



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT
For the Year Ended December 31, 2017
OF THE CONDITION AND AFFAIRS OF THE
Ohio Indemnity Company

| | | | | | | |
|---------------------------------------|--|-------------------------|--|------------|--|------------|
| NAIC Group Code | 00000 (Current Period) | 00000 (Prior Period) | NAIC Company Code | 26565 | Employer's ID Number | 31-0620146 |
| Organized under the Laws of | Ohio | | State of Domicile or Port of Entry | Ohio | | |
| Country of Domicile | United States | | | | | |
| Incorporated/Organized | 02/11/1956 | | Commenced Business | 07/24/1956 | | |
| Statutory Home Office | 250 E. Broad St., 7th Floor (Street and Number) | | Columbus, OH, US 43215-0000 (City or Town, State, Country and Zip Code) | | | |
| Main Administrative Office | 250 E. Broad St., 7th Floor (Street and Number) | | Columbus, OH, US 43215-0000 (City or Town, State, Country and Zip Code) | | 614-228-2800 (Area Code) (Telephone Number) | |
| Mail Address | 250 E. Broad St., 7th Floor (Street and Number or P.O. Box) | | Columbus, OH, US 43215-0000 (City or Town, State, Country and Zip Code) | | | |
| Primary Location of Books and Records | 250 E. Broad St., 7th Floor (Street and Number) | | Columbus, OH, US 43215-0000 (City or Town, State, Country and Zip Code) | | 614-228-2800 (Area Code) (Telephone Number) | |
| Internet Web Site Address | www.ohioindemnity.com | | | | | |
| Statutory Statement Contact | Matt C Nolan (Name) | | 614-220-5207 (Area Code) (Telephone Number) (Extension) | | | |
| | Mnolan@ohioindemnity.com (E-Mail Address) | | 614-228-5552 (Fax Number) | | | |

OFFICERS

| Name | Title | Name | Title |
|------------------------------|-----------------------|---------------------------|--|
| John Scott Sokol | CEO and President | Matthew Christopher Nolan | Vice President, CFO, Treasurer and Secretary |
| OTHER OFFICERS | | | |
| Daniel John Stephan | Senior Vice President | Stephen John Toth | Vice President |
| Margaret Ann Noreen | Vice President | | |
| DIRECTORS OR TRUSTEES | | | |
| Kenton Robert Bowen | Annemarie LoConti | Robert W Price | John Scott Sokol |
| Matthew Douglas Walter | | | |

State ofOhio..... ss
County ofFranklin.....

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.

| | | |
|--|---|--|
| <p>John Scott Sokol CEO and President</p> <p>Subscribed and sworn to before me this <u>20th</u> day of <u>February, 2018</u></p> | <p>Matthew Christopher Nolan Vice President, CFO, Treasurer and Secretary</p> | <p>Matthew Christopher Nolan Vice President, CFO, Treasurer and Secretary</p> <p>a. Is this an original filing? <input checked="" type="checkbox"/> Yes [X] <input type="checkbox"/> No []</p> <p>b. If no:</p> <ol style="list-style-type: none">1. State the amendment number2. Date filed3. Number of pages attached |
|--|---|--|

Iris A. Arnold, Notary
12/29/2021

Matthew Christopher Nolan
Vice President, CEO, Treasurer and Secretary

Matthew Christopher Nolan
Vice President, CFO, Treasurer and Secretary

Matthew Christopher Nolan
Vice President, CEO, Treasurer and Secretary

Matthew
Vice President, CF

Chairman
Treasurer and Secretary

a. Is this an original filing?

- a. Is this
- b. If no

b. If no.

2. Date filed

3. Number of pages attached

Iris A. Arnold, Notary
12/29/2021

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

ASSETS

| | Current Year | | | Prior Year |
|---|--------------|-------------------------|---|-----------------------------|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | 4 Net Admitted Assets |
| 1. Bonds (Schedule D)..... | 97,298,013 | | 97,298,013 | 100,495,456 |
| 2. Stocks (Schedule D): | | | | |
| 2.1 Preferred stocks | 0 | | 0 | 0 |
| 2.2 Common stocks | | 12,226,700 | 12,226,700 | 9,894,396 |
| 3. Mortgage loans on real estate (Schedule B): | | | | |
| 3.1 First liens | | | 0 | 0 |
| 3.2 Other than first liens | | | 0 | 0 |
| 4. Real estate (Schedule A): | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances)..... | | | 0 | 0 |
| 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 (\$ 11,462,810 , Schedule E-Part 1), cash equivalents (\$ 3,197,617 , Schedule E-Part 2) and short-term investments (\$ 0 , Schedule DA)..... | | 14,660,427 | 14,660,427 | 14,444,228 |
| 6. Contract loans (including \$ premium notes)..... | | | 0 | 0 |
| 7. Derivatives (Schedule DB)..... | 0 | | 0 | 0 |
| 8. Other invested assets (Schedule BA)..... | 0 | | 0 | 0 |
| 9. Receivables for securities | | | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | | | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 0 | 0 | 0 | 0 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 124,185,140 | 0 | 124,185,140 | 124,834,079 |
| 13. Title plants less \$ charged off (for Title insurers only)..... | | | 0 | 0 |
| 14. Investment income due and accrued | 1,318,114 | | 1,318,114 | 1,397,816 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection | 15,282,965 | 41,003 | 15,241,962 | 14,123,478 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)..... | 1,855,594 | | 1,855,594 | 1,033,531 |
| 15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$) | | | 0 | 0 |
| 16. Reinsurance: | | | | |
| 16.1 Amounts recoverable from reinsurers | 8,307,625 | | 8,307,625 | 7,194,816 |
| 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 | | | 0 | 0 |
| 18.2 Net deferred tax asset..... | 1,600,720 | | 1,600,720 | 3,416,202 |
| 19. Guaranty funds receivable or on deposit | | | 0 | 0 |
| 20. Electronic data processing equipment and software..... | | | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets (\$) | | | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | | | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | | | 0 | 0 |
| 24. Health care (\$) and other amounts receivable..... | | | 0 | 0 |
| 25. Aggregate write-ins for other-than-invested assets | 14,479 | 14,479 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 152,564,637 | 55,482 | 152,509,155 | 151,999,922 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | 0 |
| 28. Total (Lines 26 and 27) | 152,564,637 | 55,482 | 152,509,155 | 151,999,922 |
| DETAILS OF WRITE-INS | | | | |
| 1101. | | | 0 | 0 |
| 1102. | | | 0 | 0 |
| 1103. | | | 0 | 0 |
| 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. | | | 0 | 0 |
| 2502. Deferred Expenses..... | 14,479 | 14,479 | 0 | 0 |
| 2503. | | | 0 | 0 |
| 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) | 14,479 | 14,479 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Year | 2 Prior Year |
|---|-------------------|-----------------|
| 1. Losses (Part 2A, Line 35, Column 8) | 18,801,222 | 16,048,051 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) | 0 | 0 |
| 3. Loss adjustment expenses (Part 2A, Line 35, Column 9) | 222,870 | 326,296 |
| 4. Commissions payable, contingent commissions and other similar charges | 990,689 | 940,905 |
| 5. Other expenses (excluding taxes, licenses and fees) | 1,002,762 | 1,536,502 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | 1,473,300 | 1,499,616 |
| 7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses)) | 1,264,423 | 676,305 |
| 7.2 Net deferred tax liability | 0 | 0 |
| 8. Borrowed money \$ and interest thereon \$ | 0 | 0 |
| 9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 179,772,290 and including warranty reserves of \$ 89,949 and accrued accident and health experience rating refunds including \$ 0 for medical loss ratio rebate per the Public Health Service Act) | 56,854,690 | 62,264,695 |
| 10. Advance premium | 0 | 0 |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | 0 | 0 |
| 11.2 Policyholders | 0 | 0 |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | 10,896,876 | 14,796,145 |
| 13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19) | 7,320,192 | 2,099,496 |
| 14. Amounts withheld or retained by company for account of others | 6,231,250 | 5,342,729 |
| 15. Remittances and items not allocated | 0 | 0 |
| 16. Provision for reinsurance (including \$ certified) (Schedule F, Part 8) | 0 | 0 |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates | 0 | 0 |
| 18. Drafts outstanding | 0 | 0 |
| 19. Payable to parent, subsidiaries and affiliates | 1,988,268 | 913,714 |
| 20. Derivatives | 0 | 0 |
| 21. Payable for securities | 0 | 0 |
| 22. Payable for securities lending | 0 | 0 |
| 23. Liability for amounts held under uninsured plans | 0 | 0 |
| 24. Capital notes \$ and interest thereon \$ | 0 | 0 |
| 25. Aggregate write-ins for liabilities | 0 | 0 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) | 107,046,542 | 106,444,454 |
| 27. Protected cell liabilities | 0 | 0 |
| 28. Total liabilities (Lines 26 and 27) | 107,046,542 | 106,444,454 |
| 29. Aggregate write-ins for special surplus funds | 0 | 0 |
| 30. Common capital stock | 3,000,746 | 3,000,746 |
| 31. Preferred capital stock | 0 | 0 |
| 32. Aggregate write-ins for other-than-special surplus funds | 0 | 0 |
| 33. Surplus notes | 0 | 0 |
| 34. Gross paid in and contributed surplus | 8,199,503 | 8,199,503 |
| 35. Unassigned funds (surplus) | 34,262,364 | 34,355,220 |
| 36. Less treasury stock, at cost: | | |
| 36.1 shares common (value included in Line 30 \$) | 0 | 0 |
| 36.2 shares preferred (value included in Line 31 \$) | 0 | 0 |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) | 45,462,613 | 45,555,469 |
| 38. Totals (Page 2, Line 28, Col. 3) | 152,509,155 | 151,999,923 |
| DETAILS OF WRITE-INS | | |
| 2501. Reserve for Rate Credits and Retrospective Adjustment Based on Experience | 0 | 0 |
| 2502. | 0 | 0 |
| 2503. | 0 | 0 |
| 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. | 0 | 0 |
| 2902. | 0 | 0 |
| 2903. | 0 | 0 |
| 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. | 0 | 0 |
| 3202. | 0 | 0 |
| 3203. | 0 | 0 |
| 3298. Summary of remaining write-ins for Line 32 from overflow page | 0 | 0 |
| 3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above) | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

STATEMENT OF INCOME

| | 1 Current Year | 2 Prior Year |
|---|---|------------------|
| UNDERWRITING INCOME | | |
| 1. Premiums earned (Part 1, Line 35, Column 4) | 103,966,139 | 81,957,008 |
| DEDUCTIONS: | | |
| 2. Losses incurred (Part 2, Line 35, Column 7) | 55,528,965 | 38,221,579 |
| 3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1) | 3,523,516 | 2,530,047 |
| 4. Other underwriting expenses incurred (Part 3, Line 25, Column 2) | 35,511,446 | 31,256,149 |
| 5. Aggregate write-ins for underwriting deductions | 0 | 0 |
| 6. Total underwriting deductions (Lines 2 through 5) | 94,563,927 | 72,007,775 |
| 7. Net income of protected cells | 0 | 0 |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) | 9,402,212 | 9,949,233 |
| INVESTMENT INCOME | | |
| 9. Net investment income earned (Exhibit of Net Investment Income, Line 17) | 2,776,951 | 2,875,147 |
| 10. Net realized capital gains (losses) less capital gains tax of \$ | 301,475 (Exhibit of Capital Gains (Losses)) | 673,581 (58,450) |
| 11. Net investment gain (loss) (Lines 9 + 10) | 3,450,532 | 2,816,697 |
| OTHER INCOME | | |
| 12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ charged off \$) | amount | 0 |
| 13. Finance and service charges not included in premiums | | 0 |
| 14. Aggregate write-ins for miscellaneous income | 8,958 | (1,355) |
| 15. Total other income (Lines 12 through 14) | 8,958 | (1,355) |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) | 12,861,703 | 12,764,575 |
| 17. Dividends to policyholders | | 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) | 12,861,703 | 12,764,575 |
| 19. Federal and foreign income taxes incurred | 2,957,313 | 3,703,741 |
| 20. Net income (Line 18 minus Line 19) (to Line 22) | 9,904,390 | 9,060,834 |
| CAPITAL AND SURPLUS ACCOUNT | | |
| 21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) | 45,555,469 | 45,488,358 |
| 22. Net income (from Line 20) | 9,904,390 | 9,060,834 |
| 23. Net transfers (to) from Protected Cell accounts | | 0 |
| 24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ | 87,424 | 1,042,427 |
| 25. Change in net unrealized foreign exchange capital gain (loss) | | 618,983 |
| 26. Change in net deferred income tax | (1,728,059) | 34,296 |
| 27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) | 188,386 | (147,002) |
| 28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) | 0 | 0 |
| 29. Change in surplus notes | | 0 |
| 30. Surplus (contributed to) withdrawn from protected cells | | 0 |
| 31. Cumulative effect of changes in accounting principles | | 0 |
| 32. Capital changes: | | |
| 32.1 Paid in | | 0 |
| 32.2 Transferred from surplus (Stock Dividend) | | 0 |
| 32.3 Transferred to surplus | | 0 |
| 33. Surplus adjustments: | | |
| 33.1 Paid in | | 0 |
| 33.2 Transferred to capital (Stock Dividend) | | 0 |
| 33.3 Transferred from capital | | 0 |
| 34. Net remittances from or (to) Home Office | | 0 |
| 35. Dividends to stockholders | (9,500,000) | (9,500,000) |
| 36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1) | 0 | 0 |
| 37. Aggregate write-ins for gains and losses in surplus | 0 | 0 |
| 38. Change in surplus as regards policyholders for the year (Lines 22 through 37) | (92,856) | 67,111 |
| 39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37) | 45,462,613 | 45,555,469 |
| DETAILS OF WRITE-INS | | |
| 0501. | | 0 |
| 0502. | | 0 |
| 0503. | | 0 |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | 0 | 0 |
| 0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) | 0 | 0 |
| 1401. | | 0 |
| 1402. Miscellaneous income | 8,958 | (1,355) |
| 1403. | | 0 |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | 0 | 0 |
| 1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) | 8,958 | (1,355) |
| 3701. Surplus Correction | | 0 |
| 3702. | | 0 |
| 3703. | | 0 |
| 3798. Summary of remaining write-ins for Line 37 from overflow page | 0 | 0 |
| 3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above) | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

CASH FLOW

| | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance..... | 92,880,570 | 82,284,020 |
| 2. Net investment income..... | 4,146,173 | 4,097,107 |
| 3. Miscellaneous income..... | 8,958 | (1,355) |
| 4. Total (Lines 1 through 3)..... | 97,035,701 | 86,379,772 |
| 5. Benefit and loss related payments..... | 53,888,603 | 38,175,393 |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | 0 | 0 |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 39,624,525 | 35,912,874 |
| 8. Dividends paid to policyholders..... | 0 | 0 |
| 9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)..... | 2,670,671 | 3,114,647 |
| 10. Total (Lines 5 through 9)..... | 96,183,799 | 77,202,914 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | 851,902 | 9,176,858 |
| Cash from Investments | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds..... | 7,849,624 | 5,586,852 |
| 12.2 Stocks..... | 5,909,225 | 34,737,792 |
| 12.3 Mortgage loans..... | 0 | 0 |
| 12.4 Real estate..... | 0 | 0 |
| 12.5 Other invested assets..... | 0 | 0 |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments..... | 0 | 0 |
| 12.7 Miscellaneous proceeds..... | 0 | 0 |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7)..... | 13,758,850 | 40,324,644 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds..... | 5,912,738 | 3,477,960 |
| 13.2 Stocks..... | 6,165,587 | 31,366,562 |
| 13.3 Mortgage loans..... | 0 | 0 |
| 13.4 Real estate..... | 0 | 0 |
| 13.5 Other invested assets..... | 0 | 0 |
| 13.6 Miscellaneous applications..... | 0 | 0 |
| 13.7 Total investments acquired (Lines 13.1 to 13.6)..... | 12,078,325 | 34,844,522 |
| 14. Net increase (decrease) in contract loans and premium notes..... | 0 | 0 |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)..... | 1,680,525 | 5,480,122 |
| Cash from Financing and Miscellaneous Sources | | |
| 16. Cash provided (applied): | | |
| 16.1 Surplus notes, capital notes..... | 0 | 0 |
| 16.2 Capital and paid in surplus, less treasury stock..... | 0 | 0 |
| 16.3 Borrowed funds..... | 0 | 0 |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | 0 | 0 |
| 16.5 Dividends to stockholders..... | 9,500,000 | 9,500,000 |
| 16.6 Other cash provided (applied)..... | 7,183,772 | 675,947 |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)..... | (2,316,228) | (8,824,053) |
| 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)..... | 216,199 | 5,832,927 |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year..... | 14,444,228 | 8,611,301 |
| 19.2 End of year (Line 18 plus Line 19.1)..... | 14,660,427 | 14,444,228 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

| Line of Business | 1 Net Premiums Written per Column 6, Part 1B | 2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1 | 3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A | 4 Premiums Earned During Year (Cols. 1 + 2 - 3) |
|--|---|---|---|--|
| 1. Fire | 0 | 0 | 0 | 0 |
| 2. Allied lines | 0 | 0 | 0 | 0 |
| 3. Farmowners multiple peril | 0 | 0 | 0 | 0 |
| 4. Homeowners multiple peril | 0 | 0 | 0 | 0 |
| 5. Commercial multiple peril | 0 | 0 | 0 | 0 |
| 6. Mortgage guaranty | 0 | 0 | 0 | 0 |
| 8. Ocean marine | 0 | 0 | 0 | 0 |
| 9. Inland marine | 584,108 | 566,715 | 765,057 | 385,766 |
| 10. Financial guaranty | 0 | 0 | 0 | 0 |
| 11.1 Medical professional liability-occurrence | 0 | 0 | 0 | 0 |
| 11.2 Medical professional liability-claims-made | 0 | 0 | 0 | 0 |
| 12. Earthquake | 0 | 0 | 0 | 0 |
| 13. Group accident and health | 0 | 0 | 0 | 0 |
| 14. Credit accident and health (group and individual) | 0 | 0 | 0 | 0 |
| 15. Other accident and health | 0 | 0 | 0 | 0 |
| 16. Workers' compensation | 0 | 0 | 0 | 0 |
| 17.1 Other liability-occurrence | 0 | 868,887 | 350 | 868,537 |
| 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 | 0 | 0 | 0 | 0 |
| 21. Auto physical damage | 10,706,141 | 5,700,838 | 6,787,025 | 9,619,954 |
| 22. Aircraft (all perils) | 0 | 0 | 0 | 0 |
| 23. Fidelity | 0 | 0 | 0 | 0 |
| 24. Surety | 9,549,615 | 2,264,340 | 245,938 | 11,568,017 |
| 26. Burglary and theft | 0 | 0 | 0 | 0 |
| 27. Boiler and machinery | 0 | 0 | 0 | 0 |
| 28. Credit | 77,639,805 | 52,705,876 | 48,909,739 | 81,435,942 |
| 29. International | 0 | 0 | 0 | 0 |
| 30. Warranty | 50,460 | 64,397 | 52,099 | 62,758 |
| 31. Reinsurance-nonproportional assumed property | 0 | 0 | 0 | 0 |
| 32. Reinsurance-nonproportional assumed liability | 0 | 0 | 0 | 0 |
| 33. Reinsurance-nonproportional assumed financial lines | 0 | 0 | 0 | 0 |
| 34. Aggregate write-ins for other lines of business | 26,005 | 93,642 | 94,482 | 25,165 |
| 35. TOTALS | 98,556,134 | 62,264,695 | 56,854,690 | 103,966,139 |
| DETAILS OF WRITE-INS | | | | |
| 3401. Excess of Loss | 26,005 | 93,642 | 94,482 | 25,165 |
| 3402. | 0 | 0 | 0 | 0 |
| 3403. | 0 | 0 | 0 | 0 |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | 0 | 0 | 0 | 0 |
| 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) | 26,005 | 93,642 | 94,482 | 25,165 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

| Line of Business | 1 Amount Unearned (Running One Year or Less from Date of Policy) (a) | 2 Amount Unearned (Running More Than One Year from Date of Policy) (a) | 3 Earned but Unbilled Premium | 4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience | 5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4 |
|--|---|---|--|---|---|
| 1. Fire | | | | | 0 |
| 2. Allied lines | | | | | 0 |
| 3. Farmowners multiple peril | | | | | 0 |
| 4. Homeowners multiple peril | | | | | 0 |
| 5. Commercial multiple peril | | | | | 0 |
| 6. Mortgage guaranty | | | | | 0 |
| 8. Ocean marine | | | | | 0 |
| 9. Inland marine | 619,716 | 145,341 | | | 765,057 |
| 10. Financial guaranty | | | | | 0 |
| 11.1 Medical professional liability-occurrence | | | | | 0 |
| 11.2 Medical professional liability-claims-made | | | | | 0 |
| 12. Earthquake | | | | | 0 |
| 13. Group accident and health | | | | | 0 |
| 14. Credit accident and health (group and individual) | | | | | 0 |
| 15. Other accident and health | | | | | 0 |
| 16. Workers' compensation | | | | | 0 |
| 17.1 Other liability-occurrence | 350 | | | | 350 |
| 17.2 Other liability-claims-made | | | | | 0 |
| 17.3 Excess workers' compensation | | | | | 0 |
| 18.1 Products liability-occurrence | | | | | 0 |
| 18.2 Products liability-claims-made | | | | | 0 |
| 19.1,19.2 Private passenger auto liability | | | | | 0 |
| 19.3,19.4 Commercial auto liability | | | | | 0 |
| 21. Auto physical damage | 4,457,623 | 1,943,038 | | 386,364 | 6,787,025 |
| 22. Aircraft (all perils) | | | | | 0 |
| 23. Fidelity | | | | | 0 |
| 24. Surety | 245,938 | | | | 245,938 |
| 26. Burglary and theft | | | | | 0 |
| 27. Boiler and machinery | | | | | 0 |
| 28. Credit | 31,850,471 | 15,957,018 | | 1,102,250 | 48,909,739 |
| 29. International | | | | | 0 |
| 30. Warranty | 52,099 | 0 | | | 52,099 |
| 31. Reinsurance-nonproportional assumed property | | | | | 0 |
| 32. Reinsurance-nonproportional assumed liability | | | | | 0 |
| 33. Reinsurance-nonproportional assumed financial lines | | | | | 0 |
| 34. Aggregate write-ins for other lines of business | 26,112 | 68,370 | 0 | 0 | 94,482 |
| 35. TOTALS | 37,252,309 | 18,113,767 | 0 | 1,488,614 | 56,854,690 |
| 36. Accrued retrospective premiums based on experience | | | | | |
| 37. Earned but unbilled premiums | | | | | |
| 38. Balance (Sum of Lines 35 through 37) | | | | | 56,854,690 |
| DETAILS OF WRITE-INS | | | | | |
| 3401. Excess of Loss | 26,112 | 68,370 | | | 94,482 |
| 3402. | | | | | 0 |
| 3403. | | | | | 0 |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) | 26,112 | 68,370 | 0 | 0 | 94,482 |

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

| Line of Business | 1 Direct Business (a) | Reinsurance Assumed | | Reinsurance Ceded | | 6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5 |
|--|--------------------------------|-------------------------|-----------------------------|-----------------------|---------------------------|---|
| | | 2 From Affiliates | 3 From Non-Affiliates | 4 To Affiliates | 5 To Non-Affiliates | |
| 1. Fire | | | | | | 0 |
| 2. Allied lines | | | | | | 0 |
| 3. Farmowners multiple peril | | | | | | 0 |
| 4. Homeowners multiple peril | | | | | | 0 |
| 5. Commercial multiple peril | | | | | | 0 |
| 6. Mortgage guaranty | | | | | | 0 |
| 8. Ocean marine | | | | | | 0 |
| 9. Inland marine | 123,155,678 | | | | 122,571,570 | 584,108 |
| 10. Financial guaranty | | | | | | 0 |
| 11.1 Medical professional liability-occurrence | | | | | | 0 |
| 11.2 Medical professional liability-claims-made | | | | | | 0 |
| 12. Earthquake | | | | | | 0 |
| 13. Group accident and health | | | | | | 0 |
| 14. Credit accident and health (group and individual) | | | | | | 0 |
| 15. Other accident and health | | | | | | 0 |
| 16. Workers' compensation | | | | | | 0 |
| 17.1 Other liability-occurrence | | | | | | 0 |
| 17.2 Other liability-claims-made | | | | | | 0 |
| 17.3 Excess workers' compensation | | | | | | 0 |
| 18.1 Products liability-occurrence | | | | | | 0 |
| 18.2 Products liability-claims-made | | | | | | 0 |
| 19.1, 19.2 Private passenger auto liability | | | | | | 0 |
| 19.3, 19.4 Commercial auto liability | | | | | | 0 |
| 21. Auto physical damage | 10,744,465 | | | | 38,324 | 10,706,141 |
| 22. Aircraft (all perils) | | | | | | 0 |
| 23. Fidelity | | | | | | 0 |
| 24. Surety | 7,363,889 | | 4,680,308 | | 2,494,582 | 9,549,615 |
| 26. Burglary and theft | | | | | | 0 |
| 27. Boiler and machinery | | | | | | 0 |
| 28. Credit | 114,849,032 | | (366,478) | | 36,842,749 | 77,639,805 |
| 29. International | | | | | | 0 |
| 30. Warranty | 87,860 | | | | 37,400 | 50,460 |
| 31. Reinsurance-nonproportional assumed property | XXX | | | | | 0 |
| 32. Reinsurance-nonproportional assumed liability | XXX | | | | | 0 |
| 33. Reinsurance-nonproportional assumed financial lines | XXX | | | | | 0 |
| 34. Aggregate write-ins for other lines of business | 26,005 | 0 | 0 | 0 | 0 | 26,005 |
| 35. TOTALS | 256,226,929 | 0 | 4,313,830 | 0 | 161,984,625 | 98,556,134 |
| DETAILS OF WRITE-INS | | | | | | |
| 3401. Excess of Loss | 26,005 | | | | | 26,005 |
| 3402. | | | | | | 0 |
| 3403. | | | | | | 0 |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 |
| 3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) | 26,005 | 0 | 0 | 0 | 0 | 26,005 |

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

| Line of Business | Direct Business | Losses Paid Less Salvage | | | Net Losses Unpaid Current Year (Part 2A, Col. 8) | Net Losses Unpaid Prior Year | Losses Incurred Current Year (Cols. 4 + 5 - 6) | Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1) |
|--|-----------------|-----------------------------|-------------------------------|--|---|------------------------------------|--|--|
| | | 1 Reinsurance Assumed | 2 Reinsurance Recovered | 3 Net Payments (Cols. 1 + 2 - 3) | | | | |
| 1. Fire | | | | 0 | 0 | 0 | 0 | 0.0 |
| 2. Allied lines | | | | 0 | 0 | 0 | 0 | 0.0 |
| 3. Farmowners multiple peril | | | | 0 | 0 | 0 | 0 | 0.0 |
| 4. Homeowners multiple peril | | | | 0 | 0 | 0 | 0 | 0.0 |
| 5. Commercial multiple peril | | | | 0 | 0 | 0 | 0 | 0.0 |
| 6. Mortgage guaranty | | | | 0 | 0 | 0 | 0 | 0.0 |
| 8. Ocean marine | | | | 0 | 0 | 0 | 0 | 0.0 |
| 9. Inland marine | 47,092,145 | | 46,782,917 | .309,228 | 15,362 | .3,363 | .321,227 | 83.3 |
| 10. Financial guaranty | | | | 0 | 0 | 0 | 0 | 0.0 |
| 11.1 Medical professional liability-occurrence | | | | 0 | 0 | 0 | 0 | 0.0 |
| 11.2 Medical professional liability-claims-made | | | | 0 | 0 | 0 | 0 | 0.0 |
| 12. Earthquake | | | | 0 | 0 | 0 | 0 | 0.0 |
| 13. Group accident and health | | | | 0 | 0 | 0 | 0 | 0.0 |
| 14. Credit accident and health (group and individual) | | | | 0 | 0 | 0 | 0 | 0.0 |
| 15. Other accident and health | | | | 0 | 0 | 0 | 0 | 0.0 |
| 16. Workers' compensation | | | | 0 | 0 | 0 | 0 | 0.0 |
| 17.1 Other liability-occurrence | 15,748 | | | 15,748 | 2,883 | .328,046 | (309,415) | (35.6) |
| 17.2 Other liability-claims-made | | | | 0 | 0 | 0 | 0 | 0.0 |
| 17.3 Excess workers' compensation | | | | 0 | 0 | 0 | 0 | 0.0 |
| 18.1 Products liability-occurrence | | | | 0 | 0 | 0 | 0 | 0.0 |
| 18.2 Products liability-claims-made | | | | 0 | 0 | 0 | 0 | 0.0 |
| 19.1,19.2 Private passenger auto liability | | | | 0 | 0 | 0 | 0 | 0.0 |
| 19.3,19.4 Commercial auto liability | | | | 0 | 0 | 0 | 0 | 0.0 |
| 21. Auto physical damage | 5,074,152 | | 45,891 | .5,028,261 | 1,467,163 | 1,385,346 | .5,110,078 | 53.1 |
| 22. Aircraft (all perils) | | | | 0 | 0 | 0 | 0 | 0.0 |
| 23. Fidelity | | | | 0 | 0 | 0 | 0 | 0.0 |
| 24. Surety | 275 | | | 275 | 2,635,173 | 2,783,123 | (147,675) | (1.3) |
| 26. Burglary and theft | | | | 0 | 0 | 0 | 0 | 0.0 |
| 27. Boiler and machinery | | | | 0 | 0 | 0 | 0 | 0.0 |
| 28. Credit | .69,630,413 | 1,142,036 | .23,350,167 | .47,422,282 | 14,653,640 | .11,521,173 | .50,554,749 | 62.1 |
| 29. International | | | | 0 | 0 | 0 | 0 | 0.0 |
| 30. Warranty | | | | 0 | .27,000 | .27,000 | 0 | 0.0 |
| 31. Reinsurance-nonproportional assumed property | XXX | | | 0 | 0 | 0 | 0 | 0.0 |
| 32. Reinsurance-nonproportional assumed liability | XXX | | | 0 | 0 | 0 | 0 | 0.0 |
| 33. Reinsurance-nonproportional assumed financial lines | XXX | | | 0 | 0 | 0 | 0 | 0.0 |
| 34. Aggregate write-ins for other lines of business | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 |
| 35. TOTALS | 121,812,733 | 1,142,036 | 70,178,975 | 52,775,794 | 18,801,222 | 16,048,051 | 55,528,965 | 53.4 |
| DETAILS OF WRITE-INS | | | | | | | | |
| 3401. Excess of Loss | | | | 0 | 0 | 0 | 0 | 0.0 |
| 3402. | | | | 0 | 0 | 0 | 0 | 0.0 |
| 3403. | | | | 0 | 0 | 0 | 0 | 0.0 |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 |
| 3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

| Line of Business | Reported Losses | | | | Incurred But Not Reported | | | 8 | 9 |
|--|-----------------|-----------------------------|--|--|---------------------------|-----------------------------|---------------------------|------------|---------|
| | 1 Direct | 2 Reinsurance Assumed | 3 Deduct Reinsurance Recoverable | 4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3) | 5 Direct | 6 Reinsurance Assumed | 7 Reinsurance Ceded | | |
| 1. Fire | | | | 0 | | | | 0 | 0 |
| 2. Allied lines | | | | 0 | | | | 0 | 0 |
| 3. Farmowners multiple peril | | | | 0 | | | | 0 | 0 |
| 4. Homeowners multiple peril | | | | 0 | | | | 0 | 0 |
| 5. Commercial multiple peril | | | | 0 | | | | 0 | 0 |
| 6. Mortgage guaranty | | | | 0 | | | | 0 | 0 |
| 8. Ocean marine | | | | 0 | | | | 0 | 0 |
| 9. Inland marine | 2,035,466 | | 2,020,466 | 15,000 | 9,866,534 | | 9,866,172 | 15,362 | 107,123 |
| 10. Financial guaranty | | | | 0 | | | | 0 | 0 |
| 11.1 Medical professional liability-occurrence | | | | 0 | | | | 0 | 0 |
| 11.2 Medical professional liability-claims-made | | | | 0 | | | | 0 | 0 |
| 12. Earthquake | | | | 0 | | | | 0 | 0 |
| 13. Group accident and health | | | | 0 | | | | (a) | 0 |
| 14. Credit accident and health (group and individual) | | | | 0 | | | | (a) | 0 |
| 15. Other accident and health | | | | 0 | | | | (a) | 0 |
| 16. Workers' compensation | | | | 0 | | | | 0 | 0 |
| 17.1 Other liability-occurrence | | | | 0 | 2,883 | | | 2,883 | 23 |
| 17.2 Other liability-claims-made | | | | 0 | | | | 0 | 0 |
| 17.3 Excess workers' compensation | | | | 0 | | | | 0 | 0 |
| 18.1 Products liability-occurrence | | | | 0 | | | | 0 | 0 |
| 18.2 Products liability-claims-made | | | | 0 | | | | 0 | 0 |
| 19.1,19.2 Private passenger auto liability | | | | 0 | | | | 0 | 0 |
| 19.3,19.4 Commercial auto liability | | | | 0 | | | | 0 | 0 |
| 21. Auto physical damage | 466,034 | | | 466,034 | 1,014,361 | | 13,232 | 1,467,163 | 9,346 |
| 22. Aircraft (all perils) | | | | 0 | | | | 0 | 0 |
| 23. Fidelity | | | | 0 | | | | 0 | 0 |
| 24. Surety | | | | 0 | 1,821,075 | 1,774,624 | 960,526 | 2,635,173 | 6,405 |
| 26. Burglary and theft | | | | 0 | | | | 0 | 0 |
| 27. Boiler and machinery | | | | 0 | | | | 0 | 0 |
| 28. Credit | 4,452,300 | 277,272 | 478,151 | 4,251,421 | 13,563,919 | 742,836 | 3,904,536 | 14,653,640 | 99,897 |
| 29. International | | | | 0 | | | | 0 | 0 |
| 30. Warranty | | XXX | | 0 | 27,000 | | | 27,000 | 76 |
| 31. Reinsurance-nonproportional assumed property | | XXX | | 0 | XXX | | | 0 | 0 |
| 32. Reinsurance-nonproportional assumed liability | | XXX | | 0 | XXX | | | 0 | 0 |
| 33. Reinsurance-nonproportional assumed financial lines | | XXX | | 0 | XXX | | | 0 | 0 |
| 34. Aggregate write-ins for other lines of business | 0 | .0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35. TOTALS | 6,953,800 | 277,272 | 2,498,617 | 4,732,456 | 26,295,772 | 2,517,460 | 14,744,466 | 18,801,222 | 222,870 |
| DETAILS OF WRITE-INS | | | | | | | | | |
| 3401. Excess of Loss | | | | 0 | | | | 0 | 0 |
| 3402. | | | | 0 | | | | 0 | 0 |
| 3403. | | | | 0 | | | | 0 | 0 |
| 3498. Sum. of remaining write-ins for Line 34 from overflow page | 0 | .0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

| | 1 Loss Adjustment Expenses | 2 Other Underwriting Expenses | 3 Investment Expenses | 4 Total |
|---|----------------------------------|-------------------------------------|-----------------------------|----------------|
| 1. Claim adjustment services: | | | | |
| 1.1 Direct | 4,874,057 | 0 | 0 | 4,874,057 |
| 1.2 Reinsurance assumed | 0 | 0 | 0 | 0 |
| 1.3 Reinsurance ceded | 2,070,487 | 0 | 0 | 2,070,487 |
| 1.4 Net claim adjustment services (1.1 + 1.2 - 1.3) | 2,803,570 | 0 | 0 | 2,803,570 |
| 2. Commission and brokerage: | | | | |
| 2.1 Direct, excluding contingent | 0 | 29,660,315 | 0 | 29,660,315 |
| 2.2 Reinsurance assumed, excluding contingent | 0 | 2,691,503 | 0 | 2,691,503 |
| 2.3 Reinsurance ceded, excluding contingent | 0 | 11,854,647 | 0 | 11,854,647 |
| 2.4 Contingent-direct | 0 | 2,382,444 | 0 | 2,382,444 |
| 2.5 Contingent-reinsurance assumed | 0 | 0 | 0 | 0 |
| 2.6 Contingent-reinsurance ceded | 0 | 0 | 0 | 0 |
| 2.7 Policy and membership fees | 0 | 0 | 0 | 0 |
| 2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) | 0 | 22,879,615 | 0 | 22,879,615 |
| 3. Allowances to manager and agents | 0 | 306,639 | 0 | 306,639 |
| 4. Advertising | 0 | 6,577 | 0 | 6,577 |
| 5. Boards, bureaus and associations | 0 | 121,689 | 0 | 121,689 |
| 6. Surveys and underwriting reports | 0 | 103,360 | 0 | 103,360 |
| 7. Audit of assureds' records | 0 | (50,578) | 0 | (50,578) |
| 8. Salary and related items: | | | | |
| 8.1 Salaries | 565,509 | 4,052,813 | 94,251 | 4,712,573 |
| 8.2 Payroll taxes | 37,232 | 266,826 | 6,205 | 310,263 |
| 8.3 Employee relations and welfare | 62,234 | 455,677 | 10,372 | 528,283 |
| 8.4 Insurance | 0 | 6,509 | 0 | 6,509 |
| 8.5 Directors' fees | 0 | 34,250 | 0 | 34,250 |
| 8.6 Travel and travel items | 0 | 206,720 | 0 | 206,720 |
| 8.7 Rent and rent items | 31,319 | 229,671 | 0 | 260,990 |
| 8.8 Equipment | 2,011 | 14,746 | 0 | 16,757 |
| 8.9 Cost or depreciation of EDP equipment and software | 0 | 0 | 0 | 0 |
| 8.10 Printing and stationery | 11,138 | 81,682 | 0 | 92,820 |
| 8.11 Postage, telephone and telegraph, exchange and express | 10,503 | 80,823 | 0 | 91,326 |
| 8.12 Legal and auditing | 0 | 105,360 | 0 | 105,360 |
| 8.13 Totals (Lines 3 to 18) | 719,946 | 5,716,125 | 417,467 | 6,853,538 |
| 20. Taxes, licenses and fees: | | | | |
| 20.1 State and local insurance taxes deducting guaranty association credits of \$ | 0 | 5,294,078 | 0 | 5,294,078 |
| 20.2 Insurance department licenses and fees | 0 | 866,345 | 0 | 866,345 |
| 20.3 Gross guaranty association assessments | 0 | 11 | 0 | 11 |
| 20.4 All other (excluding federal and foreign income and real estate) | 0 | 0 | 0 | 0 |
| 20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) | 0 | 6,160,434 | 0 | 6,160,434 |
| 21. Real estate expenses | 0 | 0 | 0 | 0 |
| 22. Real estate taxes | 0 | 0 | 0 | 0 |
| 23. Reimbursements by uninsured plans | 0 | 0 | 0 | 0 |
| 24. Aggregate write-ins for miscellaneous expenses | 0 | 755,272 | 0 | 755,272 |
| 25. Total expenses incurred | 3,523,516 | 35,511,446 | 417,467 | (a) 39,452,429 |
| 26. Less unpaid expenses-current year | 222,870 | 3,382,960 | 83,793 | 3,689,623 |
| 27. Add unpaid expenses-prior year | 326,296 | 3,880,880 | 96,143 | 4,303,319 |
| 28. Amounts receivable relating to uninsured plans, prior year | 0 | 0 | 0 | 0 |
| 29. Amounts receivable relating to uninsured plans, current year | 0 | 0 | 0 | 0 |
| 30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29) | 3,626,942 | 36,009,366 | 429,817 | 40,066,125 |
| DETAILS OF WRITE-INS | | | | |
| 2401. Miscellaneous | 0 | 408,427 | 0 | 408,427 |
| 2402. Administration Fees | 0 | 346,845 | 0 | 346,845 |
| 2403. | 0 | 0 | 0 | 0 |
| 2498. Summary of remaining write-ins for Line 24 from overflow page | 0 | 0 | 0 | 0 |
| 2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above) | 0 | 755,272 | 0 | 755,272 |

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|---|-------------------------------|----------------------------|
| 1. U.S. Government bonds | (a) .69,992 | .69,992 |
| 1.1 Bonds exempt from U.S. tax | (a) 2,734,464 | 2,655,808 |
| 1.2 Other bonds (unaffiliated) | (a) 244,616 | 240,374 |
| 1.3 Bonds of affiliates | (a) 0 | 0 |
| 2.1 Preferred stocks (unaffiliated) | (b) 0 | 0 |
| 2.11 Preferred stocks of affiliates | (b) 0 | 0 |
| 2.2 Common stocks (unaffiliated) | 138,556 | 145,956 |
| 2.21 Common stocks of affiliates | 0 | 0 |
| 3. Mortgage loans | (c) ..... | ..... |
| 4. Real estate | (d) ..... | ..... |
| 5. Contract loans | (e) .81,415 | .82,289 |
| 6. Cash, cash equivalents and short-term investments | (f) ..... | ..... |
| 7. Derivative instruments | 0 | 0 |
| 8. Other invested assets | 0 | 0 |
| 9. Aggregate write-ins for investment income | 0 | 0 |
| 10. Total gross investment income | 3,269,042 | 3,194,418 |
| 11. Investment expenses | (g) 417,467 | ..... |
| 12. Investment taxes, licenses and fees, excluding federal income taxes | (g) ..... | ..... |
| 13. Interest expense | (h) ..... | ..... |
| 14. Depreciation on real estate and other invested assets | (i) ..... | ..... |
| 15. Aggregate write-ins for deductions from investment income | 0 | 0 |
| 16. Total deductions (Lines 11 through 15) | 417,467 | ..... |
| 17. Net investment income (Line 10 minus Line 16) | 2,776,951 | ..... |
| DETAILS OF WRITE-INS | | |
| 0901. ..... | ..... | ..... |
| 0902. ..... | ..... | ..... |
| 0903. ..... | ..... | ..... |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | 0 | 0 |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | 0 | 0 |
| 1501. ..... | ..... | ..... |
| 1502. ..... | ..... | ..... |
| 1503. ..... | ..... | ..... |
| 1598. Summary of remaining write-ins for Line 15 from overflow page | 0 | 0 |
| 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above) | 0 | 0 |

(a) Includes \$ 125,321 accrual of discount less \$ 1,414,840 amortization of premium and less \$ 28,033 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

| | 1 Realized Gain (Loss) On Sales or Maturity | 2 Other Realized Adjustments | 3 Total Realized Capital Gain (Loss) (Columns 1 + 2) | 4 Change in Unrealized Capital Gain (Loss) | 5 Change in Unrealized Foreign Exchange Capital Gain (Loss) |
|--|---|---------------------------------------|---|---|---|
| 1. U.S. Government bonds | .0 | ..... | .0 | ..... | ..... |
| 1.1 Bonds exempt from U.S. tax | (25,042) | ..... | (25,042) | ..... | ..... |
| 1.2 Other bonds (unaffiliated) | 54,007 | ..... | 54,007 | ..... | ..... |
| 1.3 Bonds of affiliates | 0 | 0 | 0 | 0 | 0 |
| 2.1 Preferred stocks (unaffiliated) | 0 | 0 | 0 | 0 | 0 |
| 2.11 Preferred stocks of affiliates | 0 | 0 | 0 | 0 | 0 |
| 2.2 Common stocks (unaffiliated) | 946,091 | 0 | 946,091 | 1,129,851 | 0 |
| 2.21 Common stocks of affiliates | 0 | 0 | 0 | 0 | 0 |
| 3. Mortgage loans | 0 | 0 | 0 | 0 | 0 |
| 4. Real estate | 0 | 0 | 0 | 0 | 0 |
| 5. Contract loans | 0 | 0 | 0 | 0 | 0 |
| 6. Cash, cash equivalents and short-term investments | 0 | 0 | 0 | 0 | 0 |
| 7. Derivative instruments | 0 | 0 | 0 | 0 | 0 |
| 8. Other invested assets | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-ins for capital gains (losses) | 0 | 0 | 0 | 0 | 0 |
| 10. Total capital gains (losses) | 975,056 | 0 | 975,056 | 1,129,851 | 0 |
| DETAILS OF WRITE-INS | | | 0 | ..... | ..... |
| 0901. ..... | ..... | ..... | 0 | ..... | ..... |
| 0902. ..... | ..... | ..... | 0 | ..... | ..... |
| 0903. ..... | ..... | ..... | 0 | ..... | ..... |
| 0998. Summary of remaining write-ins for Line 9 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) | 0 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

EXHIBIT OF NONADMITTED ASSETS

| | 1 Current Year Total Nonadmitted Assets | 2 Prior Year Total Nonadmitted Assets | 3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1) |
|---|---|---|---|
| 1. Bonds (Schedule D)..... | 0 | 0 | 0 |
| 2. Stocks (Schedule D): | | | |
| 2.1 Preferred stocks | 0 | 0 | 0 |
| 2.2 Common stocks | 0 | 0 | 0 |
| 3. Mortgage loans on real estate (Schedule B): | | | |
| 3.1 First liens | 0 | 0 | 0 |
| 3.2 Other than first liens | 0 | 0 | 0 |
| 4. Real estate (Schedule A): | | | |
| 4.1 Properties occupied by the company | 0 | 0 | 0 |
| 4.2 Properties held for the production of income..... | 0 | 0 | 0 |
| 4.3 Properties held for sale | 0 | 0 | 0 |
| 5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)..... | 0 | 0 | 0 |
| 6. Contract loans | 0 | 0 | 0 |
| 7. Derivatives (Schedule DB)..... | 0 | 0 | 0 |
| 8. Other invested assets (Schedule BA) | 0 | 0 | 0 |
| 9. Receivables for securities | 0 | 0 | 0 |
| 10. Securities lending reinvested collateral assets (Schedule DL)..... | 0 | 0 | 0 |
| 11. Aggregate write-ins for invested assets | 14,479 | 38,613 | 24,134 |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) | 14,479 | 38,613 | 24,134 |
| 13. Title plants (for Title insurers only)..... | 0 | 0 | 0 |
| 14. Investment income due and accrued | 0 | 0 | 0 |
| 15. Premiums and considerations: | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | 41,003 | 205,255 | 164,252 |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due..... | 0 | 0 | 0 |
| 15.3 Accrued retrospective premiums and contracts subject to redetermination | 0 | 0 | 0 |
| 16. Reinsurance: | | | |
| 16.1 Amounts recoverable from reinsurers | 0 | 0 | 0 |
| 16.2 Funds held by or deposited with reinsured companies | 0 | 0 | 0 |
| 16.3 Other amounts receivable under reinsurance contracts | 0 | 0 | 0 |
| 17. Amounts receivable relating to uninsured plans | 0 | 0 | 0 |
| 18.1 Current federal and foreign income tax recoverable and interest thereon | 0 | 0 | 0 |
| 18.2 Net deferred tax asset..... | 0 | 0 | 0 |
| 19. Guaranty funds receivable or on deposit | 0 | 0 | 0 |
| 20. Electronic data processing equipment and software..... | 0 | 0 | 0 |
| 21. Furniture and equipment, including health care delivery assets..... | 0 | 0 | 0 |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates | 0 | 0 | 0 |
| 23. Receivables from parent, subsidiaries and affiliates | 0 | 0 | 0 |
| 24. Health care and other amounts receivable..... | 0 | 0 | 0 |
| 25. Aggregate write-ins for other-than-invested assets | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 55,482 | 243,868 | 188,386 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | 0 | 0 | 0 |
| 28. Total (Lines 26 and 27)..... | 55,482 | 243,868 | 188,386 |
| DETAILS OF WRITE-INS | | | |
| 1101. Deferred Expenses..... | 14,479 | 38,613 | 24,134 |
| 1102. | 0 | 0 | 0 |
| 1103. | 0 | 0 | 0 |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 14,479 | 38,613 | 24,134 |
| 2501. | 0 | 0 | 0 |
| 2502. | 0 | 0 | 0 |
| 2503. | 0 | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

SECTION A

1. Summary of Significant Accounting Policies:

A. Accounting Practices:

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

The 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 Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual has been adopted as a component of prescribed or permitted practices by the state of Ohio.

| | <u>SSAP #</u> | <u>F/S Page</u> | <u>F/S Line #</u> | <u>2017</u> | <u>2016</u> |
|--|---------------|---------------------|-----------------------|---------------|---------------|
| NET INCOME | | | | | |
| (1) Company state basis (Page 4, Line 20, Columns 1 & 2) | XXX..... | XXX..... | XXX..... | \$ 9,904,390 | \$ 9,060,834 |
| (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..... | \$ 9,904,390 | \$ 9,060,834 |
| \ | | | | | |
| SURPLUS | | | | | |
| (5) Company state basis (Page 3, Line 37, Columns 1 & 2) | XXX..... | XXX..... | XXX..... | \$ 45,462,613 | \$ 45,555,469 |
| (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..... | \$ 45,462,613 | \$ 45,555,649 |

B. Use of Estimates in the Preparation of the 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 as of the date of the financial statements and revenue and expenses for the period then ended. It also requires estimates in the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ materially from these estimates.

C. Accounting Policy:

Ohio Indemnity's insurance premiums are earned over the terms of the related insurance policies and reinsurance contracts. For certain of our lender service products, premiums are earned over the contract period in proportion to the amount of insurance protection provided as the amount of insurance protection declines according to a predetermined schedule. For all other products, premiums are earned pro rata over the contract period. The portion of premiums written applicable to the unexpired portion of insurance policies is recorded in the balance sheet as unearned premiums.

Certain lender service policies are eligible for premium adjustments based on loss experience. For certain policies, return premiums are calculated and settled on an annual basis. Certain other policies are eligible for an experience rating adjustment that is calculated and adjusted from period to period and settled upon cancellation of the policy. These balances are presented in the accompanying balance sheet as unearned premiums.

SSAP No. 65, "Property and Casualty Contracts," requires a separate test for unearned premiums for policies with coverage periods equal to or in excess of thirteen months. Depending on the results of this test, a reporting entity may be required to record additional unearned premiums on a statutory basis that are not recorded on a GAAP basis. As of December 31, 2017 and 2016, we recorded \$1,577,288 and \$1,614,032, respectively, of additional unearned premiums under SSAP No. 65 for our GAP product line.

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 commissions received or receivable.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost. Money market investments are reflected at cost.
- (2) Bonds not backed by other loans are stated at amortized value using the scientific interest method.
- (3) Redeemable preferred stocks are stated at amortized cost.
- (4) Common stocks, non-redeemable preferred stocks and mutual funds are stated at market values based upon prices prescribed by the NAIC.
- (5) Realized gains and losses on disposal of investments are determined by the specific identification method and are included in investment income. The carrying value of investments is revised and the amount of revision is charged to net realized losses on investments when management determines that a decline in the value of an investment is other-than-temporary.

NOTES TO FINANCIAL STATEMENTS

We continually monitor the difference between the book value and the estimated fair value of our investments, which involves judgment as to whether declines in value are temporary in nature. If we believe the decline in any investment is "other-than-temporarily impaired," we record the decline as a realized loss through the income statement. If our judgment changes in the future, we may ultimately record a realized loss for a security after having originally concluded that the decline in value was temporary. We begin to monitor a security for other-than-temporary impairment when its fair value to book value ratio falls below 80%. Our assessment as to whether a security is other-than-temporarily impaired depends on, among other things: (1) the length of time and extent to which the estimated fair value has been less than book value; (2) whether the decline appears to be related to general market or industry conditions or is issuer specific; (3) our current judgment as to the financial condition and future prospects of the entity that issued the investment security; and (4) our intent to sell the security or the likelihood that we will be required to sell the security before its anticipated recovery.

(6) Unpaid losses and loss adjustment expenses ("LAE") include 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.

LAE is classified into two broad categories in the annual statement in schedule P: Defense and Cost Containment (DCC) and Adjusting and Other (A&O). Previously, the annual statement classified LAE into the following two categories before the change to DCC and A&O: Allocated Loss Adjustment Expense (ALAE) and Unallocated Loss Adjustment Expense (ULAE). The Company reports LAE based on the old statutory definitions. Thus, what the Company reports as DCC in the annual statement is ALAE and what the Company reports as A&O is ULAE.

Assumed reinsurance is a line of business with inherent volatility. Since the length of time required for the losses to be reported through the reinsurance system can be quite long, unexpected events are more difficult to predict. Ultimate loss experience for assumed reinsurance is based primarily on reports received by the Company from the underlying ceding insurers.

- D. Going concern: not applicable.
- 2. Accounting Changes and Corrections of Errors: Not applicable.
- 3. Business Combinations and Goodwill: Not applicable.
- 4. Discontinued Operations: Not applicable.
- 5. Investments:
 - A. Mortgage Loans: Not applicable.
 - B. Debt Restructuring: Not applicable.
 - C. Reverse Mortgages: Not applicable.
 - D. Loan-Backed Securities: Not applicable.
 - E. Repurchase Agreements: Not applicable.
 - F. Real Estate: Not applicable.
- G. Low Income Housing credit: Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

H. Restricted Assets:

1. Restricted Assets (Including Pledged)

| Restricted Asset Category | Gross (Admitted & Nonadmitted) Restricted | | | | | 6 | 7 | | |
|--|---|---|---|--|-----------------------|---------------------|--------------------|--|--|
| | Current Year | | | | | | | | |
| | 1 Total General Account (G/A) | 2 G/A Supporting Protected Cell Account Activity (a) | 3 Total Protected Cell Account Restricted Assets | 4 Protected Cell Account Assets Supporting G/A Activity (b) | 5 Total (1 plus 3) | | | | |
| a. Subject to contractual obligation for which liability is not shown | \$ | \$ | \$ | \$ | \$ 0 | \$ 0 | \$ 0 | | |
| b. Collateral held under security lending agreements | | | | | 0 | 0 | 0 | | |
| c. Subject to repurchase agreements | | | | | 0 | 0 | 0 | | |
| d. Subject to reverse repurchase agreements | | | | | 0 | 0 | 0 | | |
| e. Subject to dollar repurchase agreements | | | | | 0 | 0 | 0 | | |
| f. Subject to dollar reverse repurchase agreements | | | | | 0 | 0 | 0 | | |
| g. Placed under option contracts | | | | | 0 | 0 | 0 | | |
| h. Letter stock or securities restricted as to sale – excluding FHLB capital stock | | | | | 0 | 0 | 0 | | |
| i. FHLB capital stock | | | | | 0 | 0 | 0 | | |
| j. On deposit with states | 5,237,647 | | | | 5,237,647 | 5,279,679 | (42,032) | | |
| k. On deposit with other regulatory bodies | | | | | 0 | 0 | 0 | | |
| l. Pledged as collateral to FHLB (including assets backing funding agreements) | | | | | 0 | 0 | 0 | | |
| m. Pledged as collateral not captured in other categories | | | | | 0 | 0 | 0 | | |
| n. Other restricted assets | | | | | 0 | 0 | 0 | | |
| o. Total Restricted Assets | \$ 5,237,647 | \$ 0 | \$ 0 | \$ 0 | \$ 5,237,647 | \$ 5,279,679 | \$ (42,032) | | |

(a) Subset of column 1

(b) Subset of column 3

| Restricted Asset Category | Current Year | | | | |
|---|------------------------------|---------------------------------------|---|--|--|
| | 8 | 9 | Percentage | | |
| | Total Nonadmitted Restricted | Total Admitted Restricted (5 minus 8) | 10 Gross (Admitted & Nonadmitted) Restricted to Total Assets (c) | 11 Admitted Restricted to Total Admitted Assets (d) | |
| a. Subject to contractual obligation for which liability is not shown | \$ | \$ 0 | 0.0 % | 0.0 % | |
| b. Collateral held under security lending agreements | | 0 | 0.0 | 0.0 | |
| c. Subject to repurchase agreements | | 0 | 0.0 | 0.0 | |
| d. Subject to reverse repurchase agreements | | 0 | 0.0 | 0.0 | |
| e. Subject to dollar repurchase agreements | | 0 | 0.0 | 0.0 | |
| f. Subject to dollar reverse repurchase agreements | | 0 | 0.0 | 0.0 | |
| g. Placed under option contracts | | 0 | 0.0 | 0.0 | |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

| Restricted Asset Category | Current Year | | | |
|--|------------------------------|---------------------------------------|--|---|
| | 8 | 9 | Percentage | |
| | Total Nonadmitted Restricted | Total Admitted Restricted (5 minus 8) | 10 Gross (Admitted & Nonadmitted) Restricted to Total Assets (c) | 11 Admitted Restricted to Total Admitted Assets (d) |
| h. Letter stock or securities restricted as to sale – excluding FHLB capital stock | | 0 | 0.0 | 0.0 |
| i. FHLB capital stock | | 0 | 0.0 | 0.0 |
| j. On deposit with states | | 5,237,647 | 3.4 | 3.4 |
| k. On deposit with other regulatory bodies | | 0 | 0.0 | 0.0 |
| l. Pledged as collateral to FHLB (including assets backing funding agreements) | | 0 | 0.0 | 0.0 |
| m. Pledged as collateral not captured in other categories | | 0 | 0.0 | 0.0 |
| n. Other restricted assets | | 0 | 0.0 | 0.0 |
| o. Total Restricted Assets | \$ 0 | \$ 5,237,647 | 3.4 % | 3.4 % |

(c) Column 5 divided by Asset Page, Column 1 Line 28

(d) Column 9 divided by Asset Page, Column 3 Line 28

2. Details of Assets Pledged as Collateral Not Captured in Other Categories(Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, Are Reported in the Aggregate): Not applicable

3. Details of Other Restricted Assets(Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, Are Reported in the Aggregate) : Not applicable

4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements: Not applicable

I. Working Capital Finance Investments: Not applicable

J. Offsetting and Netting of Assets and Liabilities: Not applicable

K. Structured Notes: Not applicable

L. 5* Securities: None

6. Joint Ventures, Partnerships and Limited Liability Companies: Not applicable

7. Investment Income:

A. Accrued Investment Income: The Company non-admits investment income due and accrued if amounts are not received within 15 days of the settlement date.

B. Amounts Nonadmitted: Not applicable.

8. Derivative Instruments: Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes:

A. The components of the net deferred tax asset/(liability) at December 31 were as follows:

1.

| | 12/31/2017 | | |
|---|------------------|------------------|--------------------|
| | (1) | (2) | (3) |
| | Ordinary | Capital | (Col 1+2) Total |
| (a) Gross Deferred Tax Assets | \$.....2,218,852 | \$.....34,108 | \$.....2,252,960 |
| (b) Statutory Valuation Allowance Adjustments | \$.....0 | \$.....0 | \$.....0 |
| (c) Adjusted Gross Deferred Tax Assets (1a - 1b) | \$.....2,218,852 | \$.....34,108 | \$.....2,252,960 |
| (d) Deferred Tax Assets Nonadmitted | \$.....0 | \$.....0 | \$.....0 |
| (e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d) | \$.....2,218,852 | \$.....34,108 | \$.....2,252,960 |
| (f) Deferred Tax Liabilities | \$.....37,065 | \$.....615,175 | \$.....652,240 |
| (g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f) | \$.....2,181,787 | \$.....(581,067) | \$.....1,600,720 |

| | 12/31/2016 | | |
|---|------------------|------------------|--------------------|
| | (4) | (5) | (6) |
| | Ordinary | Capital | (Col 4+5) Total |
| (a) Gross Deferred Tax Assets | \$.....4,026,840 | \$.....85,267 | \$.....4,112,107 |
| (b) Statutory Valuation Allowance Adjustments | \$.....0 | \$.....0 | \$.....0 |
| (c) Adjusted Gross Deferred Tax Assets (1a - 1b) | \$.....4,026,840 | \$.....85,267 | \$.....4,112,107 |
| (d) Deferred Tax Assets Nonadmitted | \$.....0 | \$.....0 | \$.....0 |
| (e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d) | \$.....4,026,840 | \$.....85,267 | \$.....4,112,107 |
| (f) Deferred Tax Liabilities | \$.....63,356 | \$.....632,549 | \$.....695,905 |
| (g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f) | \$.....3,963,484 | \$.....(547,282) | \$.....3,416,202 |

| | Change | | |
|---|-----------------------|----------------------|--------------------|
| | (7) | (8) | (9) |
| | (Col 1-4) Ordinary | (Col 2-5) Capital | (Col 7+8) Total |
| (a) Gross Deferred Tax Assets | \$.....(1,807,987) | \$.....(51,159) | \$.....(1,859,146) |
| (b) Statutory Valuation Allowance Adjustments | \$.....0 | \$.....0 | \$.....0 |
| (c) Adjusted Gross Deferred Tax Assets (1a - 1b) | \$.....(1,807,987) | \$.....(51,159) | \$.....(1,859,146) |
| (d) Deferred Tax Assets Nonadmitted | \$.....0 | \$.....0 | \$.....0 |
| (e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d) | \$.....(1,807,987) | \$.....(51,159) | \$.....(1,859,146) |
| (f) Deferred Tax Liabilities | \$.....(26,290) | \$.....(17,374) | \$.....(43,664) |
| (g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f) | \$.....(1,781,697) | \$.....(33,785) | \$.....(1,815,482) |

2.

Admission Calculation Components SSAP No. 101

- (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.
- (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)
 - 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.
 - 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.
- (c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.
- (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.

Total (2(a) + 2(b) + 2(c))

| | 12/31/2017 | | |
|------------------|------------|---------|--------------------|
| | (1) | (2) | (3) |
| | Ordinary | Capital | (Col 1+2) Total |
| \$.....3,257,754 | \$..... | \$..... | \$.....3,257,754 |

\$.....(2,309,275) \$.....\$.....\$.....(2,309,275)

\$.....(1,004,793) \$.....\$.....\$.....(1,004,793)

XXX XXX \$.....6,579,284

\$.....37,066 \$.....615,175 \$.....652,241

\$.....985,545 \$.....615,175 \$.....1,600,720

| | 12/31/2016 | | |
|------------------|------------|---------|--------------------|
| | (4) | (5) | (6) |
| | Ordinary | Capital | (Col 4+5) Total |
| \$.....3,772,052 | \$..... | \$..... | \$.....3,772,052 |

\$.....(1,051,755) \$.....\$.....\$.....(1,051,755)

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

| | | | |
|---|------------------|----------------|------------------|
| 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date. | \$.....680,109 | \$.....0 | \$.....680,109 |
| 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold. | <u>XXX</u> | <u>XXX</u> | \$.....6,320,890 |
| (c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities. | \$.....63,356 | \$.....632,549 | \$.....695,905 |
| (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. | \$.....2,783,653 | \$.....632,549 | \$.....3,416,202 |
| Total (2(a) + 2(b) + 2(c)) | | | |

| Change | | |
|-----------------------|----------------------|--------------------|
| (7) | (8) | (9) |
| (Col 1-4) Ordinary | (Col 2-5) Capital | (Col 7+8) Total |

| | | | |
|---|--------------------|-----------------|--------------------|
| (a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks. | \$.....(514,298) | \$.....0 | \$.....(514,298) |
| (b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below) | \$.....(1,257,520) | \$.....0 | \$.....(1,257,520) |
| 1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date. | \$.....(1,684,902) | \$.....0 | \$.....(1,684,902) |
| 2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold. | <u>XXX</u> | <u>XXX</u> | \$.....258,394 |
| (c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities. | \$.....(26,290) | \$.....(17,374) | \$.....(43,664) |
| (d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. | \$.....(1,798,108) | \$.....(17,374) | \$.....(1,815,482) |
| Total (2(a) + 2(b) + 2(c)) | | | |

3.

| | | |
|---|-------------------|-------------------|
| (a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount. |15% |15% |
| (b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above. | \$.....43,861,893 | \$.....42,139,268 |

4.

| 12/31/2017 | |
|------------|---------|
| (1) | (2) |
| Ordinary | Capital |

Impact of Tax-Planning Strategies

| | | |
|---|----------------|-------------|
| (a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage. |2,218,853 |34,108 |
| 1. Adjusted Gross DTAs Amount From Note 9A1(c) |0.0 |0.0 |
| 2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies |2,218,853 |34,108 |
| 3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e) |0.0 |0.0 |
| 4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies |2,218,853 |34,108 |

| 12/31/2016 | |
|------------|---------|
| (3) | (4) |
| Ordinary | Capital |

| | | |
|---|----------------|-------------|
| (a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage. |4,026,840 |85,267 |
| 1. Adjusted Gross DTAs Amount From Note 9A1(c) |0.0 |0.0 |
| 2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies |4,026,840 |85,267 |
| 3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e) |0.0 |0.0 |
| 4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies |4,026,840 |85,267 |

| Change | |
|-----------------------|----------------------|
| (5) | (6) |
| (Col 1-3) Ordinary | (Col 2-4) Capital |

| | | |
|---|------------------|---------------|
| (a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage. |(1,807,987) |(51,159) |
| 1. Adjusted Gross DTAs Amount From Note 9A1(c) |0.0 |0.0 |
| 2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies |(1,807,987) |(51,159) |
| 3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e) |0.0 |0.0 |
| 4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies |(1,807,987) |(51,159) |

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes..... No..... X.....

C. Current income taxes incurred consist of the following major components:

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

| (1) | (2) | (3) |
|------------|------------|---------------------|
| 12/31/2017 | 12/31/2016 | (Col 1-2) Change |

| | | | |
|---|--------------|--------------|----------------|
| 1. Current Income Tax | | | |
| (a) Federal | \$ 2,957,313 | \$ 3,703,741 | \$ (746,428) |
| (b) Foreign | \$ 0 | \$ 0 | \$ 0 |
| (c) Subtotal | \$ 2,957,313 | \$ 3,703,741 | \$ (746,428) |
| (d) Federal income tax on net capital gains | \$ 301,475 | \$ (255,546) | \$ 557,021 |
| (e) Utilization of capital loss carry-forwards | \$ 0 | \$ 0 | \$ 0 |
| (f) Other | \$ 0 | \$ 0 | \$ 0 |
| (g) Federal and foreign income taxes incurred | \$ 3,258,788 | \$ 3,448,195 | \$ (189,407) |
| 2. Deferred Tax Assets: | | | |
| (a) Ordinary | | | |
| (1) Discounting of unpaid losses | \$ 0 | \$ 0 | \$ 0 |
| (2) Unearned premium reserve | \$ 2,139,345 | \$ 3,841,737 | \$ (1,702,392) |
| (3) Policyholder reserves | \$ 79,473 | \$ 123,832 | \$ (44,359) |
| (4) Investments | \$ 0 | \$ 0 | \$ 0 |
| (5) Deferred acquisition costs | \$ 0 | \$ 0 | \$ 0 |
| (6) Policyholder dividends accrual | \$ 0 | \$ 0 | \$ 0 |
| (7) Fixed assets | \$ 0 | \$ 0 | \$ 0 |
| (8) Compensation and benefits accrual | \$ 0 | \$ 0 | \$ 0 |
| (9) Pension accrual | \$ 0 | \$ 0 | \$ 0 |
| (10) Receivables - nonadmitted | \$ 0 | \$ 0 | \$ 0 |
| (11) Net operating loss carry-forward | \$ 0 | \$ 0 | \$ 0 |
| (12) Tax credit carry-forward | \$ 0 | \$ 0 | \$ 0 |
| (13) Other (including items <5% of total ordinary tax assets) | \$ 34 | \$ 61,271 | \$ (61,237) |
| (99) Subtotal | \$ 2,218,852 | \$ 4,026,840 | \$ (1,807,988) |
| (b) Statutory valuation allowance adjustment | \$ 0 | \$ 0 | \$ 0 |
| (c) Nonadmitted | \$ 0 | \$ 0 | \$ 0 |
| (d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) | \$ 2,218,852 | \$ 4,026,840 | \$ (1,807,988) |
| (e) Capital: | | | |
| (1) Investments | \$ 34,108 | \$ 85,267 | \$ (51,159) |
| (2) Net capital loss carry-forward | \$ 0 | \$ 0 | \$ 0 |
| (3) Real estate | \$ 0 | \$ 0 | \$ 0 |
| (4) Other (including items <5% of total capital tax assets) | \$ 0 | \$ 0 | \$ 0 |
| (99) Subtotal | \$ 34,108 | \$ 85,267 | \$ (51,159) |
| (f) Statutory valuation allowance adjustment | \$ 0 | \$ 0 | \$ 0 |
| (g) Nonadmitted | \$ 0 | \$ 0 | \$ 0 |
| (h) Admitted capital deferred tax assets (2e99 - 2f - 2g) | \$ 34,108 | \$ 85,267 | \$ (51,159) |
| (i) Admitted deferred tax assets (2d + 2h) | \$ 2,252,960 | \$ 4,112,107 | \$ (1,859,147) |
| 3. Deferred Tax Liabilities: | | | |
| (a) Ordinary | | | |
| (1) Investments | \$ 37,065 | \$ 63,356 | \$ (26,291) |
| (2) Fixed assets | \$ 0 | \$ 0 | \$ 0 |
| (3) Deferred and uncollected premium | \$ 0 | \$ 0 | \$ 0 |
| (4) Policyholder reserves | \$ 0 | \$ 0 | \$ 0 |
| (5) Other (including items <5% of total ordinary tax liabilities) | \$ 0 | \$ 0 | \$ 0 |
| (99) Subtotal | \$ 37,065 | \$ 63,356 | \$ (26,291) |
| (b) Capital: | | | |
| (1) Investments | \$ 615,175 | \$ 632,549 | \$ (17,374) |
| (2) Real estate | \$ 0 | \$ 0 | \$ 0 |
| (3) Other (including items <5% of total capital tax liabilities) | \$ 0 | \$ 0 | \$ 0 |
| (99) Subtotal | \$ 615,175 | \$ 632,549 | \$ (17,374) |
| (c) Deferred tax liabilities (3a99 + 3b99) | \$ 652,240 | \$ 695,905 | \$ (43,665) |
| 4. Net deferred tax assets/liabilities (2i - 3c) | \$ 1,600,720 | \$ 3,416,202 | \$ (1,815,482) |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

D. Federal income tax expense differs from the amount computed by applying the normal tax rate of 34% to income before federal Income tax as follows:

| | <u>2017</u> | <u>2016</u> |
|--|--------------------|--------------------|
| Expected federal income tax expense | \$4,475,483 | \$4,253,070 |
| Change in unearned premium reserves | (410,908) | 228,789 |
| Book over tax reserves | 45,292 | 45,135 |
| Book to tax return adjustments | (19,130) | (154,109) |
| Tax exempt interest and dividends received deduction | (768,502) | (837,719) |
| Other-than-temporary impairments on investments | (30,044) | (148,787) |
| Other | <u>(33,403)</u> | <u>61,816</u> |
| Federal income tax expense | <u>\$3,258,788</u> | <u>\$3,448,195</u> |

E. Operating Loss and Tax Credit Carryforwards:

At December 31, 2017, the Company had \$0 of net operating loss carryforward. The Company also had \$0 alternative minimum tax credit at December 31, 2017.

The following is income tax expense for 2017, 2016 and 2015 that is available for recoupement in the event of future net losses:

| | |
|---------------------|--------------|
| 2017 (current year) | \$ 3,258,788 |
| 2016 (current - 1) | 3,448,195 |
| 2015 (current - 2) | 4,230,251 |

F. Consolidated Federal Income Tax Return: The Company's federal income tax return is consolidated with Bancinsurance Corporation.

The Company files a consolidated federal income tax return with its parent, Bancinsurance Corporation. The Company has a tax sharing agreement, as approved by the Board of Directors, with its parent whereby federal income tax expense is determined as if the Company filed a separate federal income tax return and payments for this liability are made to the parent.

G. Federal or Foreign Income Tax Loss Contingencies: Not applicable

10. Information Concerning Parent, Subsidiaries and Affiliates:

A. Ohio Indemnity is a wholly-owned subsidiary of Bancinsurance Corporation, an insurance holding company domiciled in the State of Ohio. See Schedule Y, Part 1 Organizational Chart.

B. The Company has no investment in parent or affiliates. The Company has no subsidiaries or affiliated insurers.

C. There are no guarantees or undertakings for the benefit of an affiliate which result in a material contingent exposure of the Company's net assets to liabilities.

D - L. Other Disclosures: In 2005, the Company entered into a cost sharing agreement with Bancinsurance. During 2017 and 2016, the amount of expenses (benefit) the Company allocated to Bancinsurance under this agreement were \$(63,258) and \$(22,730), respectively, which have been recorded in the accompanying statements of income.

In 2007, the Company entered into an intercompany agreement (the "Agreement") by and between the Company, Bancinsurance and USA (collectively, the "Parties"). Pursuant to the terms of the agreement, amounts owed relating to transactions between the Parties during each quarter shall be settled within forty-five days after quarter end. In accordance with SSAP No. 96, amounts owed to the Company over ninety days from the due date in the Agreement shall be nonadmitted. As of December 31, 2017, the Company had no amounts owed to it by the Parties greater than ninety days from the due date in the Agreement.

Effective October 27, 2010, Fenist and Bancinsurance (collectively, the "Borrowers") entered into a credit agreement (the "Credit Agreement") with a lender. As of December 31, 2017, the Credit Agreement consists of a \$5.5 million senior secured revolving credit facility, of which zero is borrowed as of December 31, 2017. The Borrowers' obligations under the Credit Agreement are secured by a first priority lien on substantially all of the assets of the Borrowers and by a pledge by Bancinsurance of 100% of the stock of Ohio Indemnity, subject to the restrictions on the exercise of remedies under applicable insurance law. As of December 31, 2017, the Borrowers and were in compliance with all covenants under the Credit Agreement.

The Company pays certain fees and commissions to its affiliate, Ultimate Services Agency, LLC, a property and casualty insurance agency. During 2017 and 2016, the amount of commissions and fees incurred by the Company related to USA were \$6,839,105 and \$11,122,184, respectively.

During 2002 and 2003, Bancinsurance Corporation entered into an arrangement with BIC Statutory Trust I ("BIC Trust I"), a Connecticut special purpose business trust, and BIC Statutory Trust II ("BIC Trust II"), a Delaware special purpose business trust (collectively, the "Trusts"), whereby the Trusts issued and Bancinsurance Corporation purchased approximately \$8 million and \$7 million respectively, of floating rate trust preferred capital securities in exchange for junior subordinated debentures of Bancinsurance Corporation. Bancinsurance Corporation has fully and unconditionally guaranteed the obligations of the Trusts with respect to the floating rate trust preferred capital securities. The floating rate trust preferred capital securities, and the junior subordinated debentures issued in connection therewith, pay dividends and interest, as applicable, on a quarterly basis, are redeemable at par and mature in 2032 (for BIC Trust I) and 2033 (for BIC Trust II). Dividends paid by Ohio Indemnity to Bancinsurance Corporation can be a source of funds used to pay interest and any principal payments, if applicable, on the junior

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

subordinated debentures by Bancinsurance Corporation.

M. SCA Investments: Not applicable.

N. Investment in Insurance SCA's: Not applicable.

11. Debt:

A. Debt: Not applicable.

B. FHLB Agreements: Not applicable.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other post retirement Benefit Plans:

Defined Benefit Plan(A - D):

A. Reconciliation: Not applicable

B. Description: Not applicable

C. Fair Value: Not applicable

D. Narrative Description of Basis: Not applicable

E. Defined Contribution Plan: The Company provides a qualified 401(k) profit sharing plan, available to full-time employees who meet the plan's eligibility requirements. The Company matches 100% of the qualified employee's contribution up to 3% of salary and 50% of the qualified employee's contribution between 3% and 5% of salary. The total cost of the matching contribution was \$143,375 and \$143,213 for the years ended December 31, 2017 and 2016, respectively.

F. Multiemployer Plans: Not applicable.

G. Consolidated/Holding Company Plans: Not applicable.

H. Post employment Benefits and Compensated Absences: Not applicable.

I. Impact of Medicare Modernization Act: Not applicable

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations:

(1) The Company has 40,000 common shares authorized, 37,332 common shares issued and 37,332 common shares outstanding. All shares are Class A shares. The Company has 5,000 non-voting preferred shares authorized, none issued and outstanding.

(2) Dividend Rate of Preferred Stock: Not applicable.

(3) Dividend Restrictions: Generally, the Company is restricted by the insurance laws of the State of Ohio as to amounts that can be transferred to the parent in the form of dividends, loans, or advances without the approval of the Department to the greater of (a) 10 percent of statutory surplus as of December 31 of the year preceding the dividend, loan or advancement or (b) 100 percent of statutory net income for the year ended December 31 preceding the dividend, loan or advancement. Under the above restrictions, during 2018, dividends, loans or advances in excess of \$9,904,390 will require the approval of the Department.

(4) The following dividends were declared by Ohio Indemnity to Bancinsurance Corporation during 2017 and 2016:

- On October 27, 2017, Ohio Indemnity's board of directors declared a cash dividend in an aggregate amount of \$9,500,000 that was paid to Bancinsurance Corporation during the fourth quarter of 2017; and
- On October 28, 2016, Ohio Indemnity's board of directors declared a cash dividend in an aggregate amount of \$9,500,000 that was paid to Bancinsurance Corporation during the fourth quarter of 2016.

The Company is subject to a risk-based capital ("RBC") test applicable to property and casualty insurers. The RBC test serves as a benchmark of insurance enterprises' solvency by state insurance regulators by establishing statutory surplus targets which will require certain Company level or regulatory level actions. Based on the Company's analysis, the Company's total adjusted capital was in excess of all required action levels at December 31, 2017.

All insurance companies must file annual financial statements (prepared in accordance with statutory accounting rules) in states where they are authorized to do business and are subject to regular and special examinations by the regulatory agencies of those states. In 2017, the Department initiated its financial examination of Ohio Indemnity covering the period from January 1, 2012 through December 31, 2016. On November 17, 2017, the Department issued its examination report. No adjustments to Ohio Indemnity's previously filed statutory financial statements were required as a result of the examination.

(5) Portion of the Company's Profits that may be paid as Ordinary Dividends to Stockholders: See Note 13(3) above.

(6) Restrictions Placed on the Unassigned Funds, Including for Whom the Surplus is Being Held: Not applicable.

(7) Mutual Surplus Advances: Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

(8) Company Stock Held for Special Purposes: See Note 10

(9) Changes in Special Surplus Funds: Not applicable.

(10) Changes in Unassigned Funds:

The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

| | |
|--|--------------|
| (a) Unrealized gains and losses, net of tax: | \$ 1,042,427 |
| (b) Nonadmitted asset value: | 188,386 |
| (c) Deferred income tax: | (1,728,059) |
| (d) Dividends to stockholders: | (9,500,000) |

(11) Surplus Notes: Not applicable.

(12) Impact of Restatement Due to Quasi Reorganizations: Not applicable.

(13) Effective Date of Quasi Reorganizations: Not applicable.

14. Liabilities, Contingencies and Assessments:

A. Contingent Commitments: Not applicable.

B. Assessments: Not applicable.

C. Gain Contingencies: Not applicable.

D. Claims related extra Contractual Obligation and bad faith losses stemming from lawsuits: Not applicable

E. Contingencies related to product warranties: Not applicable

F. Joint and Several Liabilities: Not applicable

G. All Other Contingencies:

We are involved in legal proceedings arising in the ordinary course of business which are routine in nature and incidental to our business. We currently believe that none of these matters, either individually or in the aggregate, is reasonably likely to have a material adverse effect on our financial condition, results of operations or liquidity. However, because litigation is subject to inherent uncertainties and the outcome of such matters cannot be predicted with certainty, future developments could cause any one or more of these matters to have a material adverse effect on our financial condition, results of operations and liquidity.

15. Leases:

A. Lessee Operating Lease: As of December 31, 2017, we leased approximately 11,700 square feet in Columbus, Ohio for our headquarters pursuant to a lease that commenced on January 1, 2009, as amended April 1, 2015, and expires on December 31, 2020. Rent expense is recognized evenly over the lease term ending December 31, 2020. Rental expenses, which primarily include expenses for our office lease, were \$260,990 and \$266,580 for the years ended December 31, 2017 and 2016, respectively.

The future minimum lease payments required under operating leases for the next five fiscal years are as follows:

| | |
|-------|-------------------|
| 2018 | 204,750 |
| 2019 | 207,675 |
| 2020 | <u>210,600</u> |
| Total | <u>\$ 623,025</u> |

B. Lessor Leases:

1. Operating Leases: Not applicable

2. Leveraged leases: Not applicable.

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk: Not applicable.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities:

A. Transfers of Receivables Reported as Sales: Not applicable.

B. Transfers and Servicing of Financial Assets: Not applicable.

C. Wash Sales: Not applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans: Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators:

The Company uses several managing general agents to write and administer its lender services products in specified territories. The following are the Company's managing general agents and their respective direct premiums written for 2017 and 2016:

| Name and Address | FEI Number | Exclusive Contract | Type of Business Written | Type of Authority Granted | 2017 Direct Premiums Written | 2016 Direct Premiums Written |
|---|------------|--------------------|--|---------------------------|------------------------------|------------------------------|
| Southwest Business Corporation 9311 San Pedro, Suite 600 San Antonio, TX 78216 | 75-1553739 | No | Credit & Auto Physical Damage | C, CA, P, U | \$ 48,986,358 | \$ 35,112,254 |
| American Risk Services, LLC 11135 Kenwood Road Cincinnati, OH 45242 | 38-3773191 | No | Credit | C, CA, R, P, U | 27,631,458 | 24,137,840 |
| Lee & Mason Financial Services, Inc. P.O. Box 270 Route 30 Northville, NY 12134 | 14-1722170 | No | Credit | C, CA, P, U | 15,031,686 | 12,501,376 |
| Allied Solutions LLC 1320 City Center Dr. Suite 300 Carmel, Indiana 46032 | 35-2125376 | No | Credit & Auto Physical Damage | C, CA, P, U | 7,564,749 | 5,174,769 |
| Berkshire Risk Services, LLC 7400 W. 132 nd St., Suite 200 Overland Park, KS 66213 | 20-8682003 | No | Credit | C, CA, R, P, U | 7,266,744 | 4,602,997 |
| HUB International of Midwest Limited 265 East Parkway, Suite 100 Coppell, TX 75019 | 35-0672425 | No | Credit | C, CA, P, U | 7,223,598 | 6,811,887 |
| Financial GAP Administrator, LLC 1670 Fenpark Drive Fenton, MO 63026 | 45-4777616 | No | Credit, Auto Physical Damage & Other Liability | C, CA, P, U | <u>4,995,740</u> | <u>11,502,498</u> |
| | | | | Total | <u>\$ 118,700,333</u> | <u>\$ 99,843,621</u> |

C - Claims Payment,
CA - Claims Adjustment
R - Reinsurance Ceding
B - Binding Authority
P - Premium Collection
U - Underwriting

20. Fair Value Measurement:

A. The following table summarizes the Company's financial assets measured at fair value on a recurring basis as of December 31:

1. Fair Value Measurements at Reporting Date

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

December 31, 2017

| Description for each class of asset or liability | (Level 1) | (Level 2) | (Level 3) | Total |
|--|---------------|-----------|-----------|---------------|
| Assets at fair value | | | | |
| Preferred Stocks | \$ - | - | - | \$ - |
| Common Stocks | \$ 12,226,700 | - | \$ - | \$ 12,226,700 |
| Total assets at fair value | \$ 12,226,700 | - | \$ - | \$ 12,226,700 |

December 31, 2016

| | | | | |
|----------------------------|--------------|---|------|--------------|
| Assets at fair value | | | | |
| Preferred Stocks | \$ - | - | - | \$ - |
| Common Stocks | \$ 9,894,396 | - | \$ - | \$ 9,894,396 |
| Total assets at fair value | \$ 9,894,396 | - | \$ - | \$ 9,894,396 |

B. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy: None

The Company has categorized its assets into the three-level hierarchy based upon the priority of the inputs to the respective valuation technique. The following summarizes the type of assets included within the three-level hierarchy presented in the table above:

- *Level 1* – This category includes exchange-traded preferred stocks, common stocks and mutual funds. Certain preferred stocks (redeemable preferred stocks and preferred stocks with an NAIC rating of 3 through 6) are carried at the lower of cost or fair value. The preferred stocks and common stocks listed in the above table are carried at fair value.
- *Level 2* – This category includes bonds. Bonds with an NAIC rating of 3 through 6 are carried at the lower of amortized cost or fair value. The company has no level 2 assets or liabilities.
- *Level 3* – The Company has no Level 3 assets or liabilities.

As of December 31, 2017 and 2016, the Company had no financial liabilities that were measured at fair value and no financial assets that were measured at fair value on a non-recurring basis. The Company also did not have any non-financial assets or non-financial liabilities that were measured at fair value on a recurring or non-recurring basis.

C. The carrying amount and estimated fair value of financial instruments subject to disclosure requirements were as follows as of December 31:

| December 31, 2017 | | | | | | |
|---------------------------------------|-------------|------------|------------|-------------|----------------------------------|---------|
| Type of Class of Financial Instrument | Fair Value | Admitted | | | Not Practicable (Carrying Value) | |
| | | Aggregate | Assets | Level 1 | Level 2 | Level 3 |
| Bonds | 100,775,357 | 97,298,013 | - | 100,775,357 | - | - |
| Common Stocks | 12,226,700 | 12,226,700 | 12,226,700 | - | - | - |
| Short-Term Investments | - | - | - | - | - | - |
| Cash and cash equivalents | 14,660,427 | 14,660,427 | 14,660,427 | - | - | - |

| December 31, 2016 | | | | | | |
|---------------------------------------|-------------|-------------|------------|-------------|---------|----------------------------------|
| Type of Class of Financial Instrument | Fair Value | Assets | Admitted | | | Not Practicable (Carrying Value) |
| | | | Aggregate | Level 1 | Level 2 | |
| Bonds | 102,897,771 | 100,495,456 | - | 102,897,771 | - | - |
| Common Stocks | 9,894,396 | 9,894,396 | 9,894,396 | - | - | - |
| Short-Term Investments | 895,610 | 895,610 | 895,610 | - | - | - |
| Cash and cash equivalents | 13,548,618 | 13,548,618 | 13,548,618 | - | - | - |

D. Not Practicable Estimated Fair Values: None

21. Other Items:

A. Extraordinary Items: Not applicable.

B. Troubled Debt Restructuring: Not applicable.

C. Other Disclosures and unusual items: The Company elected to use rounding in reporting amounts in this Annual Statement. The Company files the Annual Statement in accordance with NAIC validation tolerance levels.

D.. Business Interruption Insurance recoveries: Not applicable.

E. State Transferable Tax Credits: Not applicable.

F. Subprime-Mortgage-Related Risk Exposure: Not applicable

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

G. Insurance-Linked securities: Not applicable

22. Events Subsequent:

A. Accident and Health Insurance subject to the Section 910 of the Affordable Health Act (ACA): Not applicable

The Company used February 16, 2018, the date these statutory financial statements were available to be issued, as the date through which subsequent events have been evaluated. There were no material subsequent events that required recognition or additional disclosure in these statutory financial statements.

23. Reinsurance:

A. Unsecured Reinsurance Recoverables: Not applicable.

B. Reinsurance Recoverable in Dispute: Not applicable.

C. Reinsurance Assumed and Ceded:

(1) The following table summarizes assumed and ceded unearned premiums and the related commission equity at December 31, 2017 and December 31, 2016 stated in dollars.

December 31, 2017

| | Assumed Reinsurance | | Ceded Reinsurance | | Net | |
|------------------------------------|------------------------|----------------------|----------------------|----------------------|--------------------|----------------------|
| | Premium Reserve | Commission Equity | Premium Reserve | Commission Equity | Premium Reserve | Commission Equity |
| a. Affiliates | \$ | \$ | \$ | \$ | \$0 | \$0 |
| b. All Other | \$ 1,734,957 | \$ 785,646 | \$ 179,772,290 | \$ 12,377,874 | \$ (178,037,333) | \$ (11,592,228) |
| c. TOTAL | \$ 1,734,957 | \$ 785,646 | \$ 179,772,290 | \$ 12,377,874 | \$ (178,037,333) | \$ (11,592,228) |
| d. Direct Unearned Premium Reserve | | | \$ 234,892,022 | | | |

Line (c) of Ceded Reinsurance Premium Reserve Column must equal Page 3, Line 9, first inside amount.

December 31, 2016

| | Assumed Reinsurance | | Ceded Reinsurance | | Net | |
|------------------------------------|------------------------|----------------------|----------------------|----------------------|--------------------|----------------------|
| | Premium Reserve | Commission Equity | Premium Reserve | Commission Equity | Premium Reserve | Commission Equity |
| a. Affiliates | \$ | \$ | \$ | \$ | \$0 | \$0 |
| b. All Other | \$ 2,381,123 | \$ 841,822 | \$ 144,239,525 | \$ 10,292,090 | \$ (141,858,402) | \$ (9,450,268) |
| c. TOTAL | \$ 2,381,123 | \$ 841,822 | \$ 144,239,525 | \$ 10,292,090 | \$ (141,858,402) | \$ (9,450,268) |
| d. Direct Unearned Premium Reserve | | | \$ 204,825,195 | | | |

Line (c) of Ceded Reinsurance Premium Reserve Column must equal Page 3, Line 9, first inside amount.

2. The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this annual statement as a result of existing contractual arrangements: Not applicable.

D. Uncollectible Reinsurance: Not applicable.

E. Commutation of Ceded Reinsurance: Not applicable.

F. Retroactive Reinsurance: Not applicable.

G. Reinsurance Accounted For As A Deposit: Not applicable.

H. Disclosures for the transfer of Property and Casualty run-off agreements: Not applicable

I. Certified Reinsurer Rating Downgraded or Status subject to Revocation: Not applicable

J. Reinsurance Agreements Qualifying for Reinsurance Aggregation: Not applicable

24. Retrospectively and Experience Rated Contracts and Contracts Subject to Redetermination:

The Company estimates accrued retrospective and experience rated premium adjustments through the review of each individual retrospectively or experience rated risk, comparing case basis loss development with that anticipated in the policy contract to arrive at the best estimate of return or additional retrospective and experience rated premium.

Net premiums written of \$1,934,516 and \$910,603 were subject to retrospective and experience rating features during 2017 and 2016, respectively. This represented approximately 1% and 1%, respectively, of total net premiums written.

F. Risk Sharing Provisions of the Affordable Care Act (ACA):

1. The Company did not write Accident and Health insurance Premium that is subject to the health care Risk-Sharing provisions.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

NOTES TO FINANCIAL STATEMENTS

2. Impact on Risk-Sharing provisions of the Affordable Care Act on Admitted assets, Liabilities and Revenue for the Current year: None

3. Rollover of prior year ACA risk-sharing provisions: None

25. Change in incurred Losses and Loss Adjustment Expenses:

As a result of changes in estimates of insured events in prior years, the provision for unpaid loss and LAE decreased by approximately \$0.3 million and \$3.5 million for the years ended December 31, 2017 and 2016, respectively. The decreases in 2017 and 2016 were primarily due to favorable loss development for our lender services and WIP product lines. The majority of our losses are short-tail in nature and adjustments to reserve amounts occur rather quickly. Conditions that affected redundancies in reserves may not necessarily occur in the future. Accordingly, it may not be appropriate to extrapolate this redundancy to future periods.

As of December 31, 2017 and 2016 no additional premiums or return premiums have been accrued as a result of the prior-year reserve effects.

26. Intercompany Pooling Arrangements: Not applicable.

27. Structured Settlements: Not applicable.

28. Health Care Receivables: Not applicable.

29. Participating Policies: Not applicable.

30. Premium Deficiency Reserves:

| | |
|---|------------|
| 1. Liability carried for premium deficiency reserves | \$0 |
| 2. Date of the most recent evaluation of this liability | 12/31/2017 |
| 3. Was anticipated investment income utilized in the calculation? | no |

31. High Deductibles: Not applicable.

32. Discounting of Liabilities for Unpaid Losses of Unpaid Loss Adjustment Expenses: Not applicable.

33. Asbestos/Environmental Reserves: Not applicable.

34. Subscriber Savings Accounts: Not applicable.

35. Multiple Peril Crop Insurance: Not applicable.

36. Financial guaranty Insurance: Not applicable

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No []

If yes, complete Schedule Y, Parts 1, 1A and 2.

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

1.3 State Regulating?

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 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2016

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2016

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 11/17/2017

3.4 By what department or departments? Ohio Department of Insurance.....

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business? Yes [] No []

4.12 renewals? Yes [] No []

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business? Yes [] No []

4.22 renewals? Yes [] No []

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []

7.2 If yes,

7.21 State the percentage of foreign control 0.0

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

| 1 Nationality | 2 Type of Entity |
|------------------|---------------------|
| | |
| | |
| | |
| | |
| | |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES

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

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

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

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
SKODA, MINOTTI & CO. 6885 BETA DR. MAYFIELD VILLAGE, OHIO 44143.....

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

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

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

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

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

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

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Peter Scourtis, 3274 Medlock Bridge Rd, Peachtree Corners, GA, 30092.....

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

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

12.12 Number of parcels involved.....0

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

12.2 If yes, provide explanation

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

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

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

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

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

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

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

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

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

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

e. Accountability for adherence to the code.

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES

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

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

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

BOARD OF DIRECTORS

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

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

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

FINANCIAL

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

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

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

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

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

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

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

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

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

INVESTMENT

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

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

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

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

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

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

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

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

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

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

| | |
|--|----------|
| 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$.....0 |
| 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$.....0 |
| 24.103 Total payable for securities lending reported on the liability page | \$.....0 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES

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

Yes [X] No []

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

| | |
|---|--------------------|
| 25.21 Subject to repurchase agreements | \$ |
| 25.22 Subject to reverse repurchase agreements | \$ |
| 25.23 Subject to dollar repurchase agreements | \$ |
| 25.24 Subject to reverse dollar repurchase agreements | \$ |
| 25.25 Placed under option agreements | \$ |
| 25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock | \$ |
| 25.27 FHLB Capital Stock | \$ |
| 25.28 On deposit with states | \$ 5,237,647 |
| 25.29 On deposit with other regulatory bodies | \$ |
| 25.30 Pledged as collateral – excluding collateral pledged to an FHLB | \$ |
| 25.31 Pledged as collateral to FHLB – including assets backing funding agreements | \$ |
| 25.32 Other | \$ |

25.3 For category (25.26) provide the following:

| 1 Nature of Restriction | 2 Description | 3 Amount |
|----------------------------|------------------|-------------|
| | | |
| | | |
| | | |
| | | |

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

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

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

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

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held 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 [] No []

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

| 1 Name of Custodian(s) | 2 Custodian's Address |
|-------------------------------|---|
| Fifth Third Bank..... | 38 Fountain Square Cincinnati, Ohio 45263..... |
| Meeder Asset Management..... | 6125 Memorial Drive Dublin, Ohio 43017..... |
| Huntington National Bank..... | 30050 Chagrin Boulevard STE 150 Pepper Pike OH 44124..... |
| | |

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]
28.04 If yes, give full and complete information relating thereto:

28.04 If yes, give full and complete information relating thereto.

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES

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

| 1 Name of Firm or Individual | 2 Affiliation |
|--|------------------|
| J.P Morgan Investment Inc..... | U..... |
| Diamond Hill Capital Management..... | U..... |
| Matt Nolan, entity CFO, auth to make ST investments..... | A..... |
| Brad Hix, Invest Acct, access to invest accounts..... | A..... |

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

Yes [] No []

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

Yes [] No []

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

| 1 Central Registration Depository Number | 2 Name of Firm or Individual | 3 Legal Entity Identifier (LEI) | 4 Registered With | 5 Investment Management Agreement (IMA) Filed |
|--|---|---------------------------------------|--|---|
| 110638..... | Diamond Hill Capital Management..... | | Securities Exchange Commission..... | NO..... |
| 107038..... | J.P Morgan Investment INC..... | | Securities Exchange Commission..... | NO..... |
| N/A..... | Matt Nolan..... | | N/A..... | NO..... |
| N/A..... | Brad Hix..... | | N/A..... | NO..... |

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

Yes [] No []

29.2 If yes, complete the following schedule:

| 1 CUSIP # | 2 Name of Mutual Fund | 3 Book/Adjusted Carrying Value |
|----------------------|--------------------------|-----------------------------------|
| | | |
| | | |
| | | |
| 29.2999 TOTAL | | 0 |

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

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

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

| | 1 Statement (Admitted) Value | 2 Fair Value | 3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+) |
|----------------------------|------------------------------------|--------------------|---|
| 30.1 Bonds..... | 97,298,013 | 100,775,357 | 3,477,344 |
| 30.2 Preferred Stocks..... | 0 | | 0 |
| 30.3 Totals | 97,298,013 | 100,775,357 | 3,477,344 |

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

Sources used in determining fair values are from published prices from our Custodians and Investment software, Clearwater.....

Yes [] No []

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

Yes [] No []

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

Yes [] No []

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

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

Yes [] No []

32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5*GI securities?

Yes [] No [X]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 8,617

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

| 1 Name | 2 Amount Paid |
|--------------------------------------|------------------|
| National Insurance Crime Bureau..... | \$.....7,917 |

35.1 Amount of payments for legal expenses, if any? \$ 140,005

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

| 1 Name | 2 Amount Paid |
|--------------------------|------------------|
| Goodwin Proctor LLP..... | \$.....127,109 |

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

1.31 Reason for excluding

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

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

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ 0

1.65 Total incurred claims \$ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

| | 1 Current Year | 2 Prior Year |
|-----------------------------|----------------------|---------------------|
| 2.1 Premium Numerator | \$ 0 | \$ 0 |
| 2.2 Premium Denominator | \$ 103,966,139 | \$ 81,957,008 |
| 2.3 Premium Ratio (2.1/2.2) |0.000 |0.000 |
| 2.4 Reserve Numerator | \$ 0 | \$ 0 |
| 2.5 Reserve Denominator | \$ 74,390,168 | \$ 77,783,193 |
| 2.6 Reserve Ratio (2.4/2.5) |0.000 |0.000 |

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

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

3.21 Participating policies \$

3.22 Non-participating policies \$

4. For Mutual reporting entities and Reciprocal Exchanges only:

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

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

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

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

5. For Reciprocal Exchanges Only:

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

5.2 If yes, is the commission paid:

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

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

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

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

5.5 If yes, give full information

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:
Not Applicable.....

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:
Not Applicable Limited Property Coverage Written.....

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?
Not Applicable Limited Property Coverage Written.....

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes [] No [X]

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss
Not Applicable Limited Property Coverage Written.....

7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)? Yes [] No [X]

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

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

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

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

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

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

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

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

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

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

12.6 If yes, state the amount thereof at December 31 of current year:
 12.61 Letters of Credit..... \$.....189,390,393
 12.62 Collateral and other funds..... \$.....8,243,810

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):..... \$.....4,500,000
 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?..... Yes [] No [X]

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

14.1 Is the reporting entity a cedant in a multiple cedant reinsurance contract?..... Yes [] No [X]
 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:

 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?..... Yes [] No [X]
 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?..... Yes [] No [X]
 14.5 If the answer to 14.4 is no, please explain:

15.1 Has the reporting entity guaranteed any financed premium accounts?..... Yes [] No [X]
 15.2 If yes, give full information

16.1 Does the reporting entity write any warranty business?..... Yes [X] No []

If yes, disclose the following information for each of the following types of warranty coverage:

| | 1 Direct Losses Incurred | 2 Direct Losses Unpaid | 3 Direct Written Premium | 4 Direct Premium Unearned | 5 Direct Premium Earned |
|------------------------|--------------------------------|------------------------------|--------------------------------|---------------------------------|-------------------------------|
| 16.11 Home | \$ | \$ | \$ | \$ | \$ |
| 16.12 Products | \$ | \$ | \$ | \$ | \$ |
| 16.13 Automobile | \$ | 0 | \$ | 27,000 | \$ |
| 16.14 Other* | \$ | \$ | \$ | 87,860 | \$ |
| | | | | 142,048 | \$ |
| | | | | | 89,214 |

* Disclose type of coverage:

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

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

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

FIVE-YEAR HISTORICAL DATA

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

| | 1 2017 | 2 2016 | 3 2015 | 4 2014 | 5 2013 |
|---|-------------|-------------|-------------|-------------|-------------|
| Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3) | | | | | |
| 1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) | 0 | 540,552 | 1,873,266 | 1,460,506 | 1,746,527 |
| 2. Property lines (Lines 1, 2, 9, 12, 21 & 26) | 133,900,143 | 107,789,800 | 85,948,640 | 74,760,865 | 64,959,320 |
| 3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) | 0 | 0 | 0 | 0 | 0 |
| 4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) | 126,640,616 | 110,624,787 | 84,635,477 | 69,241,374 | 52,542,336 |
| 5. Nonproportional reinsurance lines (Lines 31, 32 & 33) | 0 | 0 | 0 | 0 | 0 |
| 6. Total (Line 35) | 260,540,759 | 218,955,139 | 172,457,383 | 145,462,745 | 119,248,183 |
| Net Premiums Written (Page 8, Part 1B, Col. 6) | | | | | |
| 7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) | 0 | 540,552 | 1,873,266 | 1,460,506 | 1,746,527 |
| 8. Property lines (Lines 1, 2, 9, 12, 21 & 26) | 11,290,249 | 8,718,616 | 6,330,383 | 4,676,594 | 10,951,435 |
| 9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) | 0 | 0 | 0 | 0 | 0 |
| 10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) | 87,265,885 | 74,034,966 | 59,408,586 | 53,990,114 | 40,836,433 |
| 11. Nonproportional reinsurance lines (Lines 31, 32 & 33) | 0 | 0 | 0 | 0 | 0 |
| 12. Total (Line 35) | 98,556,134 | 83,294,134 | 67,612,235 | 60,127,214 | 53,534,395 |
| Statement of Income (Page 4) | | | | | |
| 13. Net underwriting gain (loss) (Line 8) | 9,402,212 | 9,949,233 | 9,477,194 | 8,739,338 | 8,468,639 |
| 14. Net investment gain (loss) (Line 11) | 3,450,532 | 2,816,697 | 4,423,624 | 3,302,703 | 3,846,286 |
| 15. Total other income (Line 15) | 8,958 | (1,355) | 125,266 | (131) | 3,341 |
| 16. Dividends to policyholders (Line 17) | 0 | 0 | 0 | 0 | 0 |
| 17. Federal and foreign income taxes incurred (Line 19) | 2,957,313 | 3,703,741 | 3,566,680 | 3,773,478 | 3,569,087 |
| 18. Net income (Line 20) | 9,904,390 | 9,060,834 | 10,459,404 | 8,268,432 | 8,749,179 |
| Balance Sheet Lines (Pages 2 and 3) | | | | | |
| 19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3) | 152,509,155 | 151,999,923 | 145,236,047 | 149,730,431 | 133,325,549 |
| 20. Premiums and considerations (Page 2, Col. 3) | | | | | |
| 20.1 In course of collection (Line 15.1) | 15,241,962 | 14,123,478 | 8,829,374 | 9,390,506 | 6,845,985 |
| 20.2 Deferred and not yet due (Line 15.2) | 1,855,594 | 1,033,531 | 610,784 | 446,012 | 0 |
| 20.3 Accrued retrospective premiums (Line 15.3) | 0 | 0 | 0 | 0 | 0 |
| 21. Total liabilities excluding protected cell business (Page 3, Line 26) | 107,046,542 | 106,444,454 | 99,747,686 | 104,460,400 | 88,101,019 |
| 22. Losses (Page 3, Line 1) | 18,801,222 | 16,048,051 | 13,995,144 | 12,200,702 | 11,024,198 |
| 23. Loss adjustment expenses (Page 3, Line 3) | 222,870 | 326,296 | 352,742 | 344,470 | 322,524 |
| 24. Unearned premiums (Page 3, Line 9) | 56,854,690 | 62,264,695 | 60,928,040 | 61,524,604 | 50,346,217 |
| 25. Capital paid up (Page 3, Lines 30 & 31) | 3,000,746 | 3,000,746 | 3,000,746 | 3,000,746 | 3,000,746 |
| 26. Surplus as regards policyholders (Page 3, Line 37) | 45,462,613 | 45,555,469 | 45,488,361 | 45,270,033 | 45,224,530 |
| Cash Flow (Page 5) | | | | | |
| 27. Net cash from operations (Line 11) | 851,902 | 9,176,858 | 9,367,438 | 15,665,028 | 17,911,682 |
| Risk-Based Capital Analysis | | | | | |
| 28. Total adjusted capital | 45,462,613 | 45,555,469 | 45,488,361 | 45,270,033 | 45,224,530 |
| 29. Authorized control level risk-based capital | 11,124,811 | 9,582,774 | 8,407,528 | 6,518,371 | 6,928,884 |
| Percentage Distribution of Cash, Cash Equivalents and Invested Assets | | | | | |
| (Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0 | | | | | |
| 30. Bonds (Line 1) | 78.3 | 80.5 | 83.0 | 77.1 | 70.7 |
| 31. Stocks (Lines 2.1 & 2.2) | 9.8 | 7.9 | 10.1 | 14.5 | 19.7 |
| 32. Mortgage loans on real estate (Lines 3.1 and 3.2) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 33. Real estate (Lines 4.1, 4.2 & 4.3) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 34. Cash, cash equivalents and short-term investments (Line 5) | 11.8 | 11.6 | 6.9 | 8.4 | 9.0 |
| 35. Contract loans (Line 6) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 36. Derivatives (Line 7) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 37. Other invested assets (Line 8) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 38. Receivables for securities (Line 9) | 0.0 | 0.0 | 0.0 | 0.0 | 0.6 |
| 39. Securities lending reinvested collateral assets (Line 10) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 40. Aggregate write-ins for invested assets (Line 11) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 41. Cash, cash equivalents and invested assets (Line 12) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Investments in Parent, Subsidiaries and Affiliates | | | | | |
| 42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1) | 0 | 0 | 0 | 0 | 0 |
| 45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) | 0 | 0 | 0 | 0 | 0 |
| 46. Affiliated mortgage loans on real estate | | 0 | 0 | 0 | 0 |
| 47. All other affiliated | 0 | 0 | 0 | 0 | 0 |
| 48. Total of above Lines 42 to 47 | 0 | 0 | 0 | 0 | 0 |
| 49. Total Investment in parent included in Lines 42 to 47 above | | 0 | 0 | 0 | 0 |
| 50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0) | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

FIVE-YEAR HISTORICAL DATA

(Continued)

| | 1 2017 | 2 2016 | 3 2015 | 4 2014 | 5 2013 |
|--|-------------|-------------|-------------|-------------|--------------|
| Capital and Surplus Accounts (Page 4) | | | | | |
| 51. Net unrealized capital gains (losses) (Line 24) | 1,042,427 | 618,983 | (1,599,626) | 258,742 | 955,588 |
| 52. Dividends to stockholders (Line 35) | (9,500,000) | (9,500,000) | (9,000,000) | (9,000,000) | (10,000,000) |
| 53. Change in surplus as regards policyholders for the year (Line 38) | (92,856) | 67,111 | 218,325 | 45,503 | 35,972 |
| Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2) | | | | | |
| 54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) | 15,748 | 692,426 | 1,061,083 | 728,533 | 459,378 |
| 55. Property lines (Lines 1, 2, 9, 12, 21 & 26) | 52,166,297 | 44,519,082 | 30,873,796 | 24,528,934 | 20,063,786 |
| 56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) | 0 | 0 | 0 | 0 | 0 |
| 57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) | 70,772,724 | 53,712,103 | 35,271,681 | 21,931,370 | 12,740,067 |
| 58. Nonproportional reinsurance lines (Lines 31, 32 & 33) | 0 | 0 | 0 | 0 | 0 |
| 59. Total (Line 35) | 122,954,769 | 98,923,611 | 67,206,560 | 47,188,837 | 33,263,231 |
| Net Losses Paid (Page 9, Part 2, Col. 4) | | | | | |
| 60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) | 15,748 | 692,426 | 1,061,083 | 728,533 | 459,378 |
| 61. Property lines (Lines 1, 2, 9, 12, 21 & 26) | 5,337,489 | 3,026,878 | 1,925,563 | 1,369,879 | 2,528,290 |
| 62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) | 0 | 0 | 0 | 0 | 0 |
| 63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) | 47,422,557 | 32,449,368 | 22,459,647 | 14,962,529 | 8,191,539 |
| 64. Nonproportional reinsurance lines (Lines 31, 32 & 33) | 0 | 0 | 0 | 0 | 0 |
| 65. Total (Line 35) | 52,775,794 | 36,168,672 | 25,446,293 | 17,060,941 | 11,179,207 |
| Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0 | | | | | |
| 66. Premiums earned (Line 1) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 67. Losses incurred (Line 2) | 53.4 | 46.6 | 39.9 | 33.1 | 23.5 |
| 68. Loss expenses incurred (Line 3) | 3.4 | 3.1 | 3.0 | 2.8 | 2.7 |
| 69. Other underwriting expenses incurred (Line 4) | 34.2 | 38.1 | 43.2 | 48.3 | 55.7 |
| 70. Net underwriting gain (loss) (Line 8) | 9.0 | 12.1 | 13.9 | 15.9 | 18.1 |
| Other Percentages | | | | | |
| 71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) | 36.0 | 37.5 | 43.4 | 44.2 | 48.5 |
| 72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) | 56.8 | 49.7 | 42.9 | 35.9 | 26.2 |
| 73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) | 216.8 | 182.8 | 148.6 | 132.8 | 118.4 |
| One Year Loss Development (\$000 omitted) | | | | | |
| 74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11) | (341) | (3,470) | (4,424) | (4,966) | (5,133) |
| 75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0) | (0.7) | (7.6) | (9.8) | (11.0) | (11.4) |
| Two Year Loss Development (\$000 omitted) | | | | | |
| 76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) | (4,631) | (5,385) | (6,317) | (7,591) | (5,516) |
| 77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) | (10.2) | (11.9) | (14.0) | (16.8) | (12.2) |

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

Yes No

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

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

(\$000 Omitted)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | | 12 Number of Claims Reported Direct and Assumed | |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (Cols. 1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | | |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | | |
| 1. Prior | XXX | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | XXX | |
| 2. 2008 | 68,782 | 21,458 | 47,324 | 33,395 | 10,072 | 1,759 | 294 | 532 | 0 | 1,139 | 25,320 | XXX | |
| 3. 2009 | 68,965 | 25,275 | 43,690 | 33,855 | 10,541 | 1,375 | 381 | 580 | 0 | 855 | 24,888 | XXX | |
| 4. 2010 | 77,546 | 31,613 | 45,933 | 27,004 | 11,106 | 1,391 | 517 | 582 | 0 | 831 | 17,354 | XXX | |
| 5. 2011 | 82,552 | 37,216 | 45,336 | 23,102 | 12,284 | 1,425 | 685 | 564 | 0 | 584 | 12,122 | XXX | |
| 6. 2012 | 88,954 | 42,953 | 46,001 | 26,115 | 16,877 | 1,444 | 905 | 736 | 0 | 582 | 10,513 | XXX | |
| 7. 2013 | 100,272 | 53,603 | 46,669 | 34,461 | 22,030 | 1,652 | 1,115 | 689 | 0 | 591 | 13,657 | XXX | |
| 8. 2014 | 124,232 | 69,157 | 55,075 | 50,352 | 31,240 | 2,372 | 1,451 | 743 | 0 | 663 | 20,776 | XXX | |
| 9. 2015 | 156,533 | 88,261 | 68,272 | 71,797 | 44,015 | 3,379 | 1,979 | 781 | 0 | 1,606 | 29,963 | XXX | |
| 10. 2016 | 190,468 | 108,510 | 81,958 | 105,692 | 64,619 | 4,304 | 2,212 | 772 | 0 | 1,912 | 43,937 | XXX | |
| 11. 2017 | 231,120 | 127,154 | 103,966 | 102,115 | 62,325 | 3,961 | 1,883 | 497 | 0 | 1,067 | 42,365 | XXX | |
| 12. Totals | XXX | XXX | XXX | 507,888 | 285,109 | 23,062 | 11,422 | 6,476 | 0 | 9,830 | 240,895 | XXX | |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 Salvage and Subrogation Anticipated | 24 Total Net Losses and Expenses Unpaid | 25 Number of Claims Outstanding Direct and Assumed | |
|-----|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------|---|--|---|-----|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | 21 | 22 | | | | |
| | 13 Direct and Assumed | 14 Ceded | 15 Direct and Assumed | 16 Ceded | 17 Direct and Assumed | 18 Ceded | 19 Direct and Assumed | 20 Ceded | Direct and Assumed | Ceded | | | | |
| 1. | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | XXX |
| 2. | 0 | 0 | (22) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (22) | XXX |
| 3. | 0 | 0 | (20) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (20) | XXX |
| 4. | 0 | 0 | (19) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (19) | XXX |
| 5. | 0 | 0 | (5) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (5) | XXX |
| 6. | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | XXX |
| 7. | 0 | 0 | .61 | .28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | .33 | XXX |
| 8. | 0 | 0 | 105 | .49 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | .56 | XXX |
| 9. | .2 | 0 | 1,189 | 329 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 862 | XXX |
| 10. | 23 | 0 | 1,374 | 293 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,104 | XXX |
| 11. | 7,206 | 2,498 | 26,137 | 14,038 | 0 | 0 | 0 | 0 | 223 | 0 | 304 | 17,030 | XXX | |
| 12. | 7,231 | 2,498 | 28,806 | 14,737 | 0 | 0 | 0 | 0 | 223 | 0 | 307 | 19,025 | XXX | |

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred/Premiums Earned) | | | Nontabular Discount | | 34 Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount | |
|-----|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|--|---|----------------------------|
| | 26 Direct and Assumed | 27 Ceded | 28 Net | 29 Direct and Assumed | 30 Ceded | 31 Net | 32 Loss | 33 Loss Expense | | 35 Losses Unpaid | 36 Loss Expenses Unpaid |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | Direct and Assumed | Ceded | Direct and Assumed |
| 1. | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | .3 | 0 |
| 2. | 35,664 | 10,366 | 25,298 | .51.9 | .48.3 | 53.5 | 0 | 0 | | (22) | 0 |
| 3. | 35,790 | 10,922 | 24,868 | .51.9 | .43.2 | 56.9 | 0 | 0 | | (20) | 0 |
| 4. | 28,958 | 11,623 | 17,335 | .37.3 | .36.8 | 37.7 | 0 | 0 | | (19) | 0 |
| 5. | 25,086 | 12,969 | 12,117 | .30.4 | .34.8 | 26.7 | 0 | 0 | | (5) | 0 |
| 6. | 28,298 | 17,782 | 10,516 | .31.8 | .41.4 | 22.9 | 0 | 0 | | .3 | 0 |
| 7. | 36,863 | 23,173 | 13,690 | .36.8 | .43.2 | 29.3 | 0 | 0 | | .33 | 0 |
| 8. | 53,572 | 32,740 | 20,832 | .43.1 | .47.3 | 37.8 | 0 | 0 | | .56 | 0 |
| 9. | 77,148 | 46,323 | 30,825 | .49.3 | .52.5 | 45.2 | 0 | 0 | | 862 | 0 |
| 10. | 112,165 | 67,124 | 45,041 | .58.9 | .61.9 | 55.0 | 0 | 0 | | 1,104 | 0 |
| 11. | 140,139 | 80,744 | 59,395 | 60.6 | 63.5 | 57.1 | 0 | 0 | | 16,807 | 223 |
| 12. | XXX | XXX | XXX | XXX | XXX | XXX | 0 | 0 | XXX | 18,802 | 223 |

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

SCHEDULE P - PART 2 - SUMMARY

| Years in Which Losses Were Incurred | INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | | DEVELOPMENT | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | 11 One Year | 12 Two Year |
| 1. Prior | 9,720 | 6,066 | 4,861 | 4,752 | 4,706 | 4,680 | 4,635 | 4,607 | 4,606 | 4,606 | 0 | (1) |
| 2. 2008 | 26,887 | 26,085 | 25,718 | 25,054 | 24,917 | 24,901 | 24,795 | 24,769 | 24,767 | 24,766 | (1) | (3) |
| 3. 2009 | XXX | 25,107 | 24,337 | 25,137 | 24,460 | 24,396 | 24,307 | 24,288 | 24,288 | 24,288 | 0 | 0 |
| 4. 2010 | XXX | XXX | 19,431 | 16,792 | 17,811 | 16,993 | 16,786 | 16,778 | 16,765 | 16,753 | (12) | (25) |
| 5. 2011 | XXX | XXX | XXX | 17,409 | 13,778 | 12,658 | 11,654 | 11,575 | 11,566 | 11,553 | (13) | (22) |
| 6. 2012 | XXX | XXX | XXX | XXX | 14,789 | 11,700 | 10,693 | 9,837 | 9,806 | 9,780 | (26) | (57) |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | 16,653 | 14,145 | 13,810 | 13,057 | 13,001 | (56) | (809) |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | 23,987 | 20,914 | 20,762 | 20,089 | (673) | (825) |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 32,933 | 30,424 | 30,044 | (380) | (2,889) |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 43,449 | 44,269 | 820 | XXX |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 58,675 | XXX | XXX |
| | | | | | | | | | | 12. Totals | (341) | (4,631) |

SCHEDULE P - PART 3 - SUMMARY

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | | 11 Number of Claims Closed With Loss Payment | 12 Number of Claims Closed Without Loss Payment |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|---|--|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | | |
| 1. Prior | 000 | 4,514 | 4,630 | 4,638 | 4,624 | 4,626 | 4,616 | 4,604 | 4,603 | 4,603 | XXX | XXX |
| 2. 2008 | 20,795 | 24,641 | 24,726 | 24,780 | 24,792 | 24,797 | 24,795 | 24,791 | 24,789 | 24,788 | XXX | XXX |
| 3. 2009 | XXX | 1,765 | 23,398 | 24,299 | 24,313 | 24,312 | 24,306 | 24,308 | 24,308 | 24,308 | XXX | XXX |
| 4. 2010 | XXX | XXX | 11,235 | 14,837 | 16,776 | 16,781 | 16,784 | 16,782 | 16,772 | 16,772 | XXX | XXX |
| 5. 2011 | XXX | XXX | XXX | 7,766 | 11,596 | 11,575 | 11,563 | 11,558 | 11,558 | 11,558 | XXX | XXX |
| 6. 2012 | XXX | XXX | XXX | XXX | 7,072 | 9,780 | 9,774 | 9,785 | 9,783 | 9,777 | XXX | XXX |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | 9,044 | 12,924 | 12,959 | 12,971 | 12,968 | XXX | XXX |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | 13,996 | 19,893 | 19,907 | 20,033 | XXX | XXX |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 20,796 | 29,082 | 29,182 | XXX | XXX |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 29,628 | 43,165 | XXX | XXX |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 41,868 | XXX | XXX |

SCHEDULE P - PART 4 - SUMMARY

| Years in Which Losses Were Incurred | BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) | | | | | | | | | | 10 2017 |
|-------------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------|
| | 1 2008 | 2 2009 | 3 2010 | 4 2011 | 5 2012 | 6 2013 | 7 2014 | 8 2015 | 9 2016 | 10 2017 | |
| 1. Prior | 9,719 | 1,552 | 231 | 112 | 81 | 54 | 19 | 3 | 3 | 3 | 3 |
| 2. 2008 | 5,472 | 1,439 | 992 | 273 | 125 | 104 | 0 | (22) | (22) | (22) | |
| 3. 2009 | XXX | 6,649 | 939 | 838 | 147 | 84 | 1 | (20) | (20) | (20) | |
| 4. 2010 | XXX | XXX | 7,634 | 1,952 | 1,035 | 212 | 2 | (4) | (7) | (19) | |
| 5. 2011 | XXX | XXX | XXX | 8,990 | 2,177 | 1,077 | 86 | 17 | 8 | (5) | |
| 6. 2012 | XXX | XXX | XXX | XXX | 6,944 | 1,895 | 903 | 49 | 20 | 3 | |
| 7. 2013 | XXX | XXX | XXX | XXX | XXX | 6,728 | 1,090 | 846 | 83 | 33 | |
| 8. 2014 | XXX | XXX | XXX | XXX | XXX | XXX | 8,708 | 1,006 | 845 | 56 | |
| 9. 2015 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 8,646 | 1,142 | 860 | |
| 10. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 8,152 | 1,081 | |
| 11. 2017 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 12,099 | |

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Indemnity Company

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories

| States, etc. | Active Status | 1 | Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken | 4 | 5 | 6 | 7 | 8 | 9 |
|------------------------------|---------------|---------------------------|--|--|--|------------------------|----------------------|--|---|
| | | 2 Direct Premiums Written | 3 Direct Premiums Earned | Dividends Paid or Credited to Policyholders on Direct Business | Direct Losses Paid (Deducting Salvage) | Direct Losses Incurred | Direct Losses Unpaid | Finance and Service Charges Not Included in Premiums | Direct Premium Written for Federal Purchasing Groups (Included in Col. 2) |
| 1. Alabama | AL | L | 1,122,899 | 1,102,717 | 0 | 617,309 | 714,072 | 197,158 | 0 |
| 2. Alaska | AK | L | 19,499 | 18,808 | 0 | 6,646 | 7,790 | 1,923 | 0 |
| 3. Arizona | AZ | L | 5,806,871 | 6,119,386 | 0 | 2,892,547 | 2,638,114 | 708,074 | 0 |
| 4. Arkansas | AR | L | 2,074,438 | 2,066,088 | 0 | 768,894 | 891,934 | 183,324 | 0 |
| 5. California | CA | L | 11,556,982 | 11,636,430 | 0 | 5,245,600 | 5,441,866 | 1,678,880 | 0 |
| 6. Colorado | CO | L | 4,126,869 | 3,855,193 | 0 | 981,374 | 1,240,425 | 429,701 | 0 |
| 7. Connecticut | CT | L | 1,562,267 | 1,241,664 | 0 | 686,120 | 784,420 | 334,071 | 0 |
| 8. Delaware | DE | L | 33,585 | 42,025 | 0 | 6,726 | 3,665 | 1,289 | 0 |
| 9. Dist. Columbia | DC | L | 15,021 | 15,018 | 0 | 0 | (2,015) | 3,669 | 0 |
| 10. Florida | FL | L | 7,035,677 | 6,590,412 | 0 | 3,108,577 | 3,445,587 | 843,293 | 0 |
| 11. Georgia | GA | L | 2,162,607 | 2,176,534 | 0 | 1,623,607 | 1,742,166 | 429,441 | 0 |
| 12. Hawaii | HI | L | 1,913,520 | 1,559,494 | 0 | 1,073,040 | 1,143,661 | 245,319 | 0 |
| 13. Idaho | ID | L | 405,788 | 386,218 | 0 | 215,711 | 222,646 | 76,055 | 0 |
| 14. Illinois | IL | L | 4,518,805 | 6,868,319 | 0 | 3,005,662 | 3,057,227 | 738,026 | 0 |
| 15. Indiana | IN | L | 10,394,530 | 10,388,432 | 0 | 5,526,625 | 5,773,537 | 1,255,844 | 0 |
| 16. Iowa | IA | L | 6,960,949 | 7,629,666 | 0 | 3,489,712 | 3,793,888 | 742,900 | 0 |
| 17. Kansas | KS | L | 3,101,226 | 3,375,084 | 0 | 1,502,776 | 1,641,823 | 385,706 | 0 |
| 18. Kentucky | KY | L | 2,432,923 | 2,161,340 | 0 | 1,165,421 | 1,100,706 | 516,429 | 0 |
| 19. Louisiana | LA | L | 1,999,553 | 1,929,285 | 0 | 1,261,717 | 1,288,178 | 280,562 | 0 |
| 20. Maine | ME | L | 156,358 | 164,065 | 0 | 50,572 | 61,315 | 21,757 | 0 |
| 21. Maryland | MD | L | 2,291,151 | 2,260,806 | 0 | 1,054,592 | 1,098,705 | 303,396 | 0 |
| 22. Massachusetts | MA | L | 3,185,705 | 2,705,200 | 0 | 1,632,341 | 1,845,502 | 691,614 | 0 |
| 23. Michigan | MI | L | 4,763,201 | 4,669,323 | 0 | 1,906,347 | 2,035,176 | 524,505 | 0 |
| 24. Minnesota | MN | L | 234,837 | 243,987 | 0 | 98,145 | 81,497 | 47,378 | 0 |
| 25. Mississippi | MS | L | 1,114,947 | 1,074,173 | 0 | 752,586 | 822,855 | 185,516 | 0 |
| 26. Missouri | MO | L | 4,204,819 | 4,201,543 | 0 | 1,011,660 | 928,505 | 462,864 | 0 |
| 27. Montana | MT | L | 232,581 | 271,495 | 0 | 138,991 | 156,766 | 26,306 | 0 |
| 28. Nebraska | NE | L | 1,197,201 | 1,241,232 | 0 | 344,891 | 361,198 | 76,174 | 0 |
| 29. Nevada | NV | L | (167,739) | 1,325,134 | 0 | 728,344 | 618,089 | 210,987 | 0 |
| 30. New Hampshire | NH | L | 573,410 | 582,959 | 0 | 237,140 | 259,540 | 72,528 | 0 |
| 31. New Jersey | NJ | L | 2,232,387 | 3,442,450 | 0 | 5,941,708 | 6,217,259 | 1,228,048 | 0 |
| 32. New Mexico | NM | L | 1,914,837 | 2,007,593 | 0 | 1,069,293 | 1,157,940 | 290,839 | 0 |
| 33. New York | NY | L | 12,030,192 | 11,375,308 | 0 | 7,438,497 | 8,057,603 | 2,443,800 | 0 |
| 34. No. Carolina | NC | L | 2,183,770 | 2,466,373 | 0 | 1,920,634 | 1,865,657 | 589,827 | 0 |
| 35. No. Dakota | ND | L | 14,483 | 23,617 | 0 | 401 | (256) | 105 | 0 |
| 36. Ohio | OH | L | 4,466,743 | 5,645,078 | 0 | 2,748,404 | 2,773,343 | 846,819 | 0 |
| 37. Oklahoma | OK | L | 2,403,480 | 2,336,624 | 0 | 1,389,569 | 1,516,840 | 320,330 | 0 |
| 38. Oregon | OR | L | 1,062,538 | 859,631 | 0 | 278,990 | 317,593 | 117,125 | 0 |
| 39. Pennsylvania | PA | L | 2,714,757 | 2,414,047 | 0 | 1,062,658 | 1,212,820 | 302,716 | 0 |
| 40. Rhode Island | RI | L | 257,623 | 541,557 | 0 | 279,780 | 321,235 | 55,129 | 0 |
| 41. So. Carolina | SC | L | 1,112,765 | 1,150,918 | 0 | 672,505 | 755,853 | 202,217 | 0 |
| 42. So. Dakota | SD | L | 78,944 | 100,693 | 0 | 25,426 | 27,767 | 4,655 | 0 |
| 43. Tennessee | TN | L | 1,749,265 | 2,173,772 | 0 | 1,433,210 | 1,390,836 | 505,865 | 0 |
| 44. Texas | TX | L | 129,451,251 | 94,042,959 | 0 | 50,897,402 | 58,006,310 | 12,887,709 | 0 |
| 45. Utah | UT | L | 1,271,418 | 1,277,876 | 0 | 358,944 | 409,344 | 166,761 | 0 |
| 46. Vermont | VT | L | 582,817 | 599,183 | 0 | 313,526 | 338,714 | 81,419 | 0 |
| 47. Virginia | VA | L | 2,459,483 | 1,886,988 | 0 | 1,472,796 | 1,540,919 | 407,119 | 0 |
| 48. Washington | WA | L | 1,256,977 | 2,081,356 | 0 | 1,457,193 | 1,395,153 | 503,352 | 0 |
| 49. West Virginia | WV | L | 433,409 | 462,394 | 0 | 183,950 | 150,435 | 126,215 | 0 |
| 50. Wisconsin | WI | L | 3,433,545 | 3,259,920 | 0 | 1,689,141 | 1,904,218 | 470,981 | 0 |
| 51. Wyoming | WY | L | 85,765 | 109,736 | 0 | 45,032 | 48,657 | 23,852 | 0 |
| 52. American Samoa | AS | N | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 53. Guam | GU | N | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 54. Puerto Rico | PR | N | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 55. U.S. Virgin Islands | VI | N | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 56. Northern Mariana Islands | MP | N | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 57. Canada | CAN | N | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58. Aggregate other alien | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. Totals | | (a) 51 | 256,226,929 | 226,160,102 | 0 | 121,812,733 | 132,607,078 | 33,249,572 | 0 |

DETAILS OF WRITE-INS

| | | | | | | | | | |
|---|------|---|---|---|---|---|---|---|---|
| 58001. | XXX. | | | | | | | | |
| 58002. | XXX. | | | | | | | | |
| 58003. | XXX. | | | | | | | | |
| 58998. Sum. of remaining write-ins for Line 58 from overflow page | XXX. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 through 58003 + 58998) (Line 58 above) | XXX. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

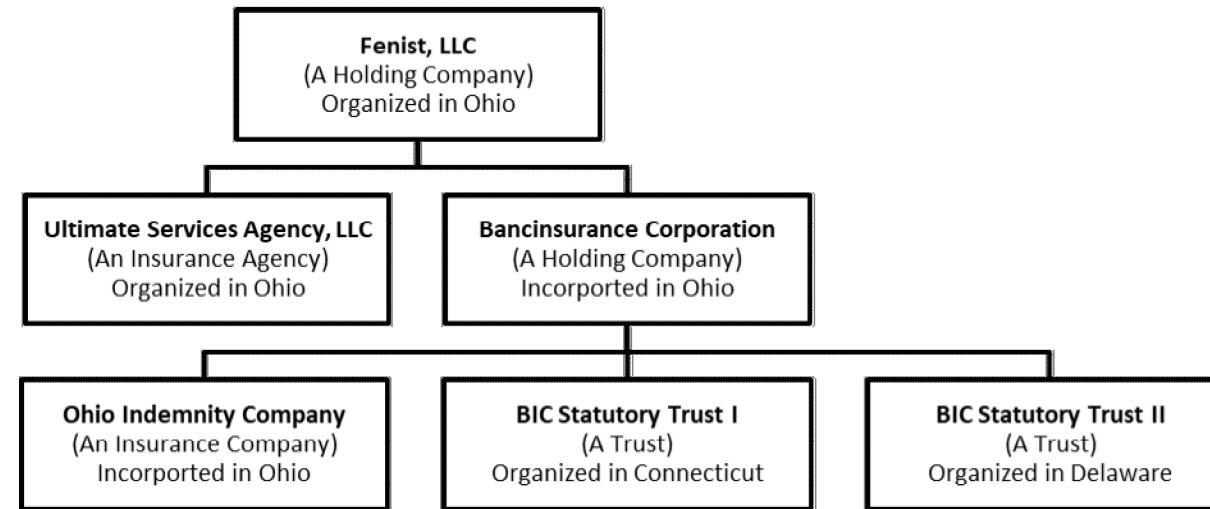
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state (other than their state of domicile - see DSLI); (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.

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

Premiums are allocated to states where risks are identified.

(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



ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

| | |
|---|------|
| Assets | 2 |
| Cash Flow | 5 |
| Exhibit of Capital Gains (Losses) | 12 |
| Exhibit of Net Investment Income | 12 |
| Exhibit of Nonadmitted Assets | 13 |
| Exhibit of Premiums and Losses (State Page) | 19 |
| Five-Year Historical Data | 17 |
| General Interrogatories | 15 |
| Jurat Page | 1 |
| Liabilities, Surplus and Other Funds | 3 |
| Notes To Financial Statements | 14 |
| Overflow Page For Write-Ins | 100 |
| Schedule A – Part 1 | E01 |
| Schedule A – Part 2 | E02 |
| Schedule A – Part 3 | E03 |
| Schedule A – Verification Between Years | SI02 |
| Schedule B – Part 1 | E04 |
| Schedule B – Part 2 | E05 |
| Schedule B – Part 3 | E06 |
| Schedule B – Verification Between Years | SI02 |
| Schedule BA – Part 1 | E07 |
| Schedule BA – Part 2 | E08 |
| Schedule BA – Part 3 | E09 |
| Schedule BA – Verification Between Years | SI03 |
| Schedule D – Part 1 | E10 |
| Schedule D – Part 1A – Section 1 | SI05 |
| Schedule D – Part 1A – Section 2 | SI08 |
| Schedule D – Part 2 – Section 1 | E11 |
| Schedule D – Part 2 – Section 2 | E12 |
| Schedule D – Part 3 | E13 |
| Schedule D – Part 4 | E14 |
| Schedule D – Part 5 | E15 |
| Schedule D – Part 6 – Section 1 | E16 |
| Schedule D – Part 6 – Section 2 | E16 |
| Schedule D – Summary By Country | SI04 |
| Schedule D – Verification Between Years | SI03 |
| Schedule DA – Part 1 | E17 |

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

| | |
|---|------|
| Schedule DA – Verification Between Years | SI10 |
| Schedule DB – Part A – Section 1 | E18 |
| Schedule DB – Part A – Section 2 | E19 |
| Schedule DB – Part A – Verification Between Years | SI11 |
| Schedule DB – Part B – Section 1 | E20 |
| Schedule DB – Part B – Section 2 | E21 |
| Schedule DB – Part B – Verification Between Years | SI11 |
| Schedule DB – Part C – Section 1 | SI12 |
| Schedule DB – Part C – Section 2 | SI13 |
| Schedule DB – Part D – Section 1 | E22 |
| Schedule DB – Part D – Section 2 | E23 |
| Schedule DB – Verification | SI14 |
| Schedule DL – Part 1 | E24 |
| Schedule DL – Part 2 | E25 |
| Schedule E – Part 1 – Cash | E26 |
| Schedule E – Part 2 – Cash Equivalents | E27 |
| Schedule E – Part 3 – Special Deposits | E28 |
| Schedule E – Part 2 - Verification Between Years | SI15 |
| Schedule F – Part 1 | 20 |
| Schedule F – Part 2 | 21 |
| Schedule F – Part 3 | 22 |
| Schedule F – Part 4 | 23 |
| Schedule F – Part 5 | 24 |
| Schedule F – Part 6 – Section 1 | 25 |
| Schedule F – Part 6 – Section 2 | 26 |
| Schedule F – Part 7 | 27 |
| Schedule F – Part 8 | 28 |
| Schedule F – Part 9 | 29 |
| Schedule H – Accident and Health Exhibit – Part 1 | 30 |
| Schedule H – Part 2, Part 3, and Part 4 | 31 |
| Schedule H – Part 5 – Health Claims | 32 |
| Schedule P – Part 1 – Summary | 33 |
| Schedule P – Part 1A – Homeowners/Farmowners | 35 |
| Schedule P – Part 1B – Private Passenger Auto Liability/Medical | 36 |
| Schedule P – Part 1C – Commercial Auto/Truck Liability/Medical | 37 |
| Schedule P – Part 1D – Workers' Compensation (Excluding Excess Workers' Compensation) | 38 |

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

| | |
|--|----|
| Schedule P – Part 1E – Commercial Multiple Peril | 39 |
| Schedule P – Part 1F – Section 1 – Medical Professional Liability – Occurrence | 40 |
| Schedule P – Part 1F – Section 2 – Medical Professional Liability – Claims-Made | 41 |
| Schedule P – Part 1G – Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery) | 42 |
| Schedule P – Part 1H – Section 1 – Other Liability–Occurrence | 43 |
| Schedule P – Part 1H – Section 2 – Other Liability – Claims-Made | 44 |
| Schedule P – Part 1I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) | 45 |
| Schedule P – Part 1J – Auto Physical Damage | 46 |
| Schedule P – Part 1K – Fidelity/Surety | 47 |
| Schedule P – Part 1L – Other (Including Credit, Accident and Health) | 48 |
| Schedule P – Part 1M – International | 49 |
| Schedule P – Part 1N – Reinsurance – Nonproportional Assumed Property | 50 |
| Schedule P – Part 1O – Reinsurance – Nonproportional Assumed Liability | 51 |
| Schedule P – Part 1P – Reinsurance – Nonproportional Assumed Financial Lines | 52 |
| Schedule P – Part 1R – Section 1 – Products Liability – Occurrence | 53 |
| Schedule P – Part 1R – Section 2 – Products Liability – Claims – Made | 54 |
| Schedule P – Part 1S – Financial Guaranty/Mortgage Guaranty | 55 |
| Schedule P – Part 1T – Warranty | 56 |
| Schedule P – Part 2, Part 3 and Part 4 – Summary | 34 |
| Schedule P – Part 2A – Homeowners/Farmowners | 57 |
| Schedule P – Part 2B – Private Passenger Auto Liability/Medical | 57 |
| Schedule P – Part 2C – Commercial Auto/Truck Liability/Medical | 57 |
| Schedule P – Part 2D – Workers' Compensation (Excluding Excess Workers' Compensation) | 57 |
| Schedule P – Part 2E – Commercial Multiple Peril | 57 |
| Schedule P – Part 2F – Section 1 – Medical Professional Liability – Occurrence | 58 |
| Schedule P – Part 2F – Section 2 – Medical Professional Liability – Claims – Made | 58 |
| Schedule P – Part 2G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) | 58 |
| Schedule P – Part 2H – Section 1 – Other Liability – Occurrence | 58 |
| Schedule P – Part 2H – Section 2 – Other Liability – Claims – Made | 58 |
| Schedule P – Part 2I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft) | 59 |
| Schedule P – Part 2J – Auto Physical Damage | 59 |
| Schedule P – Part 2K – Fidelity, Surety | 59 |
| Schedule P – Part 2L – Other (Including Credit, Accident and Health) | 59 |
| Schedule P – Part 2M – International | 59 |
| Schedule P – Part 2N – Reinsurance – Nonproportional Assumed Property | 60 |
| Schedule P – Part 2O – Reinsurance – Nonproportional Assumed Liability | 60 |
| Schedule P – Part 2P – Reinsurance – Nonproportional Assumed Financial Lines | 60 |
| Schedule P – Part 2R – Section 1 – Products Liability – Occurrence | 61 |
| Schedule P – Part 2R – Section 2 – Products Liability – Claims-Made | 61 |
| Schedule P – Part 2S – Financial Guaranty/Mortgage Guaranty | 61 |
| Schedule P – Part 2T – Warranty | 61 |
| Schedule P – Part 3A – Homeowners/Farmowners | 62 |

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

| | |
|--|----|
| Schedule P – Part 3B – Private Passenger Auto Liability/Medical | 62 |
| Schedule P – Part 3C – Commercial Auto/Truck Liability/Medical | 62 |
| Schedule P – Part 3D – Workers’ Compensation (Excluding Excess Workers’ Compensation) | 62 |
| Schedule P – Part 3E – Commercial Multiple Peril | 62 |
| Schedule P – Part 3F – Section 1 – Medical Professional Liability – Occurrence | 63 |
| Schedule P – Part 3F – Section 2 – Medical Professional Liability – Claims-Made | 63 |
| Schedule P – Part 3G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) | 63 |
| Schedule P – Part 3H – Section 1 – Other Liability – Occurrence | 63 |
| Schedule P – Part 3H – Section 2 – Other Liability – Claims-Made | 63 |
| Schedule P – Part 3I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft) | 64 |
| Schedule P – Part 3J – Auto Physical Damage | 64 |
| Schedule P – Part 3K – Fidelity/Surety | 64 |
| Schedule P – Part 3L – Other (Including Credit, Accident and Health) | 64 |
| Schedule P – Part 3M – International | 64 |
| Schedule P – Part 3N – Reinsurance – Nonproportional Assumed Property | 65 |
| Schedule P – Part 3O – Reinsurance – Nonproportional Assumed Liability | 65 |
| Schedule P – Part 3P – Reinsurance – Nonproportional Assumed Financial Lines | 65 |
| Schedule P – Part 3R – Section 1 – Products Liability – Occurrence | 66 |
| Schedule P – Part 3R – Section 2 – Products Liability – Claims-Made | 66 |
| Schedule P – Part 3S – Financial Guaranty/Mortgage Guaranty | 66 |
| Schedule P – Part 3T – Warranty | 66 |
| Schedule P – Part 4A – Homeowners/Farmowners | 67 |
| Schedule P – Part 4B – Private Passenger Auto Liability/Medical | 67 |
| Schedule P – Part 4C – Commercial Auto/Truck Liability/Medical | 67 |
| Schedule P – Part 4D – Workers’ Compensation (Excluding Excess Workers’ Compensation) | 67 |
| Schedule P – Part 4E – Commercial Multiple Peril | 67 |
| Schedule P – Part 4F – Section 1 – Medical Professional Liability – Occurrence | 68 |
| Schedule P – Part 4F – Section 2 – Medical Professional Liability – Claims-Made | 68 |
| Schedule P – Part 4G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) | 68 |
| Schedule P – Part 4H – Section 1 – Other Liability – Occurrence | 68 |
| Schedule P – Part 4H – Section 2 – Other Liability – Claims-Made | 68 |
| Schedule P – Part 4I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft) | 69 |
| Schedule P – Part 4J – Auto Physical Damage | 69 |
| Schedule P – Part 4K – Fidelity/Surety | 69 |
| Schedule P – Part 4L – Other (Including Credit, Accident and Health) | 69 |
| Schedule P – Part 4M – International | 69 |
| Schedule P – Part 4N – Reinsurance – Nonproportional Assumed Property | 70 |
| Schedule P – Part 4O – Reinsurance – Nonproportional Assumed Liability | 70 |
| Schedule P – Part 4P – Reinsurance – Nonproportional Assumed Financial Lines | 70 |
| Schedule P – Part 4R – Section 1 – Products Liability – Occurrence | 71 |
| Schedule P – Part 4R – Section 2 – Products Liability – Claims-Made | 71 |

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

| | |
|--|------|
| Schedule P – Part 4S – Financial Guaranty/Mortgage Guaranty | 71 |
| Schedule P – Part 4T – Warranty | 71 |
| Schedule P – Part 5A – Homeowners/Farmowners | 72 |
| Schedule P – Part 5B – Private Passenger Auto Liability/Medical | 73 |
| Schedule P – Part 5C – Commercial Auto/Truck Liability/Medical | 74 |
| Schedule P – Part 5D – Workers’ Compensation (Excluding Excess Workers’ Compensation) | 75 |
| Schedule P – Part 5E – Commercial Multiple Peril | 76 |
| Schedule P – Part 5F – Medical Professional Liability – Claims-Made | 78 |
| Schedule P – Part 5F – Medical Professional Liability – Occurrence | 77 |
| Schedule P – Part 5H – Other Liability – Claims-Made | 80 |
| Schedule P – Part 5H – Other Liability – Occurrence | 79 |
| Schedule P – Part 5R – Products Liability – Claims-Made | 82 |
| Schedule P – Part 5R – Products Liability – Occurrence | 81 |
| Schedule P – Part 5T – Warranty | 83 |
| Schedule P – Part 6C – Commercial Auto/Truck Liability/Medical | 84 |
| Schedule P – Part 6D – Workers’ Compensation (Excluding Excess Workers’ Compensation) | 84 |
| Schedule P – Part 6E – Commercial Multiple Peril | 85 |
| Schedule P – Part 6H – Other Liability – Claims-Made | 86 |
| Schedule P – Part 6H – Other Liability – Occurrence | 85 |
| Schedule P – Part 6M – International | 86 |
| Schedule P – Part 6N – Reinsurance – Nonproportional Assumed Property | 87 |
| Schedule P – Part 6O – Reinsurance – Nonproportional Assumed Liability | 87 |
| Schedule P – Part 6R – Products Liability – Claims-Made | 88 |
| Schedule P – Part 6R – Products Liability – Occurrence | 88 |
| Schedule P – Part 7A – Primary Loss Sensitive Contracts | 89 |
| Schedule P – Part 7B – Reinsurance Loss Sensitive Contracts | 91 |
| Schedule P Interrogatories | 93 |
| Schedule T – Exhibit of Premiums Written | 94 |
| Schedule T – Part 2 – Interstate Compact | 95 |
| Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group | 96 |
| Schedule Y – Part 1A – Detail of Insurance Holding Company System | 97 |
| Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates | 98 |
| Statement of Income | 4 |
| Summary Investment Schedule | SI01 |
| Supplemental Exhibits and Schedules Interrogatories | 99 |
| Underwriting and Investment Exhibit Part 1 | 6 |
| Underwriting and Investment Exhibit Part 1A | 7 |
| Underwriting and Investment Exhibit Part 1B | 8 |
| Underwriting and Investment Exhibit Part 2 | 9 |
| Underwriting and Investment Exhibit Part 2A | 10 |
| Underwriting and Investment Exhibit Part 3 | 11 |

