



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	OHIO			State of Domicile or Port of Entry	OH	
Country of Domicile	United States of America					
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 (City or Town, State, Country and Zip Code)		
	1725 Hopley Avenue (Street and Number)			419-562-3011 (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)			419-562-3011 (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 Slone 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
County of Crawford SS:

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

Mark Clarence Russell President and CEO	David Gary Hendrix Treasurer and CFO	Michael Alexander Brogan Assistant Secretary
Subscribed and sworn to before me this		a. Is this an original filing? Yes [X] No []
day of		b. If no,
		1. State the amendment number.....
		2. Date filed
		3. Number of pages attached.....



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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 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
		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-cancelable accident and health(b)												
15.3	Guaranteed renewable accident and health(b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other accident and health (b)												
15.8	Federal employees health benefits plan premium (b)												
16.	Workers' compensation												
17.1	Other Liability - occurrence												
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)												
DETAILS OF WRITE-INS													
3401.												
3402.												
3403.												
3498.	Summary of remaining write-ins for Line 34 from overflow page												
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 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
	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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 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
	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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Maine 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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 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
	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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
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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 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
	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)												
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15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
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15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
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19.1 Private passenger auto no-fault (personal injury protection)												
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21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
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23. Fidelity												
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26. Burglary and theft												
27. Boiler and machinery												
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DETAILS OF WRITE-INS												
3401.												
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3403.												
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3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF New Hampshire 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												
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15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
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16. Workers' compensation												
17.1 Other Liability - occurrence												
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19.1 Private passenger auto no-fault (personal injury protection)												
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19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 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)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	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
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Rhode Island 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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 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												
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14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	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
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 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 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	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 REINSURANCE 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				

SCHEDULE F - PART 2

1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
<h1>NONE</h1>					

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	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	7	8	9	10	11	12	13	14	15	16	17	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
						Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis- sions	Columns 7 thru 14 Totals	Ceded Balances Payable	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			1	
06-1430254	10348	ARCH REINSURANCE COMPANY	DE															
47-0574325	32603	BERKLEY INSURANCE COMPANY	DE		2							1		1			1	
42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		2							1		1			1	
22-2005057	26921	EVEREST REINSURANCE COMPANY	DE		29													
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			6				134		140	21		119	132
06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		22			5				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		(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		(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			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	19
						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	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
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	BMJ															
AA-3194161	..00000	CATLIN INSURANCE COMPANY LTD	BMJ		93										1		(1)	
AA-3194122	..00000	DAVINCI REINSURANCE LTD	BMJ		47										1		(1)	
AA-1340125	..00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		1													
AA-3190875	..00000	HISCOX INSURANCE COMPANY	BMJ		44													
AA-1840000	..00000	MAPFRE RE COMPANIA DE REASEGUROS, S.A.	ESP															
AA-3194200	..00000	MS FRONTIER REINSURANCE	BMJ		12													
AA-3190339	..00000	RENAISSANCE REINSURANCE, LTD	BMJ		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							12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11
				5 Current	Overdue					11 Total Due Cols. 5 + 10		
					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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
ID Number	NAIC Com- pany Code	Name of Reinsurer	Domi- ciliary Juris- diction	Special Code	Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscellaneous Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 7+8+10+11 +12 but not in Excess of Col. 6)	Provision for Unauthorized Reinsurance (Col. 6 Minus Col. 13)	Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	20% of Amount in Col. 15	20% of Amount in Dispute Included in Column 6	Provision for Overdue Reinsurance (Col 16 plus Col. 17)	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.						1		(1)							
AA-3194122	..00000	DAVINCI REINSURANCE LTD	BMU.						1		(1)							
AA-1340125	..00000	HANNOVER RUCKVERSICHERUNGS AG	DEU.															
AA-3190875	..00000	HISCOX INSURANCE COMPANY	BMU.															
AA-1840000	..00000	MAPPRE RE COMPANIA DE REASEGUROS, S.A.	ESP.															
AA-3194200	..00000	MS FRONTIER REINSURANCE	BMU.															
AA-3190339	..00000	RENAISSANCE REINSURANCE, LTD	BMU.						1		(1)							
AA-1340192	..00000	R&V VERSICHERUNG AG	DEU.						1		(1)							
AA-1440076	..00000	SIRIUS INTERNATIONAL CORPORATION	SWE.															
1299999. Total Other Non-U.S. Insurers								XXX	4		(4)							
1399999. Total Affiliates and Others								XXX	4		(4)							
1499999. Total Protected Cells								XXX										
9999999 Totals								XXX	4		(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

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Reinsurance Recoverable All Items	5 Funds Held By Company Under Reinsurance Treaties	6 Letters of Credit	7 Ceded Balances Payable	8 Other Miscellaneous Balances	9 Other Allowed Offset Items	10 Sum of Cols. 5 through 9 but not in excess of Col. 4	11 Col. 4 minus Col. 10	12 Greater of Col. 11 or Schedule F - Part 4 Cols. 8 + 9
AA-1340192	.00000	R&V VERSICHERUNG AG				1,155					
9999999 Totals						1,155					
1. Total 2. Line 1 x .20 3. Schedule F - Part 7 Col. 11 4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3) 5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F - Part 5 Col. 19 x1000) 6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F- Part 6, Section 1, Col. 21 x 1000) 7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F - Part 6, Section 2, Col 15 x 1000) 8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)											

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)
ASSETS (Page 2, Col. 3)			
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. Totals (Line 28)	276,644,467	132,180,305	408,824,772
LIABILITIES (Page 3)			
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
22. Totals (Line 38)	276,644,467	132,180,305	408,824,772

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [X] 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 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	857	XXX		XXX		XXX		XXX	857	XXX		XXX		XXX		XXX		XXX
2. Premiums earned	932	XXX		XXX		XXX		XXX	932	XXX		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								
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

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

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
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)				

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year	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)				

PART 4. - REINSURANCE									
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
	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)	Number of Claims Reported Direct and Assumed
				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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	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	27	28	29	30	31	32	33		35	36
	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	1
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	85	6
8. 2013.....	9,507	349	9,158	67.1	28.1	70.9			27.0	15	5
9. 2014.....	7,086	41	7,045	46.8	2.8	51.7			27.0	73	14
10. 2015.....	6,385	71	6,314	41.0	5.3	44.3			27.0	352	61
11. 2016.....	7,758	553	7,205	48.8	40.6	49.6			27.0	1,572	224
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
	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)	Number of Claims Reported Direct and Assumed
				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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	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.....													
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	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	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
	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)	Number of Claims Reported Direct and Assumed
				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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	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.....													
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	27	28	29	30	31	32	33		35	36
	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	21
6. 2011.....	1,210		1,210	41.5		44.2			27.0	29	7
7. 2012.....	1,981	138	1,843	59.8	70.4	59.2			27.0	110	24
8. 2013.....	2,703	151	2,552	71.5	73.3	71.4			27.0	669	112
9. 2014.....	4,213	390	3,823	98.1	170.3	94.0			27.0	842	256
10. 2015.....	3,452	351	3,101	78.1	137.1	74.5			27.0	1,365	206
11. 2016.....	2,900	66	2,834	63.2	22.5	66.0			27.0	1,521	390
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4,780	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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	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.....													
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	27	28	29	30	31	32	33		35	36
	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
	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)	Number of Claims Reported Direct and Assumed
				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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	20											20	1
2. 2007.....													
3. 2008.....													
4. 2009.....			2						3			5	1
5. 2010.....	62		25				49					136	2
6. 2011.....	34		19	4			53		1			103	2
7. 2012.....	21		70	1			57		1			148	2
8. 2013.....	146		30	8			184		17			369	9
9. 2014.....	636	45	122	3			302		8			1,020	24
10. 2015.....	550	2	246	30			440		32			1,236	36
11. 2016.....	645	10	834	216			395		179			1,827	56
12. Totals	2,114	57	1,348	262			1,480		241			4,864	133

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	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	3
5. 2010.....	2,576	77	2,499	65.0	15.0	72.5			27.0	87	49
6. 2011.....	3,690	749	2,941	85.9	135.4	78.5			27.0	49	54
7. 2012.....	3,323	698	2,625	69.1	109.6	62.9			27.0	90	58
8. 2013.....	4,746	701	4,045	83.0	98.3	80.8			27.0	168	201
9. 2014.....	4,305	232	4,073	64.5	26.9	70.1			27.0	710	310
10. 2015.....	3,375	83	3,292	48.6	9.6	54.2			27.0	764	472
11. 2016.....	4,107	348	3,759	56.1	38.8	58.6			27.0	1,253	574
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
	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)	Number of Claims Reported Direct and Assumed
				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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	1
10. 2015.....	304	243	238	121			87		23			288	
11. 2016.....	370	243	397	147			161		55			593	3
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	27	28	29	30	31	32	33		35	36
	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	3
7. 2012.....	320		320	18.1		31.9			27.0	80	19
8. 2013.....	1,438	654	784	76.2	79.5	73.6			27.0	343	53
9. 2014.....	1,129	622	507	57.8	69.7	47.9			27.0	169	19
10. 2015.....	787	364	423	39.6	40.9	38.6			27.0	178	110
11. 2016.....	1,032	390	642	55.8	43.3	67.7			27.0	377	216
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,187	422

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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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	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.....													
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	27	28	29	30	31	32	33		35	36
	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 11 - 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
	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)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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 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	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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

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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	
	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)	Number of Claims Reported Direct and Assumed
				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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	27	28	29	30	31	32	33		35	36
	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	2
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
	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)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	NONE								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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	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	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	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. 2015.....											
3. 2016.....											
4. Totals	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
	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)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	27	28	29	30	31	32	33		35	36	
	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. 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
	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)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	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.....													
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	27	28	29	30	31	32	33		35	36
	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		6.8			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	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				XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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	7	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	XXX	XXX	XXX	XXX	XXX	XXX	3,240	3,261	3,697	436	457
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,986	3,021	35	XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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				XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2F - 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	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				XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2G - 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	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				XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2H - SECTION 1 - 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	XXX	576	XXX	XXX
12. Totals											(160)	8

SCHEDULE P - PART 2H - 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	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				XXX
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

SCHEDULE P - PART 2K - FIDELITY/SURETY

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

NONE

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1				(1)
2. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		(1)	XXX
3. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX							
7. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2014.....	XXX	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
12. Totals												

NONE

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

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

SCHEDULE P - PART 2T - WARRANTY

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

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	2	3	4	5	6	7	8	9	10		
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016		
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			

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	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			

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	XXX						XXX	XXX
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
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

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	XXX	68	176	256	320	32	13
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88	166	212	28	10
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36	109	17	8
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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			

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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	2	3	4	5	6	7	8	9	10		
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX	XXX	XXX	XXX	XXX	.000	.338	.287		
2. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,516	6,825		
3. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,808		

SCHEDULE P - PART 3K - FIDELITY/SURETY

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

NONE

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
2. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	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	XXX						XXX	XXX
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
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

NONE

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

N O N E

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

N O N E

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

N O N E

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

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

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

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

SCHEDULE P - PART 3T - WARRANTY

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

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SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

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

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

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

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

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

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

SCHEDULE P - PART 4K - FIDELITY/SURETY

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

NONE

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

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

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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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	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	

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

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

SCHEDULE P - PART 4T - WARRANTY

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

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SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

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

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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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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

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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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	3	3
7. 2012.....	XXX	XXX	XXX	XXX	XXX			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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	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	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	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	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	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	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	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	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	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	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	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	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	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	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	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	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	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	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	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	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	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	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	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	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	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	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	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	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	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

[illegible]

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

[illegible]

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		
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.		
13.		
14.		
15.		
16.		
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19.		
22.		
23.		
24.		
25.		
26.		
27.		
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32.		
33.		
34.		
35.		

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]	

OVERFLOW PAGE FOR WRITE-INS

NONE



For The Year Ended December 31, 2016
To Be Filed by March 1
(A) Financial Impact

(A) Financial Impact		1	2	3
		As Reported	Interrogatory 9 Reinsurance Effect	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

[illegible]

ALPHABETICAL INDEX

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