



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2017

OF THE CONDITION AND AFFAIRS OF THE

Ohio Mutual Insurance Company

NAIC Group Code 0963 0963 NAIC Company Code 10202 Employer's ID Number 34-4320350
(Current) (Prior)

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, Bucyrus, OH, US 44820-0111
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Website Address www.omig.com

Statutory Statement Contact Charles Elmer Easum Mr., 419-563-0810
(Name) (Area Code) (Telephone Number)
ceasum@omig.com 877-753-0580
(E-mail Address) (FAX Number)

OFFICERS

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

OTHER

| | | |
|---|--|---|
| <u>Todd Emery Albert, Mr., Vice President Information Systems</u> | <u>Howard Lowell Barber, Mr., Vice President Sales</u> | <u>Michael Alexander Brogan, Mr., Vice President Claims</u> |
| <u>Chad Philip Combs, Mr., Vice President Personal Lines Underwriting</u> | <u>John Richard DeLucia, Mr. #, Vice President Claims Operations</u> | <u>David Alan Grove, Mr., Vice President Product Management</u> |
| <u>Gary Thomas Johnson, Mr., Vice President Commercial Lines Underwriting</u> | <u>Susan Elizabeth Kent, Mrs., Vice President Business Analytics</u> | <u>Marcella Slone Smith, Mrs., Vice President Human Resources</u> |

DIRECTORS OR TRUSTEES

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

State of Ohio SS:
County of Crawford

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

Mark Clarence Russell
President and CEO

David Gary Hendrix
Treasurer and CFO

Michael Alexander Brogan
Assistant Secretary

Subscribed and sworn to before me this _____ day of _____

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company

ASSETS

| | Current Statement Date | | | 4 December 31 Prior Year Net Admitted Assets |
|---|------------------------|-------------------------|---|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 65,843,098 | | 65,843,098 | 63,541,120 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | | | | |
| 2.2 Common stocks | 190,406,041 | 26,051 | 190,379,990 | 185,811,979 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens..... | | | | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | 4,082,658 | | 4,082,658 | 4,106,514 |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | | |
| 4.3 Properties held for sale (less \$ encumbrances) | | | | |
| 5. Cash (\$4,158,726), cash equivalents (\$) and short-term investments (\$592,793) | 4,751,519 | | 4,751,519 | 6,501,450 |
| 6. Contract loans (including \$ premium notes) | | | | |
| 7. Derivatives | | | | |
| 8. Other invested assets | | | | |
| 9. Receivables for securities | | | | |
| 10. Securities lending reinvested collateral assets | | | | |
| 11. Aggregate write-ins for invested assets | | | | |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 265,083,316 | 26,051 | 265,057,265 | 259,961,063 |
| 13. Title plants less \$ charged off (for Title insurers only) | | | | |
| 14. Investment income due and accrued | 609,791 | | 609,791 | 512,675 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 965,440 | 65,369 | 900,071 | 545,347 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | 13,008,413 | | 13,008,413 | 13,087,349 |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | | | | |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 2,991 | | 2,991 | 1,064 |
| 16.2 Funds held by or deposited with reinsured companies | | | | |
| 16.3 Other amounts receivable under reinsurance contracts | | | | |
| 17. Amounts receivable relating to uninsured plans | | | | |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | | | | |
| 18.2 Net deferred tax asset | 1,990,067 | | 1,990,067 | 2,120,265 |
| 19. Guaranty funds receivable or on deposit | | | | |
| 20. Electronic data processing equipment and software | 1,650,840 | 1,650,840 | | |
| 21. Furniture and equipment, including health care delivery assets (\$) | 28,597 | 28,597 | | |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | | |
| 23. Receivables from parent, subsidiaries and affiliates | | | | |
| 24. Health care (\$) and other amounts receivable | | | | |
| 25. Aggregate write-ins for other than invested assets | 390,660 | | 390,660 | 416,704 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) | 283,730,115 | 1,770,857 | 281,959,258 | 276,644,467 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | | |
| 28. Total (Lines 26 and 27) | 283,730,115 | 1,770,857 | 281,959,258 | 276,644,467 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | | |
| 1102. | | | | |
| 1103. | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | | | | |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) | | | | |
| 2501. Goodwill | 390,660 | | 390,660 | 416,704 |
| 2502. | | | | |
| 2503. | | | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | 390,660 | | 390,660 | 416,704 |

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31, Prior Year |
|--|--------------------------------|---------------------------------|
| 1. Losses (current accident year \$ 7,834,319) | 22,812,749 | 22,644,404 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | | |
| 3. Loss adjustment expenses | 5,499,042 | 5,394,899 |
| 4. Commissions payable, contingent commissions and other similar charges | 1,151,130 | 1,834,977 |
| 5. Other expenses (excluding taxes, licenses and fees) | 296,603 | 90,423 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | 228,780 | 39,352 |
| 7.1 Current federal and foreign income taxes (including \$ (674) on realized capital gains (losses)) | 1,536,812 | 1,200,354 |
| 7.2 Net deferred tax liability | | |
| 8. Borrowed money \$ and interest thereon \$ | | |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 71,402,707 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act) | 26,308,833 | 26,235,477 |
| 10. Advance premium | 580,297 | 393,091 |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | | |
| 11.2 Policyholders | | |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | (291,998) | 44,172 |
| 13. Funds held by company under reinsurance treaties | 280,827 | 131,583 |
| 14. Amounts withheld or retained by company for account of others | 336 | |
| 15. Remittances and items not allocated | 443 | 215 |
| 16. Provision for reinsurance (including \$ certified) | | |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates | | |
| 18. Drafts outstanding | | |
| 19. Payable to parent, subsidiaries and affiliates | 718,917 | 1,009,524 |
| 20. Derivatives | | |
| 21. Payable for securities | | |
| 22. Payable for securities lending | | |
| 23. Liability for amounts held under uninsured plans | | |
| 24. Capital notes \$ and interest thereon \$ | | |
| 25. Aggregate write-ins for liabilities | | |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 59,122,771 | 59,018,471 |
| 27. Protected cell liabilities | | |
| 28. Total liabilities (Lines 26 and 27) | 59,122,771 | 59,018,471 |
| 29. Aggregate write-ins for special surplus funds | | |
| 30. Common capital stock | | |
| 31. Preferred capital stock | | |
| 32. Aggregate write-ins for other than special surplus funds | | |
| 33. Surplus notes | | |
| 34. Gross paid in and contributed surplus | | |
| 35. Unassigned funds (surplus) | 222,836,487 | 217,625,996 |
| 36. Less treasury stock, at cost: | | |
| 36.1 shares common (value included in Line 30 \$) | | |
| 36.2 shares preferred (value included in Line 31 \$) | | |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) | 222,836,487 | 217,625,996 |
| 38. Totals (Page 2, Line 28, Col. 3) | 281,959,258 | 276,644,467 |
| DETAILS OF WRITE-INS | | |
| 2501. | | |
| 2502. | | |
| 2503. | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) | | |
| 2901. | | |
| 2902. | | |
| 2903. | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | | |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) | | |
| 3201. | | |
| 3202. | | |
| 3203. | | |
| 3298. Summary of remaining write-ins for Line 32 from overflow page | | |
| 3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above) | | |

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company

STATEMENT OF INCOME

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| UNDERWRITING INCOME | | | |
| 1. Premiums earned: | | | |
| 1.1 Direct (written \$14,348,387) | 14,810,675 | 13,348,944 | 55,650,975 |
| 1.2 Assumed (written \$37,903,752) | 37,088,760 | 36,458,839 | 148,979,319 |
| 1.3 Ceded (written \$38,288,512) | 38,009,164 | 36,470,193 | 149,842,019 |
| 1.4 Net (written \$13,963,627) | 13,890,271 | 13,337,590 | 54,788,275 |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year \$10,899,654): | | | |
| 2.1 Direct | 7,914,462 | 6,942,114 | 30,313,969 |
| 2.2 Assumed | 19,189,950 | 20,208,391 | 76,562,167 |
| 2.3 Ceded | 19,791,999 | 19,819,869 | 78,026,776 |
| 2.4 Net | 7,312,413 | 7,330,636 | 28,849,360 |
| 3. Loss adjustment expenses incurred | 1,208,403 | 1,235,970 | 4,961,609 |
| 4. Other underwriting expenses incurred | 4,783,176 | 4,519,229 | 18,842,473 |
| 5. Aggregate write-ins for underwriting deductions | | | |
| 6. Total underwriting deductions (Lines 2 through 5) | 13,303,992 | 13,085,835 | 52,653,442 |
| 7. Net income of protected cells | | | |
| 8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7) | 586,279 | 251,755 | 2,134,833 |
| INVESTMENT INCOME | | | |
| 9. Net investment income earned | 384,724 | 358,622 | 1,388,537 |
| 10. Net realized capital gains (losses) less capital gains tax of \$(674) | 262 | 22,144 | 100,088 |
| 11. Net investment gain (loss) (Lines 9 + 10) | 384,986 | 380,766 | 1,488,625 |
| OTHER INCOME | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$16,341 amount charged off \$96,278) | (79,937) | (49,386) | (257,743) |
| 13. Finance and service charges not included in premiums | 127,700 | 193,320 | 807,495 |
| 14. Aggregate write-ins for miscellaneous income | 83,205 | 81,677 | 326,045 |
| 15. Total other income (Lines 12 through 14) | 130,968 | 225,611 | 875,797 |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) | 1,102,233 | 858,132 | 4,499,255 |
| 17. Dividends to policyholders | | | |
| 18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17) | 1,102,233 | 858,132 | 4,499,255 |
| 19. Federal and foreign income taxes incurred | 337,132 | 160,357 | 1,150,678 |
| 20. Net income (Line 18 minus Line 19)(to Line 22) | 765,101 | 697,775 | 3,348,577 |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 217,625,996 | 201,340,672 | 201,340,672 |
| 22. Net income (from Line 20) | 765,101 | 697,775 | 3,348,577 |
| 23. Net transfers (to) from Protected Cell accounts | | | |
| 24. Change in net unrealized capital gains (losses) less capital gains tax of \$162,193 | 4,406,181 | 3,038,399 | 13,769,702 |
| 25. Change in net unrealized foreign exchange capital gain (loss) | | | |
| 26. Change in net deferred income tax | 31,995 | 86,330 | 287,108 |
| 27. Change in nonadmitted assets | 7,214 | (427,668) | (1,120,063) |
| 28. Change in provision for reinsurance | | | |
| 29. Change in surplus notes | | | |
| 30. Surplus (contributed to) withdrawn from protected cells | | | |
| 31. Cumulative effect of changes in accounting principles | | | |
| 32. Capital changes: | | | |
| 32.1 Paid in | | | |
| 32.2 Transferred from surplus (Stock Dividend) | | | |
| 32.3 Transferred to surplus | | | |
| 33. Surplus adjustments: | | | |
| 33.1 Paid in | | | |
| 33.2 Transferred to capital (Stock Dividend) | | | |
| 33.3 Transferred from capital | | | |
| 34. Net remittances from or (to) Home Office | | | |
| 35. Dividends to stockholders | | | |
| 36. Change in treasury stock | | | |
| 37. Aggregate write-ins for gains and losses in surplus | | | |
| 38. Change in surplus as regards policyholders (Lines 22 through 37) | 5,210,491 | 3,394,836 | 16,285,324 |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 222,836,487 | 204,735,508 | 217,625,996 |
| DETAILS OF WRITE-INS | | | |
| 0501. | | | |
| 0502. | | | |
| 0503. | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | |
| 0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above) | | | |
| 1401. Rental and Related Services | 81,521 | 81,521 | 326,083 |
| 1402. Other Expense (Expense) | 1,684 | 156 | (38) |
| 1403. | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | | | |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) | 83,205 | 81,677 | 326,045 |
| 3701. | | | |
| 3702. | | | |
| 3703. | | | |
| 3798. Summary of remaining write-ins for Line 37 from overflow page | | | |
| 3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above) | | | |

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company

CASH FLOW

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | 13,546,645 | 13,357,782 | 55,426,580 |
| 2. Net investment income | 520,508 | 529,334 | 2,183,498 |
| 3. Miscellaneous income | 130,968 | 225,611 | 875,797 |
| 4. Total (Lines 1 to 3) | 14,198,121 | 14,112,727 | 58,485,875 |
| 5. Benefit and loss related payments | 7,145,995 | 6,989,206 | 27,304,412 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts | | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions | 6,177,472 | 6,820,493 | 24,912,499 |
| 8. Dividends paid to policyholders | | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$(674) tax on capital gains (losses) | | | 1,416,126 |
| 10. Total (Lines 5 through 9) | 13,323,467 | 13,809,699 | 53,633,037 |
| 11. Net cash from operations (Line 4 minus Line 10) | 874,654 | 303,028 | 4,852,838 |
| Cash from Investments | | | |
| 12. Proceeds from investments sold, matured or repaid: | | | |
| 12.1 Bonds | 3,484,421 | 2,704,568 | 12,930,554 |
| 12.2 Stocks | | 814,358 | 1,125,205 |
| 12.3 Mortgage loans | | | |
| 12.4 Real estate | | | |
| 12.5 Other invested assets | | | |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments | (2) | (1) | (1) |
| 12.7 Miscellaneous proceeds | | 253,970 | |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) | 3,484,419 | 3,772,895 | 14,055,758 |
| 13. Cost of investments acquired (long-term only): | | | |
| 13.1 Bonds | 5,936,066 | 1,319,520 | 15,654,466 |
| 13.2 Stocks | | 1,510,915 | 2,963,906 |
| 13.3 Mortgage loans | | | |
| 13.4 Real estate | 32,139 | 15,807 | 43,029 |
| 13.5 Other invested assets | | | |
| 13.6 Miscellaneous applications | | 28,662 | |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) | 5,968,205 | 2,874,904 | 18,661,401 |
| 14. Net increase (or decrease) in contract loans and premium notes | | | |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) | (2,483,786) | 897,991 | (4,605,643) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | | | |
| 16.2 Capital and paid in surplus, less treasury stock | | | |
| 16.3 Borrowed funds | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | | |
| 16.5 Dividends to stockholders | | | |
| 16.6 Other cash provided (applied) | (140,799) | 839,323 | 431,895 |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) | (140,799) | 839,323 | 431,895 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | (1,749,931) | 2,040,342 | 679,090 |
| 19. Cash, cash equivalents and short-term investments: | | | |
| 19.1 Beginning of year | 6,501,450 | 5,822,360 | 5,822,360 |
| 19.2 End of period (Line 18 plus Line 19.1) | 4,751,519 | 7,862,702 | 6,501,450 |

Note: Supplemental disclosures of cash flow information for non-cash transactions:

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* has been adopted as a component of prescribed or permitted accounting practices by the State of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC Statutory Accounting Practices and practices prescribed and permitted by the State of Ohio is shown below:

| | SSAP # | F/S Page | F/S Line # | 03/31/2017 | 12/31/2016 |
|---|--------|-------------|---------------|----------------|----------------|
| <u>NET INCOME</u> | | | | | |
| (1) Ohio Mutual Insurance Company state basis (Page 4, Line 20, Columns 1 & 3) | XXX | XXX | XXX | \$ 765,101 | \$ 3,348,577 |
| (2) State Prescribed Practices that increase/(decrease) NAIC SAP: | | | | | |
| (3) State Permitted Practices that increase/(decrease) NAIC SAP: | | | | | |
| (4) NAIC SAP (1-2-3=4) | XXX | XXX | XXX | \$ 765,101 | \$ 3,348,577 |
| <u>SURPLUS</u> | | | | | |
| (5) Ohio Mutual Insurance Company state basis (Page 3, Line 37, Columns 1 & 2) | XXX | XXX | XXX | \$ 222,836,487 | \$ 217,625,996 |
| (6) State Prescribed Practices that increase/(decrease) NAIC SAP: | | | | | |
| (7) State Permitted Practices that increase/(decrease) NAIC SAP: | | | | | |
| (8) NAIC SAP (5-6-7=8) | XXX | XXX | XXX | \$ 222,836,487 | \$ 217,625,996 |

B. Use of Estimates in the Preparation of the Financial Statements – No Change

C. Accounting Policy – No Change

D. Going Concern

Management has evaluated the financial statements and determined that there are no going concern issues to report.

2. Accounting Changes and Corrections of Errors – No Change

3. Business Combinations and Goodwill – No Change

4. Discontinued Operations – No Change

5. Investments

- A. The Company has no mortgage loans.
- B. The Company has no debt restructuring.
- C. The Company has no reverse mortgages.
- D. Loan-Backed Securities

- (1) Prepayment assumptions for Mortgage-backed securities, Collateralized Mortgage Obligations and Other Structured Securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonality), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning). On an ongoing basis, we monitor the rate of prepayment and calibrate the model to reflect actual experience, market factors, and viewpoint.
- (2)
 - a. The Company had no securities it intended to sell for which it recognized other-than-temporary impairment losses.
 - b. The Company had no securities for which it lacked the ability or intent to retain an investment in for a period of time sufficient to recover the amortized cost basis.
- (3) The Company had no other-than-temporary impairments within the loan backed securities portfolio for the quarter ended March 31, 2017.

NOTES TO FINANCIAL STATEMENTS

- (4) All temporarily impaired securities for which an other-than-temporary impairment has not been recognized in earnings as a realized loss in 2017 are as follows:

| | | |
|---|------------------------|--------------------|
| a. The aggregate amount of unrealized losses: | | |
| | 1. Less than 12 Months | \$ (135,304) |
| | 2. 12 Months or Longer | <u>\$ (16,978)</u> |
| | | |
| b. The aggregate related fair value of securities with unrealized losses: | | |
| | 1. Less than 12 Months | \$ 6,523,026 |
| | 2. 12 Months or Longer | <u>\$ 828,715</u> |

- (5) Management regularly reviews the value of the Company's investments. If the value of any investment falls below its cost basis, the decline is analyzed to determine whether it is an other-than-temporary decline in value. To make this determination for each security, the following is considered:

- The length of time and the extent to which the fair value has been below cost;
- The financial condition and near-term prospects of the issuer of the security, including any specific events that may affect its operations or earnings potential;
- Management's intent and ability to hold the security long enough for it to recover its value;

Management concluded that the remaining investments within the loaned backed securities portfolio held with unrealized losses were not other-than-temporarily impaired on the basis that the Company had the ability and intent to hold the investments for a period of time sufficient for a forecasted market price recovery up to or beyond the cost of the investment. Also, in management's opinion, evidence indicating the cost of the investment was recoverable within a reasonable period of time outweighed evidence to the contrary in considering the severity and duration of the impairment in relation to the forecasted market price recovery.

- E. The Company has no repurchase agreements and/or securities lending transactions.
 I. The Company has no Working Capital Finance Investments.
 J. The Company has no Offsetting and Netting of Assets and Liabilities.

6. Joint Ventures, Partnerships and Limited Liability Companies – No Change

7. Investment Income – No Change

8. Derivative Instruments – No Change

9. Income Taxes – No Change

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. The Company is the parent company within the Ohio Mutual Insurance Group. The Company is the sole shareholder and owner of United Ohio Insurance Company (United Ohio), Casco Indemnity Company (Casco), United Premium Budget Service Inc., Centurion Financial Inc., and Ohio United Agency Inc.
- B. The Company, United Ohio and Casco have entered into a reinsurance pooling agreement through which underwriting activities and operating expenses are proportionately allocated. See footnote #26 for additional information on the pooling agreement.
- C. In 2017, the Company reimbursed its subsidiary, United Ohio, \$3,546,611, and received from its subsidiary, Casco, \$357,293, under the terms of the Reinsurance Pooling Agreement between the entities.
- D. As of March 31, 2017, the Company owes its subsidiary, United Ohio, \$1,063,648 and its subsidiary, Casco, owes the Company \$104,668, under the terms of the Reinsurance Pooling Agreement. As of March 31, 2017, United Ohio owes the Company \$233,541 and Casco owes the Company \$6,522 under the terms of the Cost Sharing Agreement.
- E. The Company has no guarantees or undertakings at March 31, 2017.
- F. The Company and its subsidiaries, United Ohio and Casco, entered into a Cost Sharing Agreement effective, January 1, 2011, through which certain common costs are shared proportionally between the entities.
- G. All outstanding shares of its subsidiaries, United Ohio, Casco, United Premium Budget Services Inc., Ohio United Agency Inc. and Centurion Financial Inc. are owned by the Parent Company, Ohio Mutual Insurance Company, an insurance company domiciled in the State of Ohio.
- H. None of the Company's capital stock is owned by downstream subsidiaries.
- I. The Company owns a 100% interest in United Ohio whose carrying value is equal to or exceeds 10% of the admitted assets of the Company. The Company carries United Ohio at its statutory statement value of \$164,104,265.

Based on the Company's ownership percentage of United Ohio, the statutory statement value of United Ohio assets and liabilities as of March 31, 2017 were \$327,846,495 and \$163,742,230, respectively.

- J. The Company did not recognize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.

NOTES TO FINANCIAL STATEMENTS

K. Not Applicable

L. Not Applicable

M. All SCA Investments

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

| SCA Entity | Percentage of SCA Ownership | Gross Amount | Admitted Amount | Nonadmitted Amount |
|--|-----------------------------------|--------------|--------------------|-----------------------|
| a. SSAP No. 97 8a Entities | | | | |
| NONE | N/A | - | - | - |
| Total SSAP No. 97 8a Entities | XXX | - | - | - |
| b. SSAP No. 97 8b(ii) Entities | | | | |
| Centurion Financial Inc. | 100.0 | - | - | - |
| Ohio United Agency Inc. | 100.0 | 25,049 | - | 25,049 |
| United Premium Budget Service Inc. | 100.0 | 1,002 | - | 1,002 |
| Total SSAP No. 97 8b(ii) Entities | XXX | 26,051 | - | 26,051 |
| c. SSAP No. 97 8b(iii) Entities | | | | |
| NONE | N/A | - | - | - |
| Total SSAP No. 97 8b(iii) Entities | XXX | - | - | - |
| d. SSAP No. 97 8b(iv) Entities | | | | |
| NONE | N/A | - | - | - |
| Total SSAP No. 97 8b(iv) Entities | XXX | - | - | - |
| e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d) | XXX | 26,051 | - | 26,051 |
| f. Aggregate Total (a+e) | XXX | 26,051 | - | 26,051 |

(2) NAIC Filing Response Information

The Company did not have any NAIC filings for their 8b(ii) entities.

N. The Company has no investments in Insurance SCAs for which the audited statutory equity reflects a departure from the NAIC statutory accounting practices and policies.

11. Debt – No Change**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans – No Change****13. Capital and Surplus, Dividend Restrictions and Quasi-reorganizations – No Change****14. Liabilities, Contingencies and Assessments – No Change****15. Leases – No Change****16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk – No Change****17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

The Company has no sale, transfer and servicing of financial assets or extinguishments of liabilities.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans – No Change**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – No Change****20. Fair Value Measurements**

A. Fixed maturity securities that are carried at amortized cost are not included in the table below:

(1) Fair Value Measurements at Reporting Date

| Description | (Level 1) | (Level 2) | (Level 3) | Total |
|---------------------------------|----------------------|-------------|-------------------|----------------------|
| a. Assets at fair value | | | | |
| Bonds | \$ - | \$ 247,598 | \$ - | \$ 247,598 |
| Common Stock | | | | |
| Industrial and Misc | 10,734,384 | - | 338,878 | 11,073,262 |
| Mutual Funds | 1,492,236 | - | - | 1,492,236 |
| Total Common Stock | <u>\$ 12,226,620</u> | <u>\$ -</u> | <u>\$ 338,878</u> | <u>\$ 12,565,498</u> |
| Derivative assets | - | - | - | - |
| Total Assets at Fair Value | <u>\$ 12,226,620</u> | <u>\$ -</u> | <u>\$ 338,878</u> | <u>\$ 12,565,498</u> |
| b. Liabilities at fair value | | | | |
| Derivative liabilities | \$ - | \$ - | \$ - | \$ - |
| Total Liabilities at Fair Value | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> |

NOTES TO FINANCIAL STATEMENTS

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

| | Balance at 12/31/2016 | Transfers into Level 3 | Transfers out of Level 3 | Total gains and (losses) included in Net Income | Total gains and (losses) included in Surplus | Purchases, issuances, sales and settlements | Balance at 03/31/2017 |
|-------------------------------|--------------------------|---------------------------|-----------------------------|--|---|--|--------------------------|
| Common Stock - Ind & Misc. | \$ 338,878 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 338,878 |

(3) Transfers between levels are recognized on the actual date of the event or change in circumstances that caused the transfer.

(4) As of March 31, 2017, the reporting entity's investments in Level 3, NAIC rated A, represents one security that is not traded in a public market and was valued based on a valuation provided by the NAIC Securities Valuation Office.

C. The Aggregate Fair Value for all Financial Instruments and the Level within the Fair Value Hierarchy

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1) | (Level 2) | (Level 3) | Not Practicable (Carrying Value) |
|------------------------------|-------------------------|--------------------|------------|-----------|-----------|-------------------------------------|
| Bonds | 247,598 | 247,598 | - | 247,598 | - | - |
| Common Stocks | 12,565,498 | 12,565,498 | 12,226,620 | - | 338,878 | - |

D. Not Practicable to Estimate Fair Value

The Company's Financial Instruments are valued at Fair Value unless otherwise specified.

21. Other Items – No Change

22. Events Subsequent – None

23. Reinsurance – No Change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination – No Change

25. Change in Incurred Losses and Loss Adjustment Expenses

The Company's portion of pooled loss reserves as of December 31, 2016 was \$28.0 million. On a pooled basis as of March 31, 2017, \$4.6 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Pooled reserves remaining for prior years are now \$18.8 million. There has been a \$4.6 million favorable prior-year development, on a pooled basis, from December 31, 2016 to March 31, 2017 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on homeowners, farmowners, and personal auto liability lines of insurance. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. The Company does not have any retrospectively rated policies which would be included in the favorable development.

26. Intercompany Pooling Arrangements

Effective January 1, 2011, the Company requested and received permission from the ODI to pool the underwriting results of the Company with those of its wholly owned subsidiaries, United Ohio and Casco. Through the Pooling Agreement, the Company, NAIC #10202, retains 27% of the group's pooled underwriting results and cedes 65% to United Ohio, NAIC #13072 and 8% to Casco, NAIC #25950. The following underwriting results were assumed/ceded between the Companies:

| | 03/31/2017 | 12/31/2016 |
|---|-----------------------|------------------------|
| Premium earned assumed by Ohio Mutual from United Ohio and Casco | \$ 37,078,865 | \$ 148,940,274 |
| Premium earned ceded back to United Ohio and Casco | (37,555,178) | (148,131,263) |
| Change in premium earned due to pooling | <u>\$ (476,313)</u> | <u>\$ 809,011</u> |
| Losses incurred assumed by Ohio Mutual from United Ohio and Casco | \$ 19,189,950 | \$ 76,562,167 |
| Losses incurred ceded back to United Ohio and Casco | (19,770,599) | (78,000,122) |
| Change in losses incurred due to pooling | <u>\$ (580,649)</u> | <u>\$ (1,437,955)</u> |
| Net loss adjustment expenses assumed by Ohio Mutual | \$ 1,013,061 | \$ 3,914,792 |
| Net other underwriting expenses assumed by Ohio Mutual | 2,259,474 | 9,164,515 |
| Change in expenses incurred due to pooling | <u>\$ 3,272,535</u> | <u>\$ 13,079,307</u> |
| Change in income before taxes due to pooling | <u>\$ (3,168,199)</u> | <u>\$ (10,832,341)</u> |

27. Structured Settlements – No Change

28. Health Care Receivables – No Change

29. Participating Policies – No Change

NOTES TO FINANCIAL STATEMENTS

- 30. Premium Deficiency Reserves – No Change**
- 31. High Deductibles – No Change**
- 32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses – No Change**
- 33. Asbestos/Environmental Reserves – No Change**
- 34. Subscriber Savings Accounts – No Change**
- 35. Multiple Peril Crop Insurance – No Change**
- 36. Financial Guaranty Insurance – No Change**

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
 If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X]
 If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2010
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 07/26/2011
- 6.4 By what department or departments?
 Ohio Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes No
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No
- 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
13. Amount of real estate and mortgages held in short-term investments: \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No
- 14.2 If yes, please complete the following:

| | 1 Prior Year-End Book/Adjusted Carrying Value | 2 Current Quarter Book/Adjusted Carrying Value |
|---|--|---|
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | \$ | \$ |
| 14.23 Common Stock | \$ 173,749,208 | \$ 177,840,543 |
| 14.24 Short-Term Investments | \$ | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$ | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ 173,749,208 | \$ 177,840,543 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No
 If no, attach a description with this statement.

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company
GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$
- 16.3 Total payable for securities lending reported on the liability page\$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------|--|
| Fifth Third Bank | 38 Fountain Square Plaza, Cincinnati, Ohio 45263 |

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

- 17.4 If yes, give full information relating thereto:

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

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

| 1 Name of Firm or Individual | 2 Affiliation |
|------------------------------------|------------------|
| New England Asset Management | U..... |

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?..... Yes [X] No []

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes [] No [X]

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|---|------------------------------------|------------------------------------|--|--|
| 105900 | New England Asset Management | KUR85E5PS4GQFZTFC130 | New England Asset Management is an SEC registered Investment Advisor | NO..... |

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [X] N/A []
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

3.2 If yes, give full and complete information thereto.

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

| | | | TOTAL DISCOUNT | | | | DISCOUNT TAKEN DURING PERIOD | | | |
|------------------|------------------|---------------|----------------|------------|------|-------|------------------------------|------------|------|-------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Line of Business | Maximum Interest | Discount Rate | Unpaid Losses | Unpaid LAE | IBNR | TOTAL | Unpaid Losses | Unpaid LAE | IBNR | TOTAL |
| TOTAL | | | | | | | | | | |

5. Operating Percentages:

5.1 A&H loss percent(22.271)%

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses10.568 %

6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date\$.....

6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

6.4 If yes, please provide the balance of the funds administered as of the reporting date\$.....

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

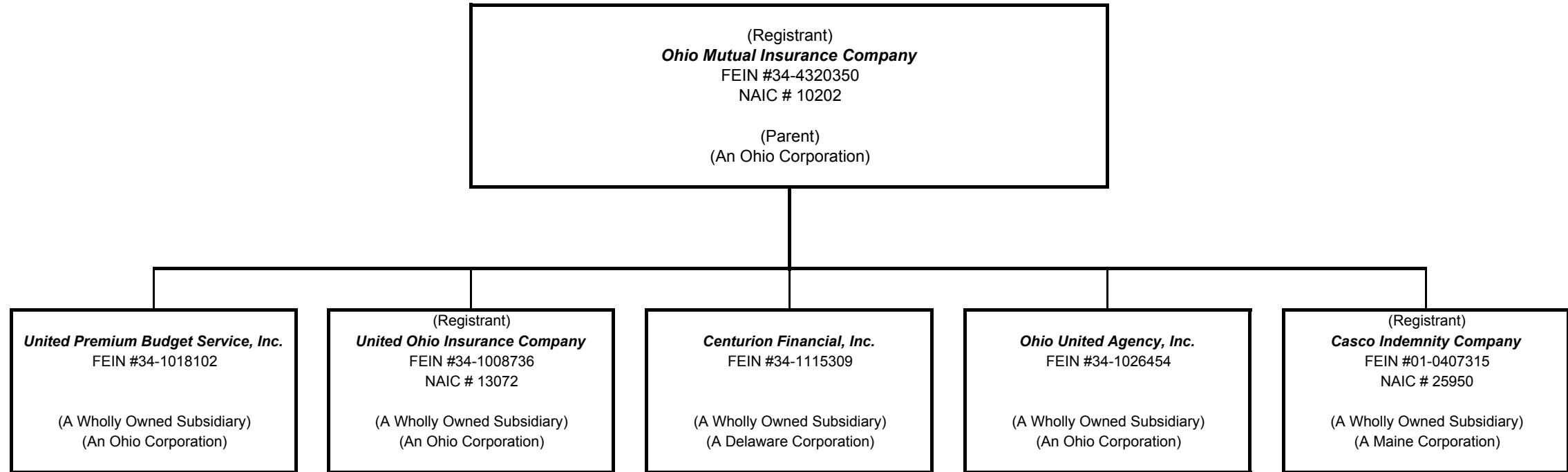
| States, etc. | 1 Active Status | Direct Premiums Written | | Direct Losses Paid (Deducting Salvage) | | Direct Losses Unpaid | |
|--|--------------------|---------------------------|-------------------------|--|-------------------------|---------------------------|-------------------------|
| | | 2 Current Year To Date | 3 Prior Year To Date | 4 Current Year To Date | 5 Prior Year To Date | 6 Current Year To Date | 7 Prior Year To Date |
| 1. AlabamaAL | N | | | | | | |
| 2. AlaskaAK | N | | | | | | |
| 3. ArizonaAZ | N | | | | | | |
| 4. ArkansasAR | N | | | | | | |
| 5. CaliforniaCA | N | | | | | | |
| 6. ColoradoCO | N | | | | | | |
| 7. ConnecticutCT | L | | | | | | |
| 8. DelawareDE | N | | | | | | |
| 9. District of ColumbiaDC | N | | | | | | |
| 10. FloridaFL | N | | | | | | |
| 11. GeorgiaGA | N | | | | | | |
| 12. HawaiiHI | N | | | | | | |
| 13. IdahoID | N | | | | | | |
| 14. IllinoisIL | N | | | | | | |
| 15. IndianaIN | L | | | | | | |
| 16. IowaIA | L | | | | | | |
| 17. KansasKS | L | | | | | | |
| 18. KentuckyKY | N | | | | | | |
| 19. LouisianaLA | N | | | | | | |
| 20. MaineME | L | | | | | | |
| 21. MarylandMD | N | | | | | | |
| 22. MassachusettsMA | N | | | | | | |
| 23. MichiganMI | N | | | | | | |
| 24. MinnesotaMN | L | | | | | | |
| 25. MississippiMS | N | | | | | | |
| 26. MissouriMO | N | | | | | | |
| 27. MontanaMT | N | | | | | | |
| 28. NebraskaNE | L | | | | | | |
| 29. NevadaNV | N | | | | | | |
| 30. New HampshireNH | L | | | | | | |
| 31. New JerseyNJ | N | | | | | | |
| 32. New MexicoNM | N | | | | | | |
| 33. New YorkNY | N | | | | | | |
| 34. North CarolinaNC | N | | | | | | |
| 35. North DakotaND | N | | | | | | |
| 36. OhioOH | L | 14,348,387 | 12,831,405 | 8,113,088 | 6,636,711 | 19,503,783 | 16,602,291 |
| 37. OklahomaOK | N | | | | | | |
| 38. OregonOR | L | | | | | | |
| 39. PennsylvaniaPA | N | | | | | | |
| 40. Rhode IslandRI | L | | | | | | |
| 41. South CarolinaSC | N | | | | | | |
| 42. South DakotaSD | N | | | | | | |
| 43. TennesseeTN | L | | | | | | |
| 44. TexasTX | N | | | | | | |
| 45. UtahUT | N | | | | | | |
| 46. VermontVT | L | | | | | | |
| 47. VirginiaVA | L | | | | | | |
| 48. WashingtonWA | N | | | | | | |
| 49. West VirginiaWV | N | | | | | | |
| 50. WisconsinWI | L | | | | | | |
| 51. WyomingWY | N | | | | | | |
| 52. American SamoaAS | N | | | | | | |
| 53. GuamGU | N | | | | | | |
| 54. Puerto RicoPR | N | | | | | | |
| 55. U.S. Virgin IslandsVI | N | | | | | | |
| 56. Northern Mariana IslandsMP | N | | | | | | |
| 57. CanadaCAN | N | | | | | | |
| 58. Aggregate Other Alien OT | XXX | | | | | | |
| 59. Totals | (a) 15 | 14,348,387 | 12,831,405 | 8,113,088 | 6,636,711 | 19,503,783 | 16,602,291 |
| DETAILS OF WRITE-INS | | | | | | | |
| 58001. | XXX | | | | | | |
| 58002. | XXX | | | | | | |
| 58003. | XXX | | | | | | |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX | | | | | | |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) | XXX | | | | | | |

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state (other than their state of domicile - see DSLI); (D) DSLI - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write Surplus Lines in the state of domicile; (N) None of the above - Not allowed to write business in the state.

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

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

Ohio Mutual Insurance Group



STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|-----------------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| .0963 | Ohio Mutual Insurance Group | 10202 | 34-4320350 | | | | Ohio Mutual Insurance Company | OH | | Ohio Mutual Insurance Company | Management | | | N | |
| .0963 | Ohio Mutual Insurance Group | 13072 | 34-1008736 | | | | United Ohio Insurance Company | OH | DS | Ohio Mutual Insurance Company | Ownership | 100.000 | Ohio Mutual Insurance Company | N | |
| .0963 | Ohio Mutual Insurance Group | | 34-1018102 | | | | United Premium Budget Service, Inc. | OH | DS | Ohio Mutual Insurance Company | Ownership | 100.000 | Ohio Mutual Insurance Company | N | |
| .0963 | Ohio Mutual Insurance Group | | 34-1115309 | | | | Centurion Financial, Inc. | DE | DS | Ohio Mutual Insurance Company | Ownership | 100.000 | Ohio Mutual Insurance Company | N | |
| .0963 | Ohio Mutual Insurance Group | | 34-1026454 | | | | Ohio United Agency, Inc. | OH | DS | Ohio Mutual Insurance Company | Ownership | 100.000 | Ohio Mutual Insurance Company | N | |
| .0963 | Ohio Mutual Insurance Group | 25950 | 01-0407315 | | | | Casco Indemnity Company | ME | DS | Ohio Mutual Insurance Company | Ownership | 100.000 | Ohio Mutual Insurance Company | N | |

| Asterisk | Explanation |
|----------|-------------|
| | |

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company

PART 1 - LOSS EXPERIENCE

| Line of Business | Current Year to Date | | | 4 Prior Year to Date Direct Loss Percentage |
|---|--------------------------------|--------------------------------|--------------------------------|--|
| | 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | |
| 1. Fire | 711,469 | 261,631 | 36.8 | 9.1 |
| 2. Allied Lines | | | | |
| 3. Farmowners multiple peril | 564,077 | 227,156 | 40.3 | (15.0) |
| 4. Homeowners multiple peril | 3,289,059 | 1,736,017 | 52.8 | 35.3 |
| 5. Commercial multiple peril | | | | |
| 6. Mortgage guaranty | | | | |
| 8. Ocean marine | | | | |
| 9. Inland marine | 4,035 | | | |
| 10. Financial guaranty | | | | |
| 11.1 Medical professional liability - occurrence | | | | |
| 11.2 Medical professional liability - claims-made | | | | |
| 12. Earthquake | | | | |
| 13. Group accident and health | | | | |
| 14. Credit accident and health | | | | |
| 15. Other accident and health | | | | |
| 16. Workers' compensation | | | | |
| 17.1 Other liability - occurrence | 64,380 | (10,233) | (15.9) | 58.7 |
| 17.2 Other liability - claims-made | | | | |
| 17.3 Excess workers' compensation | | | | |
| 18.1 Products liability - occurrence | | | | |
| 18.2 Products liability - claims-made | | | | |
| 19.1,19.2 Private passenger auto liability | 5,417,454 | 3,410,448 | 63.0 | 68.4 |
| 19.3,19.4 Commercial auto liability | | | | |
| 21. Auto physical damage | 4,737,106 | 2,286,825 | 48.3 | 58.9 |
| 22. Aircraft (all perils) | | | | |
| 23. Fidelity | | | | |
| 24. Surety | | | | |
| 26. Burglary and theft | 23,095 | 2,618 | 11.3 | 6.5 |
| 27. Boiler and machinery | | | | |
| 28. Credit | | | | |
| 29. International | | | | |
| 30. Warranty | | | | |
| 31. Reinsurance - Nonproportional Assumed Property | XXX | XXX | XXX | XXX |
| 32. Reinsurance - Nonproportional Assumed Liability | XXX | XXX | XXX | XXX |
| 33. Reinsurance - Nonproportional Assumed Financial Lines | XXX | XXX | XXX | XXX |
| 34. Aggregate write-ins for other lines of business | | | | |
| 35. Totals | 14,810,675 | 7,914,462 | 53.4 | 52.0 |
| DETAILS OF WRITE-INS | | | | |
| 3401. | | | | |
| 3402. | | | | |
| 3403. | | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | | | | |
| 3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) | | | | |

PART 2 - DIRECT PREMIUMS WRITTEN

| Line of Business | 1 | 2 | 3 |
|---|-----------------|----------------------|-------------------------|
| | Current Quarter | Current Year to Date | Prior Year Year to Date |
| 1. Fire | 581,294 | 581,294 | 592,795 |
| 2. Allied Lines | | | |
| 3. Farmowners multiple peril | 939,388 | 939,388 | 505,263 |
| 4. Homeowners multiple peril | 3,015,257 | 3,015,257 | 2,546,694 |
| 5. Commercial multiple peril | | | |
| 6. Mortgage guaranty | | | |
| 8. Ocean marine | | | |
| 9. Inland marine | 4,394 | 4,394 | 4,795 |
| 10. Financial guaranty | | | |
| 11.1 Medical professional liability - occurrence | | | |
| 11.2 Medical professional liability - claims-made | | | |
| 12. Earthquake | | | |
| 13. Group accident and health | | | |
| 14. Credit accident and health | | | |
| 15. Other accident and health | | | |
| 16. Workers' compensation | | | |
| 17.1 Other liability - occurrence | 62,389 | 62,389 | 64,401 |
| 17.2 Other liability - claims-made | | | |
| 17.3 Excess workers' compensation | | | |
| 18.1 Products liability - occurrence | | | |
| 18.2 Products liability - claims-made | | | |
| 19.1,19.2 Private passenger auto liability | 5,168,137 | 5,168,137 | 4,847,861 |
| 19.3,19.4 Commercial auto liability | | | |
| 21. Auto physical damage | 4,557,645 | 4,557,645 | 4,248,691 |
| 22. Aircraft (all perils) | | | |
| 23. Fidelity | | | |
| 24. Surety | | | |
| 26. Burglary and theft | 19,883 | 19,883 | 20,905 |
| 27. Boiler and machinery | | | |
| 28. Credit | | | |
| 29. International | | | |
| 30. Warranty | | | |
| 31. Reinsurance - Nonproportional Assumed Property | XXX | XXX | XXX |
| 32. Reinsurance - Nonproportional Assumed Liability | XXX | XXX | XXX |
| 33. Reinsurance - Nonproportional Assumed Financial Lines | XXX | XXX | XXX |
| 34. Aggregate write-ins for other lines of business | | | |
| 35. Totals | 14,348,387 | 14,348,387 | 12,831,405 |
| DETAILS OF WRITE-INS | | | |
| 3401. | | | |
| 3402. | | | |
| 3403. | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | | | |
| 3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) | | | |

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--|---|---|--|--|--|--|---|--|--------------------------------------|---|---|--|---|
| Years in Which Losses Occurred | Prior Year-End Known Case Loss and LAE Reserves | Prior Year-End IBNR Loss and LAE Reserves | Total Prior Year-End Loss and LAE Reserves (Cols. 1+2) | 2017 Loss and LAE Payments on Claims Reported as of Prior Year-End | 2017 Loss and LAE Payments on Claims Unreported as of Prior Year-End | Total 2017 Loss and LAE Payments (Cols. 4+5) | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End | Q.S. Date IBNR Loss and LAE Reserves | Total Q.S. Loss and LAE Reserves (Cols.7+8+9) | Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1) | Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2) | Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12) |
| 1. 2014 + Prior | 3,945 | 3,366 | 7,311 | 1,165 | 1 | 1,166 | 3,195 | | 2,222 | 5,417 | 415 | (1,143) | (728) |
| 2. 2015 | 3,859 | 2,919 | 6,778 | 652 | | 652 | 3,414 | 13 | 1,800 | 5,227 | 207 | (1,106) | (899) |
| 3. Subtotals 2015 + Prior | 7,804 | 6,285 | 14,089 | 1,817 | 1 | 1,818 | 6,609 | 13 | 4,022 | 10,644 | 622 | (2,249) | (1,627) |
| 4. 2016 | 7,092 | 6,858 | 13,950 | 2,733 | 89 | 2,822 | 5,082 | 51 | 3,018 | 8,151 | 723 | (3,700) | (2,977) |
| 5. Subtotals 2016 + Prior | 14,896 | 13,143 | 28,039 | 4,550 | 90 | 4,640 | 11,691 | 64 | 7,040 | 18,795 | 1,345 | (5,949) | (4,604) |
| 6. 2017 | XXX | XXX | XXX | XXX | 3,608 | 3,608 | XXX | 3,106 | 6,411 | 9,517 | XXX | XXX | XXX |
| 7. Totals | 14,896 | 13,143 | 28,039 | 4,550 | 3,698 | 8,248 | 11,691 | 3,170 | 13,451 | 28,312 | 1,345 | (5,949) | (4,604) |
| 8. Prior Year-End Surplus As Regards Policyholders | 217,626 | | | | | | | | | | Col. 11, Line 7 As % of Col. 1 Line 7 | Col. 12, Line 7 As % of Col. 2 Line 7 | Col. 13, Line 7 As % of Col. 3 Line 7 |
| | | | | | | | | | | | 1. 9.0 | 2. (45.3) | 3. (16.4) |
| | | | | | | | | | | | | | Col. 13, Line 7 As a % of Col. 1 Line 8 |
| | | | | | | | | | | | | | 4. (2.1) |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your 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 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.

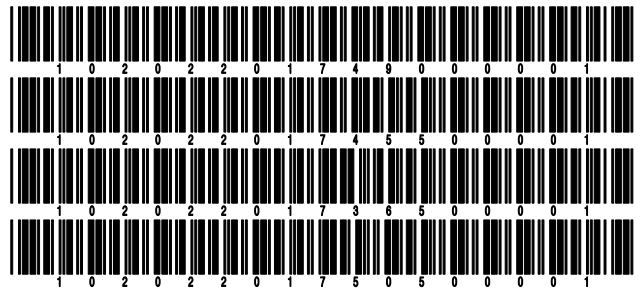
| | Response |
|--|----------|
| 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? | NO |
| 2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? | NO |
| 3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |
| 4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | NO |

Explanations:

- 1.
- 2.
- 3.
- 4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
2. Supplement A to Schedule T [Document Identifier 455]
3. Medicare Part D Coverage Supplement [Document Identifier 365]
4. Director and Officer Supplement [Document Identifier 505]



NONE

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE A - VERIFICATION

Real Estate

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | 4,106,514 | 4,303,560 |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | 32,139 | 43,029 |
| 2.2 Additional investment made after acquisition | | |
| 3. Current year change in encumbrances | | |
| 4. Total gain (loss) on disposals | | |
| 5. Deduct amounts received on disposals | | |
| 6. Total foreign exchange change in book/adjusted carrying value | | |
| 7. Deduct current year's other than temporary impairment recognized | | |
| 8. Deduct current year's depreciation | 55,995 | 240,075 |
| 9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) | 4,082,658 | 4,106,514 |
| 10. Deduct total nonadmitted amounts | | |
| 11. Statement value at end of current period (Line 9 minus Line 10) | 4,082,658 | 4,106,514 |

SCHEDULE B - VERIFICATION

Mortgage Loans

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and mortgage investment and commitment fees | | |
| 9. Total foreign exchange change in book value/recorded investment including accrued interest | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 12. Total valuation allowance | | |
| 13. Subtotal (Line 11 plus Line 12) | | |
| 14. Deduct total nonadmitted amounts | | |
| 15. Statement value at end of current period (Line 13 minus Line 14) | | |

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 2. Cost of acquired: | | |
| 2.1 Actual cost at time of acquisition | | |
| 2.2 Additional investment made after acquisition | | |
| 3. Capitalized deferred interest and other | | |
| 4. Accrual of discount | | |
| 5. Unrealized valuation increase (decrease) | | |
| 6. Total gain (loss) on disposals | | |
| 7. Deduct amounts received on disposals | | |
| 8. Deduct amortization of premium and depreciation | | |
| 9. Total foreign exchange change in book/adjusted carrying value | | |
| 10. Deduct current year's other than temporary impairment recognized | | |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) | | |
| 12. Deduct total nonadmitted amounts | | |
| 13. Statement value at end of current period (Line 11 minus Line 12) | | |

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 249,379,150 | 231,138,779 |
| 2. Cost of bonds and stocks acquired | 5,936,066 | 18,618,372 |
| 3. Accrual of discount | 3,902 | 15,993 |
| 4. Unrealized valuation increase (decrease) | 4,568,373 | 14,090,324 |
| 5. Total gain (loss) on disposals | (410) | 150,337 |
| 6. Deduct consideration for bonds and stocks disposed of | 3,484,421 | 14,055,759 |
| 7. Deduct amortization of premium | 153,521 | 578,896 |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 256,249,139 | 249,379,150 |
| 11. Deduct total nonadmitted amounts | 26,051 | 26,051 |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 256,223,088 | 249,353,099 |

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation | 1 Book/Adjusted Carrying Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Book/Adjusted Carrying Value End of First Quarter | 6 Book/Adjusted Carrying Value End of Second Quarter | 7 Book/Adjusted Carrying Value End of Third Quarter | 8 Book/Adjusted Carrying Value December 31 Prior Year |
|-------------------------------------|---|--|--|--|---|--|---|---|
| BONDS | | | | | | | | |
| 1. NAIC 1 (a) | 62,410,220 | 8,835,560 | 8,255,544 | (397,946) | 62,592,290 | | | 62,410,220 |
| 2. NAIC 2 (a) | 3,359,593 | 488,580 | 500,777 | 248,607 | 3,596,003 | | | 3,359,593 |
| 3. NAIC 3 (a) | 247,228 | | | 370 | 247,598 | | | 247,228 |
| 4. NAIC 4 (a) | | | | | | | | |
| 5. NAIC 5 (a) | | | | | | | | |
| 6. NAIC 6 (a) | | | | | | | | |
| 7. Total Bonds | 66,017,041 | 9,324,140 | 8,756,321 | (148,969) | 66,435,891 | | | 66,017,041 |
| PREFERRED STOCK | | | | | | | | |
| 8. NAIC 1 | | | | | | | | |
| 9. NAIC 2 | | | | | | | | |
| 10. NAIC 3 | | | | | | | | |
| 11. NAIC 4 | | | | | | | | |
| 12. NAIC 5 | | | | | | | | |
| 13. NAIC 6 | | | | | | | | |
| 14. Total Preferred Stock | | | | | | | | |
| 15. Total Bonds and Preferred Stock | 66,017,041 | 9,324,140 | 8,756,321 | (148,969) | 66,435,891 | | | 66,017,041 |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$592,793 ; NAIC 2 \$; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

S102

SCHEDULE DA - PART 1

Short-Term Investments

| | 1 | 2 | 3 | 4 | 5 |
|----------------|---------------------------------|-----------|-------------|------------------------------------|--|
| | Book/Adjusted Carrying Value | Par Value | Actual Cost | Interest Collected Year-to-Date | Paid for Accrued Interest Year-to-Date |
| 9199999 Totals | 592,793 | xxx | 592,793 | | |

SCHEDULE DA - VERIFICATION

Short-Term Investments

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 1,476,227 | 486,514 |
| 2. Cost of short-term investments acquired | 3,388,074 | 35,913,309 |
| 3. Accrual of discount | | |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | | |
| 6. Deduct consideration received on disposals | 4,271,508 | 34,923,596 |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | 592,793 | 1,476,227 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | 592,793 | 1,476,227 |

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

NONE

SCHEDULE E - VERIFICATION

(Cash Equivalents)

| | 1 | 2 |
|---|--------------|---------------------------------|
| | Year To Date | Prior Year Ended December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year | 999,694 | 2,099,945 |
| 2. Cost of cash equivalents acquired | | 999,657 |
| 3. Accrual of discount | 288 | 91 |
| 4. Unrealized valuation increase (decrease) | | |
| 5. Total gain (loss) on disposals | (2) | (1) |
| 6. Deduct consideration received on disposals | 999,980 | 2,099,998 |
| 7. Deduct amortization of premium | | |
| 8. Total foreign exchange change in book/adjusted carrying value | | |
| 9. Deduct current year's other than temporary impairment recognized | | |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) | | 999,694 |
| 11. Deduct total nonadmitted amounts | | |
| 12. Statement value at end of current period (Line 10 minus Line 11) | | 999,694 |

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

| 1 Description of Property | Location | | 4 Date Acquired | 5 Name of Vendor | 6 Actual Cost at Time of Acquisition | 7 Amount of Encumbrances | 8 Book/Adjusted Carrying Value Less Encumbrances | 9 Additional Investment Made After Acquisition |
|-------------------------------|-----------|------------|--------------------|---------------------|---|-----------------------------|---|---|
| | 2 City | 3 State | | | | | | |
| Building | Bucyrus | OH | 01/16/2017 | Grau Electric Ltd | 3,192 | | 3,032 | |
| Building | Bucyrus | OH | 01/16/2017 | Allen Cabinetry | 1,964 | | 1,940 | |
| Building | Bucyrus | OH | 02/09/2017 | Grau Electric Ltd | 5,563 | | 5,285 | |
| Building | Bucyrus | OH | 02/28/2017 | Grau Electric Ltd | 19,456 | | 18,159 | |
| Building | Bucyrus | OH | 03/30/2017 | Allen Cabinetry | 1,964 | | 1,956 | |
| 0199999. Acquired by Purchase | | | | | 32,139 | | 30,372 | |
| 0399999 - Totals | | | | | 32,139 | | 30,372 | |

SCHEDULE A - PART 3

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

| 1 Description of Property | Location | | 4 Disposal Date | 5 Name of Purchaser | 6 Actual Cost | 7 Expended for Additions, Permanent Improvements and Changes in Encumbrances | 8 Book/Adjusted Carrying Value Less Encumbrances Prior Year | Change in Book/Adjusted Carrying Value Less Encumbrances | | | | | 14 Book/Adjusted Carrying Value Less Encumbrances on Disposal | 15 Amounts Received During Year | 16 Foreign Exchange Gain (Loss) on Disposal | 17 Realized Gain (Loss) on Disposal | 18 Total Gain (Loss) on Disposal | 19 Gross Income Earned Less Interest Incurred on Encumbrances | 20 Taxes, Repairs and Expenses Incurred |
|------------------------------|-----------|------------|--------------------|------------------------|------------------|---|--|--|---|---|--|---|--|------------------------------------|--|--|-------------------------------------|--|--|
| | 2 City | 3 State | | | | | | 9 Current Year's Depreciation | 10 Current Year's Other Than Temporary Impairment Recognized | 11 Current Year's Change in Encumbrances | 12 Total Change in Book/Adjusted Carrying Value (11-9-10) | 13 Total Foreign Exchange Change in Book/Adjusted Carrying Value | | | | | | | |
| NONE | | | | | | | | | | | | | | | | | | | |
| 0399999 - Totals | | | | | | | | | | | | | | | | | | | |

E01

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

NONE

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

| 1 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends | 10 NAIC Desig- nation or Market Indicator (a) |
|--|-----------------------------|--------------|-----------------------|--------------------------|--------------------------------------|------------------|------------------|--|--|
| 912828-U2-4 | UNITED STATES TREASURY NOTE | | .01/10/2017 | BMO CAPITAL MARKETS | | 483,557 | 500,000 | 1,575 | 1 |
| 912828-U8-1 | UNITED STATES TREASURY NOTE | | .01/10/2017 | PARIBAS CORPORATION | | 502,873 | 500,000 | 304 | 1 |
| 912828-V2-3 | UNITED STATES TREASURY NOTE | | .01/10/2017 | NOBUNA SECURITIES INTL | | 502,228 | 500,000 | 342 | 1 |
| 0599999. Subtotal - Bonds - U.S. Governments | | | | | | 1,488,658 | 1,500,000 | 2,221 | XXX |
| 05531F-AX-1 | BB&T CORPORATION | | .03/16/2017 | MORGAN STANLEY & CO | | 998,130 | 1,000,000 | | 1FE |
| 06051G-FX-2 | BANK OF AMERICA CORP | | .01/19/2017 | BARCLAYS CAPITAL | | 488,580 | 500,000 | 4,618 | 2FE |
| 595620-AQ-8 | MIDAMERICAN ENERGY CO | | .01/23/2017 | BARCLAYS CAPITAL | | 749,760 | 750,000 | | 1FE |
| 61746B-EF-9 | MORGAN STANLEY | | .01/17/2017 | MORGAN STANLEY & CO | | 247,498 | 250,000 | | 1FE |
| 92826C-AC-6 | VISA INC | | .01/31/2017 | US BANCORP | | 1,007,830 | 1,000,000 | 3,811 | 1FE |
| 949746-SH-5 | WELLS FARGO & COMPANY | | .02/03/2017 | JP MORGAN SECURITIES INC | | 955,610 | 1,000,000 | 8,583 | 1FE |
| 3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | 4,447,408 | 4,500,000 | 17,012 | XXX |
| 8399997. Total - Bonds - Part 3 | | | | | | 5,936,066 | 6,000,000 | 19,233 | XXX |
| 8399998. Total - Bonds - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 8399999. Total - Bonds | | | | | | 5,936,066 | 6,000,000 | 19,233 | XXX |
| 8999997. Total - Preferred Stocks - Part 3 | | | | | | | XXX | | XXX |
| 8999998. Total - Preferred Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 8999999. Total - Preferred Stocks | | | | | | | XXX | | XXX |
| 9799997. Total - Common Stocks - Part 3 | | | | | | | XXX | | XXX |
| 9799998. Total - Common Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX |
| 9799999. Total - Common Stocks | | | | | | | XXX | | XXX |
| 9899999. Total - Preferred and Common Stocks | | | | | | | XXX | | XXX |
| 9999999 - Totals | | | | | | 5,936,066 | XXX | 19,233 | XXX |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change In Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | |
|----------------------|---|---------|---------------|---------------------|---------------------------|---------------|-----------|-------------|---|--|---|---|---|--|---|--|----------------------------------|-------------------------------|--|----------------------------------|--|-----|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | | |
| CUSIP Identification | Description | Foreign | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consideration | Par Value | Actual Cost | Prior Year Book/Adjusted Carrying Value | Unrealized Valuation Increase/(Decrease) | Current Year's (Amortization)/Accretion | Current Year's Other Than Temporary Impairment Recognized | Total Change in Book/Adjusted Carrying Value (11 + 12 - 13) | Total Foreign Exchange Change in Book /Adjusted Carrying Value | Book/Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/Stock Dividends Received During Year | Stated Contractual Maturity Date | NAIC Designation or Market Indicator (a) | |
| 3620AU-TE-4 | GOVERNMENT NATL MTG ASSOC #740449 | | 03/01/2017 | PAYDOWN | | 15,482 | 15,482 | 16,106 | 15,495 | | (14) | | (14) | | 15,482 | | | | 74 | 11/15/2040 | IFE | |
| 3620AW-TA-8 | GOVERNMENT NATL MTG ASSOC #742245 | | 03/01/2017 | PAYDOWN | | 25,043 | 25,043 | 25,047 | 25,043 | | | | | | 25,043 | | | | 189 | 01/15/2041 | IFE | |
| 3620C6-YU-3 | GOVERNMENT NATL MTG ASSOC #750523 | | 03/01/2017 | PAYDOWN | | 11,595 | 11,595 | 12,062 | 11,597 | | (2) | | (2) | | 11,595 | | | | 77 | 11/15/2040 | IFE | |
| 38373Q-GX-3 | GOVERNMENT NATIONAL MORTGAGE A 03 34 PM | | 03/01/2017 | PAYDOWN | | 2,672 | 2,672 | 2,758 | 2,673 | | (1) | | (1) | | 2,672 | | | | 16 | 04/20/2033 | IFE | |
| 38373V-7A-2 | GOVERNMENT NATIONAL MORTGAGE A 02 75 LA | | 03/01/2017 | PAYDOWN | | 2,589 | 2,589 | 2,676 | 2,591 | | (2) | | (2) | | 2,589 | | | | 19 | 10/20/2032 | IFE | |
| 38374T-LA-0 | GOVERNMENT NATIONAL MORTGAGE A 09 15 NK | | 03/01/2017 | PAYDOWN | | 1,464 | 1,464 | 1,505 | 1,466 | | (2) | | (2) | | 1,464 | | | | 10 | 12/20/2038 | IFE | |
| 38376F-LH-3 | GOVERNMENT NATIONAL MORTGAGE A 09 66 EJ | | 03/01/2017 | PAYDOWN | | 1,893 | 1,893 | 1,974 | 1,895 | | (2) | | (2) | | 1,893 | | | | 12 | 07/16/2039 | IFE | |
| 38376G-DN-7 | GOVERNMENT NATIONAL MORTGAGE A 10 18 C | | 03/01/2017 | PAYDOWN | | 5,498 | 5,498 | 5,770 | 5,500 | | (2) | | (2) | | 5,498 | | | | 23 | 03/16/2051 | IFE | |
| 38376T-BF-8 | GOVERNMENT NATIONAL MORTGAGE A 10 12 DA | | 03/01/2017 | PAYDOWN | | 1,498 | 1,498 | 1,550 | 1,499 | | (1) | | (1) | | 1,498 | | | | 13 | 01/16/2040 | IFE | |
| 38377V-2M-7 | GOVERNMENT NATIONAL MORTGAGE A 11 71 OE | | 03/01/2017 | PAYDOWN | | 9,296 | 9,296 | 9,732 | 9,308 | | (12) | | (12) | | 9,296 | | | | 47 | 09/16/2040 | IFE | |
| 312828-UB-1 | UNITED STATES TREASURY NOTE | | 03/17/2017 | VARIOUS | | 175,288 | 175,000 | 176,004 | | | (22) | | (22) | | 175,982 | | (695) | (695) | 651 | 12/31/2021 | 1 | |
| 0599999 | Subtotal - Bonds - U.S. Governments | | | | | 252,318 | 252,030 | 255,184 | 77,067 | | (60) | | (60) | | 253,012 | | (695) | (695) | | 1,131 | XXX | XXX |
| 702333-26-5 | PASADENA TX INDEP SCH DIST | | 01/13/2017 | BARCLAYS CAPITAL | | 250,000 | 250,000 | 250,000 | 250,000 | | | | | | 250,000 | | | | 228 | 02/01/2035 | IFE | |
| 2499999 | Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions | | | | | 250,000 | 250,000 | 250,000 | 250,000 | | | | | | 250,000 | | | | 228 | XXX | XXX | |
| 313033-CB-1 | CALIFORNIA ST HSG FIN AGY RSDL | | 03/01/2017 | SINK FUND PAYMENT | | 7,763 | 7,763 | 7,734 | 7,763 | | | | | | 7,763 | | | | 29 | 02/01/2042 | IFE | |
| 3128LY-C3-2 | FEDERAL HOME LN MTG CORP #G01890 | | 03/01/2017 | PAYDOWN | | 5,512 | 5,512 | 5,775 | 5,519 | | (6) | | (6) | | 5,512 | | | | 38 | 10/01/2035 | IFE | |
| 3128MJ-RJ-1 | FEDERAL HOME LN MTG CORP #G08488 | | 03/01/2017 | PAYDOWN | | 11,973 | 11,973 | 12,239 | 11,976 | | (3) | | (3) | | 11,973 | | | | 60 | 04/01/2042 | IFE | |
| 3128MI-AS-2 | FEDERAL HOME LN MTG CORP #G18016 | | 03/01/2017 | PAYDOWN | | 1,675 | 1,675 | 1,708 | 1,676 | | (1) | | (1) | | 1,675 | | | | 14 | 10/01/2019 | IFE | |
| 3128MI-LD-3 | FEDERAL HOME LN MTG CORP #G18323 | | 03/01/2017 | PAYDOWN | | 3,613 | 3,613 | 3,719 | 3,616 | | (3) | | (3) | | 3,613 | | | | 26 | 09/01/2024 | IFE | |
| 31294K-YB-5 | FEDERAL HOME LN MTG CORP #E01606 | | 03/01/2017 | PAYDOWN | | 3,907 | 3,907 | 3,969 | 3,908 | | (1) | | (1) | | 3,907 | | | | 28 | 04/01/2019 | IFE | |
| 31326S-GM-5 | FEDERAL HOME LN MTG CORP #007104 | | 03/01/2017 | PAYDOWN | | 2,280 | 2,280 | 2,330 | 2,280 | | | | | | 2,280 | | | | 14 | 04/01/2042 | IFE | |
| 31326S-K8-1 | FEDERAL HOME LN MTG CORP #007219 | | 03/01/2017 | PAYDOWN | | 8,478 | 8,478 | 8,666 | 8,479 | | (1) | | (1) | | 8,478 | | | | 33 | 04/01/2042 | IFE | |
| 3132MA-NN-7 | FEDERAL HOME LN MTG CORP #Q29697 | | 03/01/2017 | PAYDOWN | | 7,721 | 7,721 | 8,020 | 7,724 | | (3) | | (3) | | 7,721 | | | | 45 | 11/01/2044 | IFE | |
| 3132QL-6N-8 | FEDERAL HOME LN MTG CORP #Q30876 | | 03/01/2017 | PAYDOWN | | 14,383 | 14,383 | 15,109 | 14,388 | | (5) | | (5) | | 14,383 | | | | 55 | 01/01/2045 | IFE | |
| 313560-RT-2 | FANNIE MAE | | 02/06/2017 | MORGAN STANLEY & CO | | 250,112 | 250,000 | 248,790 | 249,581 | | 43 | | 43 | | 249,624 | | 488 | 488 | 286 | 12/20/2017 | IFE | |
| 313560-ZB-2 | FANNIE MAE | | 02/03/2017 | BARCLAYS CAPITAL | | 250,110 | 250,000 | 250,331 | 250,048 | | (14) | | (14) | | 250,034 | | 76 | 76 | 536 | 04/20/2017 | IFE | |
| 3136A7-GW-6 | FANNIE MAE 12 67 KA | | 03/01/2017 | PAYDOWN | | 9,759 | 9,759 | 10,277 | 9,771 | | (12) | | (12) | | 9,759 | | | | 64 | 05/25/2041 | IFE | |
| 3136A7-QU-9 | FANNIE MAE 12 86 CF | | 03/25/2017 | PAYDOWN | | 10,300 | 10,300 | 10,313 | 10,300 | | | | | | 10,300 | | | | 19 | 04/25/2039 | IFE | |
| 3136AD-EF-2 | FANNIE MAE 13 36 AG | | 03/01/2017 | PAYDOWN | | 6,224 | 6,224 | 6,353 | 6,227 | | (2) | | (2) | | 6,224 | | | | 30 | 12/25/2036 | IFE | |
| 3136AJ-BB-7 | FANNIE MAE 14 27 NV | | 03/01/2017 | PAYDOWN | | 4,246 | 4,246 | 4,392 | 4,248 | | (2) | | (2) | | 4,246 | | | | 21 | 06/25/2027 | IFE | |
| 3136AK-DG-5 | FANNIE MAE 14 36 OB | | 03/01/2017 | PAYDOWN | | 7,010 | 7,010 | 7,173 | 7,012 | | (3) | | (3) | | 7,010 | | | | 32 | 09/25/2033 | IFE | |
| 3136AK-P4-9 | FANNIE MAE 14 54 PN | | 03/01/2017 | PAYDOWN | | 8,228 | 8,228 | 8,570 | 8,232 | | (4) | | (4) | | 8,228 | | | | 42 | 08/25/2043 | IFE | |
| 3136AL-MX-6 | FANNIE MAE 14 73 PJ | | 03/01/2017 | PAYDOWN | | 12,643 | 12,643 | 13,060 | 12,652 | | (9) | | (9) | | 12,643 | | | | 60 | 12/25/2043 | IFE | |
| 31376K-GX-8 | FEDERAL NATIONAL MTG ASSOC #357614 | | 03/01/2017 | PAYDOWN | | 4,423 | 4,423 | 4,505 | 4,425 | | (2) | | (2) | | 4,423 | | | | 36 | 09/01/2019 | IFE | |
| 31376K-LZ-7 | FEDERAL NATIONAL MTG ASSOC #357744 | | 03/01/2017 | PAYDOWN | | 3,829 | 3,829 | 3,779 | 3,828 | | 1 | | 1 | | 3,829 | | | | 28 | 04/01/2020 | IFE | |
| 313769-BZ-7 | FHLMC MULTIFAMILY STRUCTURED P KF03 A | | 03/25/2017 | PAYDOWN | | 261 | 261 | 261 | 261 | | | | | | 261 | | | | | 01/25/2021 | IFE | |
| 31378C-R6-7 | FREDDIE MAC 4374 CE | | 03/01/2017 | PAYDOWN | | 11,183 | 11,183 | 11,688 | 11,193 | | (10) | | (10) | | 11,183 | | | | 65 | 12/15/2043 | IFE | |
| 31378D-ZX-7 | FREDDIE MAC 4387 KG | | 03/01/2017 | PAYDOWN | | 18,493 | 18,493 | 19,527 | 18,549 | | (56) | | (56) | | 18,493 | | | | 95 | 02/15/2039 | IFE | |
| 3138EN-2N-8 | FEDERAL NATIONAL MTG ASSOC #AL6180 | | 03/01/2017 | PAYDOWN | | 27,195 | 27,195 | 29,193 | 27,216 | | (21) | | (21) | | 27,195 | | | | 168 | 01/01/2045 | IFE | |
| 3138EP-WS-9 | FEDERAL NATIONAL MTG ASSOC #AL6956 | | 03/01/2017 | PAYDOWN | | 11,995 | 11,995 | 12,473 | 12,000 | | (5) | | (5) | | 11,995 | | | | 81 | 06/01/2045 | IFE | |
| 3138M9-PE-5 | FEDERAL NATIONAL MTG ASSOC #AP5820 | | 03/01/2017 | PAYDOWN | | 17,338 | 17,338 | 18,254 | 17,344 | | (6) | | (6) | | 17,338 | | | | 55 | 11/01/2042 | IFE | |
| 3138W1-GD-3 | FEDERAL NATIONAL MTG ASSOC #AR3795 | | 03/01/2017 | PAYDOWN | | 2,760 | 2,760 | 2,842 | 2,760 | | | | | | 2,760 | | | | 13 | 02/01/2043 | IFE | |
| 3138W4-M2-4 | FEDERAL NATIONAL MTG ASSOC #AR6676 | | 03/01/2017 | PAYDOWN | | 11,914 | 11,914 | 12,353 | 11,917 | | (2) | | (2) | | 11,914 | | | | 60 | 02/01/2043 | IFE | |
| 31393C-SR-0 | FANNIE MAE 03 66 MB | | 03/01/2017 | PAYDOWN | | 1,658 | 1,658 | 1,697 | 1,660 | | (1) | | (1) | | 1,658 | | | | 10 | 05/25/2023 | IFE | |
| 31393R-TE-0 | FREDDIE MAC 2631 DA | | 03/01/2017 | PAYDOWN | | 1,442 | 1,442 | 1,430 | 1,442 | | | | | | 1,442 | | | | 9 | 06/15/2033 | IFE | |
| 31394K-L3-6 | FREDDIE MAC 2682 TF | | 03/15/2017 | PAYDOWN | | 7,108 | 7,108 | 7,163 | 7,108 | | (1) | | (1) | | 7,108 | | | | 10 | 10/15/2033 | IFE | |
| 31394R-Y6-0 | FREDDIE MAC 2761 OB | | 03/01/2017 | PAYDOWN | | 1,888 | 1,888 | 1,933 | 1,889 | | (1) | | (1) | | 1,888 | | | | 12 | 12/15/2033 | IFE | |
| 31396Y-SH-6 | FANNIE MAE 08 17 DP | | 03/01/2017 | PAYDOWN | | 2,971 | 2,971 | 3,103 | 2,974 | | (4) | | (4) | | 2,971 | | | | 26 | 02/25/2038 | IFE | |
| 31397C-V5-5 | FREDDIE MAC 3239 EF | | 03/15/2017 | PAYDOWN | | 10,900 | 10,900 | 10,919 | 10,900 | | | | | | 10,900 | | | | 21 | 11/15/2036 | IFE | |
| 31398C-D4-7 | FREDDIE MAC 3527 DA | | 03/01/2017 | PAYDOWN | | 1,523 | 1,523 | 1,579 | 1,524 | | (2) | | (2) | | 1,523 | | | | 9 | 04/15/2029 | IFE | |
| 31398S-CH-4 | FANNIE MAE 10 122 AC | | 03/01/2017 | PAYDOWN | | 4,616 | 4,616 | 4,831 | 4,620 | | (4) | | (4) | | 4,616 | | | | 24 | 08/25/2022 | IFE | |
| 31398V-YJ-9 | FREDDIE MAC 3653 KN | | 03/01/2017 | PAYDOWN | | 2,888 | 2,888 | 2,964 | 2,891 | | (3) | | (3) | | 2,888 | | | | 19 | 08/15/2038 | IFE | |
| 31402C-V7-4 | FEDERAL NATIONAL MTG ASSOC #725238 | | 03/01/2017 | PAYDOWN | | 1,802 | 1,802 | 1,688 | 1,799 | | 2 | | 2 | | 1,802 | | | | 15 | 03/01/2034 | IFE | |
| 31402W-VS-4 | FEDERAL NATIONAL MTG ASSOC #740525 | | 03/01/2017 | PAYDOWN | | 4,313 | 4,313 | 4,410 | 4,315 | | (2) | | (2) | | 4,313 | | | | 38 | 10/01/2018 | IFE | |
| 31417S-AP-5 | FEDERAL NATIONAL MTG ASSOC #AC5413 | | 03/01/2017 | PAYDOWN | | 8,576 | 8,576 | 8,879 | 8,586 | | (10) | | (10) | | 8,576 | | | | 56 | 10/01/2024 | IFE | |
| 31418N-OV-5 | FEDERAL NATIONAL MTG ASSOC #AD1367 | | 03/01/2017 | PAYDOWN | | 3,893 | 3,893 | 4,062 | 3,895 | | (2) | | (2) | | 3,893 | | | | 29 | 03/01/2025 | IFE | |
| 31418P-6M-2 | FEDERAL NATIONAL MTG ASSOC #AD26 | | | | | | | | | | | | | | | | | | | | | |

STATEMENT AS OF MARCH 31, 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Change In Book/Adjusted Carrying Value | | | | | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | |
|---|---|---------|---------------|--------------------------|---------------------------|---------------|-----------|-------------|---|--|---|---|---|--|---|--|----------------------------------|-------------------------------|--|----------------------------------|--|-----|-----|
| | | | | | | | | | | 11 | 12 | 13 | 14 | 15 | | | | | | | | | |
| CUSIP Identification | Description | Foreign | Disposal Date | Name of Purchaser | Number of Shares of Stock | Consideration | Par Value | Actual Cost | Prior Year Book/Adjusted Carrying Value | Unrealized Valuation Increase/(Decrease) | Current Year's (Amortization)/Accretion | Current Year's Other Than Temporary Impairment Recognized | Total Change in Book/Adjusted Carrying Value (11 + 12 - 13) | Total Foreign Exchange Change in Book /Adjusted Carrying Value | Book/Adjusted Carrying Value at Disposal Date | Foreign Exchange Gain (Loss) on Disposal | Realized Gain (Loss) on Disposal | Total Gain (Loss) on Disposal | Bond Interest/Stock Dividends Received During Year | Stated Contractual Maturity Date | NAIC Designation or Market Indicator (a) | | |
| 31418P-K7-9 | FEDERAL NATIONAL MTG ASSOC #AD2117 | | 03/01/2017 | PAYDOWN | | 6,301 | 6,301 | 6,576 | 6,306 | | (4) | | (4) | | 6,301 | | | | 32 | 03/01/2025 | 1FE | | |
| 57563C-AA-0 | MASSACHUSETTS ST DEPT OF TRANS | | 01/13/2017 | TD SECURITIES | | 250,000 | 250,000 | 250,000 | 250,000 | | | | | | 250,000 | | | | 787 | 01/01/2029 | 1FE | | |
| 60416Q-GB-4 | MINNESOTA ST HSG FIN AGY HOMEQ | | 03/01/2017 | SINK FUND PAYMENT | | 9,130 | 9,130 | 9,130 | 9,130 | | | | | | 9,130 | | | | 44 | 11/01/2044 | 1FE | | |
| 613349-2F-5 | MONTGOMERY CNTY MD HSG OPPORTU | | 01/01/2017 | SINK FUND PAYMENT | | 15,000 | 15,000 | 16,119 | 15,000 | | | | | | 15,000 | | | | 300 | 01/01/2031 | 1FE | | |
| 64972F-K6-2 | NEW YORK CITY NY MUNI WTR FIN | | 01/13/2017 | BARCLAYS CAPITAL | | 250,000 | 250,000 | 250,000 | 250,000 | | | | | | 250,000 | | | | 172 | 06/15/2041 | 1FE | | |
| 812728-UH-4 | SEATTLE WA WTR SYS REVENUE | | 02/01/2017 | PREREFUNDED | | 110,000 | 110,000 | 114,222 | 110,045 | | (44) | | (44) | | 110,000 | | | | 2,750 | 02/01/2021 | 1FE | | |
| 812728-UU-5 | SEATTLE WA WTR SYS REVENUE | | 02/24/2017 | ISSUER at 100.000 | | 140,000 | 140,000 | 145,374 | 140,057 | | (57) | | (57) | | 140,000 | | | | 3,947 | 02/01/2021 | 1FE | | |
| 958697-HS-6 | WSTRN MN MUNI PWR AGY | | 01/01/2017 | MATURITY | | 250,000 | 250,000 | 277,594 | 250,000 | | | | | | 250,000 | | | | 6,250 | 01/01/2017 | 1FE | | |
| 3199999. Subtotal - Bonds - U.S. Special Revenues | | | | | | 1,884,049 | 1,883,827 | 1,934,599 | 1,883,971 | | (486) | | (486) | | 1,883,485 | | 564 | 564 | 17,108 | XXX | XXX | | |
| 03523T-BN-7 | ANHEUSER-BUSCH INBEV WOR | | 02/06/2017 | HSBC SECURITIES USA INC. | | 250,134 | 250,000 | 249,280 | 249,920 | | 15 | | 15 | | 249,935 | | 200 | 200 | 1,938 | 07/15/2017 | 2FE | | |
| 037833-AJ-9 | APPLE INC | | 03/16/2017 | BOSTON | | 249,090 | 250,000 | 249,078 | 249,748 | | 42 | | 42 | | 249,790 | | (700) | (700) | 958 | 05/03/2018 | 1FE | | |
| 14041N-DG-3 | CAPITAL ONE MULTI-ASSET 07 A1 A1 | | 01/15/2017 | PAYDOWN | | 250,000 | 250,000 | 247,988 | 249,990 | | 10 | | 10 | | 250,000 | | | | 173 | 11/15/2019 | 1FE | | |
| 14313N-AD-4 | CARMAX AUTO OWNER TRUST 13 3 A4 | | 03/15/2017 | PAYDOWN | | 66,196 | 66,196 | 66,193 | 66,162 | | 34 | | 34 | | 66,196 | | | | 163 | 01/15/2019 | 1FE | | |
| 466157-AC-8 | J G WENTWORTH RECEIVABLES V LL 01 AA A2 | | 03/15/2017 | PAYDOWN | | 21,373 | 21,373 | 21,327 | 21,339 | | 35 | | 35 | | 21,373 | | | | 246 | 08/15/2026 | 1FE | | |
| 58013M-EA-8 | MCDONALDS CORP | | 02/06/2017 | WELLS FARGO FINANCIAL | | 251,063 | 250,000 | 293,145 | 251,683 | | (842) | | (842) | | 250,842 | | 221 | 221 | 5,262 | 03/15/2017 | 2FE | | |
| 61766C-AA-7 | MORGAN STANLEY CAPITAL I TR 16 UBSS A1 | | 03/01/2017 | PAYDOWN | | 10,198 | 10,198 | 10,198 | 10,198 | | | | | | 10,198 | | | | 30 | 03/15/2049 | 1FMI | | |
| 79548K-UV-8 | SALOMON BROTHERS MORTGAGE 97 HUD1 B3 | | 03/01/2017 | PAYDOWN | | | 1,571 | | | | | | | | | | | | 20 | 12/25/2030 | 1FMI | | |
| 3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) | | | | | | 1,098,054 | 1,099,338 | 1,137,209 | 1,099,040 | | (706) | | (706) | | 1,098,334 | | (279) | (279) | 8,790 | XXX | XXX | | |
| 8399997. Total - Bonds - Part 4 | | | | | | 3,484,421 | 3,485,195 | 3,576,992 | 3,310,078 | | (1,252) | | (1,252) | | 3,484,831 | | (410) | (410) | 27,257 | XXX | XXX | | |
| 8399998. Total - Bonds - Part 5 | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 8399999. Total - Bonds | | | | | | 3,484,421 | 3,485,195 | 3,576,992 | 3,310,078 | | (1,252) | | (1,252) | | 3,484,831 | | (410) | (410) | 27,257 | XXX | XXX | | |
| 8999997. Total - Preferred Stocks - Part 4 | | | | | | | XXX | | | | | | | | | | | | | XXX | XXX | | |
| 8999998. Total - Preferred Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 8999999. Total - Preferred Stocks | | | | | | | XXX | | | | | | | | | | | | | XXX | XXX | | |
| 9799997. Total - Common Stocks - Part 4 | | | | | | | XXX | | | | | | | | | | | | | XXX | XXX | | |
| 9799998. Total - Common Stocks - Part 5 | | | | | | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| 9799999. Total - Common Stocks | | | | | | | XXX | | | | | | | | | | | | | XXX | XXX | | |
| 9899999. Total - Preferred and Common Stocks | | | | | | | XXX | | | | | | | | | | | | | XXX | XXX | | |
| 9999999 - Totals | | | | | | 3,484,421 | XXX | 3,576,992 | 3,310,078 | | (1,252) | | (1,252) | | 3,484,831 | | (410) | (410) | 27,257 | XXX | XXX | | |

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open

NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

NONE

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

NONE