



QUARTERLY STATEMENT

AS OF JUNE 30, 2017  
OF THE CONDITION AND AFFAIRS OF THE

MENNONITE MUTUAL INSURANCE COMPANY

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

OFFICERS

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

OTHER OFFICERS

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

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

State of .....Ohio.....

County of .....Wayne.....ss

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

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

Melanie J Alger, Notary Public  
April 18, 2021

STATEMENT AS OF JUNE 30, 2017 OF THE MENNONITE 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 .....	10,938,618		10,938,618	10,594,473
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	5,955,849	100	5,955,749	5,565,475
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....	814,395		814,395	841,841
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... (229,309) ), cash equivalents (\$ ..... 0 ) and short-term investments (\$ ..... 4,353,066 ) .....	4,123,757		4,123,757	4,871,395
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	21,832,619	100	21,832,519	21,873,184
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	96,066		96,066	99,394
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	437,519		437,519	326,218
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	4,352,346		4,352,346	4,093,510
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	55,180		55,180	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	135,538		135,538	128,205
18.2 Net deferred tax asset .....	544,664		544,664	616,728
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	944,379	907,495	36,884	53,561
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	106,167	106,167	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	69,443		69,443	28,252
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other-than-invested assets .....	131	131	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	28,574,052	1,013,893	27,560,159	27,219,052
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	28,574,052	1,013,893	27,560,159	27,219,052
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Workers Comp Deposit .....	131	131	0	0
2502. Federal Home Loan Bank .....			0	0
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	131	131	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... ) .....	1,568,024	2,077,369
2. Reinsurance payable on paid losses and loss adjustment expenses .....	0	0
3. Loss adjustment expenses .....	228,100	215,200
4. Commissions payable, contingent commissions and other similar charges .....	1,199,762	1,268,264
5. Other expenses (excluding taxes, licenses and fees) .....	187,723	136,285
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	174,397	187,252
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....		0
7.2 Net deferred tax liability .....		0
8. Borrowed money \$ ..... and interest thereon \$ .....		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....350,664 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act) .....	8,721,415	8,113,741
10. Advance premium .....	190,163	228,739
11. Dividends declared and unpaid:		
11.1 Stockholders .....		0
11.2 Policyholders .....		0
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	(71,552)	240,359
13. Funds held by company under reinsurance treaties .....		0
14. Amounts withheld or retained by company for account of others .....	956	0
15. Remittances and items not allocated .....	3,624	1,559
16. Provision for reinsurance (including \$ ..... certified) .....		0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		0
18. Drafts outstanding .....		0
19. Payable to parent, subsidiaries and affiliates .....		0
20. Derivatives .....	0	0
21. Payable for securities .....	141,952	0
22. Payable for securities lending .....		0
23. Liability for amounts held under uninsured plans .....		0
24. Capital notes \$ ..... and interest thereon \$ .....		0
25. Aggregate write-ins for liabilities .....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	12,344,564	12,468,768
27. Protected cell liabilities .....		0
28. Total liabilities (Lines 26 and 27) .....	12,344,564	12,468,768
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....		0
31. Preferred capital stock .....		0
32. Aggregate write-ins for other than special surplus funds .....	0	0
33. Surplus notes .....		0
34. Gross paid in and contributed surplus .....		0
35. Unassigned funds (surplus) .....	15,215,595	14,750,284
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		0
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) .....	15,215,595	14,750,284
38. Totals (Page 2, Line 28, Col. 3)	27,560,159	27,219,052
DETAILS OF WRITE-INS		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	to Date	to Date	December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 9,223,529 )	8,561,368	7,785,674	15,983,672
1.2 Assumed (written \$ 114,545 )	130,610	127,672	293,813
1.3 Ceded (written \$ 1,906,076 )	1,867,654	1,853,091	3,515,572
1.4 Net (written \$ 7,431,998 )	6,824,324	6,060,255	12,761,913
DEDUCTIONS:			
2. Losses incurred (current accident year \$ )::			
2.1 Direct	3,092,145	1,553,913	4,269,072
2.2 Assumed	25,735	13,845	58,911
2.3 Ceded	243,041	(151,664)	154,640
2.4 Net	2,874,839	1,719,422	4,173,343
3. Loss adjustment expenses incurred	757,801	628,078	1,366,681
4. Other underwriting expenses incurred	2,997,974	2,777,218	5,626,740
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	6,630,614	5,124,718	11,166,764
7. Net income of protected cells		0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	193,710	935,537	1,595,149
INVESTMENT INCOME			
9. Net investment income earned	112,007	88,919	232,824
10. Net realized capital gains (losses) less capital gains tax of \$	5,512	(7,674)	2,079
11. Net investment gain (loss) (Lines 9 + 10)	117,519	81,245	234,903
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )		0	0
13. Finance and service charges not included in premiums	48,639	47,287	108,295
14. Aggregate write-ins for miscellaneous income	(13,788)	(11,872)	(24,688)
15. Total other income (Lines 12 through 14)	34,851	35,415	83,607
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	346,080	1,052,197	1,913,659
17. Dividends to policyholders		0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	346,080	1,052,197	1,913,659
19. Federal and foreign income taxes incurred	117,667	357,747	488,341
20. Net income (Line 18 minus Line 19)(to Line 22)	228,413	694,450	1,425,318
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	14,750,284	13,393,183	13,393,183
22. Net income (from Line 20)	228,413	694,450	1,425,318
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$	328,666	145,350	404,018
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	(80,879)	23,824	(89,284)
27. Change in nonadmitted assets	(10,889)	(300,332)	(382,951)
28. Change in provision for reinsurance		0	0
29. Change in surplus notes		0	0
30. Surplus (contributed to) withdrawn from protected cells		0	0
31. Cumulative effect of changes in accounting principles		0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in		0	0
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	0
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	465,311	563,292	1,357,101
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	15,215,595	13,956,475	14,750,284
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401. MISC.	(13,788)	(11,872)	(24,688)
1402.		0	0
1403.		0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	(13,788)	(11,872)	(24,688)
3701. Effect of accounting change		0	0
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	6,711,374	6,710,431	13,370,424
2. Net investment income .....	206,777	116,078	414,275
3. Miscellaneous income .....	34,851	35,415	83,607
4. Total (Lines 1 to 3) .....	6,953,002	6,861,924	13,868,306
5. Benefit and loss related payments .....	3,439,364	1,389,252	3,851,738
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	3,538,992	3,492,624	6,703,097
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	(27,943)	580,648	554,431
10. Total (Lines 5 through 9) .....	6,950,413	5,462,524	11,109,266
11. Net cash from operations (Line 4 minus Line 10) .....	2,589	1,399,400	2,759,040
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	1,034,978	665,348	1,461,462
12.2 Stocks .....	2,476	1,157	9,094
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	498,065	288,747	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	1,535,519	955,252	1,470,556
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	1,440,083	1,103,715	2,038,697
13.2 Stocks .....	61,607	254,536	559,659
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	14,124	24,433
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	1
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	1,501,690	1,372,375	2,622,790
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	33,829	(417,123)	(1,152,234)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	(784,056)	(492,610)	(881,323)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(784,056)	(492,610)	(881,323)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(747,638)	489,667	725,483
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	4,871,395	4,145,912	4,145,912
19.2 End of period (Line 18 plus Line 19.1) .....	4,123,757	4,635,579	4,871,395

NOTES TO FINANCIAL STATEMENTS

NOTE I - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

	State of Domicile	2017	2016
(1) Net Income ABC state basis	OH	228,413	1,425,318
(2) State Prescribed Practices (Income): Depreciation of fixed assets			
(3) State Permitted Practices (Income): Depreciation, home office property.			
(4) Net Income, NAIC SAP		228,413	1,425,318
(5) Statutory Surplus ABC basis		15,215,595	14,750,284
(6) State Prescribed Practices (Surplus): Goodwill, net Fixed Assets, net			
(7) State Permitted Practices (Surplus): Home Office Property			
(8) Statutory Surplus, NAIC SAP		15,215,595	14,750,284

B. Use of Estimates in the Preparation of Financial Statements

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

C. Accounting Policy

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

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

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

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

In addition the Company uses the following accounting policies:

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

## NOTES TO FINANCIAL STATEMENTS

4. Preferred stocks are stated at fair value.

5. Mortgage loans - are valued at unpaid balance.

6. Loan backed securities are stated at amortized cost using the interest method unless required by the NAIC to be carried at fair value.

7. Investments in Subsidiary, Controlled and Affiliated Entities

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

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

9. Derivatives - N/A

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

11. Unpaid Claims, Losses and Loss Adjusting Expenses

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

12. Capitalization policy - no change

13. Pharmaceutical rebate receivables - N/A

### NOTE 2 - ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS

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

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

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

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

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

### NOTE 4 - DISCONTINUED OPERATIONS - N/A

### NOTE 5 - INVESTMENTS

A. Mortgage Loans - N/A

B. Debt Restructuring - N/A

C. Reverse Mortgages - N/A

D. Loan Backed and Structured Securities -

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

E. Repurchase, Reverse Repurchase, and Dollar Repurchase Agreements

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

F. Real Estate

G. Investment in low income Housing

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

### NOTE 7 - INVESTMENT INCOME - N/A

NOTES TO FINANCIAL STATEMENTS

NOTE 8 – DERIVATIVES – N/A

NOTE 9 - INCOME TAXES

MENNONITE MUTUAL INSURANCE COMPANY  
Income Tax Disclosures Required under SSAP 101  
June 30, 2017

A. The components of the net deferred tax asset(liability) at June 30, 2017 are as follows:  
1.

	2017			2016			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Gross deferred tax assets	\$ 1,025,966	\$ -	\$ 1,025,966	\$ 986,283	\$ -	\$ 986,283	\$ 39,683	\$ -	\$ 39,683
Statutory valuation allowance adjustment	-	-	-	-	-	-	-	-	-
Adjusted gross deferred tax assets	1,025,966	-	1,025,966	986,283	-	986,283	39,683	-	39,683
Non-admitted deferred tax assets	-	-	-	-	-	-	-	-	-
Net admitted deferred tax asset	1,025,966	-	1,025,966	986,283	-	986,283	39,683	-	39,683
Deferred tax liabilities	243,176	238,126	481,302	243,176	126,379	369,555	-	111,747	111,747
Net admitted deferred tax asset (liability)	\$ 782,790	\$ (238,126)	\$ 544,664	\$ 743,107	\$ (126,379)	\$ 616,728	\$ 39,683	\$ (111,747)	\$ (72,064)

2. Deferred Tax Asset

	2017	2016	Change
Ordinary:			
Discounting of unpaid losses and loss adjustment expense	\$ 23,816	\$ 30,239	\$ (6,423)
Unearned and advanced premiums	606,234	567,395	38,839
Fixed Assets	-	-	-
Compensation and benefits accrual	-	-	-
Pension Accrual	-	-	-
Net Operating carry-forward	-	-	-
Other	51,193	50,625	568
Other assets-nonadmitted	344,723	338,024	6,699
Subtotal	1,025,966	986,283	39,683
Statutory valuation allowance adjustment	-	-	-
Non-admitted deferred tax assets	-	-	-
Admitted ordinary deferred tax assets	1,025,966	986,283	39,683
Capital:			
Investments	-	-	-
Statutory valuation allowance adjustment	-	-	-
Non-admitted deferred tax assets	-	-	-
Admitted capital deferred tax assets	-	-	-
Admitted deferred tax assets	\$ 1,025,966	\$ 986,283	\$ 39,683

3. Deferred Tax Liabilities

	2017	2016	Change
Ordinary:			
Investments	\$ 6,243	\$ 6,243	\$ -
Fixed assets	236,933	236,933	-
Other	-	-	-
Subtotal	243,176	243,176	-
Capital:			
Investments	238,126	126,379	111,747
Other	-	-	-
Subtotal	238,126	126,379	111,747
Total deferred tax liabilities	481,302	369,555	111,747
Net deferred tax assets	\$ 544,664	\$ 616,728	\$ (72,064)



NOTES TO FINANCIAL STATEMENTS

NOTE 10 - INFORMATION CONCERNING PARENTS, SUBSIDIARIES, AND AFFILIATES

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

NOTE 11 - DEBT - N/A

NOTE 12 - BENEFIT PLANS

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

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

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

1. unrealized gains and losses:	328,666
2..nonadmitted asset values:	(10,889)
3. provision for reinsurance:	0

- 10. N/A

NOTE 14 - CONTINGENCIES

A. Liabilities, Contingencies and Impairment of Assets

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

- B. Guarantee Fund and Other Assessments – N/A
- C. Gain Contingencies – N/A
- D. All Other – N/A

NOTE 15 - LEASES - N/A

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

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

NOTE 18 - UNINSURED PLANS - NA

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

NOTES TO FINANCIAL STATEMENTS

NOTE 20 – FAIR VALUE MEASUREMENT

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

The following table provides information as of June 30, 2017 about the Company's financial assets measured at fair value on a recurring basis:

Fair Value Hierarchy - Note 20 A. (1)

MENNONITE MUTUAL INSURANCE COMPANY

Year to Date as of: June 30, 2017

Description for each class of Asset or Liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at Fair Value				
Common Stock				
INDUSTRIAL & MISCELLANEOUS	5,869,593.90	86,155.50	0.00	5,955,749.40
PARENTS, SUBSIDIARIES AND AFFILIATES	0.00	0.00	100.00	100.00
Total Common Stock:	5,869,593.90	86,155.50	100.00	5,955,849.40
Total a. Assets at Fair Value:	5,869,593.90	86,155.50	100.00	5,955,849.40
Total MENNONITE MUTUAL INSURANCE COMPANY:	5,869,593.90	86,155.50	100.00	5,955,849.40

Level 1 Transfers - Details

MENNONITE MUTUAL INSURANCE COMPANY -

Year to Date as of: June 30, 2017

	Current Fair Value	Transfers into Level 1 from Level 2	Transfers out of Level 1 to Level 2	Comments
N/A	0.00	0.00	0.00	
Total Assets MENNONITE MUTUAL INSURANCE COMPANY:	0.00	0.00	0.00	

Fair Value Measurements - Level 3  
Reconciliation  
MENNONITE MUTUAL INSURANCE  
COMPANY

Year to Date as of: June 30, 2017

Description	Beginning Balance at 01/01/2017	Transfers into Level 3	Transfer s out of Level 3	Total gains and (losses) include d in Net Income	Total gains and (losses) Include d in Surplus	Purcha ses	Issuanc es	Sales	Settlements	Ending Balance at 06/30/2017
a. ASSETS										
Common Stock										
PARENTS, SUBSIDIARIES AND AFFILIATES	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
Total a. ASSETS:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
Total MENNONITE MUTUAL INSURANCE COMPANY:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00

NOTES TO FINANCIAL STATEMENTS

Aggregate Fair Value by Hierarchical Level  
MENNONITE MUTUAL INSURANCE COMPANY

Year to Date as of: June 30, 2017

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bond	10,071,725.30	9835,567.12	10,071,725.30	0.00	0.00	0.00
CMO	510,830.36	457,858.17	510,830.36	0.00	0.00	0.00
MBS	646,792.11	645,192.53	646,792.11	0.00	0.00	0.00
Common Stock	5,955,849.40	5,955,849.40	5,869,593.90	86,155.50	100.00	0.00
Short Term	4,353,066.18	4,353,066.18	4,353,066.18	0.00	0.00	0.00
Total Assets MENNONITE MUTUAL INSURANCE COMPANY:	21,538,263.35	21,247,533.40	21,452,007.85	86,155.50	100.00	0.00

Not Practicable to Estimate Fair Value Detail  
MENNONITE MUTUAL INSURANCE COMPANY

Year to Date as of: June 30, 2017  
Type or Class of Financial Instrument

	Carrying Value	Effective Interest Rate
Total Short Term:	4,353,066.18	12/31/2017
Total Assets MENNONITE MUTUAL INSURANCE COMPANY:	4,353,066.18	

NOTE 21 – OTHER ITEMS - N/A

NOTE 22 – EVENTS SUBSEQUENT - N/A

NOTE 23 - REINSURANCE

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

B. Reinsurance Recoverable in Dispute – N/A

C. Reinsurance Assumed and Ceded

	ASSUMED REINSURANCE		CEDED REINSURANCE		NET	
	(1)	(2)	(3)	(4)	(5)	(6)
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
1 Affilates	\$114,545	\$34,364	0	0	\$114,545	\$34,364
2. All Other	0	0	\$350,664	\$119,226	(\$350,664)	(\$119,226)
3. Total	\$114,545	\$34,634	\$350,664	\$119,226	\$(236,119)	(\$84,862)

4. Direct Unearned Premium reserve \$ 8,934,061

D. Uncollectible Reinsurance - N/A

E. Commutation of Ceded Reinsurance - NA

F. Retroactive Reinsurance - N/A

NOTE 24 - RETROSPECTIVELY RATED CONTRACTS - N/A

NOTE 25- CHANGES IN INCURRED LOSSES AND LAE

NOTES TO FINANCIAL STATEMENTS

The estimated cost of loss and loss adjustment expenses (LAE) attributable to insured events of prior years increased by 170,976 during 2016. Increases or decreases of this nature occur as the result of claim settlements during the current year, and as additional information is received regarding individual claims, causing changes from the original estimates of the cost of these claims.

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

NOTE 26 - INTERCOMPANY POOLING ARRANGEMENTS - NA

NOTE 27 - STRUCTURED SETTLEMENTS - N/A

NOTE 28 – HEALTH CARE RECEIVABLES - N/A

NOTE 29 – PARTICIPATING POLICIES - N/A

NOTE 30 – PREMIUM DEFICIENCY RESERVES –

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

Note 30  
The Company evaluated the need to record a premium deficiency reserve as of the end of the year and determined a reserve was not required. This evaluation was completed subsequent to year end. The Company does not anticipate investment income when evaluating the need for premium deficiency reserves.

NOTES TO FINANCIAL STATEMENTS

NOTE 31 – HIGH DEDUCTIBLES – N/A

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

NOTE 33 - ASBESTOS AND ENVIRONMENTAL CLAIMS

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

NOTE 34 - SUBSCRIBER SAVINGS ACCOUNTS – N/A

NOTE 35 – MULTIPLE PERIL CROP INSURANCE – N/A

NOTE 36 – FINANCIAL GUARANTY INSURANCE - NA

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1

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 ☒
- 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 ☒
- 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 ☒ 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 ☒
- 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 ☒
- 4.2

If yes, provide the name of 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	2	3
Name of Entity	NAIC Company Code	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 ☒ NA ☐
- 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.

12/31/2012
- 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.

12/31/2012
- 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).

11/15/2013
- 6.4

By what department or departments?
- 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 ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 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 ☒
- 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 ☒
- 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 ☒
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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? .....  
(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.

Yes [X] No [ ]

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 [X]

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 [X]

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 [X] No [ ]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....69,443

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 [X]

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 [X] No [ ]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....100	\$ .....100
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).....	\$ .....100	\$ .....100
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 [X]

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.

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
- \$ .....0

\$ .....0

\$ .....0

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

- 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	2	3
Name(s)	Location(s)	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 and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	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	2
Name of Firm or Individual	Affiliation
.....	.....
.....	.....
.....	.....

- 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 [ ] 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 [ ]

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

- 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] NA [ ]  
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			0	0	0	0	0	0	0	0

5. Operating Percentages:  
5.1 A&H loss percent ..... %  
5.2 A&H cost containment percent ..... %  
5.3 A&H expense percent excluding cost containment expenses ..... %

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 [X] No [ ]  
6.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$

# STATEMENT AS OF JUNE 30, 2017 OF THE MENNONITE MUTUAL INSURANCE COMPANY

## SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
		NONE				

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

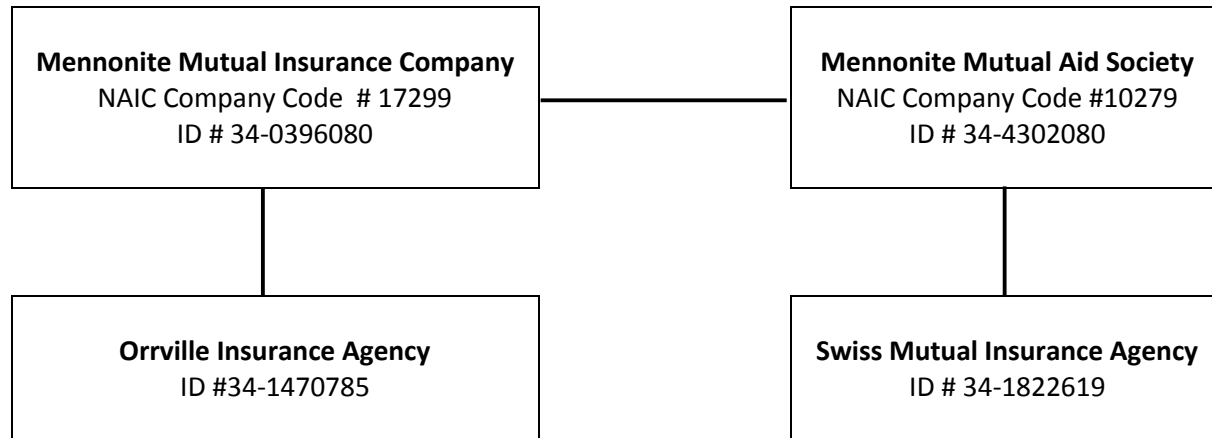
Current Year to Date – Allocated by States and Territories							
States, etc.	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama	AL N		.0		.0		.0
2. Alaska	AK N		.0		.0		.0
3. Arizona	AZ N		.0		.0		.0
4. Arkansas	AR N		.0		.0		.0
5. California	CA N		.0		.0		.0
6. Colorado	CO N		.0		.0		.0
7. Connecticut	CT N		.0		.0		.0
8. Delaware	DE N		.0		.0		.0
9. Dist. Columbia	DC N		.0		.0		.0
10. Florida	FL N		.0		.0		.0
11. Georgia	GA N		.0		.0		.0
12. Hawaii	HI N		.0		.0		.0
13. Idaho	ID N		.0		.0		.0
14. Illinois	IL N		.0		.0		.0
15. Indiana	IN L	2,413,087	1,895,093	767,782	430,819	1,354,371	681,620
16. Iowa	IA N		.0		.0		.0
17. Kansas	KS N		.0		.0		.0
18. Kentucky	KY N		.0		.0		.0
19. Louisiana	LA N		.0		.0		.0
20. Maine	ME N		.0		.0		.0
21. Maryland	MD N		.0		.0		.0
22. Massachusetts	MA N		.0		.0		.0
23. Michigan	MI N		.0		.0		.0
24. Minnesota	MN N		.0		.0		.0
25. Mississippi	MS N		.0		.0		.0
26. Missouri	MO N		.0		.0		.0
27. Montana	MT N		.0		.0		.0
28. Nebraska	NE N		.0		.0		.0
29. Nevada	NV N		.0		.0		.0
30. New Hampshire	NH N		.0		.0		.0
31. New Jersey	NJ N		.0		.0		.0
32. New Mexico	NM N		.0		.0		.0
33. New York	NY N		.0		.0		.0
34. No. Carolina	NC N		.0		.0		.0
35. No. Dakota	ND N		.0		.0		.0
36. Ohio	OH L	6,810,442	6,313,938	2,763,255	1,308,827	856,198	1,667,678
37. Oklahoma	OK N		.0		.0		.0
38. Oregon	OR N		.0		.0		.0
39. Pennsylvania	PA L		.0		.0		.0
40. Rhode Island	RI N		.0		.0		.0
41. So. Carolina	SC N		.0		.0		.0
42. So. Dakota	SD N		.0		.0		.0
43. Tennessee	TN N		.0		.0		.0
44. Texas	TX N		.0		.0		.0
45. Utah	UT N		.0		.0		.0
46. Vermont	VT N		.0		.0		.0
47. Virginia	VA N		.0		.0		.0
48. Washington	WA N		.0		.0		.0
49. West Virginia	WV N		.0		.0		.0
50. Wisconsin	WI N		.0		.0		.0
51. Wyoming	WY N		.0		.0		.0
52. American Samoa	AS N		.0		.0		.0
53. Guam	GU N		.0		.0		.0
54. Puerto Rico	PR N		.0		.0		.0
55. U.S. Virgin Islands	VI N		.0		.0		.0
56. Northern Mariana Islands	MP N		.0		.0		.0
57. Canada	CAN N		.0		.0		.0
58. Aggregate Other Alien	OT XXX	.0	.0	.0	.0	.0	.0
59. Totals	(a) 3	9,223,529	8,209,031	3,531,037	1,739,646	2,210,569	2,349,298
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	.0	.0	.0	.0	.0	.0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state (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.  
All of the premiums with respect to every kind of insurance transacted are allocated to the state in which the property or insured is located. Losses are allocated to the state in which the premium was allocated.

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

**MENNONITE MUTUAL GROUP**  
**ORGANIZATIONAL CHART**  
**NAIC Group Code #4780**



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

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Asterisk	Explanation

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 .....	722,220	319,208	44.2	8.1
2.	Allied lines .....			0.0	0.0
3.	Farmowners multiple peril .....	2,910,154	1,324,015	45.5	16.1
4.	Homeowners multiple peril .....	37,882	8,820	23.3	18.8
5.	Commercial multiple peril .....	3,883,536	1,194,371	30.8	29.6
6.	Mortgage guaranty .....			0.0	0.0
8.	Ocean marine .....			0.0	0.0
9.	Inland marine .....			0.0	0.0
10.	Financial guaranty .....			0.0	0.0
11.1	Medical professional liability -occurrence .....			0.0	0.0
11.2	Medical professional liability -claims made .....			0.0	0.0
12.	Earthquake .....			0.0	0.0
13.	Group accident and health .....			0.0	0.0
14.	Credit accident and health .....			0.0	0.0
15.	Other accident and health .....			0.0	0.0
16.	Workers' compensation .....			0.0	0.0
17.1	Other liability occurrence .....	535,520	78,426	14.6	(6.4)
17.2	Other liability-claims made .....			0.0	0.0
17.3	Excess Workers' Compensation .....			0.0	0.0
18.1	Products liability-occurrence .....			0.0	0.0
18.2	Products liability-claims made .....			0.0	0.0
19.1,19.2	Private passenger auto liability .....			0.0	0.0
19.3,19.4	Commercial auto liability .....	353,733	58,197	16.5	19.8
21.	Auto physical damage .....	118,323	109,108	92.2	28.0
22.	Aircraft (all perils) .....			0.0	0.0
23.	Fidelity .....			0.0	0.0
24.	Surety .....			0.0	0.0
26.	Burglary and theft .....			0.0	0.0
27.	Boiler and machinery .....			0.0	0.0
28.	Credit .....			0.0	0.0
29.	International .....			0.0	0.0
30.	Warranty .....			0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property .....	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 .....	0	0	0.0	0.0
35.	TOTALS .....	8,561,368	3,092,145	36.1	20.0
DETAILS OF WRITE-INS					
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Sum. of remaining write-ins for Line 34 from overflow page .....	0	0	0.0	0.0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34) .....	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire .....	346,030	685,453	702,662
2.	Allied lines .....	0		0
3.	Farmowners multiple peril .....	1,451,356	3,047,065	2,935,789
4.	Homeowners multiple peril .....	21,525	44,350	46,573
5.	Commercial multiple peril .....	2,165,098	4,343,125	3,534,111
6.	Mortgage guaranty .....	0		0
8.	Ocean marine .....	0		0
9.	Inland marine .....	0		0
10.	Financial guaranty .....	0		0
11.1	Medical professional liability-occurrence .....	0		0
11.2	Medical professional liability-claims made .....	0		0
12.	Earthquake .....	0		0
13.	Group accident and health .....	0		0
14.	Credit accident and health .....	0		0
15.	Other accident and health .....	0		0
16.	Workers' compensation .....	0		0
17.1	Other liability occurrence .....	254,421	577,975	516,171
17.2	Other liability-claims made .....	0		0
17.3	Excess Workers' Compensation .....	0		0
18.1	Products liability-occurrence .....	0		0
18.2	Products liability-claims made .....	0		0
19.1,19.2	Private passenger auto liability .....	0		0
19.3,19.4	Commercial auto liability .....	210,182	393,795	353,035
21.	Auto physical damage .....	70,460	131,766	120,690
22.	Aircraft (all perils) .....	0		0
23.	Fidelity .....	0		0
24.	Surety .....	0		0
26.	Burglary and theft .....	0		0
27.	Boiler and machinery .....	0		0
28.	Credit .....	0		0
29.	International .....	0		0
30.	Warranty .....	0		0
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 .....	0	0	0
35.	TOTALS .....	4,519,072	9,223,529	8,209,031
DETAILS OF WRITE-INS				
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Sum. of remaining write-ins for Line 34 from overflow page .....	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34) .....	0	0	0

STATEMENT AS OF JUNE 30, 2017 OF THE MENNONITE 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 .....	246	82	328	134	56	190	227	60	68	355	115	102	217
2. 2015 .....	524	147	671	524	0	524	(196)		78	(118)	(196)	(69)	(265)
3. Subtotals 2015 + prior .....	770	229	999	658	56	714	31	60	146	237	(81)	33	(48)
4. 2016 .....	947	347	1,294	576	110	686	228	76	89	393	(143)	(72)	(215)
5. Subtotals 2016 + prior .....	1,717	576	2,293	1,234	166	1,400	259	136	235	630	(224)	(39)	(263)
6. 2017 .....	XXX	XXX	XXX	XXX	2,730	2,730	XXX	825	341	1,166	XXX	XXX	XXX
7. Totals .....	1,717	576	2,293	1,234	2,896	4,130	259	961	576	1,796	(224)	(39)	(263)
8. Prior Year-End Surplus As Regards Policy-holders	14,750										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. (13.0)	2. (6.8)	3. (11.5)
											Col. 13, Line 7 Line 8		
											4. (1.8)		

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.....

Explanation:

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


Bar Code:

1.




17299201749000002

2.




17299201745500002

3.



17299201736500002

4.



17299201750500002



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	841,842	871,596
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		24,433
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other-than-temporary impairment recognized .....		0
8. Deduct current year's depreciation .....	27,447	54,187
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	814,395	841,842
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	814,395	841,842

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....		0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other-than-temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	16,160,048	14,761,912
2. Cost of bonds and stocks acquired .....	1,501,690	2,598,356
3. Accrual of discount .....	4,128	6,423
4. Unrealized valuation increase (decrease) .....	328,667	404,019
5. Total gain (loss) on disposals .....	5,512	2,079
6. Deduct consideration for bonds and stocks disposed of .....	1,037,454	1,470,556
7. Deduct amortization of premium .....	68,124	142,185
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	16,894,467	16,160,048
11. Deduct total nonadmitted amounts .....	100	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	16,894,467	16,160,048

STATEMENT AS OF JUNE 30, 2017 OF THE MENNONITE 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
<b>BONDS</b>								
1. NAIC 1 (a).....	11,015,565	1,282,993	1,036,614	(30,086)	11,015,565	11,231,859	0	11,051,092
2. NAIC 2 (a).....	860,331			(2,014)	860,331	858,317	0	957,471
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	11,875,897	1,282,993	1,036,614	(32,100)	11,875,897	12,090,176	0	12,008,563
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0				0	0	0	0
9. NAIC 2 .....	0				0	0	0	0
10. NAIC 3 .....	0				0	0	0	0
11. NAIC 4 .....	0				0	0	0	0
12. NAIC 5 .....	0				0	0	0	0
13. NAIC 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	11,875,897	1,282,993	1,036,614	(32,100)	11,875,897	12,090,176	0	12,008,563

(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 \$ .....1,151,559 ; NAIC 2 \$ ..... ;  
NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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	4,353,066	XXX	4,353,066	2,039	

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.....	4,415,216	4,223,605
2. Cost of short-term investments acquired .....	1,809,117	5,228,656
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....	1,871,267	5,037,045
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	4,353,066	4,415,216
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	4,353,066	4,415,216

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF JUNE 30, 2017 OF THE MENNONITE MUTUAL INSURANCE COMPANY

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator <sup>(a)</sup>
Bonds - U.S. Governments									
912810-PW-2	UNITED STATES TREAS BDS		04/10/2017	M&T Bank		18,817	15,000	103	1
912828-N8-9	UNITED STATES TREAS NTS		04/10/2017	M&T Bank		286,182	290,000	793	1
0599999 - Bonds - U.S. Governments						304,999	305,000	896	XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
54930L-RH-0	LUCAS CNTY OHIO FOR PREVIOUS I		06/30/2017	Advest, Inc		141,953	125,000		1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						141,953	125,000	0	XXX
Bonds - U.S. Special Revenue									
3138WE-KH-1	FNMA PASS-THRU LNG 30 YEAR		04/04/2017	M&T Bank		84,437	82,027	88	1
3140FV-ME-3	FNMA PASS-THRU LNG 30 YEAR		04/04/2017	M&T Bank		133,299	129,810	139	1
641667-RA-0	NEW ALBANY FLOYD CNTY IND SCH		04/01/2017	M&T Bank		116,214	100,000		1FE
897825-HA-6	TRUCKEE MEADOWS NEV WTR AUTH W		04/01/2017	M&T Bank		118,146	100,000		1FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						452,096	411,838	227	XXX
8399997 - Subtotals - Bonds - Part 3						899,047	841,838	1,123	XXX
8399999 - Subtotals - Bonds						899,047	841,838	1,123	XXX
Common Stocks - Industrial and Miscellaneous									
000000-00-0	FHLB of Cincinnati		04/06/2017	FHLB of Cincinnati	2,000	200			A
9099999 - Common Stocks - Industrial and Miscellaneous (Unaffiliated)						200	XXX	0	XXX
Common Stocks - Mutual Funds									
31420B-30-0	FEDERATED INSTL TR		06/01/2017	M&T Bank	664,000	6,673			L
411512-73-4	HARBOR FD		06/30/2017	M&T Bank	116,300	1,282			L
722005-62-6	PIMCO FDS PAC INVT MGMT SER		06/16/2017	M&T Bank	447,760	5,270			L
784924-19-3	SSGA FDS		06/05/2017	M&T Bank	869,360	6,612			L
922023-10-6	VANGUARD CONV SECS FD		06/23/2017	M&T Bank	184,030	2,437			L
922908-66-0	VANGUARD INDEX FDS		06/23/2017	M&T Bank	21,470	1,420			L
922908-67-8	VANGUARD INDEX FDS		06/23/2017	M&T Bank	84,080	3,160			L
922908-70-2	VANGUARD INDEX FDS		06/21/2017	M&T Bank	15,000	970			L
921908-60-4	VANGUARD SPECIALIZED PORTFOLIO		06/23/2017	M&T Bank	206,500	5,210			L
921909-81-8	VANGUARD STAR FD		06/21/2017	M&T Bank	150,320	4,168			L
9299999 - Common Stocks - Mutual Funds						37,201	XXX	0	XXX
9799997 - Subtotals - Common Stocks - Part 3						37,401	XXX	0	XXX
9799999 - Subtotals - Common Stocks						37,401	XXX	0	XXX
9899999 - Subtotals- Preferred and Common Stocks						37,401	XXX	0	XXX
9999999 Totals						936,448	XXX	1,123	XXX

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

## E05

## E05

31417Y-6B-8	FNMA PASS-1HRU	SHR1 10	06/25/2017	PRINCIPAL RECEIPT	2,785	2,785	2,903	2,856	(71)	(71)
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E05

E05



Schedule DB - Part A - Section 1  
NONE

Schedule DB - Part B - Section 1  
NONE

Schedule DB - Part D - Section 1  
NONE

Schedule DB - Part D - Section 2  
NONE

Schedule DL - Part 1  
NONE

Schedule DL - Part 2  
NONE



SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter							
1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total Cash Equivalents					0	0	0