

This is being refiled due to the Reinsurance Attestation Supplement not being included in the first filing and the Actuarial Opinion Summary was included instead of the Statement of Actuarial Opinon.



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENTFOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE**Ohio Mutual Insurance Company**NAIC Group Code 0963 0963 NAIC Company Code 10202 Employer's ID Number 34-4320350Organized under the Laws of _____, State of Domicile or Port of Entry _____
Country of Domicile _____ United States of America OH _____Incorporated/Organized 03/05/1901 Commenced Business 03/05/1901Statutory Home Office 1725 Hopley Avenue, Bucyrus, OH, US 44820-0111
(Street and Number) (City or Town, State, Country and Zip Code)Main Administrative Office 1725 Hopley Avenue
(Street and Number) Bucyrus, OH, US 44820-0111 419-562-3011
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Mail Address 1725 Hopley Avenue, Bucyrus, OH, US 44820-0111
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)Primary Location of Books and Records 1725 Hopley Avenue
(Street and Number) Bucyrus, OH, US 44820-0111 419-562-3011
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Internet Website Address www.omig.comStatutory Statement Contact Charles Elmer Easum Mr., 419-563-0810
(Name) ceasum@omig.com, 877-753-0580
(E-mail Address) (Area Code) (Telephone Number) (FAX Number)**OFFICERS**President Mark Clarence Russell, Mr. Secretary David Anthony Siebenburgen, Mr.
Treasurer David Gary Hendrix, Mr.**OTHER**Todd Emery Albert, Mr., Vice President Information Systems Howard Lowell Barber, Mr., Vice President Sales Michael Alexander Brogan, Mr., Vice President Claims
Chad Philip Combs, Mr., Vice President Personal Lines Underwriting John Richard DeLucia, Mr. #, Vice President Claims Operations David Alan Grove, Mr., Vice President Product Management
Gary Thomas Johnson, Mr., Vice President Commercial Lines Underwriting Susan Elizabeth Kent, Mrs., Vice President Business Analytics Marcella Sloane Smith, Mrs., Vice President Human Resources**DIRECTORS OR TRUSTEES**Karen Riley Haefling, Mrs. # Albert Michael Heister, Mr. Susan Porter, Mrs.
John Redon Purse, Mr. Mark Clarence Russell, Mr. David Anthony Siebenburgen, Mr.
Randy Lee Walker, Mr. Thomas Eugene Woolley, Mr.State of Ohio SS: _____
County of Crawford

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

Mark Clarence Russell
President and CEODavid Gary Hendrix
Treasurer and CFOMichael Alexander Brogan
Assistant SecretarySubscribed and sworn to before me this
day of _____

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

Yes [] No []



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2017

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2017

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2017

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2017

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2017

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2017

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
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15.1 Collectively renewable accident and health (b)												
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15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
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16. Workers' compensation												
17.1 Other Liability - occurrence												
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23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2017

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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27. Boiler and machinery												
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DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2017

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
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15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
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19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2017						NAIC Company Code	10202
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	2,770,250	2,833,557		1,531,838	909,894	928,834	108,815	23,964	33,292	13,832	391,361	30,723
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril	3,130,943	2,682,252		1,406,885	648,782	1,450,056	954,402	10,223	16,396	11,250	589,378	34,724
4. Homeowners multiple peril	15,313,565	14,124,411		8,139,483	6,063,161	6,007,082	1,724,856	132,960	131,867	68,566	2,609,683	169,835
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	16,099	16,400		7,475	1,190	1,190					2,274	179
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	252,521	257,059		125,497	69,395	(2,234)	65,927	3,207	277	4,959	35,655	2,801
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	23,945,812	22,773,655		10,000,251	13,843,823	13,212,884	15,763,103	539,563	209,832	1,588,285	3,327,458	265,571
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	21,347,994	20,079,373		8,963,679	11,065,608	11,256,308	1,331,822	77,027	77,065	.24,878	3,014,983	236,760
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	87,909	91,223		43,488	4,380	4,248	5,620	.4	.4		12,475	975
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	66,865,093	62,857,930		30,218,595	32,606,233	32,858,369	19,954,545	786,948	468,734	1,711,770	9,983,267	741,568
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 225,825

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2017

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2017

NAIC Company Code 10202

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

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

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

and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2017

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2017

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2017

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
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2.4. Private crop												
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3. Farmowners multiple peril												
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5.1 Commercial multiple peril (non-liability portion)												
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12. Earthquake												
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15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
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16. Workers' compensation												
17.1 Other Liability - occurrence												
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17.3 Excess workers' compensation												
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28. Credit												
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35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2017

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
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3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2017

NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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2.4. Private crop												
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5.2 Commercial multiple peril (liability portion)												
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8. Ocean marine												
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10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
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15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
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15.7 All other accident and health (b)												
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21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	87,909	91,223		43,488	4,380	4,248	5,620	.4	.4		12,475	975
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	66,865,093	62,857,930		30,218,595	32,606,233	32,858,369	19,954,545	786,948	468,734	1,711,770	9,983,267	741,568
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 225,825

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8	9	10	11	12	13	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
34-1008736	13072	UNITED OHIO INSURANCE COMPANY	OH	147,380		37,208	37,208			69,394				
01-0407315	25950	CASCO INDEMNITY COMPANY	ME	8,708		2,585	2,585			4,788				
		0199999. Affiliates - U.S. Intercompany Pooling		156,088		39,793	39,793			74,182				
		0499999. Total - U.S. Non-Pool												
		0799999. Total - Other (Non-U.S.)												
		0899999. Total - Affiliates		156,088		39,793	39,793			74,182				
		0999998. Other U.S. Unaffiliated Insurers Reinsurance for which the total of Column 8 is less than \$100,000												
		0999999. Total Other U.S. Unaffiliated Insurers												
		1099998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Mandatory Pools												
		1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools												
AA-9995035	00000	MUTUAL RE INSURANCE BUREAU	IL	.45										
		1199998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Voluntary Pools												
		1199999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools		45										
		1299999. Total - Pools and Associations		45										
		1399998. Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000												
		1399999. Total Other Non-U.S. Insurers												
		9999999 Totals		156,133		39,793	39,793			74,182				

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commiss- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
.34-1008736	13072	UNITED OHIO INSURANCE COMPANY	OH		143,583			34,245		19,338		67,686		121,269			121,269		
.01-0407315	.25950	CASCO INDEMNITY COMPANY	ME		17,672			4,215		2,380		8,331		14,926			14,926		
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling					161,255		38,460		21,718		76,017		136,195			136,195		
0499999.	Total Authorized - Affiliates - U.S. Non-Pool																		
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)																		
0899999.	Total Authorized - Affiliates					161,255		38,460		21,718		76,017		136,195			136,195		
.95-4387273	19489	ALLIED WORLD ASSURANCE COMPANY	DE		136													(1)	
.36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN		21												3		
.06-1430254	10348	ARCH REINSURANCE COMPANY	DE																
.47-0574325	32603	BERKLEY INSURANCE COMPANY	DE		16												3		
.42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		17												3		
.22-2005057	26921	EVEREST REINSURANCE COMPANY	DE		31												3		
.05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		144		9										.70		
.42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		10												1		
.13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		408		12										1,341	170	
.06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT														5		
.31-4259550	14621	MOTORIST MUTUAL INSURANCE COMPANY	OH																
.13-4924125	10227	MUNICH REINSURANCE AMERICA, INC	DE																
.47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		50												(1)		
.52-1952955	10357	RENAISSANCE REINSURANCE US INC	MD																
.35-6021485	12416	PROTECTIVE INSURANCE COMPANY	IN		31														
.23-1641984	10219	QBE REINSURANCE CORPORATION	PA																
.43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		59												(1)		
.13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY		53												3		
.13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		18												3		
.13-5616275	19453	TRANSATLANTIC REINSURANCE COMPANY	NY																
.13-1290712	.20583	XL REINSURANCE AMERICA	NY																
0999998.	Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers					994		21		36		1,150		264		1,471	42	1,429	170
.23-7024436	.32573	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH					5									1	2	
1099999.	Total Authorized - Pools - Mandatory Pools																		
AA-9995035	.00000	MUTUAL REINSURANCE BUREAU	IL			132												(2)	
1199999.	Total Authorized - Pools - Voluntary Pools																2	(2)	
AA-1126033	.00000	LLOYD'S SYNDICATE #0033	GBR			13													
AA-1126435	.00000	LLOYD'S SYNDICATE #0435	GBR			47												(1)	
AA-1126623	.00000	LLOYD'S SYNDICATE #0623	GBR			7													
AA-1126780	.00000	LLOYD'S SYNDICATE #0780	GBR																
AA-1126958	.00000	LLOYD'S SYNDICATE #0958	GBR																
AA-1120085	.00000	LLOYD'S SYNDICATE #1274	GBR																
AA-1127414	.00000	LLOYD'S SYNDICATE #1414	GBR																
AA-1120157	.00000	LLOYD'S SYNDICATE #1729	GBR			6													
AA-1128001	.00000	LLOYD'S SYNDICATE #2001	GBR			52											2		
AA-1128003	.00000	LLOYD'S SYNDICATE #2003	GBR			142											(1)		
AA-1120071	.00000	LLOYD'S SYNDICATE #2007	GBR			21											3		
AA-1128010	.00000	LLOYD'S SYNDICATE #2010	GBR			103											6		
AA-1120158	.00000	LLOYD'S SYNDICATE #2014	GBR			27													
AA-1128623	.00000	LLOYD'S SYNDICATE #2623	GBR			32													
AA-1128791	.00000	LLOYD'S SYNDICATE #2791	GBR			78											2		
AA-1128987	.00000	LLOYD'S SYNDICATE #2987	GBR																
AA-1120086	.00000	LLOYD'S SYNDICATE #4141	GBR																
AA-1126004	.00000	LLOYD'S SYNDICATE #4444	GBR																
AA-1120181	.00000	LLOYD'S SYNDICATE #5886	GBR			22												(22)	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
1299998.	Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																		
1299999.	Total Authorized - Other Non-U.S. Insurers				550												11	(11)	
1399999.	Total Authorized				162,936	21		38,496		22,868		76,284		137,669	56		137,613	170	
1499999.	Total Unauthorized - Affiliates - U.S. Intercompany Pooling																		
1799999.	Total Unauthorized - Affiliates - U.S. Non-Pool																		
2099999.	Total Unauthorized - Affiliates - Other (Non-U.S.)																		
2199999.	Total Unauthorized - Affiliates																		
2299998.	Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
2299999.	Total Unauthorized - Other U.S. Unaffiliated Insurers																		
AA-3194139	00000	AXIS SPECIALTY LIMITED	BMU																
AA-3194161	00000	CATLIN INSURANCE COMPANY LTD	BMU		.99													(1)	
AA-3194122	00000	DAVINCI REINSURANCE LTD	BMU		.50													(1)	
AA-1340125	00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		.8													1	
AA-3190875	00000	HISCOX INSURANCE COMPANY	BMU		.46													(1)	
AA-1840000	00000	MAPFRE RE COMPANIA DE REASEGUROS, S.A.	ESP																
AA-1460019	00000	MS AMLIN AG	CHE		.6													6	
AA-3190339	00000	RENAISSANCE REINSURANCE, LTD	BMU		.74													(1)	
AA-1340192	00000	R&V VERSICHERUNG AG	DEU		137													(1)	
AA-1440076	00000	SIRIUS INTERNATIONAL CORPORATION	SWE																
2599998.	Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																		
2599999.	Total Unauthorized - Other Non-U.S. Insurers				420										1	1	(1)	2	
2699999.	Total Unauthorized				420										1	1	(1)	2	
2799999.	Total Certified - Affiliates - U.S. Intercompany Pooling																		
3099999.	Total Certified - Affiliates - U.S. Non-Pool																		
3399999.	Total Certified - Affiliates - Other (Non-U.S.)																		
3499999.	Total Certified - Affiliates																		
3599998.	Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
3599999.	Total Certified - Other U.S. Unaffiliated Insurers																		
3899998.	Total Certified - Other Non-U.S. Insurers (Under \$100,000)																		
3899999.	Total Certified - Other Non-U.S. Insurers																		
3999999.	Total Certified																		
4099999.	Total Authorized, Unauthorized and Certified				163,356	21		38,496		22,868		76,285		137,670	55		137,615	170	
4199999.	Total Protected Cells																		
9999999.	Totals				163,356	21		38,496		22,868		76,285		137,670	55		137,615	170	

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

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

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1. FACTORY MUTUAL INSURANCE COMPANY	35.000	144,370
2.		
3.		
4.		
5.		

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1. GENERAL REINSURANCE CORPORATION	1,369,675	408,084	Yes [] No [X]
2. FACTORY MUTUAL INSURANCE COMPANY	78,391	144,370	Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										18 Net Amount Recoverable From Reinsurers	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers	
3.	HARTFORD STEAM BOILER INSPECTION & INS				5,053	(265)	Yes [] No [X]										
4.	SWISS REINSURANCE AMERICA CORPORATION				3,776	53,243	Yes [] No [X]										
5.	AMERICAN AGRICULTURAL INSURANCE COMPANY				3,492	20,674	Yes [] No [X]										

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 4

Aging of Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11	
				5 Current	Overdue								
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9				
0499999. Total Authorized - Affiliates - U.S. Non-Pool													
0799999. Total Authorized - Affiliates - Other (Non-U.S.)													
0899999. Total Authorized - Affiliates													
.05-0316605 .. 21482 | FACTORY MUTUAL INSURANCE COMPANY	RI ..		9 ..								9 ..		
.13-2673100 .. 22039 | GENERAL REINSURANCE CORPORATION	DE ..		12 ..								12 ..		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					21 ..							21 ..	
1399999. Total Authorized					21 ..							21 ..	
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool													
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)													
2199999. Total Unauthorized - Affiliates													
2699999. Total Unauthorized													
3099999. Total Certified - Affiliates - U.S. Non-Pool													
3399999. Total Certified - Affiliates - Other (Non-U.S.)													
3499999. Total Certified - Affiliates													
3999999. Total Certified													
4099999. Total Authorized, Unauthorized and Certified					21 ..							21 ..	
4199999. Total Protected Cells													
9999999 Totals					21 ..							21 ..	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domi- ciliary Juris- diction	5 Special Code	6 Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	7 Funds Held By Company Under Reinsurance Treaties	8 Letters of Credit	9 Issuing or Confirming Bank Reference Number (a)	10 Ceded Balances Payable	11 Miscellaneous Balances Payable	12 Trust Funds and Other Allowed Offset Items	13 Total Collateral and Offsets Allowed (Cols. 7+8+10+11 +12 but not in Excess of Col. 6)	14 Provision for Unauthorized Reinsurance (Col. 6 Minus Col. 13)	15 Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	16 20% of Amount in Dispute Included in Column 15	17 20% of Amount in Dispute Included in Column 6	18 Provision for Overdue Reinsurance (Col. 16 plus Col. 17)	19 Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6)
		0499999. Total - U.S. Non-Pool						XXX										
		0799999. Total - Other (Non-U.S.)						XXX										
		0899999. Total - Affiliates						XXX										
AA-3194139	..00000	AXIS SPECIALTY LIMITED	BMU															
AA-3194161	..00000	CATLIN INSURANCE COMPANY LTD	BMU							.1			(1)					
AA-3194122	..00000	DAVINCI REINSURANCE LTD	BMU							.1			(1)					
AA-1340125	..00000	HANNOVER RUCKVERSICHERUNGS AG	DEU			1							1					
AA-3190875	..00000	HISCOX INSURANCE COMPANY	BMU							.1			(1)					
AA-1840000	..00000	MAPPRE RE COMPAÑIA DE REASEGUROS, S.A.	ESP															
AA-1460019	..00000	MS Amlin AG	CHE							(6)			.6					
AA-3190339	..00000	RENAISSANCE REINSURANCE, LTD	BMU							.1			(1)					
AA-1340192	..00000	R&V VERSICHERUNG AG	DEU							.1			(1)					
AA-1440076	..00000	SIRIUS INTERNATIONAL CORPORATION	SWE															
1299999. Total Other Non-U.S. Insurers					1			XXX		(1)			2	1				
1399999. Total Affiliates and Others					1			XXX		(1)			2	1				
1499999. Total Protected Cells								XXX										
9999999 Totals					1			XXX		(1)			2	1				

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

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
				None	

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

N O N E

Schedule F - Part 6 - Section 1 - Bank Footnote

N O N E

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

N O N E

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 8

Provision for Overdue Reinsurance as of December 31, Current Year

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Reinsurance Recoverable All Items	5 Funds Held By Company Under Reinsurance Treaties	6 Letters of Credit	7 Ceded Balances Payable	8 Other Miscellaneous Balances	9 Other Allowed Offset Items	10 Sum of Cols. 5 through 9 but not in excess of Col. 4	11 Col. 4 minus Col. 10	12 Greater of Col. 11 or Schedule F - Part 4 Cols. 8 + 9
AA-1340192	00000	R&V VERSICHERUNG AG	265			1,160			265		
.....
.....
.....
.....
.....
.....
.....
99999999 Totals			265			1,160			265		
1. Total											
2. Line 1 x .20											
3. Schedule F - Part 7 Col. 11											
4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)											
5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F - Part 5 Col. 19 x1000)											
6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F- Part 6, Section 1, Col. 21 x 1000)											
7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F - Part 6, Section 2, Col 15 x 1000)											
8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)											

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	279,678,118		279,678,118
2. Premiums and considerations (Line 15)	14,868,950		14,868,950
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	21,283	(21,283)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	1,703,857		1,703,857
6. Net amount recoverable from reinsurers		137,443,326	137,443,326
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	296,272,208	137,422,043	433,694,251
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	27,781,270	61,364,287	89,145,557
10. Taxes, expenses, and other obligations (Lines 4 through 8)	3,822,229		3,822,229
11. Unearned premiums (Line 9)	28,115,740	76,282,082	104,397,822
12. Advance premiums (Line 10)	386,813		386,813
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	55,313	(54,111)	1,202
15. Funds held by company under reinsurance treaties (Line 13)	170,215	(170,215)	
16. Amounts withheld or retained by company for account of others (Line 14)			
17. Provision for reinsurance (Line 16)			
18. Other liabilities	942,068		942,068
19. Total liabilities excluding protected cell business (Line 26)	61,273,648	137,422,043	198,695,691
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	234,998,560	XXX	234,998,560
22. Totals (Line 38)	296,272,208	137,422,043	433,694,251

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

Yes [] No []

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written .....		.815	XXX		XXX		XXX		XXX		.815	XXX		XXX		XXX		XXX
2. Premiums earned		848	XXX		XXX		XXX		XXX		848	XXX		XXX		XXX		XXX
3. Incurred claims		(174)	(20.5)								(174)	(20.5)						
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)		(174)	(20.5)								(174)	(20.5)						
6. Increase in contract reserves																		
7. Commissions (a) .....		.139	16.4								.139	16.4						
8. Other general insurance expenses .....		.126	14.9								.126	14.9						
9. Taxes, licenses and fees																		
10. Total other expenses incurred .....		.265	31.3								.265	31.3						
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds .....		.757	.89.3								.757	.89.3						
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds .....		.757	.89.3								.757	.89.3						
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	439					439			
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	439					439			
5. Total premium reserves, prior year	472					472			
6. Increase in total premium reserves	(33)					(33)			
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year									
2. Total prior year	270					270			
3. Increase	(270)					(270)			

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year	96					96			
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year									
3. Test:									
3.1 Line 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year	270					270			
3.3 Line 3.1 minus Line 3.2	(270)					(270)			

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	3,018						3,018		
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	2,203						2,203		
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			(174)	(174)
2. Beginning claim reserves and liabilities			270	270
3. Ending claim reserves and liabilities				
4. Claims paid			96	96
B. Assumed Reinsurance:				
5. Incurred Claims.....				
6. Beginning claim reserves and liabilities				
7. Ending claim reserves and liabilities				
8. Claims paid				
C. Ceded Reinsurance:				
9. Incurred Claims.....				
10. Beginning claim reserves and liabilities				
11. Ending claim reserves and liabilities				
12. Claims paid				
D. Net:				
13. Incurred Claims.....			(174)	(174)
14. Beginning claim reserves and liabilities			270	270
15. Ending claim reserves and liabilities				
16. Claims paid			96	96
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses				
18. Beginning reserves and liabilities				
19. Ending reserves and liabilities				
20. Paid claims and cost containment expenses				

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2008	10,788	.765	10,023	9,065	2,943	269	125	.643			53	6,909	
3. 2009	11,216	1,004	10,212	7,467	1,685	.149	.14	.630			.120	6,547	
4. 2010	11,733	.713	11,020	6,049	.92	.167		.591			.73	6,715	
5. 2011	12,368	.998	11,370	10,733	2,153	.248	.76	.907			.49	9,659	
6. 2012	13,221	1,667	11,554	13,615	6,616	.558	.313	.1,137			.58	8,381	
7. 2013	14,164	1,243	12,921	8,383	.348	.147	.1	.964			.124	9,145	
8. 2014	15,125	1,489	13,636	6,158	.40	.111		.741			.174	6,970	
9. 2015	15,575	1,334	14,241	5,359	.48	.134		.592			.108	6,037	
10. 2016	15,883	1,362	14,521	5,642	.281	.116	.1	.675			.120	6,151	
11. 2017	16,326	1,372	14,954	6,409	.394	.123	.3	.672			.37	6,807	
12. Totals	XXX	XXX	XXX	78,880	14,600	2,022	533	7,552			916	73,321	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded						
1. Prior.																
2. 2008	14			7				1				22	1			
3. 2009																
4. 2010	4			2								6	1			
5. 2011	.1			1								2				
6. 2012	.53			27				4				84	3			
7. 2013	.9			4				1				14	2			
8. 2014	12			3				3				18	2			
9. 2015	.95	2	57	17			22		2			157	4			
10. 2016	213	1	165	31			39		19			404	11			
11. 2017	1,619	203	695	71			133		178			2,351	88			
12. Totals	2,020	206	961	119			203		199			3,058	112			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008	9,999	3,068	6,931	92.7	.401.0	.69.2			27.0	21	1
3. 2009	8,246	1,699	6,547	73.5	.169.2	.64.1			27.0		
4. 2010	6,813	.92	6,721	58.1	.12.9	.61.0			27.0	.6	
5. 2011	11,890	2,229	9,661	96.1	.223.3	.85.0			27.0	2	
6. 2012	15,394	6,929	8,465	116.4	.415.7	.73.3			27.0	80	4
7. 2013	9,508	349	9,159	67.1	.28.1	.70.9			27.0	13	1
8. 2014	7,028	.40	6,988	46.5	.2.7	.51.2			27.0	15	3
9. 2015	6,261	.67	6,194	40.2	.5.0	.43.5			27.0	133	24
10. 2016	6,869	314	6,555	43.2	.23.1	.45.1			27.0	.346	58
11. 2017	9,829	671	9,158	60.2	.48.9	.61.2			27.0	2,040	311
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,656	402

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(5)						5	(5)	XXX	
2. 2008	12,674	.775	11,899	7,796	631	416	.13	.668	.22	340	8,214	1,820	
3. 2009	13,174	.832	12,342	8,523	802	435	.27	.741	.26	.337	8,844	2,070	
4. 2010	13,406	.523	12,883	8,674	593	515	.52	.770	.12	.407	9,302	2,490	
5. 2011	12,499	.159	12,340	7,157	28	451		.555		.295	8,135	1,364	
6. 2012	11,219	.104	11,115	7,039	.197	405	.12	.516		.331	7,751	1,043	
7. 2013	10,707	.76	10,631	6,348	.18	242		.497		.203	7,069	1,022	
8. 2014	11,135	.54	11,081	7,040		234		.596		.227	7,870	986	
9. 2015	11,569	.64	11,505	6,797	.20	.178		.816		.283	7,771	960	
10. 2016	12,347	.65	12,282	6,137	.1	.71		.792		.156	6,999	964	
11. 2017	13,670	.86	13,584	3,896	3	33		.619		.71	4,545	990	
12. Totals	XXX	XXX	XXX	69,402	2,293	2,980	104	6,570	60	2,655	76,495	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded						
1. Prior.																
2. 2008	.1		1									2				
3. 2009	2	1										1				
4. 2010	7	1										7				
5. 2011	.27		5									37	1			
6. 2012	.40		23	4								79	2			
7. 2013	.178		88	2								294	5			
8. 2014	330		151	.36								.516	13			
9. 2015	808	25	.196	.76								1,111	32			
10. 2016	1,716	.5	887	160								2,867	95			
11. 2017	3,298	12	2,506	279								6,390	352			
12. Totals	6,407	44	3,857	557								11,304	500			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008	8,882	666	8,216	70.1	85.9	.69.0			27.0	2	
3. 2009	9,701	856	8,845	73.6	102.9	.71.7			27.0	1	
4. 2010	9,967	658	9,309	74.3	125.8	.72.3			27.0	.6	1
5. 2011	8,200	28	8,172	.65.6	17.6	.66.2			27.0	32	.5
6. 2012	8,043	213	7,830	.71.7	204.8	.70.4			27.0	.59	.20
7. 2013	7,383	20	7,363	.69.0	26.3	.69.3			27.0	.264	.30
8. 2014	8,422	.36	8,386	.75.6	66.7	.75.7			27.0	.445	.71
9. 2015	9,003	121	8,882	.77.8	189.1	.77.2			27.0	.903	.208
10. 2016	10,032	166	9,866	.81.3	255.4	.80.3			27.0	2,438	.429
11. 2017	11,229	294	10,935	.82.1	341.9	.80.5			27.0	5,513	.877
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	9,663	1,641

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2008	1,992	158	1,834	484	3	78		.45			4	604	
3. 2009	2,438	252	2,186	846	24	70	2	.83			107	973	
4. 2010	2,655	216	2,439	1,556	143	110	2	136			13	1,657	
5. 2011	2,919	184	2,735	954		124		118			18	1,196	
6. 2012	3,310	196	3,114	1,652	130	125	8	172			18	1,811	
7. 2013	3,781	206	3,575	1,985	144	211	6	230			26	2,276	
8. 2014	4,295	229	4,066	3,037	252	243	11	319			18	3,336	
9. 2015	4,420	256	4,164	1,834	144	73	2	216			20	1,977	
10. 2016	4,586	293	4,293	1,431	27	43		204			10	1,651	
11. 2017	4,779	352	4,427	818		14		188			11	1,020	
12. Totals	XXX	XXX	XXX	14,597	867	1,091	31	1,711			245	16,501	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2008													
3. 2009													
4. 2010													
5. 2011													7
6. 2012	.41		19					12		5		.77	1
7. 2013	105		32	1				40		25		201	2
8. 2014	433	88	153	3				102		29		626	7
9. 2015	890	274	373	131				97		23		.978	13
10. 2016	548		515	114				196		55		1,200	20
11. 2017	844	1	1,055	161				224		201		2,162	57
12. Totals	2,861	363	2,147	410				677		339		5,251	100

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008	607	3	.604	30.5	1.9	.32.9				27.0	
3. 2009	.999	26	.973	41.0	10.3	.44.5				27.0	
4. 2010	1,802	145	1,657	67.9	67.1	.67.9				27.0	
5. 2011	1,203		1,203	.41.2		.44.0				27.0	.7
6. 2012	2,026	138	1,888	.61.2	70.4	.60.6				27.0	60
7. 2013	2,628	151	2,477	.69.5	73.3	.69.3				27.0	.136
8. 2014	4,316	354	3,962	100.5	.154.6	.97.4				27.0	.495
9. 2015	3,506	551	2,955	.79.3	.215.2	.71.0				27.0	.858
10. 2016	2,992	141	2,851	.65.2	48.1	.66.4				27.0	.949
11. 2017	3,344	162	3,182	70.0	46.0	71.9				27.0	1,737
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4,235	1,016

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2008													
3. 2009													
4. 2010													
5. 2011													
6. 2012													
7. 2013													
8. 2014													
9. 2015													
10. 2016													
11. 2017													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2008																
3. 2009																
4. 2010																
5. 2011																
6. 2012																
7. 2013																
8. 2014																
9. 2015																
10. 2016																
11. 2017																
12. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008											
3. 2009											
4. 2010											
5. 2011											
6. 2012											
7. 2013											
8. 2014											
9. 2015											
10. 2016											
11. 2017											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	17		16		1			1	34	
2. 2008	3,245	352	2,893	1,805	502	173	18	118			.8	1,576	
3. 2009	3,637	491	3,146	1,765	287	202	4	157			19	1,833	
4. 2010	3,962	514	3,448	2,002	75	302	2	189			19	2,416	
5. 2011	4,298	553	3,745	3,043	721	287	24	297			51	2,882	
6. 2012	4,812	637	4,175	2,675	670	206	27	306			39	2,490	
7. 2013	5,720	713	5,007	3,646	662	466	31	412			33	3,831	
8. 2014	6,675	863	5,812	2,935	222	403	11	383			31	3,488	
9. 2015	6,939	863	6,076	1,888	51	309	5	249			47	2,390	
10. 2016	7,318	898	6,420	2,380	144	135		308			26	2,679	
11. 2017	7,563	915	6,648	1,590	33	77		224			36	1,858	
12. Totals	XXX	XXX	XXX	23,746	3,367	2,576	122	2,644			310	25,477	
												XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2008													
3. 2009													
4. 2010	12		6				1		2			21	1
5. 2011			41	11			22		2			54	
6. 2012	.26		26	1			23					74	1
7. 2013	92		23	12			87		4			194	5
8. 2014	321	1	135	107			170		13			.531	14
9. 2015	790	97	220	149			410		8			1,182	26
10. 2016	351	.5	350	63			366		41			1,040	28
11. 2017	853	153	899	182			566		196			2,179	48
12. Totals	2,445	256	1,700	525			1,645		266			5,275	123

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008	2,096	520	1,576	.64.6	147.7	54.5				27.0	
3. 2009	2,124	291	1,833	.58.4	59.3	58.3				27.0	
4. 2010	2,514	.77	2,437	.63.5	15.0	70.7				27.0	18
5. 2011	3,692	756	2,936	.85.9	136.7	78.4				27.0	30
6. 2012	3,262	698	2,564	.67.8	109.6	61.4				27.0	51
7. 2013	4,730	705	4,025	.82.7	98.9	80.4				27.0	103
8. 2014	4,360	341	4,019	.65.3	39.5	.69.2				27.0	348
9. 2015	3,874	302	3,572	.55.8	35.0	.58.8				27.0	.764
10. 2016	3,931	212	3,719	.53.7	23.6	.57.9				27.0	.633
11. 2017	4,405	368	4,037	.58.2	40.2	.60.7				27.0	1,417
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3,364	1,911

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	25				3				28	
2. 2008	1,605	556	1,049	356		81		35				472	
3. 2009	1,567	569	998	491	243	38		34		1		320	
4. 2010	1,528	594	934	375	180	56	2	47		4		296	
5. 2011	1,626	660	966	363	55	77	13	37		2		409	
6. 2012	1,765	761	1,004	172		22		27		2		221	
7. 2013	1,888	823	1,065	810	466	88		81		1		513	
8. 2014	1,952	893	1,059	826	622	47	8	110		1		353	
9. 2015	1,987	890	1,097	414	243	20		36		1		227	
10. 2016	1,849	901	948	93		11		21				125	
11. 2017	1,689	935	754	170	123	2		43				92	
12. Totals	XXX	XXX	XXX	4,095	1,932	442	23	474		12	3,056	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.	4												4
2. 2008													
3. 2009													
4. 2010													
5. 2011													
6. 2012	.52		34	4			18						100
7. 2013	271	123	135	49			68		14				316
8. 2014	59		109	87			12		3				96
9. 2015	7		102	56			12		12				77
10. 2016	405	243	264	130			106		11				413
11. 2017	139	5	777	581			96		51				477
12. Totals	937	371	1,421	907			312		91				1,483
													19

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		4
2. 2008	.472			.472	.29.4		.45.0				27.0
3. 2009	.563	243	.320	.35.9	42.7	.32.1					27.0
4. 2010	.478	182	.296	.31.3	30.6	.31.7					27.0
5. 2011	.477	.68	.409	.29.3	10.3	.42.3					27.0
6. 2012	.325	4	.321	.18.4	.0.5	.32.0					27.0
7. 2013	1,467	638	.829	.77.7	77.5	.77.8					234
8. 2014	1,166	717	.449	.59.7	80.3	.42.4					81
9. 2015	.603	299	.304	.30.3	33.6	.27.7					53
10. 2016	.911	373	.538	.49.3	41.4	.56.8					296
11. 2017	1,278	709	.569	.75.7	75.8	.75.5					330
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		403

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2008													
3. 2009													
4. 2010													
5. 2011													
6. 2012													
7. 2013													
8. 2014													
9. 2015													
10. 2016													
11. 2017													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2008													
3. 2009													
4. 2010													
5. 2011													
6. 2012													
7. 2013													
8. 2014													
9. 2015													
10. 2016													
11. 2017													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008											
3. 2009											
4. 2010											
5. 2011											
6. 2012											
7. 2013											
8. 2014											
9. 2015											
10. 2016											
11. 2017											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)**
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(15)		2		(1)		18	(14)	XXX	
2. 2016	5,686	355	5,331	1,734		50		197		33	1,981	XXX	
3. 2017	5,570	330	5,240	1,649		51		179		21	1,879	XXX	
4. Totals	XXX	XXX	XXX	3,368		103		375		72	3,846	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior			3										3			
2. 2016	29		18	2				3		3			51			
3. 2017	277		128	52				33		25			411			
4. Totals	306		149	54				36		28			465			
													19			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3	
2. 2016	2,034	2	2,032	35.8	0.6	38.1			27.0	45	6
3. 2017	2,342	52	2,290	42.0	15.8	43.7			27.0	353	58
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	401	64

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(74)	11	6		(4)		90	(83)	XXX	
2. 2016	11,180	240	10,940	6,923		74		887		1,067	7,884	1	
3. 2017	12,340	240	12,100	7,071		65		817		676	7,953	133	
4. Totals	XXX	XXX	XXX	13,920	11	145		1,700		1,833	15,754	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	3	4	8	1			3				9	1				
2. 2016	1		14	2			3		4		20	1				
3. 2017	485		382	28			19		57		915	133				
4. Totals	489	4	404	31			25		61		944	135				

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
2. 2016	7,906	2	7,904	70.7	0.8	72.2			27.0	13	7
3. 2017	8,896	28	8,868	72.1	11.7	73.3			27.0	839	76
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	858	86

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2016												XXX	
3. 2017												XXX	
4. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2016																
3. 2017																
4. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX					
2. 2016											
3. 2017											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX					1				1	
2. 2016		1		1								XXX	
3. 2017		1		1								XXX	
4. Totals	XXX	XXX	XXX					1				1 XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2016																
3. 2017																
4. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2016									27.0		
3. 2017									27.0		
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2008	83	9	74	2		2		2			6	.4	
3. 2009	73	2	71	.8		9		2			19	19	
4. 2010	60	1	59	3		3					.6	48	
5. 2011	51		51	8		4		2			14	3	
6. 2012	49		49	.6				1			.7	1	
7. 2013	52		52	.8		5		2			15	2	
8. 2014	57		57	1		3					.4	2	
9. 2015	57		57									.1	
10. 2016	52		52	1		1					.2	1	
11. 2017	54		54										
12. Totals	XXX	XXX	XXX	37		27		9			73	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2008													
3. 2009													
4. 2010													
5. 2011													
6. 2012													
7. 2013													
8. 2014													
9. 2015													
10. 2016													
11. 2017													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008	6		6	7.2		8.1			27.0		
3. 2009	19		19	26.0		26.8			27.0		
4. 2010	6		6	10.0		10.2			27.0		
5. 2011	14		14	27.5		27.5			27.0		
6. 2012	7		7	14.3		14.3			27.0		
7. 2013	15		15	28.8		28.8			27.0		
8. 2014	4		4	7.0		7.0			27.0		
9. 2015									27.0		
10. 2016	2		2	3.8		3.8			27.0		
11. 2017									27.0		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

N O N E

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

N O N E

Schedule P - Part 1T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 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	1,415	637	457	420	412	407	405	405	405	405		
2. 2008	7,153	6,464	6,312	6,284	6,266	6,269	6,276	6,276	6,288	6,288		12
3. 2009	XXX	6,460	5,994	5,994	6,032	5,925	5,921	5,921	5,921	5,917	(4)	(4)
4. 2010	XXX	XXX	6,790	6,323	6,192	6,160	6,128	6,124	6,124	6,130	6	6
5. 2011	XXX	XXX	XXX	9,451	8,998	8,940	8,759	8,759	8,755	8,754	(1)	(5)
6. 2012	XXX	XXX	XXX	XXX	7,589	7,372	7,334	7,359	7,332	7,328	(4)	(31)
7. 2013	XXX	XXX	XXX	XXX	XXX	8,793	8,316	8,198	8,193	8,195	2	(3)
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	7,037	6,461	6,303	6,247	(56)	(214)
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,028	5,704	5,600	(104)	(428)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,458	5,861	(597)	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,308	XXX	XXX
											12. Totals	(758)
												(667)

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

1. Prior	3,869	3,207	2,787	2,684	2,617	2,607	2,593	2,602	2,596	2,591	(5)	(11)
2. 2008	8,698	7,803	7,868	7,635	7,613	7,607	7,602	7,584	7,570	7,570		(14)
3. 2009	XXX	9,440	8,870	8,555	8,484	8,285	8,232	8,178	8,132	8,130	(2)	(48)
4. 2010	XXX	XXX	9,356	9,285	9,090	8,951	8,714	8,562	8,572	8,550	(22)	(12)
5. 2011	XXX	XXX	XXX	8,774	8,313	8,042	7,779	7,742	7,697	7,616	(81)	(126)
6. 2012	XXX	XXX	XXX	XXX	8,379	8,017	7,594	7,515	7,330	7,310	(20)	(205)
7. 2013	XXX	XXX	XXX	XXX	XXX	7,358	7,417	7,220	6,842	6,861	19	(359)
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	8,102	8,017	7,992	7,765	(227)	(252)
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,156	8,867	8,016	(851)	(1,140)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,503	8,922	(581)	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,818	XXX	XXX
											12. Totals	(1,770)
												(2,167)

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

1. Prior	761	854	881	672	666	658	658	658	658	658		
2. 2008	695	756	743	566	610	583	584	559	559	559		
3. 2009	XXX	1,073	1,081	967	905	894	898	890	890	890		
4. 2010	XXX	XXX	2,313	1,992	1,818	1,663	1,549	1,549	1,781	1,521	(260)	(28)
5. 2011	XXX	XXX	XXX	1,866	1,485	1,234	1,126	1,071	1,090	1,084	(6)	13
6. 2012	XXX	XXX	XXX	XXX	1,832	1,868	1,886	1,789	1,666	1,711	45	(78)
7. 2013	XXX	XXX	XXX	XXX	XXX	1,999	1,814	1,823	2,326	2,222	(104)	399
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	3,317	3,503	3,485	3,614	129	111
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,813	2,849	2,716	(133)	(97)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,448	2,592	144	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,793	XXX	XXX
											12. Totals	(185)
												320

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

1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XXX	XXX							
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
											12. Totals	

NONE

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior	953	521	526	509	373	373	371	397	427	440	13	43
2. 2008	1,471	1,395	1,517	1,506	1,476	1,459	1,450	1,451	1,458	1,458		7
3. 2009	XXX	1,778	1,678	1,691	1,564	1,543	1,545	1,611	1,665	1,676	11	65
4. 2010	XXX	XXX	2,443	2,407	2,409	2,194	2,236	2,299	2,312	2,246	(66)	(53)
5. 2011	XXX	XXX	XXX	2,654	2,771	2,675	2,691	2,629	2,645	2,637	(8)	8
6. 2012	XXX	XXX	XXX	XXX	2,910	2,402	2,237	2,255	2,318	2,258	(60)	3
7. 2013	XXX	XXX	XXX	XXX	XXX	3,773	3,942	3,959	3,620	3,609	(11)	(350)
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	3,240	3,261	3,697	3,623	(74)	362
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,986	3,021	3,315	294	329
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,322	3,370	48	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,617	XXX	XXX	
											12. Totals	147
												414

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 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												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XX								
8. 2014	XXX	XXX	XXX	XX								
9. 2015	XXX	XXX	XXX	XX								
10. 2016	XXX	XXX	XXX	XXX	XXX							XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

NONE**SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XX								
9. 2015	XXX	XXX	XXX	XX								
10. 2016	XXX	XXX	XXX	XX								XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

NONE**SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)**

1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XX								
9. 2015	XXX	XXX	XXX	XX								
10. 2016	XXX	XXX	XXX	XX								XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

NONE**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior	.646	.509	.412	.396	.351	.349	.327	.322	.322	.315	(7)	(7)
2. 2008	.610	.561	.385	.376	.363	.360	.441	.437	.437	.437		
3. 2009	XXX	.370	.379	.294	.296	.291	.294	.287	.286	.286		(1)
4. 2010	XXX	XXX	.237	.387	.343	.385	.255	.247	.249	.249		2
5. 2011	XXX	XXX	XXX	.295	.486	.437	.458	.385	.379	.372	(7)	(13)
6. 2012	XXX	XXX	XXX	XXX	.279	.364	.263	.284	.292	.294	2	10
7. 2013	XXX	XXX	XXX	XXX	.495	.510	.655	.703	.734	.31		79
8. 2014	XXX	XXX	XXX	XXX	.XXX	.504	.560	.560	.392	.336	(56)	(224)
9. 2015	XXX	XXX	XXX	XXX	.XXX	.XXX	.417	.374	.256	(118)	(161)	
10. 2016	XXX	XXX	XXX	XXX	.XXX	.XXX	.XXX	.576	.506	(70)		XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	475	XXX	(225)	(315)
12. Totals												

NONE**SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XX								
9. 2015	XXX	XXX	XXX	XX								
10. 2016	XXX	XXX	XXX	XX								XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	552	277	251	(26)	(301)
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,928	1,832	(96)	XXX
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,086	XXX	XXX
										4. Totals	(122)	(301)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	877	259	188	(71)	(689)						
2. 2016	XXX	7,672	7,013	(659)	XXX							
3. 2017	XXX	7,994	XXX	XXX								
										4. Totals	(730)	(689)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior	XXX											
2. 2016	XXX					XXX						
3. 2017	XXX				XXX	XXX						
										4. Totals		

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

1. Prior	XXX	1				(1)						
2. 2016	XXX				XXX							
3. 2017	XXX		XXX	XXX								
										4. Totals		(1)

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XX							
8. 2014	XXX	XXX	XXX	XX	XX	XX						
9. 2015	XXX	XXX	XXX	XXX	XX	XX	XX					
10. 2016	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$'000 OMITTED)										DEVELOPMENT	
	1 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...	50	76	62	40	38	37	37	37	37	37		
2. 2008...	11	9	4	4	4	4	4	4	4	4		
3. 2009...	XXX	63	29	22	18	17	17	17	17	17		
4. 2010...	XXX	XXX	12	5	5	6	6	6	6	6		
5. 2011...	XXX	XXX	XXX	38	22	19	12	12	12	12		
6. 2012...	XXX	XXX	XXX	XXX	13	12	6	6	6	6		
7. 2013...	XXX	XXX	XXX	XXX	XXX	19	20	14	13	13		(1)
8. 2014...	XXX	XXX	XXX	XXX	XXX	XXX	16	29	4	4		(25)
9. 2015...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1				(1)
10. 2016...	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2	1	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals	1	(27)

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

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

SCHEDULE P - PART 2T - WARRANTY

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior	.000	359	392	403	401	405	405	405	405	405	14	
2. 2008	4,976	6,026	6,123	6,230	6,239	6,242	6,248	6,248	6,264	6,266	1,714	251
3. 2009	XXX	4,943	5,711	5,852	5,882	5,912	5,917	5,917	5,917	5,917	1,377	313
4. 2010	XXX	XXX	5,076	5,972	6,086	6,120	6,124	6,124	6,124	6,124	1,007	1,043
5. 2011	XXX	XXX	XXX	7,446	8,515	8,701	8,735	8,743	8,751	8,752	1,507	207
6. 2012	XXX	XXX	XXX	XXX	5,927	6,921	7,127	7,181	7,242	7,244	1,612	181
7. 2013	XXX	XXX	XXX	XXX	XXX	6,427	8,001	8,079	8,174	8,181	924	174
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	5,413	6,196	6,217	6,229	641	143
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,257	5,315	5,445	579	139
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,807	5,476	545	122
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,135	604	123

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

1. Prior	.000	1,398	2,023	2,363	2,498	2,534	2,560	2,588	2,596	2,591	2,761	
2. 2008	3,393	5,388	6,538	7,200	7,456	7,522	7,573	7,566	7,570	7,568	1,488	332
3. 2009	XXX	3,549	6,226	7,206	7,803	7,945	8,091	8,105	8,124	8,129	1,492	578
4. 2010	XXX	XXX	3,905	6,492	7,354	8,052	8,363	8,454	8,526	8,544	1,464	1,026
5. 2011	XXX	XXX	XXX	3,748	5,673	6,580	7,154	7,495	7,561	7,580	1,125	238
6. 2012	XXX	XXX	XXX	XXX	3,065	5,099	6,322	6,965	7,119	7,235	886	155
7. 2013	XXX	XXX	XXX	XXX	XXX	2,653	4,904	5,907	6,451	6,572	882	135
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	3,195	5,336	6,652	7,274	841	132
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,602	5,757	6,955	786	142
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,580	6,207	720	149
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,926	545	93

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

1. Prior	.000	302	583	620	658	658	658	658	658	658	55	
2. 2008	251	360	420	488	516	546	547	559	559	559	102	19
3. 2009	XXX	308	506	614	763	842	877	890	890	890	116	45
4. 2010	XXX	XXX	445	848	1,262	1,460	1,471	1,477	1,516	1,521	144	112
5. 2011	XXX	XXX	XXX	447	659	856	979	1,017	1,057	1,078	150	26
6. 2012	XXX	XXX	XXX	XXX	524	836	1,306	1,400	1,542	1,639	148	30
7. 2013	XXX	XXX	XXX	XXX	XXX	606	1,110	1,288	1,564	2,046	161	25
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	938	1,831	2,433	3,017	200	22
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	881	1,335	1,761	211	28
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	771	1,447	178	27
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	832	130	19

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

1. Prior	.000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XXX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	164	273	330	353	355	371	394	407	440	25	
2. 2008	788	823	1,077	1,380	1,402	1,406	1,412	1,451	1,458	1,458	205	48
3. 2009	XXX	1,040	1,333	1,414	1,446	1,507	1,524	1,557	1,663	1,676	209	105
4. 2010	XXX	XXX	1,034	1,561	1,949	2,032	2,086	2,162	2,176	2,227	279	281
5. 2011	XXX	XXX	XXX	1,465	1,990	2,191	2,391	2,494	2,543	2,585	266	60
6. 2012	XXX	XXX	XXX	XXX	1,460	1,960	2,028	2,143	2,171	2,184	275	58
7. 2013	XXX	XXX	XXX	XXX	XXX	1,563	2,392	2,726	3,268	3,419	234	56
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	1,694	2,363	2,685	3,105	241	60
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,274	1,817	2,141	221	49
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,674	2,371	190	46
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,634	142	27

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior	.000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XX								
7. 2013	XXX	XXX	XXX	XX	XX							
8. 2014	XXX	XXX	XXX	XXX	XX	XXX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

1. Prior	.000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XX							
8. 2014	XXX	XXX	XXX	XX	XX	XX						
9. 2015	XXX	XXX	XXX	XX	XX	XX	XX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

1. Prior	.000										XXX	XXX
2. 2008											XXX	XXX
3. 2009	XXX										XXX	XXX
4. 2010	XXX	XXX									XXX	XXX
5. 2011	XXX	XXX	XXX								XXX	XXX
6. 2012	XXX	XXX	XXX	XXX							XXX	XXX
7. 2013	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2014	XXX	XXX	XXX	XX	XX	XX					XXX	XXX
9. 2015	XXX	XXX	XXX	XX	XX	XX	XX				XXX	XXX
10. 2016	XXX	XXX	XXX	XXX	XX	XX	XX	XX	XX	XX	XXX	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior	.000	162	258	279	279	280	281	286	286	311	24	
2. 2008	83	234	295	305	356	360	372	437	437	437	110	29
3. 2009	XXX	62	167	252	263	273	273	286	286	286	306	61
4. 2010	XXX	XXX	58	114	169	202	240	242	249	249	46	45
5. 2011	XXX	XXX	XXX	85	124	313	335	372	372	372	34	13
6. 2012	XXX	XXX	XXX	XXX	89	163	188	192	194	194	38	14
7. 2013	XXX	XXX	XXX	XXX	XXX	68	176	256	320	432	33	13
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	88	166	212	243	29	11
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36	109	191	21	9
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	104	18	6
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	9	2

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

1. Prior	.000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XX	XX	XX						
9. 2015	XXX	XXX	XXX	XX	XX	XX	XX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.261	.248	XXX	XXX
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,496	1,784	XXX	XXX
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,700	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	.000	.258	.179								
2. 2016	XXX	6,808	6,997									
3. 2017	XXX	XXX	7,136									

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX											
2. 2016	XXX											
3. 2017	XXX											

NONE

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

1. Prior	XXX											
2. 2016	XXX											
3. 2017	XXX											

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2008											XXX	XXX
3. 2009	XXX										XXX	XXX
4. 2010	XXX	XXX									XXX	XXX
5. 2011	XXX	XXX	XXX								XXX	XXX
6. 2012	XXX	XXX	XXX	XXX							XXX	XXX
7. 2013	XXX	XXX	XXX	XXX	XX						XXX	XXX
8. 2014	XXX	XXX	XXX	XXX	XX	XX					XXX	XXX
9. 2015	XXX	XXX	XXX	XXX	XXX	XX	XX				XXX	XXX
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior	.000	22	26	37	37	37	37	37	37	37	3	
2. 2008	1	2	3	4	4	4	4	4	4	4	2	2
3. 2009	XXX	3	7	.9	17	17	17	17	17	17	10	9
4. 2010	XXX	XXX	3	3	.3	6	6	6	6	6	22	26
5. 2011	XXX	XXX	XXX	9	.9	12	12	12	12	12	.3	
6. 2012	XXX	XXX	XXX	XXX	2	6	6	6	6	6	1	
7. 2013	XXX	XXX	XXX	XXX	XXX	7	7	13	13	13	2	
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	4	1	1
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

1. Prior	.000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XX							
8. 2014	XXX	XXX	XXX	XXX	XX	XX						
9. 2015	XXX	XXX	XXX	XXX	X	XXX	X	XXX	X			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	XXX	.000			XXX	XXX						
2. 2016	XXX			XXX	XXX							
3. 2017	XXX			XXX	XXX							

SCHEDULE P - PART 3T - WARRANTY

1. Prior	XXX	.000										
2. 2016	XXX											
3. 2017	XXX											

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	845	200	39	8	2	2				
2. 2008	1,202	230	54	18	9	9	.10	.10	.9	.8
3. 2009	XXX	.782	.80	105	.54	.4	.1	.1	.1	
4. 2010	XXX	XXX	1,052	272	.83	.37	.4			.2
5. 2011	XXX	XXX	XXX	977	285	.117	.11	.4	.1	.1
6. 2012	XXX	XXX	XXX	XXX	.777	.161	.87	.57	.32	.31
7. 2013	XXX	XXX	XXX	XXX	XXX	.873	.228	.42	.8	.5
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.806	.155	.47	.6
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.600	.156	.62
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.770	.173
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	757

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

1. Prior	1,627	673	244	125	.31	.5	(1)			
2. 2008	2,334	.817	464	.134	.63	.44	.16	.6		.1
3. 2009	XXX	.2,298	.976	.489	.242	.125	.47	.11	.3	
4. 2010	XXX	XXX	.2,145	1,166	.688	.419	.174	.42	.11	
5. 2011	XXX	XXX	XXX	1,996	.946	.539	.231	.150	.87	.9
6. 2012	XXX	XXX	XXX	XXX	.2,036	.973	.454	.240	.113	.35
7. 2013	XXX	XXX	XXX	XXX	XXX	.1,776	.1,086	.547	.119	.111
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.1,796	.826	.496	.161
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2,034	.1,066	.278
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2,119	.1,004
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,606

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

1. Prior	227	208	234	18	8					
2. 2008	314	.308	.232	.31	.39	.17	.17			
3. 2009	XXX	.482	.352	.111	.30	.13	.6			
4. 2010	XXX	XXX	1,161	.621	.337	.185	.37	.27	.224	
5. 2011	XXX	XXX	XXX	1,143	.675	.188	.101	.19	.13	.6
6. 2012	XXX	XXX	XXX	XXX	.777	.513	.342	.171	.39	.31
7. 2013	XXX	XXX	XXX	XXX	.867	.402	.189	.318	.71	
8. 2014	XXX	XXX	XXX	XXX	XXX	.1,213	.753	.401	.252	
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,011	.533	.339
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.807	.597
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,118

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

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX						
7. 2013	XXX	XXX	XXX	XXX	XXX					
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015	XXX									
10. 2016	XXX									
11. 2017	XXX									

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior	786	.272	.86	64	9	.7		.1		
2. 2008	389	.292	.183	91	.45	.26	.16			
3. 2009	XXX	.437	.233	.187	.63	.23	.10	.27	.2	
4. 2010	XXX	XXX	.780	.492	.370	.107	.90	.74	.74	.7
5. 2011	XXX	XXX	XXX	.690	.556	.238	.173	.80	.68	.52
6. 2012	XXX	XXX	XXX	XXX	1,007	.312	.115	.72	.126	.48
7. 2013	XXX	XXX	XXX	XXX	XXX	.1,261	.884	.653	.206	.98
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.927	.422	.421	.198
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,076	.656	.481
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,013	.653
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,283

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX	XX						
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XX	XX					
8. 2014	XXX	XXX	XX	XXX	XX		XX			
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XX	XXX						
7. 2013	XXX	XXX	XX	XXX	XX					
8. 2014	XXX	XXX	XX	XX	XX		XX			
9. 2015	XXX	XXX	XX	XX	XX		XX	XXX		
10. 2016	XXX	XXX	XX	XXX	XX		XX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XX	XXX						
7. 2013	XXX	XXX	XX	XXX	XX					
8. 2014	XXX	XXX	XX	XX	XX		XX			
9. 2015	XXX	XXX	XX	XX	XX		XX	XXX		
10. 2016	XXX	XXX	XX	XXX	XX		XX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior	326	139	45	38	18	15	4			
2. 2008	375	258	46	36	7		37			
3. 2009	XXX	180	127	21	17	6	9	.1		
4. 2010	XXX	XXX	109	190	110	143	8	.5		
5. 2011	XXX	XXX	XXX	66	146	41	64	.12	7	
6. 2012	XXX	XXX	XXX	XXX	126	159	.35	.39	.46	.48
7. 2013	XXX	XXX	XXX	XXX	XXX	330	129	.174	.144	.154
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	292	.299	.108	.34
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.282	.204	.58
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.411	.240	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	292

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

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XX	XXX						
7. 2013	XXX	XXX	XX	XXX	XX					
8. 2014	XXX	XXX	XX	XX	XX					
9. 2015	XXX	XXX	XX	XX	XX					
10. 2016	XXX	XXX	XX	XXX	XX					
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	226	15	3
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX		122	19
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		109

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	490	10	10						
2. 2016	XXX		400	15						
3. 2017	XXX		373							

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2016	XXX	XXX	XX	XXX	XX	XX	XX		XXX	
3. 2017	XXX	XXX	XX	XXX	XX	XX	XX	XXX	XXX	

NONE

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2016	XXX	XXX	XX	XXX	XX	XX	XX		XXX	
3. 2017	XXX	XXX	XX	XXX	XX	XX	XX	XXX	XXX	

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XX	XXX						
7. 2013	XXX	XXX	XX	XXX	XX					
8. 2014	XXX	XXX	XX	XXX	XX	X				
9. 2015	XXX	XXX	XX	XXX	XXX	X	X			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2008	2	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2017
1. Prior.....	32	45	31	3	1					
2. 2008.....	11	6	1							
3. 2009.....	XXX	57	14	6	1					
4. 2010.....	XXX	XXX	9	2	2					
5. 2011.....	XXX	XXX	XXX	25	11	3				
6. 2012.....	XXX	XXX	XXX	XXX	5	6				
7. 2013.....	XXX	XXX	XXX	XXX	XXX	8	9	1		
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	7	24		
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XX	XXX						
7. 2013.....	XXX	XXX	XX	XXX	XX					
8. 2014.....	XXX	XXX	XX	XXX	XX	X				
9. 2015.....	XXX	XXX	XX	XXX	XXX	X	X			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	XXX									
2. 2016.....	XXX	XXX	XX	XXX	XX	X	XX	XXX		
3. 2017.....	XXX	XXX	XX	XX	XX	X	XX	XXX	XXX	

SCHEDULE P - PART 4T - WARRANTY

1. Prior.....	XXX									
2. 2016.....	XXX	XXX	XX	XXX	XX	X	XX	XXX		
3. 2017.....	XXX	XXX	XX	XX	XX	X	XX	XXX	XXX	

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	262	(3)	10	1	3	1	2			
2. 2008	1,461	1,689	1,705	1,708	1,711	1,712	1,714	1,714	1,714	1,714
3. 2009	XXX	1,219	1,357	1,369	1,374	1,376	1,377	1,377	1,377	1,377
4. 2010	XXX	XXX	879	.993	1,002	1,006	1,007	1,007	1,007	1,007
5. 2011	XXX	XXX	XXX	1,343	1,492	1,500	1,505	1,506	1,507	1,507
6. 2012	XXX	XXX	XXX	XXX	1,460	1,594	1,604	1,608	1,612	1,612
7. 2013	XXX	XXX	XXX	XXX	XXX	.769	907	917	923	924
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	539	628	639	641
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	488	566	579
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	459	545
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	604

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	24	5	.1							
2. 2008	181	15	4	2	1	1	1	.1	1	.1
3. 2009	XXX	86	12	4	2	1				
4. 2010	XXX	XXX	80	.9	3	1	1			.1
5. 2011	XXX	XXX	XXX	108	11	4	2	.1	1	
6. 2012	XXX	XXX	XXX	XXX	.92	15	9	.6	3	3
7. 2013	XXX	XXX	XXX	XXX	XXX	.114	.10	.3	2	2
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.73	.8	.3	.2
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.77	.13	.4
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80	11
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	108	308	19	(2)	3	.1	2			
2. 2008	1,793	1,934	1,960	1,961	1,963	1,964	1,966	1,966	1,966	1,966
3. 2009	XXX	1,454	1,679	1,686	1,689	1,690	1,690	1,690	1,690	1,690
4. 2010	XXX	XXX	1,979	2,042	2,047	2,050	2,051	2,050	2,050	2,051
5. 2011	XXX	XXX	XXX	1,625	1,707	1,710	1,713	1,714	1,715	1,714
6. 2012	XXX	XXX	XXX	XXX	1,706	1,788	1,794	1,795	1,796	1,796
7. 2013	XXX	XXX	XXX	XXX	XXX	1,029	1,089	1,094	1,099	1,100
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	737	.776	.784	.786
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.683	.715	.722
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.641	.678
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	815

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	714	.77	.52	2,610	.11	.7	3	.1		
2. 2008	796	1,004	1,064	1,459	1,474	1,481	1,484	1,486	1,487	1,488
3. 2009	XXX	.672	960	1,433	1,464	1,478	1,487	1,490	1,491	1,492
4. 2010	XXX	XXX	725	1,341	1,409	1,444	1,456	1,460	1,462	1,464
5. 2011	XXX	XXX	XXX	.754	996	1,076	1,104	1,119	1,124	1,125
6. 2012	XXX	XXX	XXX	XXX	521	.792	848	870	882	886
7. 2013	XXX	XXX	XXX	XXX	XXX	.595	805	853	874	882
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.514	742	813	841
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.517	.721	786
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.478	720
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	545

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	.56	.41	17	10	4	.3	2			
2. 2008	134	82	.36	15	5	2	.1	.1		
3. 2009	XXX	.391	98	47	19	10	5	.3	1	
4. 2010	XXX	XXX	420	.111	.38	12	7	.4	.2	
5. 2011	XXX	XXX	XXX	.440	105	40	.15	.6	1	.1
6. 2012	XXX	XXX	XXX	XXX	363	105	.35	.14	5	2
7. 2013	XXX	XXX	XXX	XXX	XXX	.343	.79	.27	8	.5
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.388	.112	.33	.13
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.398	.117	.32
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.427	.95
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	352

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	.107	1,197	.85	3,240	6	.7	2	(1)		
2. 2008	1,232	1,261	1,349	1,804	1,810	1,815	1,817	1,819	1,819	1,820
3. 2009	XXX	.1,164	1,511	2,055	2,060	2,066	2,070	2,071	2,070	2,070
4. 2010	XXX	XXX	2,003	2,459	2,468	2,481	2,489	2,490	2,490	2,490
5. 2011	XXX	XXX	XXX	1,353	1,323	1,351	1,356	1,363	1,363	1,364
6. 2012	XXX	XXX	XXX	XXX	966	1,039	1,036	1,039	1,042	1,043
7. 2013	XXX	XXX	XXX	XXX	XXX	1,011	1,007	1,013	1,017	1,022
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.970	.974	.975	.986
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.991	.968	.960
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.995	.964
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.990

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	39	7	3	44	1					
2. 2008	70	91	95	101	102	102	102	102	102	102
3. 2009	XXX	69	98	110	112	114	115	116	116	116
4. 2010	XXX	XXX	87	127	137	141	142	143	144	144
5. 2011	XXX	XXX	XXX	98	134	142	147	148	150	150
6. 2012	XXX	XXX	XXX	XXX	92	128	139	143	146	148
7. 2013	XXX	XXX	XXX	XXX	XXX	103	144	151	156	161
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	125	178	191	200
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	143	193	211
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127	178
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	3	5	2	1						
2. 2008	9	6	4	1	1					
3. 2009	XXX	32	10	4	3	2	1			
4. 2010	XXX	XXX	49	13	5	1	1	.1		
5. 2011	XXX	XXX	XXX	43	12	5	2	.1		
6. 2012	XXX	XXX	XXX	XXX	.51	17	7	.3	1	.1
7. 2013	XXX	XXX	XXX	XXX	XXX	48	.16	13	8	2
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.65	.25	.14	.7
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.73	.31	.13
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.64	.20
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	13	.42	5	49						
2. 2008	96	111	116	121	122	121	121	121	121	121
3. 2009	XXX	112	152	159	160	161	161	161	161	161
4. 2010	XXX	XXX	238	250	253	253	255	256	256	256
5. 2011	XXX	XXX	XXX	157	171	173	175	175	176	176
6. 2012	XXX	XXX	XXX	XXX	161	173	176	.176	177	179
7. 2013	XXX	XXX	XXX	XXX	XXX	165	183	.188	189	188
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.203	222	226	229
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.228	249	252
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.207	225
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	206

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	47	9	9	5	1		1			
2. 2008	135	183	194	199	202	203	203	204	205	205
3. 2009	XXX	126	187	196	202	204	206	207	208	209
4. 2010	XXX	XXX	213	256	267	272	274	277	278	279
5. 2011	XXX	XXX	XXX	180	239	249	258	262	265	266
6. 2012	XXX	XXX	XXX	XXX	199	255	266	271	274	275
7. 2013	XXX	XXX	XXX	XXX	XXX	153	202	215	228	234
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	154	212	228	241
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	143	202	221
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137	190
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	142

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	7	6	4	2	1	2	1	1	1	1
2. 2008	23	11	7	4	1	1	2	1		
3. 2009	XXX	32	9	12	2	2	1	1	1	
4. 2010	XXX	XXX	45	54	8	5	5	2	2	1
5. 2011	XXX	XXX	XXX		19	13	6	3	2	
6. 2012	XXX	XXX	XXX	XXX	45	13	7	3	2	1
7. 2013	XXX	XXX	XXX	XXX	XXX	53	21	19	9	5
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	65	31	24	14
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67	36	26
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56	28
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	23	63	14	3	1					(1)
2. 2008	196	227	248	251	251	252	253	253	253	253
3. 2009	XXX	184	299	313	309	311	312	313	314	314
4. 2010	XXX	XXX	520	587	555	558	560	560	561	561
5. 2011	XXX	XXX	XXX	221	314	321	324	325	327	326
6. 2012	XXX	XXX	XXX	XXX	282	322	330	332	334	334
7. 2013	XXX	XXX	XXX	XXX	XXX	239	272	288	292	295
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	258	297	310	315
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	289	282	296
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	225	264
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	217

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE
SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	192	.11	7	.3	1	1	1			
2. 2008	39	102	106	108	109	109	109	110	110	110
3. 2009	XXX	286	301	304	305	306	306	306	306	306
4. 2010	XXX	XXX	27	38	42	44	46	46	46	46
5. 2011	XXX	XXX	XXX	22	29	31	33	34	34	34
6. 2012	XXX	XXX	XXX	XXX	21	33	36	37	38	38
7. 2013	XXX	XXX	XXX	XXX	XXX	18	25	30	32	33
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	15	23	28	29
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	17	21
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	18
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	.4	8	4	2	2	.2	1	.1		
2. 2008	9	6	2	1						
3. 2009	XXX	13	6	2	1					
4. 2010	XXX	XXX	14	8	5	2				
5. 2011	XXX	XXX	XXX	13	5	3	1			
6. 2012	XXX	XXX	XXX	XXX	16	6	2	.1		
7. 2013	XXX	XXX	XXX	XXX	XXX	14	9	6		1
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	17	9	1	3
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9		2
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	9
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	18	(518)	10	1	2	.1			(1)	
2. 2008	64	130	138	138	138	138	138	139	139	139
3. 2009	XXX	333	365	366	367	367	367	367	367	367
4. 2010	XXX	XXX	80	89	91	90	91	.91	91	91
5. 2011	XXX	XXX	XXX	43	47	47	47	47	47	47
6. 2012	XXX	XXX	XXX	XXX	46	51	51	.52	52	52
7. 2013	XXX	XXX	XXX	XXX	XXX	39	45	48	45	47
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	37	41	39	43
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.25	25	32
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	33
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	.4	2	.1							
2. 2008	.1	1	2	.2	2	2	2	2	2	2
3. 2009	XXX	1	9	.9	.10	10	.10	10	10	10
4. 2010	XXX	XXX	22	22	22	22	22	22	22	22
5. 2011	XXX	XXX	XXX	1	2	2	3	3	3	3
6. 2012	XXX	XXX	XXX	XXX			1	1	1	1
7. 2013	XXX	XXX	XXX	XXX	XXX	.1	2	2	2	2
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX		.1	1	.1
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1	1	.1
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.1
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior										
2. 2008		1								
3. 2009	XXX	1	1	1						
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX			1				
6. 2012	XXX	XXX	XXX	XXX						
7. 2013	XXX	XXX	XXX	XXX	XXX	1				
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	1			
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	2	6	.1	(1)						
2. 2008	.1	2	4	4	4	4	4	4	4	4
3. 2009	XXX	2	19	19	19	19	.19	19	19	19
4. 2010	XXX	XXX	48	48	48	48	48	48	48	48
5. 2011	XXX	XXX	XXX	1	2	3	3	.3	3	3
6. 2012	XXX	XXX	XXX	XXX			1	.1	1	.1
7. 2013	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	1	.1	2	2
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1	1	.1
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	.1
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	1,992	1,992	1,992	1,992	1,992	1,992	1,992	1,992	1,992	1,992	
3. 2009.....	XXX	2,438	2,438	2,438	2,438	2,438	2,438	2,438	2,438	2,438	
4. 2010.....	XXX	XXX	2,655	2,655	2,655	2,655	2,655	2,655	2,655	2,655	
5. 2011.....	XXX	XXX	XXX	2,919	2,919	2,919	2,919	2,919	2,919	2,919	
6. 2012.....	XXX	XXX	XXX	XXX	3,310	3,310	3,310	3,310	3,310	3,310	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	3,781	3,781	3,781	3,781	3,781	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	4,295	4,295	4,295	4,295	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,420	4,420	4,420	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,586	4,586	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,779	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,779
13. Earned Premiums (Sch P-Pt. 1)	1,992	2,438	2,655	2,919	3,310	3,781	4,295	4,420	4,586	4,779	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	158	158	158	158	158	158	158	158	158	158	
3. 2009.....	XXX	252	252	252	252	252	252	252	252	252	
4. 2010.....	XXX	XXX	216	216	216	216	216	216	216	216	
5. 2011.....	XXX	XXX	XXX	184	184	184	184	184	184	184	
6. 2012.....	XXX	XXX	XXX	XXX	196	196	196	196	196	196	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	206	206	206	206	206	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	229	229	229	229	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	256	256	256	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	293	293	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	352	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	352
13. Earned Premiums (Sch P-Pt. 1)	158	252	216	184	196	206	229	256	293	352	XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX	XXX								
6. 2012.....	XXX	XXX	XXX	XXX							
7. 2013.....	XXX	XXX	XXX	XXX	XXX						
8. 2014.....	XXX	XXX	XXX	XXX	X	XX					
9. 2015.....	XXX	XXX	XXX	XXX	X	XX	XXX				
10. 2016.....	XXX	XXX	XXX	XXX	XXX	X	XX	XXX			
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX	XXX								
6. 2012.....	XXX	XXX	XXX	XXX							
7. 2013.....	XXX	XXX	XXX	XXX	XXX						
8. 2014.....	XXX	XXX	XXX	XXX	X	XX	XXX				
9. 2015.....	XXX	XXX	XXX	XXX	X	XX	XXX				
10. 2016.....	XXX	XXX	XXX	XXX	XXX	X	XX	XXX			
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	3,245	3,245	3,245	3,245	3,245	3,245	3,245	3,245	3,245	3,245	
3. 2009.....	XXX	3,637	3,637	3,637	3,637	3,637	3,637	3,637	3,637	3,637	
4. 2010.....	XXX	XXX	3,962	3,962	3,962	3,962	3,962	3,962	3,962	3,962	
5. 2011.....	XXX	XXX	XXX	4,298	4,298	4,298	4,298	4,298	4,298	4,298	
6. 2012.....	XXX	XXX	XXX	XXX	4,812	4,812	4,812	4,812	4,812	4,812	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	5,720	5,720	5,720	5,720	5,720	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	6,675	6,675	6,675	6,675	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,939	6,939	6,939	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,318	7,318	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,563	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,563
13. Earned Premiums (Sch P-Pt. 1)	3,245	3,637	3,962	4,298	4,812	5,720	6,675	6,939	7,318	7,563	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	352	352	352	352	352	352	352	352	352	352	
3. 2009.....	XXX	491	491	491	491	491	491	491	491	491	
4. 2010.....	XXX	XXX	514	514	514	514	514	514	514	514	
5. 2011.....	XXX	XXX	XXX	553	553	553	553	553	553	553	
6. 2012.....	XXX	XXX	XXX	XXX	637	637	637	637	637	637	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	713	713	713	713	713	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	863	863	863	863	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	863	863	863	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	898	898	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	915	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	915
13. Earned Premiums (Sch P-Pt. 1)	352	491	514	553	637	713	863	863	898	915	XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	1,605	1,605	1,605	1,605	1,605	1,605	1,605	1,605	1,605	1,605	
3. 2009.....	XXX	1,567	1,567	1,567	1,567	1,567	1,567	1,567	1,567	1,567	
4. 2010.....	XXX	XXX	1,528	1,528	1,528	1,528	1,528	1,528	1,528	1,528	
5. 2011.....	XXX	XXX	XXX	1,626	1,626	1,626	1,626	1,626	1,626	1,626	
6. 2012.....	XXX	XXX	XXX	XXX	1,765	1,765	1,765	1,765	1,765	1,765	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	1,888	1,888	1,888	1,888	1,888	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	1,952	1,952	1,952	1,952	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,987	1,987	1,987	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,849	1,849	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,689	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,689
13. Earned Premiums (Sch P-Pt. 1)	1,605	1,567	1,528	1,626	1,765	1,888	1,952	1,987	1,849	1,689	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	556	556	556	556	556	556	556	556	556	556	
3. 2009.....	XXX	569	569	569	569	569	569	569	569	569	
4. 2010.....	XXX	XXX	594	594	594	594	594	594	594	594	
5. 2011.....	XXX	XXX	XXX	660	660	660	660	660	660	660	
6. 2012.....	XXX	XXX	XXX	XXX	761	761	761	761	761	761	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	823	823	823	823	823	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	893	893	893	893	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	890	890	890	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	901	901	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	935	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	935
13. Earned Premiums (Sch P-Pt. 1)	556	569	594	660	761	823	893	890	901	935	XXX

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

N O N E

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

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	.83	.83	.83	.83	.83	.83	.83	.83	.83	.83	
3. 2009.....	XXX	73	73	73	73	73	73	73	73	73	
4. 2010.....	XXX	XXX	60	60	60	60	60	60	60	60	
5. 2011.....	XXX	XXX	XXX	51	51	51	51	51	51	51	
6. 2012.....	XXX	XXX	XXX	49	49	49	49	49	49	49	
7. 2013.....	XXX	XXX	XXX	XXX	52	52	52	52	52	52	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	57	57	57	57	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57	57	57	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52	52	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	54	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)		83	73	60	51	49	52	57	57	52	54
											XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	.8	.8	.8	8	8	8	8	.8	.8	.8	
3. 2009.....	XXX	1	1	1	1	1	1	1	1	1	
4. 2010.....	XXX	XXX	1	1	1	1	1	1	1	1	
5. 2011.....	XXX	XXX	XXX								
6. 2012.....	XXX	XXX	XXX	XXX							
7. 2013.....	XXX	XXX	XXX	XXX	XXX						
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13. Earned Premiums (Sch P-Pt. 1)		8	1	1							XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX	XXX								
6. 2012.....	XXX	XXX	XXX	XXX							
7. 2013.....	XXX	XXX	XXX	XXX							
8. 2014.....	XXX	XXX	XXX	X	XX						
9. 2015.....	XXX	XXX	XXX	X	XX						
10. 2016.....	XXX	XXX	XXX	X	XX						
11. 2017.....	XXX	XXX	XXX	XXX	XXX						
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX	XXX								
6. 2012.....	XXX	XXX	XXX	XXX							
7. 2013.....	XXX	XXX	XXX	XXX	X	XX					
8. 2014.....	XXX	XXX	XXX	X	XX	X	XX				
9. 2015.....	XXX	XXX	XXX	X	XX	X	XX				
10. 2016.....	XXX	XXX	XXX	X	XX	X	XX				
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)
SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	3,058				15,279	
2. Private Passenger Auto Liability/Medical	11,304				14,252	
3. Commercial Auto/Truck Liability/Medical	5,251				4,493	
4. Workers' Compensation						
5. Commercial Multiple Peril	5,275				6,755	
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	1,483				732	
10. Other Liability - Claims-Made						
11. Special Property	465				5,185	
12. Auto Physical Damage	944				12,890	
13. Fidelity/Surety						
14. Other					1	
15. International						
16. Reinsurance - Nonproportional Assumed Property						
17. Reinsurance - Nonproportional Assumed Liability						
18. Reinsurance - Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence					55	
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	27,780				59,642	

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2008	2	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XX	XX					
8. 2014	XXX	XXX	XX	XXX	XXX	XX				
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1 2008	2	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XX	XX					
8. 2014	XXX	XXX	XX	XXX	XXX	XX				
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SCHEDULE P INTERROGATORIES

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

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

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

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

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2008		
1.603 2009		
1.604 2010		
1.605 2011		
1.606 2012		
1.607 2013		
1.608 2014		
1.609 2015		
1.610 2016		
1.611 2017		
1.612 Totals		

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

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

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

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

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

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

(in thousands of dollars)

5.1 Fidelity
 5.2 Surety

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

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

7.2 (An extended statement may be attached.)

Effective January 1, 2006, Ohio Mutual Insurance Company and its wholly-owned subsidiary, United Ohio Insurance Company entered into a pooling agreement whereby all underwriting results are pooled together and then split out proportionally with 25% going to Ohio Mutual and 75% going to United Ohio. As the pooling agreement was effective for all losses, the loss and LAE reserves, paid losses and paid LAE for the prior years were reallocated on Schedule P to resemble this pooling agreement. Effective January 1, 2011, Ohio Mutual purchased 100% of the shares of Casco Indemnity Company. At that time, Casco was added to the pool with Ohio Mutual and United Ohio. Casco was provided 8% of the pool with United Ohio holding 65% and Ohio Mutual retaining 27% of the pool. For 2011, the history presented on the Schedule P was reallocated once again to resemble this revised pooling agreement.

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company

SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Responses

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

AUGUST FILING

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

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

MARCH FILING

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

APRIL FILING

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

AUGUST FILING

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

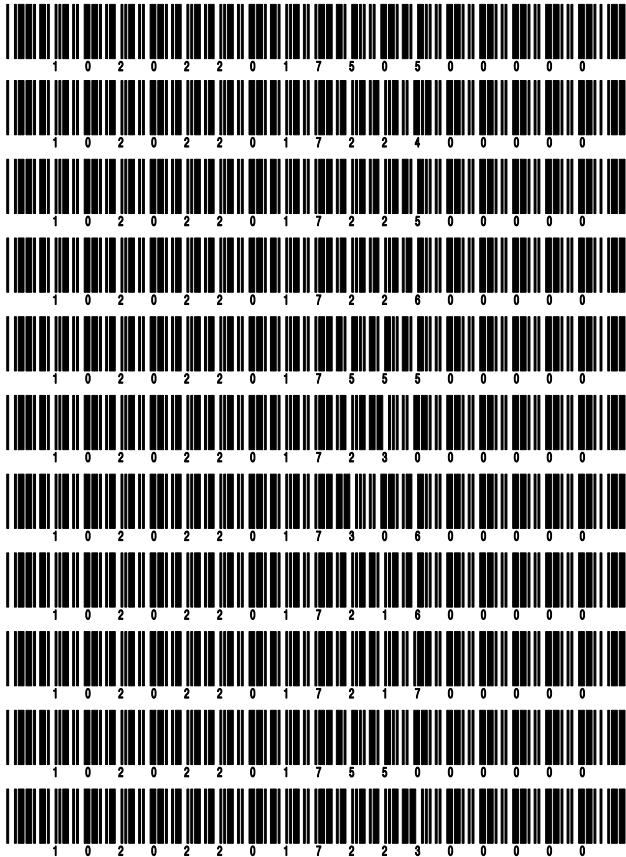
Explanations:

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
OVERFLOW PAGE FOR WRITE-INS

NONE



1 0 2 0 2 2 0 1 7 4 0 1 0 0 1

SUPPLEMENT FOR THE YEAR 2017 OF THE Ohio Mutual Insurance Company
REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

For The Year Ended December 31, 2017

To Be Filed by March 1

(A) Financial Impact

	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets	296,272,208		296,272,208
A02. Liabilities	61,273,648		61,273,648
A03. Surplus as regards to policyholders	234,998,560		234,998,560
A04. Income before taxes	4,847,397		4,847,397

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

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

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
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	E12
Schedule DB - Part C - Section 2	E13
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 - 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

ANNUAL STATEMENT BLANK (Continued)

Schedule H - Accident and Health Exhibit - Part 1	30
Schedule H - Part 2, Part 3 and 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
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
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

ANNUAL STATEMENT BLANK (Continued)

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
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