041)			

<b>PART 4. - REINSURANCE</b>									
A. Reinsurance Assumed:									
1. Premiums written .....	3,173						3,173		
2. Premiums earned .....									
3. Incurred claims .....									
4. Commissions .....									
B. Reinsurance Ceded:									
1. Premiums written .....	2,316						2,316		
2. Premiums earned .....									
3. Incurred claims .....									
4. Commissions .....									

(a) Includes \$ ..... premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SCHEDULE H - PART 5 - HEALTH CLAIMS**

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims .....			(600)	(600)
2. Beginning claim reserves and liabilities .....			1,041	1,041
3. Ending claim reserves and liabilities .....			270	270
4. Claims paid			171	171
B. Assumed Reinsurance:				
5. Incurred Claims.....				
6. Beginning claim reserves and liabilities .....				
7. Ending claim reserves and liabilities .....				
8. Claims paid				
C. Ceded Reinsurance:				
9. Incurred Claims.....				
10. Beginning claim reserves and liabilities .....				
11. Ending claim reserves and liabilities .....				
12. Claims paid				
D. Net:				
13. Incurred Claims.....			(600)	(600)
14. Beginning claim reserves and liabilities .....			1,041	1,041
15. Ending claim reserves and liabilities .....			270	270
16. Claims paid			171	171
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses .....				
18. Beginning reserves and liabilities .....				
19. Ending reserves and liabilities .....				
20. Paid claims and cost containment expenses				

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company**  
**SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2007	10,019	554	9,465	5,309	.167	.89	2	.602		44	5,831	1,039	
3. 2008	10,788	.765	10,023	9,064	2,943	.268	.125	.643		53	6,907	1,966	
4. 2009	11,216	1,004	10,212	7,467	1,685	.149	.14	.630		120	6,547	1,690	
5. 2010	11,733	.713	11,020	6,049	.92	.167		.591		73	6,715	2,050	
6. 2011	12,368	.998	11,370	10,733	2,153	.247	.76	.907		49	9,658	1,715	
7. 2012	13,221	1,667	11,554	13,615	6,616	.556	.313	1,137		58	8,379	1,796	
8. 2013	14,164	1,243	12,921	8,380	.348	.143	.1	.964		124	9,138	1,099	
9. 2014	15,125	1,489	13,636	6,156	.40	.101		.741		173	6,958	784	
10. 2015	15,575	1,334	14,241	5,278	.64	.101		.586		82	5,901	715	
11. 2016	15,883	1,362	14,521	5,010	280	.78	.1	.602		45	5,409	641	
12. Totals	XXX	XXX	XXX	77,061	14,388	1,899	532	7,403		821	71,443	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded						
1. Prior.																
2. 2007																
3. 2008	15		8				1					24	1			
4. 2009	3		1									4				
5. 2010																
6. 2011	3		1									4	1			
7. 2012	.58		27				5		1			91	3			
8. 2013	11		4				4		1			20	2			
9. 2014	.39		35	1			13		1			87	3			
10. 2015	235	2	124	5			37		24			413	13			
11. 2016	885	4	959	268			79		145			1,796	80			
12. Totals	1,249	6	1,159	274			139		172			2,439	103			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2007	6,000	169	5,831	.59.9	30.5	.61.6				27.0	
3. 2008	9,999	3,068	6,931	.92.7	.401.0	.69.2				27.0	23
4. 2009	8,250	1,699	6,551	.73.6	.169.2	.64.2				27.0	4
5. 2010	6,807	.92	6,715	.58.0	.12.9	.60.9				27.0	
6. 2011	11,891	2,229	9,662	.96.1	.223.3	.85.0				27.0	4
7. 2012	15,399	6,929	8,470	.116.5	.415.7	.73.3				27.0	6
8. 2013	9,507	349	9,158	.67.1	.28.1	.70.9				27.0	5
9. 2014	7,086	.41	7,045	.46.8	.2.8	.51.7				27.0	14
10. 2015	6,385	.71	6,314	.41.0	.5.3	.44.3				27.0	.352
11. 2016	7,758	553	7,205	.48.8	.40.6	.49.6				27.0	1,572
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,128	311

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company**  
**SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(2)						4	(2)	XXX	
2. 2007	11,208	815	10,393	7,081	751	309	27	613	21	299	7,204	1,661	
3. 2008	12,674	775	11,899	7,798	631	416	13	668	22	338	8,216	1,819	
4. 2009	13,174	832	12,342	8,518	802	435	27	741	26	335	8,839	2,070	
5. 2010	13,406	523	12,883	8,543	487	501	31	769	12	406	9,283	2,490	
6. 2011	12,499	159	12,340	7,141	28	448		554		293	8,115	1,363	
7. 2012	11,219	104	11,115	6,936	187	375	5	511		313	7,630	1,042	
8. 2013	10,707	76	10,631	6,240	10	221		492		198	6,943	1,017	
9. 2014	11,135	54	11,081	6,497		155		567		204	7,219	975	
10. 2015	11,569	64	11,505	5,652		105		755		221	6,512	968	
11. 2016	12,347	65	12,282	3,545		35		606		80	4,186	995	
12. Totals	XXX	XXX	XXX	67,949	2,896	3,000	103	6,276	81	2,691	74,145	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.																
2. 2007																
3. 2008																
4. 2009	6	1	2				1		1			9	1			
5. 2010	38	3	8				3		3			49	2			
6. 2011	49		62				25		2			138	1			
7. 2012	98		76				37		6			217	5			
8. 2013	272		71				48		25			416	8			
9. 2014	844		323				173		63			1,403	33			
10. 2015	2,088	44	698	22			390		140			3,250	117			
11. 2016	3,810	6	1,772	3			350		510			6,433	427			
12. Totals	7,205	54	3,012	25			1,027		750			11,915	594			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2007	8,003	799	7,204	71.4	98.0	69.3			27.0		
3. 2008	8,882	666	8,216	70.1	85.9	69.0			27.0		
4. 2009	9,704	856	8,848	73.7	102.9	71.7			27.0	7	2
5. 2010	9,865	533	9,332	73.6	101.9	72.4			27.0	43	6
6. 2011	8,281	28	8,253	66.3	17.6	66.9			27.0	111	27
7. 2012	8,039	192	7,847	71.7	184.6	70.6			27.0	174	43
8. 2013	7,369	10	7,359	68.8	13.2	69.2			27.0	343	73
9. 2014	8,622		8,622	77.4		77.8			27.0	1,167	236
10. 2015	9,828	66	9,762	85.0	103.1	84.9			27.0	2,720	530
11. 2016	10,628	9	10,619	86.1	13.8	86.5			27.0	5,573	860
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	10,138	1,777

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company**  
**SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2007	1,660	255	1,405	1,053	250	71	5	81		38	950	108	
3. 2008	1,992	158	1,834	484	3	78		45		4	604	121	
4. 2009	2,438	252	2,186	846	24	70	2	83		107	973	161	
5. 2010	2,655	216	2,439	1,556	143	105	2	136		13	1,652	256	
6. 2011	2,919	184	2,735	938		119		117		18	1,174	176	
7. 2012	3,310	196	3,114	1,564	130	116	8	167		18	1,709	177	
8. 2013	3,781	206	3,575	1,560	144	154	6	207		19	1,771	189	
9. 2014	4,295	229	4,066	2,532	240	152	11	292		18	2,725	226	
10. 2015	4,420	256	4,164	1,305		30		195		17	1,530	249	
11. 2016	4,586	293	4,293	759		12		152		7	923	207	
12. Totals	XXX	XXX	XXX	12,597	934	907	34	1,475		259	14,011	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2007													
3. 2008													
4. 2009													
5. 2010	.41		203				21					265	
6. 2011	.20		9				4		3			36	
7. 2012	.85		25				14		10			134	1
8. 2013	444		226	1			93		19			.781	8
9. 2014	744	93	237	.46			210		.46			1,098	14
10. 2015	1,291	310	425	.41			149		.57			1,571	31
11. 2016	913	43	674	23			156		234			1,911	64
12. Totals	3,538	446	1,799	111			647		369			5,796	118

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2007	1,205	255	.950	.72.6	100.0	.67.6				27.0	
3. 2008	.607	3	.604	.30.5	1.9	.32.9				27.0	
4. 2009	.999	.26	.973	.41.0	.10.3	.44.5				27.0	
5. 2010	2,062	145	1,917	.77.7	.67.1	.78.6				27.0	.244
6. 2011	1,210		1,210	.41.5		.44.2				27.0	.29
7. 2012	1,981	138	1,843	.59.8	.70.4	.59.2				27.0	.110
8. 2013	2,703	151	2,552	.71.5	.73.3	.71.4				27.0	.669
9. 2014	4,213	390	3,823	.98.1	.170.3	.94.0				27.0	.842
10. 2015	3,452	351	3,101	.78.1	.137.1	.74.5				27.0	.1,365
11. 2016	2,900	66	2,834	.63.2	.22.5	.66.0				27.0	.1,521
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		1,016

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2007													
3. 2008													
4. 2009													
5. 2010													
6. 2011													
7. 2012													
8. 2013													
9. 2014													
10. 2015													
11. 2016													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2007																
3. 2008																
4. 2009																
5. 2010																
6. 2011																
7. 2012																
8. 2013																
9. 2014																
10. 2015																
11. 2016																
12. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2007											
3. 2008											
4. 2009											
5. 2010											
6. 2011											
7. 2012											
8. 2013											
9. 2014											
10. 2015											
11. 2016											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX			13						13	XXX
2. 2007	2,658	325	2,333	1,332	114	118	3	109			73	1,442	162
3. 2008	3,245	352	2,893	1,805	502	173	18	118			8	1,576	253
4. 2009	3,637	491	3,146	1,765	287	189	4	157			19	1,820	314
5. 2010	3,962	514	3,448	1,963	75	290	2	187			19	2,363	561
6. 2011	4,298	553	3,745	3,005	721	283	24	295			51	2,838	327
7. 2012	4,812	637	4,175	2,668	670	200	27	306			39	2,477	334
8. 2013	5,720	713	5,007	3,569	662	392	31	408			32	3,676	292
9. 2014	6,675	863	5,812	2,611	175	258	9	368			30	3,053	310
10. 2015	6,939	863	6,076	1,712	51	156		239			36	2,056	282
11. 2016	7,318	898	6,420	1,734	122	62		258			4	1,932	225
12. Totals	XXX	XXX	XXX	22,164	3,379	2,134	118	2,445			311	23,246	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.	20											20	1
2. 2007													
3. 2008													
4. 2009			2									5	1
5. 2010	62		25									136	2
6. 2011	34		19	4								103	2
7. 2012	21		70	1								148	2
8. 2013	146		30	8								369	9
9. 2014	636	45	122	3								1,020	24
10. 2015	550	2	246	30								1,236	36
11. 2016	645	10	834	216								1,827	56
12. Totals	2,114	57	1,348	262								4,864	133

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	20	
2. 2007	1,559	117	1,442	58.7	36.0	61.8				27.0	
3. 2008	2,096	520	1,576	64.6	147.7	54.5				27.0	
4. 2009	2,116	291	1,825	58.2	59.3	58.0				27.0	2
5. 2010	2,576	77	2,499	65.0	15.0	72.5				27.0	87
6. 2011	3,690	749	2,941	85.9	135.4	78.5				27.0	49
7. 2012	3,323	698	2,625	69.1	109.6	62.9				27.0	58
8. 2013	4,746	701	4,045	83.0	98.3	80.8				27.0	168
9. 2014	4,305	232	4,073	64.5	26.9	70.1				27.0	710
10. 2015	3,375	83	3,292	48.6	9.6	54.2				27.0	764
11. 2016	4,107	348	3,759	56.1	38.8	58.6				27.0	1,253
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3,143	1,721

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

**N O N E**

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

**N O N E**

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

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company**  
**SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2007	1,627	484	1,143	.408	74	.41		.72		4	.447	79	
3. 2008	1,605	556	1,049	.356		.81		.35			.472	139	
4. 2009	1,567	569	.998	.491	243	.38		.34		1	.320	367	
5. 2010	1,528	594	.934	.375	180	.56	2	.47		4	.296	91	
6. 2011	1,626	660	.966	.363	55	.77	13	.37		2	.409	47	
7. 2012	1,765	761	1,004	.172		.22		.27		2	.221	52	
8. 2013	1,888	823	1,065	.614	.363	.69		.68		1	.388	45	
9. 2014	1,952	893	1,059	.806	.622	.28		.107		1	.319	39	
10. 2015	1,987	890	1,097	.93		.16		.26		1	.135	25	
11. 2016	1,849	901	948	.34		4		11			49	19	
12. Totals	XXX	XXX	XXX	3,712	1,537	432	15	464		16	3,056	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.	36												36
2. 2007													
3. 2008													
4. 2009													
5. 2010									2				2
6. 2011			4					.3					7
7. 2012	52		28					18		1			99
8. 2013	433	194	201	.97				40		13			396
9. 2014	72		97					11		8			188
10. 2015	304	243	238	121				87		23			288
11. 2016	370	243	397	147				161		55			593
12. Totals	1,267	680	965	365				320		102			1,609
													4

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		36
2. 2007	521	74	447	32.0	15.3	.39.1				27.0	
3. 2008	472		472	29.4		.45.0				27.0	
4. 2009	563	243	320	35.9	42.7	.32.1				27.0	
5. 2010	480	182	298	31.4	30.6	.31.9				27.0	2
6. 2011	484	68	416	29.8	10.3	.43.1				27.0	4
7. 2012	320		320	18.1		.31.9				27.0	3
8. 2013	1,438	654	.784	.76.2	79.5	.73.6				27.0	19
9. 2014	1,129	622	.507	.57.8	69.7	.47.9				27.0	53
10. 2015	787	364	.423	.39.6	40.9	.38.6				27.0	19
11. 2016	1,032	390	642	55.8	43.3	67.7				27.0	110
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		422

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2007													
3. 2008													
4. 2009													
5. 2010													
6. 2011													
7. 2012													
8. 2013													
9. 2014													
10. 2015													
11. 2016													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2007													
3. 2008													
4. 2009													
5. 2010													
6. 2011													
7. 2012													
8. 2013													
9. 2014													
10. 2015													
11. 2016													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2007											
3. 2008											
4. 2009											
5. 2010											
6. 2011											
7. 2012											
8. 2013											
9. 2014											
10. 2015											
11. 2016											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY AND THEFT)**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX			1				8	1	XXX	
2. 2015	5,638	354	5,284	2,083		60		229		102	2,372	XXX	
3. 2016	5,686	355	5,331	1,466		30		173		14	1,669	XXX	
4. Totals	XXX	XXX	XXX	3,549		91		402		124	4,042	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior			3				1					4				
2. 2015	1		9				2		3			15	1			
3. 2016	310		103				19		28			460	22			
4. Totals	311		115				22		31			479	23			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3	1
2. 2015	2,387		2,387	42.3		45.2			27.0	10	5
3. 2016	2,129		2,129	37.4		39.9			27.0	413	47
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	426	53

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(52)	2	3		(2)		60	(53)	XXX	
2. 2015	10,515	234	10,281	6,702		124	1	829		921	7,654	4	
3. 2016	11,180	240	10,940	6,747		61		833		613	7,641	247	
4. Totals	XXX	XXX	XXX	13,397	2	188	1	1,660		1,594	15,242	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	1		1				2					4				
2. 2015	6	16	2				5		5			2	4			
3. 2016	466	2	383				17		65			929	247			
4. Totals	473	18	386				24		70			935	251			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
2. 2015	7,673	17	7,656	73.0	7.3	74.5			27.0	(8)	10
3. 2016	8,572	2	8,570	76.7	0.8	78.3			27.0	847	82
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	841	94

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

## SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2015												XXX	
3. 2016												XXX	
4. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2015																
3. 2016																
4. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX					
2. 2015											
3. 2016											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2015		1		1								XXX	
3. 2016		1		1								XXX	
4. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2015																
3. 2016																
4. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2015									27.0		
3. 2016									27.0		
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1M - International

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2007	111	4	107	71		9		5			85	7	
3. 2008	83	9	74	2		2		1			5	4	
4. 2009	73	2	71	8		9		1			18	19	
5. 2010	60	1	59	3		3					6	48	
6. 2011	51		51	8		4		1			13	3	
7. 2012	49		49	6							.6	1	
8. 2013	52		52	8		5		1			14	2	
9. 2014	57		57	1		3					4	2	
10. 2015	57		57									1	
11. 2016	52		52									1	
12. Totals	XXX	XXX	XXX	107		35		9			151	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2007													
3. 2008													
4. 2009													
5. 2010													
6. 2011													
7. 2012													
8. 2013													
9. 2014													
10. 2015													
11. 2016	1											1	1
12. Totals	1											1	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2007	85		85	76.6		79.4			27.0		
3. 2008	5		5	6.0		.8			27.0		
4. 2009	18		18	24.7		25.4			27.0		
5. 2010	6		6	10.0		10.2			27.0		
6. 2011	13		13	25.5		25.5			27.0		
7. 2012	6		6	12.2		12.2			27.0		
8. 2013	14		14	26.9		26.9			27.0		
9. 2014	4		4	7.0		7.0			27.0		
10. 2015									27.0		
11. 2016	1		1	1.9		1.9			27.0	1	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1	

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

**N O N E**

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

**N O N E**

Schedule P - Part 1T - Warranty

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 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	1,391	.875	507	.446	.425	.421	.415	.414	.414	.414		
2. 2007	6,321	5,778	5,368	5,249	5,233	5,229	5,230	5,229	5,229	5,229		
3. 2008	XXX	7,153	6,464	6,312	6,284	6,266	6,269	6,276	6,276	6,288	12	12
4. 2009	XXX	XXX	6,460	5,994	5,994	6,032	5,925	5,921	5,921	5,921		
5. 2010	XXX	XXX	XXX	6,790	6,323	6,192	6,160	6,128	6,124	6,124		(4)
6. 2011	XXX	XXX	XXX	XXX	9,451	8,998	8,940	8,759	8,759	8,755	(4)	(4)
7. 2012	XXX	XXX	XXX	XXX	XXX	7,589	7,372	7,334	7,359	7,332	(27)	(2)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	8,793	8,316	8,198	8,193	(5)	(123)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,037	6,461	6,303	(158)	(734)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,028	5,704	(324)	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,458	XXX	XXX
											12. Totals	(506)
												(855)

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

1. Prior	3,930	2,871	2,552	2,289	2,280	2,260	2,242	2,235	2,237	2,232	(5)	(3)
2. 2007	8,008	7,246	6,903	6,746	6,652	6,605	6,613	6,606	6,613	6,612	(1)	6
3. 2008	XXX	8,698	7,803	7,868	7,635	7,613	7,607	7,602	7,584	7,570	(14)	(32)
4. 2009	XXX	XXX	9,440	8,870	8,555	8,484	8,285	8,232	8,178	8,132	(46)	(100)
5. 2010	XXX	XXX	XXX	9,356	9,285	9,090	8,951	8,714	8,562	8,572	10	(142)
6. 2011	XXX	XXX	XXX	XXX	8,774	8,313	8,042	7,779	7,742	7,697	(45)	(82)
7. 2012	XXX	XXX	XXX	XXX	XXX	8,379	8,017	7,594	7,515	7,330	(185)	(264)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	7,358	7,417	7,220	6,842	(378)	(575)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,102	8,017	7,992	(25)	(110)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,156	8,867	(289)	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,503	XXX	XXX
											12. Totals	(978)
												(1,302)

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

1. Prior	.405	.327	.344	.317	.297	.299	.297	.297	.297	.297		
2. 2007	918	942	1,018	1,072	883	875	869	869	869	869		
3. 2008	XXX	695	.756	.743	.566	.610	.583	.584	.559	.559		(25)
4. 2009	XXX	XXX	1,073	1,081	967	905	894	898	890	890		(8)
5. 2010	XXX	XXX	XXX	2,313	1,992	1,818	1,663	1,549	1,549	1,781	232	232
6. 2011	XXX	XXX	XXX	XXX	1,866	1,485	1,234	1,126	1,071	1,090	19	(36)
7. 2012	XXX	XXX	XXX	XXX	XXX	1,832	1,868	1,886	1,789	1,666	(123)	(220)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,999	1,814	1,823	2,326	503	512
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,317	3,503	3,485	(18)	168
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,813	2,849	36	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,448	XXX	XXX
											12. Totals	649
												623

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

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XXX	XXX							
9. 2014	XXX	XXX	XXX	XXX	XXX							
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
											12. Totals	

**NONE**

**SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL**

1. Prior	.990	.698	.492	.378	.369	.347	.348	.355	.380	.410	30	.55
2. 2007	1,791	1,571	1,345	1,464	1,456	1,342	1,341	1,332	1,333	1,333		1
3. 2008	XXX	1,471	1,395	1,517	1,506	1,476	1,459	1,450	1,451	1,458		.8
4. 2009	XXX	XXX	1,778	1,678	1,691	1,564	1,543	1,545	1,611	1,665	54	120
5. 2010	XXX	XXX	XXX	2,443	2,407	2,409	2,194	2,236	2,299	2,312	13	76
6. 2011	XXX	XXX	XXX	XXX	2,654	2,771	2,675	2,691	2,629	2,645	16	(46)
7. 2012	XXX	XXX	XXX	XXX	XXX	2,910	2,402	2,237	2,255	2,318	63	.81
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	3,773	3,942	3,959	3,620	(339)	(322)
9. 2014	XXX	3,240	3,261	3,697	436	457						
10. 2015	XXX	2,986	3,021	35	XXX							
11. 2016	XXX	3,322	XXX	XXX								
											12. Totals	315
												430

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$'000 OMITTED)										DEVELOPMENT	
	1 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												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XX	XX							
8. 2013	XXX	XXX	XXX	XX	XX	XX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**NON**

## 12. Totals

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

# **NONE**

12 Totals

**SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)**

12. Totals

**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

SCHEDULE I - PART 211 - SECTION I - OTHER LIABILITY - OCCURRENCE											
1. Prior	822	467	.500	.409	.391	.344	.343	.339	.334	.334	(5)
2. 2007	751	.566	.396	.390	.392	.394	.393	.375	.375	.375	
3. 2008	XXX	610	.561	.385	.376	.363	.360	.441	.437	.437	(4)
4. 2009	XXX	XXX	.370	.379	.294	.296	.291	.294	.287	.286	(1) (8)
5. 2010	XXX	XXX	XXX	.237	.387	.343	.385	.255	.247	.249	2 (6)
6. 2011	XXX	XXX	XXX	XXX	.295	.486	.437	.458	.385	.379	(6) (79)
7. 2012	XXX	XXX	XXX	XXX	XXX	.279	.364	.263	.284	.292	8 29
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.495	.510	.655	.703	.48 193
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.504	.560	.392	(168) (112)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.417	.374	(43) XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.576	XXX	XXX

12. Totals

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8

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

10. Totals

1

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	485	183	175	(8)	(310)
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,422	2,155	(267)	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,928	XXX	XXX
											4. Totals	(275) (310)

**SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	861	357	291	(66)	(570)						
2. 2015	XXX	7,374	6,822	(552)	XXX							
3. 2016	XXX	7,672	XXX	XXX								
											4. Totals	(618) (570)

**SCHEDULE P - PART 2K - FIDELITY/SURETY**

1. Prior	XXX											
2. 2015	XXX					XXX						
3. 2016	XXX				XXX	XXX						
											4. Totals	

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

1. Prior	XXX	1				(1)						
2. 2015	XXX	1		(1)	XXX							
3. 2016	XXX		XXX	XXX								
											4. Totals	(1) (1)

**SCHEDULE P - PART 2M - INTERNATIONAL**

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XX							
8. 2013	XXX	XXX	XXX	XX	XX	XX						
9. 2014	XXX	XXX	XXX	XXX	XX	XX	XX					
10. 2015	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals	

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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 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	.45	32	60	50	39	38	38	38	38	38		
2. 2007	95	99	97	93	82	81	80	80	80	80		
3. 2008	XXX	11	9	4	4	4	4	4	4	4		
4. 2009	XXX	XXX	63	29	22	18	17	17	17	17		
5. 2010	XXX	XXX	XXX	12	.5	.5	6	6	6	6		
6. 2011	XXX	XXX	XXX	XXX	38	22	19	12	12	12		
7. 2012	XXX	XXX	XXX	XXX	XXX	13	12	6	6	6		
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	19	20	14	13	(1)	(7)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	29	4	(25)	(12)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	(1)	XXX	
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	XXX	XXX
											12. Totals	(27) (19)

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

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XX	XX							
8. 2013	XXX	XXX	XXX	XX	XX	XX						
9. 2014	XXX	XXX	XXX	XXX	XX	XX	XX					
10. 2015	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
											12. Totals	

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

1. Prior	XXX											
2. 2015	XXX					XXX						
3. 2016	XXX	XXX	XXX	XX	XX	XX	XX					XXX
											4. Totals	

**SCHEDULE P - PART 2T - WARRANTY**

1. Prior	XXX											
2. 2015	XXX					XXX						
3. 2016	XXX	XXX	XXX	XX	XX	XX	XX					XXX
											4. Totals	

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**SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	.000	240	401	406	411	410	414	414	414	.414	128	
2. 2007	4,131	4,998	5,196	5,224	5,230	5,229	5,229	5,229	5,229	5,229	879	160
3. 2008	XXX	4,976	6,026	6,123	6,230	6,239	6,242	6,248	6,248	6,264	1,714	251
4. 2009	XXX	XXX	4,943	5,711	5,852	5,882	5,912	5,917	5,917	5,917	1,377	313
5. 2010	XXX	XXX	XXX	5,076	5,972	6,086	6,120	6,124	6,124	6,124	1,007	1,043
6. 2011	XXX	XXX	XXX	XXX	7,446	8,515	8,701	8,735	8,743	8,751	1,507	207
7. 2012	XXX	XXX	XXX	XXX	XXX	5,927	6,921	7,127	7,181	7,242	1,612	181
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	6,427	8,001	8,079	8,174	923	174
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,413	6,196	6,217	639	142
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,257	5,315	566	136
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,807	459	102

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

1. Prior	.000	1,158	1,681	1,964	2,104	2,198	2,209	2,205	2,234	2,232	2,803	
2. 2007	2,964	5,090	5,965	6,307	6,507	6,548	6,573	6,603	6,602	6,612	1,379	282
3. 2008	XXX	3,393	5,388	6,538	7,200	7,456	7,522	7,573	7,566	7,570	1,487	332
4. 2009	XXX	XXX	3,549	6,226	7,206	7,803	7,945	8,091	8,105	8,124	1,491	578
5. 2010	XXX	XXX	XXX	3,905	6,492	7,354	8,052	8,363	8,454	8,526	1,462	1,026
6. 2011	XXX	XXX	XXX	XXX	3,748	5,673	6,580	7,154	7,495	7,561	1,124	238
7. 2012	XXX	XXX	XXX	XXX	XXX	3,065	5,099	6,322	6,965	7,119	882	155
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	2,653	4,904	5,907	6,451	874	135
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,195	5,336	6,652	813	129
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,602	5,757	721	130
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,580	478	90

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

1. Prior	.000	85	190	291	297	297	297	297	297	297	59	
2. 2007	.266	423	620	800	831	869	869	869	869	869	97	11
3. 2008	XXX	251	360	420	488	516	546	547	559	559	102	19
4. 2009	XXX	XXX	308	506	614	763	842	877	890	890	116	45
5. 2010	XXX	XXX	XXX	445	848	1,262	1,460	1,471	1,477	1,516	144	112
6. 2011	XXX	XXX	XXX	XXX	447	659	856	979	1,017	1,057	150	26
7. 2012	XXX	XXX	XXX	XXX	XXX	524	836	1,306	1,400	1,542	146	30
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	606	1,110	1,288	1,564	156	25
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	938	1,831	2,433	191	21
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.881	1,335	193	25
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	771	127	16

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

1. Prior	.000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**NONE**

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

1. Prior	.000	160	291	304	347	347	348	355	377	.390	33	
2. 2007	.863	1,156	1,189	1,285	1,299	1,322	1,323	1,332	1,333	1,333	125	.37
3. 2008	XXX	788	823	1,077	1,380	1,402	1,406	1,412	1,451	1,458	205	48
4. 2009	XXX	XXX	1,040	1,333	1,414	1,446	1,507	1,524	1,557	1,663	208	105
5. 2010	XXX	XXX	XXX	1,034	1,561	1,949	2,032	2,086	2,162	2,176	278	281
6. 2011	XXX	XXX	XXX	XXX	1,465	1,990	2,191	2,391	2,494	2,543	265	60
7. 2012	XXX	XXX	XXX	XXX	XXX	1,460	1,960	2,028	2,143	2,171	274	58
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,563	2,392	2,726	3,268	228	55
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,694	2,363	2,685	228	58
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,274	1,817	202	44
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,674	137	32

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	.000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XX								
7. 2012	XXX	XXX	XXX	XX	XX							
8. 2013	XXX	XXX	XXX	XXX	XX	XX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	.000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XX							
8. 2013	XXX	XXX	XXX	XX	XX							
9. 2014	XXX	XXX	XXX	XX	XX							
10. 2015	XXX	XXX	XXX	XXX	XX	XX						
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	.000										XXX	XXX
2. 2007											XXX	XXX
3. 2008	XXX										XXX	XXX
4. 2009	XXX	XXX									XXX	XXX
5. 2010	XXX	XXX	XXX								XXX	XXX
6. 2011	XXX	XXX	XXX	XXX							XXX	XXX
7. 2012	XXX	XXX	XXX	XXX	XX						XXX	XXX
8. 2013	XXX	XXX	XXX	XX	XX						XXX	XXX
9. 2014	XXX	XXX	XXX	XX	XX						XXX	XXX
10. 2015	XXX	XXX	XXX	XX	XX						XXX	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

1. Prior	.000	136	.199	281	293	293	293	293	298	298	192	
2. 2007	120	251	.350	364	373	373	374	375	375	375	65	14
3. 2008	XXX	83	234	295	305	356	360	372	437	437	110	29
4. 2009	XXX	XXX	62	167	252	263	273	273	286	286	306	61
5. 2010	XXX	XXX	XXX	58	114	169	202	240	242	249	46	45
6. 2011	XXX	XXX	XXX	XXX	85	124	313	335	372	372	34	13
7. 2012	XXX	XXX	XXX	XXX	XXX	89	163	188	192	194	38	14
8. 2013	XXX	XXX	XXX	XXX	XXX	68	176	256	320	320	32	13
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	88	166	212	212	28	10
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36	109	109	17	8
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	38	12	4

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

1. Prior	.000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XX	XX							
9. 2014	XXX	XXX	XXX	XX	XX							
10. 2015	XXX	XXX	XXX	XX	XX							
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	170	.171	XXX	XXX
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,883	2,143	XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,496	XXX	XXX

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	.000	.338	.287								
2. 2015	XXX	.6,516	.6,825									
3. 2016	XXX	XXX	.6,808									

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

1. Prior	XXX											
2. 2015	XXX											
3. 2016	XXX											

**NONE**

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

1. Prior	XXX											
2. 2015	XXX											
3. 2016	XXX											

**NONE**

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior	.000										XXX	XXX
2. 2007											XXX	XXX
3. 2008	XXX										XXX	XXX
4. 2009	XXX	XXX									XXX	XXX
5. 2010	XXX	XXX	XXX								XXX	XXX
6. 2011	XXX	XXX	XXX	XXX							XXX	XXX
7. 2012	XXX	XXX	XXX	XXX	XX						XXX	XXX
8. 2013	XXX	XXX	XXX	XXX	XX	XX					XXX	XXX
9. 2014	XXX	XXX	XXX	XXX	XXX	XX	XX				XXX	XXX
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**NONE**

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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	.000	6	23	26	38	38	38	38	38	38	3	
2. 2007	54	75	80	81	80	80	80	80	80	80	6	1
3. 2008	XXX	1	2	3	4	4	4	4	4	4	2	2
4. 2009	XXX	XXX	3	7	.9	17	17	17	17	17	10	9
5. 2010	XXX	XXX	XXX	3	.3	3	6	6	6	6	22	26
6. 2011	XXX	XXX	XXX	XXX	9	9	12	12	12	12	3	
7. 2012	XXX	XXX	XXX	XXX	XXX	2	6	6	6	6	1	
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	7	7	13	13	2	
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	1	1
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	.000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XX	XX						
8. 2013	XXX	XXX	XXX	XXX	XX	XX	XX					
9. 2014	XXX	XXX	XXX	XXX	X	X	X	X				
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	XXX	.000			XXX	XXX						
2. 2015	XXX			XXX	XXX							
3. 2016	XXX	XXX	XXX	XXX	XX	XX	XX	XX	XXX		XXX	XXX

**SCHEDULE P - PART 3T - WARRANTY**

1. Prior	XXX	.000										
2. 2015	XXX											
3. 2016	XXX	XXX	XXX	XXX	XX	XX	XX	XX	XXX			

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	924	385	66	14	5	2	1			
2. 2007	1,231	460	134	25	3		1			
3. 2008	XXX	1,202	230	54	18	9	9	10	10	9
4. 2009	XXX	XXX	782	80	105	54	4	.1	.1	.1
5. 2010	XXX	XXX	XXX	1,052	272	83	37	.4		
6. 2011	XXX	XXX	XXX	XXX	977	285	117	11	4	.1
7. 2012	XXX	XXX	XXX	XXX	XXX	777	161	.87	.57	.32
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	873	228	42	.8
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	806	155	.47
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	600	156
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	770

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

1. Prior	1,902	677	307	84	62	15		(1)		
2. 2007	2,187	950	366	160	63	16		5		
3. 2008	XXX	2,334	817	464	134	63	44	16	6	
4. 2009	XXX	XXX	2,298	976	489	242	125	.47	.11	.3
5. 2010	XXX	XXX	XXX	2,145	1,166	688	419	.174	.42	.11
6. 2011	XXX	XXX	XXX	XXX	1,996	946	539	.231	.150	.87
7. 2012	XXX	XXX	XXX	XXX	XXX	2,036	973	.454	.240	.113
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,776	1,086	.547	.119
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,796	.826	.496
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,034	1,066
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,119

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

1. Prior	262	83	43	15		2				
2. 2007	309	144	165	219	18	.6				
3. 2008	XXX	.314	308	232	.31	39	.17	.17		
4. 2009	XXX	XXX	482	352	111	30	.13	.6		
5. 2010	XXX	XXX	XXX	1,161	621	337	185	.37	.27	.224
6. 2011	XXX	XXX	XXX	XXX	1,143	675	188	.101	.19	.13
7. 2012	XXX	XXX	XXX	XXX	XXX	.777	.513	.342	.171	.39
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.867	.402	.189	.318
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,213	.753	.401
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,011	.533
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	807

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

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX	XXX					
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2014	XXX									
10. 2015	XXX									
11. 2016	XXX									

**NONE**

**SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL**

1. Prior	712	.434	173	32	.19					1
2. 2007	.573	.352	.99	54	.45	.9	7			
3. 2008	XXX	.389	292	183	.91	45	26	.16		2
4. 2009	XXX	XXX	437	233	187	63	23	.10	.27	.2
5. 2010	XXX	XXX	XXX	.780	492	370	107	.90	.74	.74
6. 2011	XXX	XXX	XXX	XXX	690	556	238	.173	.80	.68
7. 2012	XXX	XXX	XXX	XXX	XXX	1,007	.312	.115	.72	.126
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,261	.884	.653	.206
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.927	.422	.421
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,076	.656
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,013

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XX	XX						
6. 2011	XXX	XXX	XX	XX	XX					
7. 2012	XXX	XXX	XX	XX	XX	XX				
8. 2013	XXX	XXX	XX	XX	XX	XX	XX			
9. 2014	XXX	XXX	XX	XX	XX	XX	XX	XX		
10. 2015	XXX	XXX	XX	XX	XX	XX	XX	XX	XX	
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XX	XXX						
7. 2012	XXX	XXX	XX	XXX	XX					
8. 2013	XXX	XXX	XX	XX	XX	XX				
9. 2014	XXX	XXX	XX	XX	XX	XX	XX	XXX		
10. 2015	XXX	XXX	XX	XXX	XX	XX	XX	XX	XXX	
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XX	XXX						
7. 2012	XXX	XXX	XX	XXX	XX					
8. 2013	XXX	XXX	XX	XX	XX					
9. 2014	XXX	XXX	XX	XX	XX	XX		XXX		
10. 2015	XXX	XXX	XX	XXX	XX	XX	XX	XX	XXX	
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior	.433	132	117	37	.31	.9	8	.4		
2. 2007	399	194	22	.8	7	.9	7			
3. 2008	XXX	375	258	46	.36	.7		.37		
4. 2009	XXX	XXX	180	127	21	17	6	.9	1	
5. 2010	XXX	XXX	XXX	109	190	.110	143	.8	5	
6. 2011	XXX	XXX	XXX	XXX	.66	146	.41	.64	12	.7
7. 2012	XXX	XXX	XXX	XXX	XXX	.126	159	.35	39	.46
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	330	.129	174	.144
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.292	299	.108
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.282	.204
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	411

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

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XX	XXX						
7. 2012	XXX	XXX	XX	XXX	XX					
8. 2013	XXX	XXX	XX	XX	XX					
9. 2014	XXX	XXX	XX	XX	XX	XX		XXX		
10. 2015	XXX	XXX	XX	XXX	XX	XX	XX	XX	XXX	
11. 2016	XXX									

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	292	10	4
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX		216	11
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		122

**SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	406	12	3						
2. 2015	XXX		478	7						
3. 2016	XXX		400							

**SCHEDULE P - PART 4K - FIDELITY/SURETY**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2015	XXX	XXX	X	XXX	XXX	X	XXX			
3. 2016	XXX	XXX	X	XXX	X	XX	XXX	XXX		

**NONE**

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

1. Prior	XXX	1								
2. 2015	XXX									
3. 2016	XXX									

**SCHEDULE P - PART 4M - INTERNATIONAL**

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	X	XXX						
7. 2012	XXX	XXX	X	XXX	X					
8. 2013	XXX	XXX	X	XXX	X	X				
9. 2014	XXX	XXX	X	XXX	XXX	X	X			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**NONE**

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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.....	.36	.15	.31	.19	.1					
2. 2007.....	.26	.17	.14	.12	.2	.1				
3. 2008.....	XXX.....	.11	.6	.1						
4. 2009.....	XXX.....	XXX.....	.57	.14	.6	.1				
5. 2010.....	XXX.....	XXX.....	XXX.....	.9	.2	.2				
6. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	.25	.11	.3			
7. 2012.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.5	.6			
8. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.8	.9	.1	
9. 2014.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.7	.24	
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.1	
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

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

1. Prior.....										
2. 2007.....										
3. 2008.....	XXX.....									
4. 2009.....	XXX.....	XXX.....								
5. 2010.....	XXX.....	XXX.....	XXX.....							
6. 2011.....	XXX.....	XXX.....	XX	XXX.....						
7. 2012.....	XXX.....	XXX.....	XX	XXX.....	XX					
8. 2013.....	XXX.....	XXX.....	XX	XXX.....	XX	X				
9. 2014.....	XXX.....	XXX.....	XX	XXX.....	XX	X	X			
10. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		
11. 2016.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	

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

1. Prior.....	XXX.....									
2. 2015.....	XXX.....	XXX.....	XX	XXX.....	XX	X	XX	XXX.....		
3. 2016.....	XXX.....	XXX.....	XX	XXX.....	XX	X	XX	XXX.....	XXX.....	

**SCHEDULE P - PART 4T - WARRANTY**

1. Prior.....	XXX.....									
2. 2015.....	XXX.....	XXX.....	XX	XXX.....	XX	X	XX	XXX.....		
3. 2016.....	XXX.....	XXX.....	XX	XXX.....	XX	X	XX	XXX.....	XXX.....	

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company**  
**SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	283	142	(21)	4	1	1		.1		
2. 2007	731	851	869	875	875	877	878	879	879	879
3. 2008	XXX	1,461	1,689	1,705	1,708	1,711	1,712	1,714	1,714	1,714
4. 2009	XXX	XXX	1,219	1,357	1,369	1,374	1,376	1,377	1,377	1,377
5. 2010	XXX	XXX	XXX	879	993	1,002	1,006	1,007	1,007	1,007
6. 2011	XXX	XXX	XXX	XXX	1,343	1,492	1,500	1,505	1,506	1,507
7. 2012	XXX	XXX	XXX	XXX	XXX	1,460	1,594	1,604	1,608	1,612
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	769	907	917	923
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	539	628	639
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	488	566
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	459

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	34	5	3	1						
2. 2007	97	19	2							
3. 2008	XXX	181	15	4	2	1	1	1	1	1
4. 2009	XXX	XXX	86	12	4	2	1			
5. 2010	XXX	XXX	XXX	80	9	3	1	.1		
6. 2011	XXX	XXX	XXX	XXX	108	11	4	2	1	1
7. 2012	XXX	XXX	XXX	XXX	XXX	92	15	9	6	3
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	114	10	3	2
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	73	8	3
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	77	13
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	123	62	287	9	(3)	1		.1		
2. 2007	957	1,003	1,024	1,034	1,035	1,037	1,038	1,039	1,039	1,039
3. 2008	XXX	1,793	1,934	1,960	1,961	1,963	1,964	1,966	1,966	1,966
4. 2009	XXX	XXX	1,454	1,679	1,686	1,689	1,690	1,690	1,690	1,690
5. 2010	XXX	XXX	XXX	1,979	2,042	2,047	2,050	2,051	2,050	2,050
6. 2011	XXX	XXX	XXX	XXX	1,625	1,707	1,710	1,713	1,714	1,715
7. 2012	XXX	XXX	XXX	XXX	XXX	1,706	1,788	1,794	1,795	1,796
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,029	1,089	1,094	1,099
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	737	776	784
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	683	715
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	641

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company**  
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	666	435	39	26	2,288	7	5	2	1	
2. 2007	707	986	1,024	1,050	1,372	1,376	1,378	1,379	1,379	1,379
3. 2008	XXX	796	1,004	1,064	1,459	1,474	1,481	1,484	1,486	1,487
4. 2009	XXX	XXX	672	960	1,433	1,464	1,478	1,487	1,490	1,491
5. 2010	XXX	XXX	XXX	725	1,341	1,409	1,444	1,456	1,460	1,462
6. 2011	XXX	XXX	XXX	XXX	754	996	1,076	1,104	1,119	1,124
7. 2012	XXX	XXX	XXX	XXX	XXX	521	792	848	870	882
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	595	805	853	874
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	514	742	813
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	517	721
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	478

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	101	8	15	8	6	2	2	2		
2. 2007	313	48	26	9	4	2	1			
3. 2008	XXX	134	82	36	15	5	2	1	1	
4. 2009	XXX	XXX	391	98	47	19	10	5	3	1
5. 2010	XXX	XXX	XXX	420	111	38	12	7	4	2
6. 2011	XXX	XXX	XXX	XXX	440	105	40	15	6	1
7. 2012	XXX	XXX	XXX	XXX	XXX	363	105	35	14	5
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	343	79	27	8
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	388	112	33
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	398	117
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	427

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	113	76	1,092	48	2,828	4	5	2	(1)	
2. 2007	1,072	1,103	1,208	1,245	1,657	1,659	1,661	1,661	1,661	1,661
3. 2008	XXX	1,232	1,261	1,349	1,804	1,810	1,815	1,817	1,819	1,819
4. 2009	XXX	XXX	1,164	1,511	2,055	2,060	2,066	2,070	2,071	2,070
5. 2010	XXX	XXX	XXX	2,003	2,459	2,468	2,481	2,489	2,490	2,490
6. 2011	XXX	XXX	XXX	XXX	1,353	1,323	1,351	1,356	1,363	1,363
7. 2012	XXX	XXX	XXX	XXX	XXX	966	1,039	1,036	1,039	1,042
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,011	1,007	1,013	1,017
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	970	974	975
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	991	968
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	995

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company**  
**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	40	.18	.3	1	.37					
2. 2007	62	83	87	89	96	97	97	.97	97	.97
3. 2008	XXX	70	.91	95	101	102	102	102	102	102
4. 2009	XXX	XXX	.69	98	110	112	114	.115	116	116
5. 2010	XXX	XXX	XXX	87	127	137	141	.142	143	144
6. 2011	XXX	XXX	XXX	XXX	.98	134	142	.147	148	150
7. 2012	XXX	XXX	XXX	XXX	XXX	92	128	.139	143	146
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	103	.144	.151	.156
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.125	.178	.191
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.143	.193
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	.5		.1							
2. 2007	.24	3	.4	2	1					
3. 2008	XXX	9	.6	4	1	1				
4. 2009	XXX	XXX	.32	10	4	.3	2	.1		
5. 2010	XXX	XXX	XXX	49	13	.5	.1	.1	1	
6. 2011	XXX	XXX	XXX	XXX	43	12	5	2	1	
7. 2012	XXX	XXX	XXX	XXX	XXX	51	.17	.7	3	1
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.48	.16	.13	.8
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.65	25	.14
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.73	.31
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	64

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	14	9	.34	1	.43					
2. 2007	.86	.90	.98	102	108	108	108	.108	108	108
3. 2008	XXX	.96	111	.116	121	.122	121	.121	121	121
4. 2009	XXX	XXX	.112	152	159	160	161	.161	161	161
5. 2010	XXX	XXX	XXX	238	250	253	253	.255	256	256
6. 2011	XXX	XXX	XXX	XXX	157	.171	173	.175	175	176
7. 2012	XXX	XXX	XXX	XXX	XXX	.161	173	.176	176	177
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.165	.183	.188	.189
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.203	.222	.226
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.228	.249
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	207

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

**N O N E**

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

**N O N E**

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

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company**  
**SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	37	21	4	5	3					
2. 2007	86	112	117	121	123	124	124	125	125	125
3. 2008	XXX	135	183	194	199	202	203	203	204	205
4. 2009	XXX	XXX	126	187	196	202	204	206	207	208
5. 2010	XXX	XXX	XXX	213	256	267	272	274	277	278
6. 2011	XXX	XXX	XXX	XXX	180	239	249	258	262	265
7. 2012	XXX	XXX	XXX	XXX	XXX	199	255	266	271	274
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	153	202	215	228
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	154	212	228
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	143	202
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	12	1	2	2			1	.1	1	.1
2. 2007	23	6	4	2	2	1	1			
3. 2008	XXX	23	11	7	4	1	1	2	1	
4. 2009	XXX	XXX	32	.9	12	2	2	.1	1	.1
5. 2010	XXX	XXX	XXX	45	54	8	5	.5	2	2
6. 2011	XXX	XXX	XXX	XXX		19	13	.6	3	2
7. 2012	XXX	XXX	XXX	XXX	XXX	45	13	.7	3	2
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	53	.21	19	9
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.65	31	24
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67	.36
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	20	.12	.51	.8	.1		1			
2. 2007	131	142	154	160	162	162	162	162	162	162
3. 2008	XXX	196	227	248	251	251	252	253	253	253
4. 2009	XXX	XXX	184	299	313	309	311	312	313	314
5. 2010	XXX	XXX	XXX	520	587	555	558	560	560	561
6. 2011	XXX	XXX	XXX	XXX	221	314	321	324	325	327
7. 2012	XXX	XXX	XXX	XXX	XXX	282	322	330	332	334
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	239	272	288	292
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	258	297	310
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	239	282
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	225

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company**  
**SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE**  
**SECTION 1A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	201	178	5	.5	2	1	.1			
2. 2007	41	55	61	63	64	64	64	65	65	.65
3. 2008	XXX	.39	102	106	108	109	109	109	110	110
4. 2009	XXX	XXX	286	301	304	305	306	306	306	306
5. 2010	XXX	XXX	XXX	27	.38	42	.44	.46	.46	.46
6. 2011	XXX	XXX	XXX	XXX	22	29	.31	.33	.34	.34
7. 2012	XXX	XXX	XXX	XXX	XXX	21	.33	.36	.37	.38
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.18	.25	.30	.32
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.15	.23	.28
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.11	.17
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12

**SECTION 2A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	21	1	5	.3	2	.2	2	.1	1	
2. 2007	14	3	3	1						
3. 2008	XXX	9	6	2	1					
4. 2009	XXX	XXX	13	6	2	1				
5. 2010	XXX	XXX	XXX	14	8	5	2			
6. 2011	XXX	XXX	XXX	XXX	13	5	3	.1		
7. 2012	XXX	XXX	XXX	XXX	XXX	16	6	2	1	
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	14	.9	.6	
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	9	.1
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

**SECTION 3A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	79	65	(580)	.9	.2	1	(1)			(1)
2. 2007	61	.14	76	77	.78	78	.78	79	79	.79
3. 2008	XXX	.64	130	138	138	138	138	138	139	139
4. 2009	XXX	XXX	333	365	366	367	367	367	367	367
5. 2010	XXX	XXX	XXX	80	.89	.91	.90	.91	.91	.91
6. 2011	XXX	XXX	XXX	XXX	.43	47	47	.47	.47	.47
7. 2012	XXX	XXX	XXX	XXX	XXX	46	51	.51	.52	.52
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.39	.45	.48	.45
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.37	.41	.39
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	.25
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19

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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE**  
**SECTION 1A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	.4	2	.1							
2. 2007	2	4	5	6	6	6	6	6	6	6
3. 2008	XXX	1	.1	.2	.2	.2	2	2	2	2
4. 2009	XXX	XXX	.1	.9	.9	10	.10	.10	.10	.10
5. 2010	XXX	XXX	XXX	22	22	22	22	22	22	22
6. 2011	XXX	XXX	XXX	XXX	1	2	.3	3	3	3
7. 2012	XXX	XXX	XXX	XXX	XXX		.1	1	1	.1
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1	2	2	2
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	.1
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	.1
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	.1									
2. 2007	2									
3. 2008	XXX		1							
4. 2009	XXX	XXX	.1	1	1					
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX			1			
7. 2012	XXX	XXX	XXX	XXX	XXX					
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1			
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1		
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

**SECTION 3A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	.1	2	5		(1)					
2. 2007	5	5	6	7	7	7	7	7	7	7
3. 2008	XXX	1	2	4	4	4	4	4	4	4
4. 2009	XXX	XXX	2	19	19	19	19	19	19	19
5. 2010	XXX	XXX	XXX	48	48	48	48	48	48	48
6. 2011	XXX	XXX	XXX	XXX	1	2	3	3	3	3
7. 2012	XXX	XXX	XXX	XXX	XXX			1	1	.1
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1	1	2
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	.1
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 5T - Warranty - Section 1

**N O N E**

Schedule P - Part 5T - Warranty - Section 2

**N O N E**

Schedule P - Part 5T - Warranty - Section 3

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL  
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	1,660	1,660	1,660	1,660	1,660	1,660	1,660	1,660	1,660	1,660	
3. 2008.....	XXX	1,992	1,992	1,992	1,992	1,992	1,992	1,992	1,992	1,992	
4. 2009.....	XXX	XXX	2,438	2,438	2,438	2,438	2,438	2,438	2,438	2,438	
5. 2010.....	XXX	XXX	XXX	2,655	2,655	2,655	2,655	2,655	2,655	2,655	
6. 2011.....	XXX	XXX	XXX	XXX	2,919	2,919	2,919	2,919	2,919	2,919	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	3,310	3,310	3,310	3,310	3,310	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	3,781	3,781	3,781	3,781	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	4,295	4,295	4,295	4,295	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,420	4,420	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,586	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,586
13. Earned Premiums (Sch P-Pt. 1)	1,660	1,992	2,438	2,655	2,919	3,310	3,781	4,295	4,420	4,586	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	255	255	255	255	255	255	255	255	255	255	
3. 2008.....	XXX	158	158	158	158	158	158	158	158	158	
4. 2009.....	XXX	XXX	252	252	252	252	252	252	252	252	
5. 2010.....	XXX	XXX	XXX	216	216	216	216	216	216	216	
6. 2011.....	XXX	XXX	XXX	XXX	184	184	184	184	184	184	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	196	196	196	196	196	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	206	206	206	206	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	229	229	229	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	256	256	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	293	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	293
13. Earned Premiums (Sch P-Pt. 1)	255	158	252	216	184	196	206	229	256	293	XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....											
3. 2008.....	XXX										
4. 2009.....	XXX	XXX									
5. 2010.....	XXX	XXX	XXX								
6. 2011.....	XXX	XXX	XXX								
7. 2012.....	XXX	XXX	XXX								
8. 2013.....	XXX	XXX	XXX	X	XX	XX	XX	XX	XX	XX	
9. 2014.....	XXX	XXX	XXX	X	XX	XX	XX	XX	XX	XX	
10. 2015.....	XXX	XXX	XXX	X	XX	XX	XX	XX	XX	XX	
11. 2016.....	XXX	XXX	XXX	X	XX	XX	XX	XX	XX	XX	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....											
3. 2008.....	XXX										
4. 2009.....	XXX	XXX									
5. 2010.....	XXX	XXX	XXX								
6. 2011.....	XXX	XXX	XXX								
7. 2012.....	XXX	XXX	XXX								
8. 2013.....	XXX	XXX	XXX	X	XX	XX	XX	XX	XX	XX	
9. 2014.....	XXX	XXX	XXX	X	XX	XX	XX	XX	XX	XX	
10. 2015.....	XXX	XXX	XXX	X	XX	XX	XX	XX	XX	XX	
11. 2016.....	XXX	XXX	XXX	X	XX	XX	XX	XX	XX	XX	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	2,658	2,658	2,658	2,658	2,658	2,658	2,658	2,658	2,658	2,658	
3. 2008.....	XXX	3,245	3,245	3,245	3,245	3,245	3,245	3,245	3,245	3,245	
4. 2009.....	XXX	XXX	3,637	3,637	3,637	3,637	3,637	3,637	3,637	3,637	
5. 2010.....	XXX	XXX	XXX	3,962	3,962	3,962	3,962	3,962	3,962	3,962	
6. 2011.....	XXX	XXX	XXX	XXX	4,298	4,298	4,298	4,298	4,298	4,298	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	4,812	4,812	4,812	4,812	4,812	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	5,720	5,720	5,720	5,720	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,675	6,675	6,675	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,939	6,939	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,318	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,318
13. Earned Premiums (Sch P-Pt. 1)	2,658	3,245	3,637	3,962	4,298	4,812	5,720	6,675	6,939	7,318	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	325	325	325	325	325	325	325	325	325	325	
3. 2008.....	XXX	352	352	352	352	352	352	352	352	352	
4. 2009.....	XXX	XXX	491	491	491	491	491	491	491	491	
5. 2010.....	XXX	XXX	XXX	514	514	514	514	514	514	514	
6. 2011.....	XXX	XXX	XXX	XXX	553	553	553	553	553	553	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	637	637	637	637	637	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	713	713	713	713	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	863	863	863	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	863	863	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	898	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	898
13. Earned Premiums (Sch P-Pt. 1)	325	352	491	514	553	637	713	863	863	898	XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	1,627	1,627	1,627	1,627	1,627	1,627	1,627	1,627	1,627	1,627	
3. 2008.....	XXX	1,605	1,605	1,605	1,605	1,605	1,605	1,605	1,605	1,605	
4. 2009.....	XXX	XXX	1,567	1,567	1,567	1,567	1,567	1,567	1,567	1,567	
5. 2010.....	XXX	XXX	XXX	1,528	1,528	1,528	1,528	1,528	1,528	1,528	
6. 2011.....	XXX	XXX	XXX	XXX	1,626	1,626	1,626	1,626	1,626	1,626	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	1,765	1,765	1,765	1,765	1,765	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	1,888	1,888	1,888	1,888	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,952	1,952	1,952	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,987	1,987	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,849	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,849
13. Earned Premiums (Sch P-Pt. 1)	1,627	1,605	1,567	1,528	1,626	1,765	1,888	1,952	1,987	1,849	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	484	484	484	484	484	484	484	484	484	484	
3. 2008.....	XXX	556	556	556	556	556	556	556	556	556	
4. 2009.....	XXX	XXX	569	569	569	569	569	569	569	569	
5. 2010.....	XXX	XXX	XXX	594	594	594	594	594	594	594	
6. 2011.....	XXX	XXX	XXX	XXX	660	660	660	660	660	660	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	761	761	761	761	761	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	823	823	823	823	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	893	893	893	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	890	890	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	901	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	901
13. Earned Premiums (Sch P-Pt. 1)	484	556	569	594	660	761	823	893	890	901	XXX

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

**N O N E**

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

**N O N E**

Schedule P - Part 6M - International - Section 1

**N O N E**

Schedule P - Part 6M - International - Section 2

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	111	111	111	111	111	111	111	111	111	111	
3. 2008.....	XXX	83	83	83	83	83	83	83	83	83	
4. 2009.....	XXX	XXX	73	73	73	73	73	73	73	73	
5. 2010.....	XXX	XXX	XXX	60	60	60	60	60	60	60	
6. 2011.....	XXX	XXX	XXX	XXX	51	51	51	51	51	51	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	49	49	49	49	49	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	52	52	52	52	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57	57	57	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57	57	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52
13. Earned Premiums (Sch P-Pt. 1)	111	83	73	60	51	49	52	57	57	52	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	3	3	3	3	3	3	3	3	3	3	
3. 2008.....	XXX	8	8	8	8	8	8	8	8	8	
4. 2009.....	XXX	XXX	1	1	1	1	1	1	1	1	
5. 2010.....	XXX	XXX	XXX	1	1	1	1	1	1	1	
6. 2011.....	XXX	XXX	XXX	XXX							
7. 2012.....	XXX	XXX	XXX	XXX	XXX						
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13. Earned Premiums (Sch P-Pt. 1)	3	8	1	1							XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....											
3. 2008.....	XXX										
4. 2009.....	XXX	XXX									
5. 2010.....	XXX	XXX	XXX								
6. 2011.....	XXX	XXX	XXX	XXX							
7. 2012.....	XXX	XXX	XXX	XXX	XXX						
8. 2013.....	XXX	XXX	XXX	XXX	X	XX					
9. 2014.....	XXX	XXX	XXX	XXX	X	XX	XXX				
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....											
3. 2008.....	XXX										
4. 2009.....	XXX	XXX									
5. 2010.....	XXX	XXX	XXX								
6. 2011.....	XXX	XXX	XXX	XXX							
7. 2012.....	XXX	XXX	XXX	XXX	X	XX					
8. 2013.....	XXX	XXX	XXX	XXX	X	XX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	X	XX	XXX				
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)**  
**SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....	2,439				.14,655	
2. Private Passenger Auto Liability/Medical .....	11,915				13,143	
3. Commercial Auto/Truck Liability/Medical .....	5,796				4,374	
4. Workers' Compensation .....						
5. Commercial Multiple Peril .....	4,864				6,541	
6. Medical Professional Liability - Occurrence .....						
7. Medical Professional Liability - Claims - Made .....						
8. Special Liability .....						
9. Other Liability - Occurrence .....	1,609				759	
10. Other Liability - Claims-Made .....						
11. Special Property .....	479				5,294	
12. Auto Physical Damage .....	935				11,586	
13. Fidelity/Surety .....						
14. Other .....					1	
15. International .....						
16. Reinsurance - Nonproportional Assumed Property .....						
17. Reinsurance - Nonproportional Assumed Liability .....						
18. Reinsurance - Nonproportional Assumed Financial Lines .....						
19. Products Liability - Occurrence .....	1				49	
20. Products Liability - Claims-Made .....						
21. Financial Guaranty/Mortgage Guaranty .....						
22. Warranty .....						
23. Totals .....	28,038				56,401	

**SECTION 2**

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2007	2	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior .....										
2. 2007 .....										
3. 2008 .....	XXX									
4. 2009 .....	XXX	XXX								
5. 2010 .....	XXX	XXX	XX							
6. 2011 .....	XXX	XXX	XX	XX						
7. 2012 .....	XXX	XXX	XX	XX	XX					
8. 2013 .....	XXX	XXX	XX	XXX	XXX	XX				
9. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1 2007	2	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior .....										
2. 2007 .....										
3. 2008 .....	XXX									
4. 2009 .....	XXX	XXX								
5. 2010 .....	XXX	XXX	XX							
6. 2011 .....	XXX	XXX	XX	XX						
7. 2012 .....	XXX	XXX	XX	XX	XX					
8. 2013 .....	XXX	XXX	XX	XXX	XXX	XX				
9. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

**SCHEDULE P INTERROGATORIES**

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

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

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

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

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....		
1.602 2007 .....		
1.603 2008 .....		
1.604 2009 .....		
1.605 2010 .....		
1.606 2011 .....		
1.607 2012 .....		
1.608 2013 .....		
1.609 2014 .....		
1.610 2015 .....		
1.611 2016 .....		
1.612 Totals .....		

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

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

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

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

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

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

(in thousands of dollars)

5.1 Fidelity .....  
5.2 Surety .....

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

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

7.2 (An extended statement may be attached.)

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

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

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

## **SCHEDULE Y**

## **PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company

## SCHEDULE Y

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

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company**  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

Responses

MARCH FILING		Responses
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING

11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
-----	---	-----

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	YES
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO

APRIL FILING

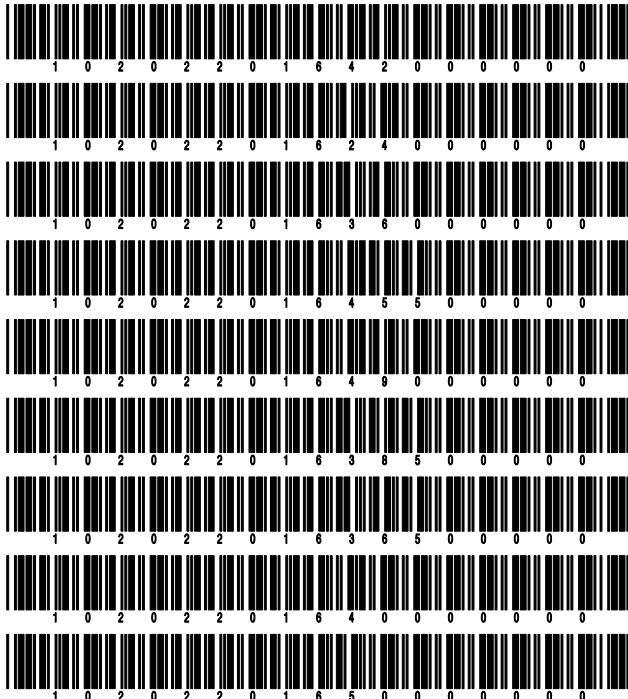
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING

35.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
-----	--	----

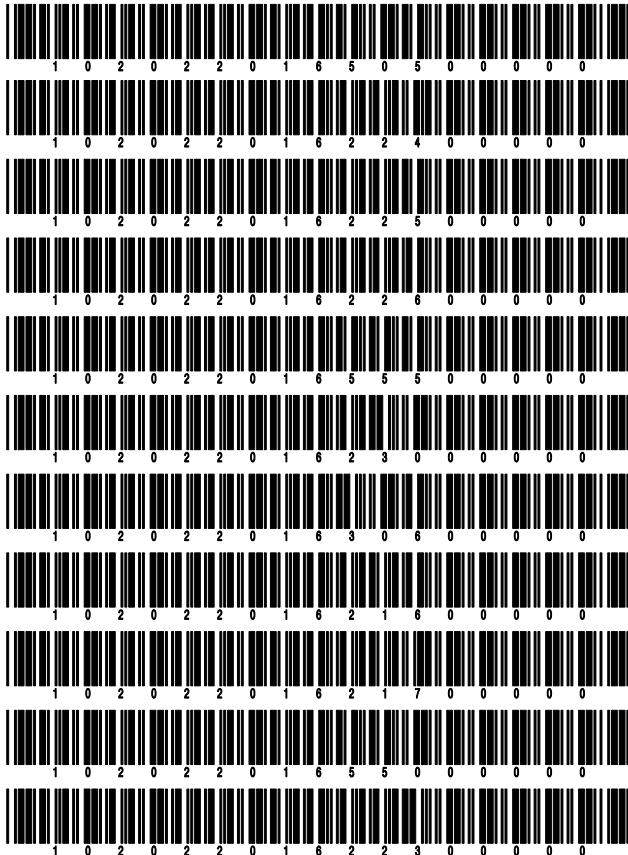
Explanations:

12. Bar Codes:
12. SIS Stockholder Information Supplement [Document Identifier 420]
13. Financial Guaranty Insurance Exhibit [Document Identifier 240]
14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
15. Supplement A to Schedule T [Document Identifier 455]
16. Trusteed Surplus Statement [Document Identifier 490]
17. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]
19. Medicare Part D Coverage Supplement [Document Identifier 365]
22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]
23. Bail Bond Supplement [Document Identifier 500]



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]
25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
27. Relief from the Requirements for Audit Committees [Document Identifier 226]
28. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]
29. Credit Insurance Experience Exhibit [Document Identifier 230]
30. Long-Term Care Experience Reporting Forms [Document Identifier 306]
32. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
33. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
34. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]
35. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**



1 0 2 0 2 2 0 1 6 4 0 1 0 0 1

**SUPPLEMENT FOR THE YEAR 2016 OF THE Ohio Mutual Insurance Company**

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

## ANNUAL REPORT FOR 2016

Year Ended December  
To Be Filed by March 1

#### **(A) Financial Impact**

(A) Financial Impact	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets .....	276,644,467		276,644,467
A02. Liabilities .....	59,018,471		59,018,471
A03. Surplus as regards to policyholders .....	217,625,996		217,625,996
A04. Income before taxes .....	4,499,255		4,499,255

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

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

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