

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 STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Ohio Mutual Insurance Company

| | | | | | | |
|---------------------------------------|---|------------------------|-------------------|---|----------------------|-------------------|
| NAIC Group Code | <u>0963</u> (Current) | <u>0963</u> (Prior) | NAIC Company Code | <u>10202</u> | Employer's ID Number | <u>34-4320350</u> |
| Organized under the Laws of | <u>OHIO</u> | | | State of Domicile or Port of Entry | <u>OH</u> | |
| Country of Domicile | <u>United States of America</u> | | | | | |
| Incorporated/Organized | <u>03/05/1901</u> | | | Commenced Business | <u>03/05/1901</u> | |
| Statutory Home Office | <u>1725 Hopley Avenue</u> (Street and Number) | | | <u>Bucyrus , OH, US 44820-0111</u> (City or Town, State, Country and Zip Code) | | |
| Main Administrative Office | <u>1725 Hopley Avenue</u> (Street and Number) | | | <u>419-562-3011</u> (Area Code) (Telephone Number) | | |
| | <u>Bucyrus , OH, US 44820-0111</u> (City or Town, State, Country and Zip Code) | | | <u>419-562-3011</u> (Area Code) (Telephone Number) | | |
| Mail Address | <u>1725 Hopley Avenue</u> (Street and Number or P.O. Box) | | | <u>Bucyrus , OH, US 44820-0111</u> (City or Town, State, Country and Zip Code) | | |
| Primary Location of Books and Records | <u>1725 Hopley Avenue</u> (Street and Number) | | | <u>419-562-3011</u> (Area Code) (Telephone Number) | | |
| | <u>Bucyrus , OH, US 44820-0111</u> (City or Town, State, Country and Zip Code) | | | <u>419-562-3011</u> (Area Code) (Telephone Number) | | |
| Internet Website Address | <u>www.omig.com</u> | | | | | |
| Statutory Statement Contact | <u>Charles Elmer Easum Mr.</u> (Name) | | | <u>419-563-0810</u> (Area Code) (Telephone Number) | | |
| | <u>ceasum@omig.com</u> (E-mail Address) | | | <u>877-753-0580</u> (FAX Number) | | |

OFFICERS

| | | | |
|-----------|-----------------------------------|-----------|--|
| President | <u>Mark Clarence Russell, Mr.</u> | Secretary | <u>David Anthony Siebenburgen, Mr.</u> |
| Treasurer | <u>David Gary Hendrix, Mr.</u> | | |

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Ohio SS:
County of Crawford

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

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



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

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



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

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



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

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



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

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



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

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



ANNUAL STATEMENT FOR THE YEAR 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 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----------------------|---|---|-----------------------------|--|----------------------------------|--|------------------------|----------------------|--|--|--|------------------------------------|--------------------------|
| | | 1 Direct Premiums Written | 2 Direct Premiums Earned | Dividends Paid or Credited to Policyholders on Direct Business | Direct Unearned Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses Incurred | Direct Losses Unpaid | Direct Defense and Cost Containment Expense Paid | Direct Defense and Cost Containment Expense Incurred | Direct Defense and Cost Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
| 1. | Fire | | | | | | | | | | | | |
| 2.1 | Allied lines | | | | | | | | | | | | |
| 2.2 | Multiple peril crop | | | | | | | | | | | | |
| 2.3 | Federal flood | | | | | | | | | | | | |
| 2.4 | Private crop | | | | | | | | | | | | |
| 2.5 | Private flood | | | | | | | | | | | | |
| 3. | Farmowners multiple peril | | | | | | | | | | | | |
| 4. | Homeowners multiple peril | | | | | | | | | | | | |
| 5.1 | Commercial multiple peril (non-liability portion) | | | | | | | | | | | | |
| 5.2 | Commercial multiple peril (liability portion) | | | | | | | | | | | | |
| 6. | Mortgage guaranty | | | | | | | | | | | | |
| 8. | Ocean marine | | | | | | | | | | | | |
| 9. | Inland marine | | | | | | | | | | | | |
| 10. | Financial guaranty | | | | | | | | | | | | |
| 11. | Medical professional liability | | | | | | | | | | | | |
| 12. | Earthquake | | | | | | | | | | | | |
| 13. | Group accident and health (b) | | | | | | | | | | | | |
| 14. | Credit accident and health (group and individual) | | | | | | | | | | | | |
| 15.1 | Collectively renewable accident and health (b) | | | | | | | | | | | | |
| 15.2 | Non-cancelable accident and health(b) | | | | | | | | | | | | |
| 15.3 | Guaranteed renewable accident and health(b) | | | | | | | | | | | | |
| 15.4 | Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 | Other accident only | | | | | | | | | | | | |
| 15.6 | Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 | All other accident and health (b) | | | | | | | | | | | | |
| 15.8 | Federal employees health benefits plan premium (b) | | | | | | | | | | | | |
| 16. | Workers' compensation | | | | | | | | | | | | |
| 17.1 | Other Liability - occurrence | | | | | | | | | | | | |
| 17.2 | Other Liability - claims made | | | | | | | | | | | | |
| 17.3 | Excess workers' compensation | | | | | | | | | | | | |
| 18. | Products liability | | | | | | | | | | | | |
| 19.1 | Private passenger auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.2 | Other private passenger auto liability | | | | | | | | | | | | |
| 19.3 | Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 | Other commercial auto liability | | | | | | | | | | | | |
| 21.1 | Private passenger auto physical damage | | | | | | | | | | | | |
| 21.2 | Commercial auto physical damage | | | | | | | | | | | | |
| 22. | Aircraft (all perils) | | | | | | | | | | | | |
| 23. | Fidelity | | | | | | | | | | | | |
| 24. | Surety | | | | | | | | | | | | |
| 26. | Burglary and theft | | | | | | | | | | | | |
| 27. | Boiler and machinery | | | | | | | | | | | | |
| 28. | Credit | | | | | | | | | | | | |
| 30. | Warranty | | | | | | | | | | | | |
| 34. | Aggregate write-ins for other lines of business | | | | | | | | | | | | |
| 35. | TOTALS (a) | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | |
| 3401. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3402. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3403. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) | | | | | | | | | | | | |

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



ANNUAL STATEMENT FOR THE YEAR 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 |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire | | | | | | | | | | | | |
| 2.1 Allied lines | | | | | | | | | | | | |
| 2.2 Multiple peril crop | | | | | | | | | | | | |
| 2.3 Federal flood | | | | | | | | | | | | |
| 2.4. Private crop | | | | | | | | | | | | |
| 2.5 Private flood | | | | | | | | | | | | |
| 3. Farmowners multiple peril | | | | | | | | | | | | |
| 4. Homeowners multiple peril | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion) | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion) | | | | | | | | | | | | |
| 6. Mortgage guaranty | | | | | | | | | | | | |
| 8. Ocean marine | | | | | | | | | | | | |
| 9. Inland marine | | | | | | | | | | | | |
| 10. Financial guaranty | | | | | | | | | | | | |
| 11. Medical professional liability | | | | | | | | | | | | |
| 12. Earthquake | | | | | | | | | | | | |
| 13. Group accident and health (b) | | | | | | | | | | | | |
| 14. Credit accident and health (group and individual) | | | | | | | | | | | | |
| 15.1 Collectively renewable accident and health (b)..... | | | | | | | | | | | | |
| 15.2 Non-cancelable accident and health(b) | | | | | | | | | | | | |
| 15.3 Guaranteed renewable accident and health(b) | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 Other accident only | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees..... | | | | | | | | | | | | |
| 15.7 All other accident and health (b) | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium (b) | | | | | | | | | | | | |
| 16. Workers' compensation | | | | | | | | | | | | |
| 17.1 Other Liability - occurrence | | | | | | | | | | | | |
| 17.2 Other Liability - claims made | | | | | | | | | | | | |
| 17.3 Excess workers' compensation | | | | | | | | | | | | |
| 18. Products liability | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 Other commercial auto liability | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage | | | | | | | | | | | | |
| 22. Aircraft (all perils) | | | | | | | | | | | | |
| 23. Fidelity | | | | | | | | | | | | |
| 24. Surety | | | | | | | | | | | | |
| 26. Burglary and theft | | | | | | | | | | | | |
| 27. Boiler and machinery | | | | | | | | | | | | |
| 28. Credit | | | | | | | | | | | | |
| 30. Warranty | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business | | | | | | | | | | | | |
| 35. TOTALS (a) | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) | | | | | | | | | | | | |

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



ANNUAL STATEMENT FOR THE YEAR 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 | | Dividends Paid or Credited to Policyholders on Direct Business | Direct Unearned Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses Incurred | Direct Losses Unpaid | Direct Defense and Cost Containment Expense Paid | Direct Defense and Cost Containment Expense Incurred | Direct Defense and Cost Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
|---|---|-----------------------------|--|----------------------------------|--|------------------------|----------------------|--|--|--|------------------------------------|--------------------------|
| | 1 Direct Premiums Written | 2 Direct Premiums Earned | | | | | | | | | | |
| 1. Fire | | | | | | | | | | | | |
| 2.1 Allied lines | | | | | | | | | | | | |
| 2.2 Multiple peril crop | | | | | | | | | | | | |
| 2.3 Federal flood | | | | | | | | | | | | |
| 2.4. Private crop | | | | | | | | | | | | |
| 2.5 Private flood | | | | | | | | | | | | |
| 3. Farmowners multiple peril | | | | | | | | | | | | |
| 4. Homeowners multiple peril | | | | | | | | | | | | |
| 5.1 Commercial multiple peril (non-liability portion) | | | | | | | | | | | | |
| 5.2 Commercial multiple peril (liability portion) | | | | | | | | | | | | |
| 6. Mortgage guaranty | | | | | | | | | | | | |
| 8. Ocean marine | | | | | | | | | | | | |
| 9. Inland marine | | | | | | | | | | | | |
| 10. Financial guaranty | | | | | | | | | | | | |
| 11. Medical professional liability | | | | | | | | | | | | |
| 12. Earthquake | | | | | | | | | | | | |
| 13. Group accident and health (b) | | | | | | | | | | | | |
| 14. Credit accident and health (group and individual) | | | | | | | | | | | | |
| 15.1 Collectively renewable accident and health (b) | | | | | | | | | | | | |
| 15.2 Non-cancelable accident and health(b) | | | | | | | | | | | | |
| 15.3 Guaranteed renewable accident and health(b) | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 Other accident only | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 All other accident and health (b) | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium (b) | | | | | | | | | | | | |
| 16. Workers' compensation | | | | | | | | | | | | |
| 17.1 Other Liability - occurrence | | | | | | | | | | | | |
| 17.2 Other Liability - claims made | | | | | | | | | | | | |
| 17.3 Excess workers' compensation | | | | | | | | | | | | |
| 18. Products liability | | | | | | | | | | | | |
| 19.1 Private passenger auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.2 Other private passenger auto liability | | | | | | | | | | | | |
| 19.3 Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 Other commercial auto liability | | | | | | | | | | | | |
| 21.1 Private passenger auto physical damage | | | | | | | | | | | | |
| 21.2 Commercial auto physical damage | | | | | | | | | | | | |
| 22. Aircraft (all perils) | | | | | | | | | | | | |
| 23. Fidelity | | | | | | | | | | | | |
| 24. Surety | | | | | | | | | | | | |
| 26. Burglary and theft | | | | | | | | | | | | |
| 27. Boiler and machinery | | | | | | | | | | | | |
| 28. Credit | | | | | | | | | | | | |
| 30. Warranty | | | | | | | | | | | | |
| 34. Aggregate write-ins for other lines of business | | | | | | | | | | | | |
| 35. TOTALS (a) | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 3401. | | | | | | | | | | | | |
| 3402. | | | | | | | | | | | | |
| 3403. | | | | | | | | | | | | |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) | | | | | | | | | | | | |

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



ANNUAL STATEMENT FOR THE YEAR 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-cancelable accident and health(b) | | | | | | | | | | | | |
| 15.3 Guaranteed renewable accident and health(b) | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 Other accident only | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 All other accident and health (b) | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium (b) | | | | | | | | | | | | |
| 16. Workers' compensation | | | | | | | | | | | | |
| 17.1 Other Liability - occurrence | 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 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----------------------|---|---|-----------------------------|--|----------------------------------|--|------------------------|----------------------|--|--|--|------------------------------------|--------------------------|
| | | 1 Direct Premiums Written | 2 Direct Premiums Earned | Dividends Paid or Credited to Policyholders on Direct Business | Direct Unearned Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses Incurred | Direct Losses Unpaid | Direct Defense and Cost Containment Expense Paid | Direct Defense and Cost Containment Expense Incurred | Direct Defense and Cost Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
| 1. | Fire | | | | | | | | | | | | |
| 2.1 | Allied lines | | | | | | | | | | | | |
| 2.2 | Multiple peril crop | | | | | | | | | | | | |
| 2.3 | Federal flood | | | | | | | | | | | | |
| 2.4 | Private crop | | | | | | | | | | | | |
| 2.5 | Private flood | | | | | | | | | | | | |
| 3. | Farmowners multiple peril | | | | | | | | | | | | |
| 4. | Homeowners multiple peril | | | | | | | | | | | | |
| 5.1 | Commercial multiple peril (non-liability portion) | | | | | | | | | | | | |
| 5.2 | Commercial multiple peril (liability portion) | | | | | | | | | | | | |
| 6. | Mortgage guaranty | | | | | | | | | | | | |
| 8. | Ocean marine | | | | | | | | | | | | |
| 9. | Inland marine | | | | | | | | | | | | |
| 10. | Financial guaranty | | | | | | | | | | | | |
| 11. | Medical professional liability | | | | | | | | | | | | |
| 12. | Earthquake | | | | | | | | | | | | |
| 13. | Group accident and health (b) | | | | | | | | | | | | |
| 14. | Credit accident and health (group and individual) | | | | | | | | | | | | |
| 15.1 | Collectively renewable accident and health (b) | | | | | | | | | | | | |
| 15.2 | Non-cancelable accident and health(b) | | | | | | | | | | | | |
| 15.3 | Guaranteed renewable accident and health(b) | | | | | | | | | | | | |
| 15.4 | Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 | Other accident only | | | | | | | | | | | | |
| 15.6 | Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 | All other accident and health (b) | | | | | | | | | | | | |
| 15.8 | Federal employees health benefits plan premium (b) | | | | | | | | | | | | |
| 16. | Workers' compensation | | | | | | | | | | | | |
| 17.1 | Other Liability - occurrence | | | | | | | | | | | | |
| 17.2 | Other Liability - claims made | | | | | | | | | | | | |
| 17.3 | Excess workers' compensation | | | | | | | | | | | | |
| 18. | Products liability | | | | | | | | | | | | |
| 19.1 | Private passenger auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.2 | Other private passenger auto liability | | | | | | | | | | | | |
| 19.3 | Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 | Other commercial auto liability | | | | | | | | | | | | |
| 21.1 | Private passenger auto physical damage | | | | | | | | | | | | |
| 21.2 | Commercial auto physical damage | | | | | | | | | | | | |
| 22. | Aircraft (all perils) | | | | | | | | | | | | |
| 23. | Fidelity | | | | | | | | | | | | |
| 24. | Surety | | | | | | | | | | | | |
| 26. | Burglary and theft | | | | | | | | | | | | |
| 27. | Boiler and machinery | | | | | | | | | | | | |
| 28. | Credit | | | | | | | | | | | | |
| 30. | Warranty | | | | | | | | | | | | |
| 34. | Aggregate write-ins for other lines of business | | | | | | | | | | | | |
| 35. | TOTALS (a) | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | |
| 3401. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3402. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3403. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) | | | | | | | | | | | | |

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



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

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



ANNUAL STATEMENT FOR THE YEAR 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 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----------------------|---|---|-----------------------------|--|----------------------------------|--|------------------------|----------------------|--|--|--|------------------------------------|--------------------------|
| | | 1 Direct Premiums Written | 2 Direct Premiums Earned | Dividends Paid or Credited to Policyholders on Direct Business | Direct Unearned Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses Incurred | Direct Losses Unpaid | Direct Defense and Cost Containment Expense Paid | Direct Defense and Cost Containment Expense Incurred | Direct Defense and Cost Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
| 1. | Fire | | | | | | | | | | | | |
| 2.1 | Allied lines | | | | | | | | | | | | |
| 2.2 | Multiple peril crop | | | | | | | | | | | | |
| 2.3 | Federal flood | | | | | | | | | | | | |
| 2.4 | Private crop | | | | | | | | | | | | |
| 2.5 | Private flood | | | | | | | | | | | | |
| 3. | Farmowners multiple peril | | | | | | | | | | | | |
| 4. | Homeowners multiple peril | | | | | | | | | | | | |
| 5.1 | Commercial multiple peril (non-liability portion) | | | | | | | | | | | | |
| 5.2 | Commercial multiple peril (liability portion) | | | | | | | | | | | | |
| 6. | Mortgage guaranty | | | | | | | | | | | | |
| 8. | Ocean marine | | | | | | | | | | | | |
| 9. | Inland marine | | | | | | | | | | | | |
| 10. | Financial guaranty | | | | | | | | | | | | |
| 11. | Medical professional liability | | | | | | | | | | | | |
| 12. | Earthquake | | | | | | | | | | | | |
| 13. | Group accident and health (b) | | | | | | | | | | | | |
| 14. | Credit accident and health (group and individual) | | | | | | | | | | | | |
| 15.1 | Collectively renewable accident and health (b) | | | | | | | | | | | | |
| 15.2 | Non-cancelable accident and health(b) | | | | | | | | | | | | |
| 15.3 | Guaranteed renewable accident and health(b) | | | | | | | | | | | | |
| 15.4 | Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 | Other accident only | | | | | | | | | | | | |
| 15.6 | Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 | All other accident and health (b) | | | | | | | | | | | | |
| 15.8 | Federal employees health benefits plan premium (b) | | | | | | | | | | | | |
| 16. | Workers' compensation | | | | | | | | | | | | |
| 17.1 | Other Liability - occurrence | | | | | | | | | | | | |
| 17.2 | Other Liability - claims made | | | | | | | | | | | | |
| 17.3 | Excess workers' compensation | | | | | | | | | | | | |
| 18. | Products liability | | | | | | | | | | | | |
| 19.1 | Private passenger auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.2 | Other private passenger auto liability | | | | | | | | | | | | |
| 19.3 | Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 | Other commercial auto liability | | | | | | | | | | | | |
| 21.1 | Private passenger auto physical damage | | | | | | | | | | | | |
| 21.2 | Commercial auto physical damage | | | | | | | | | | | | |
| 22. | Aircraft (all perils) | | | | | | | | | | | | |
| 23. | Fidelity | | | | | | | | | | | | |
| 24. | Surety | | | | | | | | | | | | |
| 26. | Burglary and theft | | | | | | | | | | | | |
| 27. | Boiler and machinery | | | | | | | | | | | | |
| 28. | Credit | | | | | | | | | | | | |
| 30. | Warranty | | | | | | | | | | | | |
| 34. | Aggregate write-ins for other lines of business | | | | | | | | | | | | |
| 35. | TOTALS (a) | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | |
| 3401. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3402. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3403. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) | | | | | | | | | | | | |

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



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

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



ANNUAL STATEMENT FOR THE YEAR 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 | | | | | | | | | | | | |
| 2.3 | Federal flood | | | | | | | | | | | | |
| 2.4 | Private crop | | | | | | | | | | | | |
| 2.5 | Private flood | | | | | | | | | | | | |
| 3. | Farmowners multiple peril | | | | | | | | | | | | |
| 4. | Homeowners multiple peril | | | | | | | | | | | | |
| 5.1 | Commercial multiple peril (non-liability portion) | | | | | | | | | | | | |
| 5.2 | Commercial multiple peril (liability portion) | | | | | | | | | | | | |
| 6. | Mortgage guaranty | | | | | | | | | | | | |
| 8. | Ocean marine | | | | | | | | | | | | |
| 9. | Inland marine | | | | | | | | | | | | |
| 10. | Financial guaranty | | | | | | | | | | | | |
| 11. | Medical professional liability | | | | | | | | | | | | |
| 12. | Earthquake | | | | | | | | | | | | |
| 13. | Group accident and health (b) | | | | | | | | | | | | |
| 14. | Credit accident and health (group and individual) | | | | | | | | | | | | |
| 15.1 | Collectively renewable accident and health (b) | | | | | | | | | | | | |
| 15.2 | Non-cancelable accident and health(b) | | | | | | | | | | | | |
| 15.3 | Guaranteed renewable accident and health(b) | | | | | | | | | | | | |
| 15.4 | Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 | Other accident only | | | | | | | | | | | | |
| 15.6 | Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 | All other accident and health (b) | | | | | | | | | | | | |
| 15.8 | Federal employees health benefits plan premium (b) | | | | | | | | | | | | |
| 16. | Workers' compensation | | | | | | | | | | | | |
| 17.1 | Other Liability - occurrence | | | | | | | | | | | | |
| 17.2 | Other Liability - claims made | | | | | | | | | | | | |
| 17.3 | Excess workers' compensation | | | | | | | | | | | | |
| 18. | Products liability | | | | | | | | | | | | |
| 19.1 | Private passenger auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.2 | Other private passenger auto liability | | | | | | | | | | | | |
| 19.3 | Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 | Other commercial auto liability | | | | | | | | | | | | |
| 21.1 | Private passenger auto physical damage | | | | | | | | | | | | |
| 21.2 | Commercial auto physical damage | | | | | | | | | | | | |
| 22. | Aircraft (all perils) | | | | | | | | | | | | |
| 23. | Fidelity | | | | | | | | | | | | |
| 24. | Surety | | | | | | | | | | | | |
| 26. | Burglary and theft | | | | | | | | | | | | |
| 27. | Boiler and machinery | | | | | | | | | | | | |
| 28. | Credit | | | | | | | | | | | | |
| 30. | Warranty | | | | | | | | | | | | |
| 34. | Aggregate write-ins for other lines of business | | | | | | | | | | | | |
| 35. | TOTALS (a) | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | |
| 3401. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3402. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3403. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) | | | | | | | | | | | | |

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



ANNUAL STATEMENT FOR THE YEAR 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 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----------------------|---|---|-----------------------------|--|----------------------------------|--|------------------------|----------------------|--|--|--|------------------------------------|--------------------------|
| | | 1 Direct Premiums Written | 2 Direct Premiums Earned | Dividends Paid or Credited to Policyholders on Direct Business | Direct Unearned Premium Reserves | Direct Losses Paid (deducting salvage) | Direct Losses Incurred | Direct Losses Unpaid | Direct Defense and Cost Containment Expense Paid | Direct Defense and Cost Containment Expense Incurred | Direct Defense and Cost Containment Expense Unpaid | Commissions and Brokerage Expenses | Taxes, Licenses and Fees |
| 1. | Fire | | | | | | | | | | | | |
| 2.1 | Allied lines | | | | | | | | | | | | |
| 2.2 | Multiple peril crop | | | | | | | | | | | | |
| 2.3 | Federal flood | | | | | | | | | | | | |
| 2.4 | Private crop | | | | | | | | | | | | |
| 2.5 | Private flood | | | | | | | | | | | | |
| 3. | Farmowners multiple peril | | | | | | | | | | | | |
| 4. | Homeowners multiple peril | | | | | | | | | | | | |
| 5.1 | Commercial multiple peril (non-liability portion) | | | | | | | | | | | | |
| 5.2 | Commercial multiple peril (liability portion) | | | | | | | | | | | | |
| 6. | Mortgage guaranty | | | | | | | | | | | | |
| 8. | Ocean marine | | | | | | | | | | | | |
| 9. | Inland marine | | | | | | | | | | | | |
| 10. | Financial guaranty | | | | | | | | | | | | |
| 11. | Medical professional liability | | | | | | | | | | | | |
| 12. | Earthquake | | | | | | | | | | | | |
| 13. | Group accident and health (b) | | | | | | | | | | | | |
| 14. | Credit accident and health (group and individual) | | | | | | | | | | | | |
| 15.1 | Collectively renewable accident and health (b) | | | | | | | | | | | | |
| 15.2 | Non-cancelable accident and health(b) | | | | | | | | | | | | |
| 15.3 | Guaranteed renewable accident and health(b) | | | | | | | | | | | | |
| 15.4 | Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 | Other accident only | | | | | | | | | | | | |
| 15.6 | Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 | All other accident and health (b) | | | | | | | | | | | | |
| 15.8 | Federal employees health benefits plan premium (b) | | | | | | | | | | | | |
| 16. | Workers' compensation | | | | | | | | | | | | |
| 17.1 | Other Liability - occurrence | | | | | | | | | | | | |
| 17.2 | Other Liability - claims made | | | | | | | | | | | | |
| 17.3 | Excess workers' compensation | | | | | | | | | | | | |
| 18. | Products liability | | | | | | | | | | | | |
| 19.1 | Private passenger auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.2 | Other private passenger auto liability | | | | | | | | | | | | |
| 19.3 | Commercial auto no-fault (personal injury protection) | | | | | | | | | | | | |
| 19.4 | Other commercial auto liability | | | | | | | | | | | | |
| 21.1 | Private passenger auto physical damage | | | | | | | | | | | | |
| 21.2 | Commercial auto physical damage | | | | | | | | | | | | |
| 22. | Aircraft (all perils) | | | | | | | | | | | | |
| 23. | Fidelity | | | | | | | | | | | | |
| 24. | Surety | | | | | | | | | | | | |
| 26. | Burglary and theft | | | | | | | | | | | | |
| 27. | Boiler and machinery | | | | | | | | | | | | |
| 28. | Credit | | | | | | | | | | | | |
| 30. | Warranty | | | | | | | | | | | | |
| 34. | Aggregate write-ins for other lines of business | | | | | | | | | | | | |
| 35. | TOTALS (a) | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | |
| 3401. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3402. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3403. | ..... |  |  |  |  |  |  |  |  |  |  |  |  |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page | | | | | | | | | | | | |
| 3499. | Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) | | | | | | | | | | | | |

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



ANNUAL STATEMENT FOR THE YEAR 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 |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
| | 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-cancelable accident and health(b) | | | | | | | | | | | | |
| 15.3 Guaranteed renewable accident and health(b) | | | | | | | | | | | | |
| 15.4 Non-renewable for stated reasons only (b) | | | | | | | | | | | | |
| 15.5 Other accident only | | | | | | | | | | | | |
| 15.6 Medicare Title XVIII exempt from state taxes or fees | | | | | | | | | | | | |
| 15.7 All other accident and health (b) | | | | | | | | | | | | |
| 15.8 Federal employees health benefits plan premium (b) | | | | | | | | | | | | |
| 16. Workers' compensation | | | | | | | | | | | | |
| 17.1 Other Liability - occurrence | 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

SCHEDULE F - PART 1

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

| 1 ID Number | 2 NAIC Com- pany Code | 3 Name of Reinsured | 4 Domiciliary Jurisdiction | 5 Assumed Premium | Reinsurance On | | 8 Cols. 6 + 7 | 9 Contingent Commissions Payable | 10 Assumed Premiums Receivable | 11 Unearned Premium | 12 Funds Held By or Deposited With Reinsured Companies | 13 Letters of Credit Posted | 14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit | 15 Amount of Assets Pledged or Collateral Held in Trust |
|--|---------------------------------------|-------------------------------|--------------------------------------|-----------------------------|---|---------------------------------------|----------------------|---|---|-------------------------------|--|---------------------------------------|--|---|
| | | | | | 6 Paid Losses and Loss Adjustment Expenses | 7 Known Case Losses and LAE | | | | | | | | |
| 34-1008736 | 13072 | UNITED OHIO INSURANCE COMPANY | OH | 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 REINSURANCE 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 | | | | |

SCHEDULE F - PART 2

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

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

SCHEDULE F - PART 3

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

| 1 | 2 | 3 | 4 | 5 | 6 | Reinsurance Recoverable On | | | | | | | | | Reinsurance Payable | | 18 | 19 |
|--|-------------------|---|--------------------------|--------------|----------------------------|----------------------------|----------|--------------------------|-------------------------|--------------------|-------------------|-------------------|-------------------------|--------------------------|------------------------|---------------------------------|---------|-----|
| | | | | | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |  |  | Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17] | Funds Held By Company Under Reinsurance Treaties |
| ID Number | NAIC Company Code | Name of Reinsurer | Domiciliary Jurisdiction | Special Code | Reinsurance Premiums Ceded | Paid Losses | Paid LAE | Known Case Loss Reserves | Known Case LAE Reserves | IBNR Loss Reserves | IBNR LAE Reserves | Unearned Premiums | Contingent Commis-sions | Columns 7 thru 14 Totals | Ceded Balances Payable | Other Amounts Due to Reinsurers | | |
| 34-1008736 | 13072 | UNITED OHIO INSURANCE COMPANY | OH | | 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 | | (1) | |
| 36-2661954 | 10103 | AMERICAN AGRICULTURAL INSURANCE COMPANY | IN | | 21 | | | | | | | 3 | | 3 | | | 3 | |
| 06-1430254 | 10348 | ARCH REINSURANCE COMPANY | DE | | | | | | | | | | | | | | | |
| 47-0574325 | 32603 | BERKLEY INSURANCE COMPANY | DE | | 16 | | | | | | | 3 | | 3 | | | 3 | |
| 42-0234980 | 21415 | EMPLOYERS MUTUAL CASUALTY CO | IA | | 17 | | | | | | | 3 | | 3 | | | 3 | |
| 22-2005057 | 26921 | EVEREST REINSURANCE COMPANY | DE | | 31 | | | | | | | | | | | | | |
| 05-0316605 | 21482 | FACTORY MUTUAL INSURANCE COMPANY | RI | | 144 | 9 | | | | | | 70 | | 79 | 9 | | 70 | |
| 42-0245840 | 13897 | FARMERS MUTUAL HAIL INSURANCE COMPANY | IA | | 10 | | | | | | | 1 | | 1 | | | 1 | |
| 13-2673100 | 22039 | GENERAL REINSURANCE CORPORATION | DE | | 408 | 12 | | 31 | | 1,150 | | 177 | | 1,370 | 29 | | 1,341 | 170 |
| 06-0384680 | 11452 | HARTFORD STEAM BOILER INSPECTION & INS | CT | | | | | 5 | | | | | | 5 | | | 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 | | (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 | | (1) | |
| 13-1675535 | 25364 | SWISS REINSURANCE AMERICA CORPORATION | NY | | 53 | | | | | | | 4 | | 4 | 1 | | 3 | |
| 13-2918573 | 42439 | THE TOA REINSURANCE COMPANY OF AMERICA | DE | | 18 | | | | | | | 3 | | 3 | | | 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 | | | | | | | 3 | | 3 | 1 | | 2 | |
| 1099999. Total Authorized - Pools - Mandatory Pools | | | | | 5 | | | | | | | 3 | | 3 | 1 | | 2 | |
| AA-9995035 | 00000 | MUTUAL REINSURANCE BUREAU | IL | | 132 | | | | | | | | | | 2 | | (2) | |
| 1199999. Total Authorized - Pools - Voluntary Pools | | | | | 132 | | | | | | | | | | 2 | | (2) | |
| AA-1126033 | 00000 | LLOYD'S SYNDICATE #0033 | GBR | | 13 | | | | | | | | | | | | | |
| AA-1126435 | 00000 | LLOYD'S SYNDICATE #0435 | GBR | | 47 | | | | | | | | | | 1 | | (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) | | 2 | |
| AA-1128003 | 00000 | LLOYD'S SYNDICATE #2003 | GBR | | 142 | | | | | | | | | | 1 | | (1) | |
| AA-1120071 | 00000 | LLOYD'S SYNDICATE #2007 | GBR | | 21 | | | | | | | | | | (3) | | 3 | |
| AA-1128010 | 00000 | LLOYD'S SYNDICATE #2010 | GBR | | 103 | | | | | | | | | | (6) | | 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) | | 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 | | (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 | 19 |
|--|---------------------------------------|---|--------------------------------------|--------------------------|---|----------------------------|-------------------|---|---|---------------------------------|--------------------------------|--------------------------------|--|--|--|--|--|--|
| | | | | | | 7 Paid Losses | 8 Paid LAE | 9 Known Case Loss Reserves | 10 Known Case LAE Reserves | 11 IBNR Loss Reserves | 12 IBNR LAE Reserves | 13 Unearned Premiums | 14 Contingent Commis- sions | 15 Columns 7 thru 14 Totals | 16 Ceded Balances Payable | 17 Other Amounts Due to Reinsurers | Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17] | Funds Held By Company Under Reinsurance Treaties |
| 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 | BMJ | | | | | | | | | | | | | | | |
| AA-3194161 | ..00000 | CATLIN INSURANCE COMPANY LTD | BMJ | | 99 | | | | | | | | | | 1 | | (1) | |
| AA-3194122 | ..00000 | DAVINCI REINSURANCE LTD | BMJ | | 50 | | | | | | | | | | 1 | | (1) | |
| AA-1340125 | ..00000 | HANNOVER RUCKVERSICHERUNGS AG | DEU | | 8 | | | | | | | 1 | | 1 | | | 1 | |
| AA-3190875 | ..00000 | HISCOX INSURANCE COMPANY | BMJ | | 46 | | | | | | | | | | 1 | | (1) | |
| AA-1840000 | ..00000 | MAPFRE RE COMPANIA DE REASEGUROS, S.A. | ESP | | | | | | | | | | | | | | | |
| AA-1460019 | ..00000 | MS AMLIN AG | CHE | | 6 | | | | | | | | | | (6) | | 6 | |
| AA-3190339 | ..00000 | RENAISSANCE REINSURANCE, LTD | BMJ | | 74 | | | | | | | | | | 1 | | (1) | |
| AA-1340192 | ..00000 | R&V VERSICHERUNG AG | DEU | | 137 | | | | | | | | | | 1 | | (1) | |
| AA-1440076 | ..00000 | SIRIUS INTERNATIONAL CORPORATION | SWE | | | | | | | | | | | | | | | |
| 2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000) | | | | | | | | | | | | | | | | | | |
| 2599999. Total Unauthorized - Other Non-U.S. Insurers | | | | | 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 | | | | | | | | | | 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 | | | |
| 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 | | | | | | | 12 Percentage Overdue Col. 10/Col. 11 | 13 Percentage More Than 120 Days Overdue Col. 9/Col. 11 |
|--|---------------------------------------|----------------------------------|--|--|-----------------------|------------------------|-------------------------|------------------------|--|-------------------------------------|--|---|
| | | | | 5 Current | Overdue | | | | | 11 Total Due Cols. 5 + 10 | | |
| | | | | | 6 1 to 29 Days | 7 30 to 90 Days | 8 91 to 120 Days | 9 Over 120 Days | 10 Total Overdue Cols. 6 + 7 + 8 + 9 | | | |
| 0499999. Total Authorized - Affiliates - U.S. Non-Pool | | | | | | | | | | | | |
| 0799999. Total Authorized - Affiliates - Other (Non-U.S.) | | | | | | | | | | | | |
| 0899999. Total Authorized - Affiliates | | | | | | | | | | | | |
| 05-0316605 | 21482 | FACTORY MUTUAL INSURANCE COMPANY | RI | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|--|-------------------|---|--------------------------|--------------|--|--|-------------------|---|------------------------|--------------------------------|--|--|---|---|--------------------------|---|---|---|
| ID Number | NAIC Company Code | Name of Reinsurer | Domiciliary Jurisdiction | Special Code | Reinsurance Recoverable all Items Schedule F Part 3, Col. 15 | Funds Held By Company Under Reinsurance Treaties | Letters of Credit | Issuing or Confirming Bank Reference Number (a) | Ceded Balances Payable | Miscellaneous Balances Payable | Trust Funds and Other Allowed Offset Items | Total Collateral and Offsets Allowed (Cols. 7+8+10+11 +12 but not in Excess of Col. 6) | Provision for Unauthorized Reinsurance (Col. 6 Minus Col. 13) | Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute | 20% of Amount in Col. 15 | 20% of Amount in Dispute Included in Column 6 | Provision for Overdue Reinsurance (Col 16 plus Col. 17) | Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6) |
| 0499999. Total - U.S. Non-Pool | | | | | | | | XXX | | | | | | | | | | |
| 0799999. Total - Other (Non-U.S.) | | | | | | | | XXX | | | | | | | | | | |
| 0899999. Total - Affiliates | | | | | | | | XXX | | | | | | | | | | |
| AA-3194139 | ..00000 | AXIS SPECIALTY LIMITED | BMJ | | | | | | | | | | | | | | | |
| AA-3194161 | ..00000 | CATLIN INSURANCE COMPANY LTD | BMJ | | | | | | 1 | | (1) | | | | | | | |
| AA-3194122 | ..00000 | DAVINCI REINSURANCE LTD | BMJ | | | | | | 1 | | (1) | | | | | | | |
| AA-1340125 | ..00000 | HANNOVER RUCKVERSICHERUNGS AG | DEU | | 1 | | | | | | 1 | 1 | | | | | | |
| AA-3190875 | ..00000 | HISCOX INSURANCE COMPANY | BMJ | | | | | | 1 | | (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 | BMJ | | | | | | 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 |
| | | | | | |

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 Company Code | 3 Name of Reinsurer | 4 Reinsurance Recoverable All Items | 5 Funds Held By Company Under Reinsurance Treaties | 6 Letters of Credit | 7 Ceded Balances Payable | 8 Other Miscellaneous Balances | 9 Other Allowed Offset Items | 10 Sum of Cols. 5 through 9 but not in excess of Col. 4 | 11 Col. 4 minus Col. 10 | 12 Greater of Col. 11 or Schedule F - Part 4 Cols. 8 + 9 |
|--|------------------------|------------------------|--|---|------------------------|-----------------------------|-----------------------------------|---------------------------------|--|----------------------------|---|
| AA-1340192 | .00000 | R&V VERSICHERUNG AG | 265 | | | 1,160 | | | 265 | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9999999 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 [X] No []

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

ANNUAL STATEMENT FOR THE YEAR 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 | | XXX |
| 2. Premiums earned | 848 | XXX | | XXX | | XXX | | XXX | 848 | XXX | | 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 | 2 | 3 | 4 | Other Individual Contracts | | | | |
|---|-------|------------------------------|--|---------------------------|----------------------------|-------------------------|---|------------------------|-----------|
| | | | | | 5 | 6 | 7 | 8 | 9 |
| | Total | Group Accident and Health | Credit Accident and Health (Group and Individual) | Collectively Renewable | Non-Cancelable | Guaranteed Renewable | Non-Renewable for Stated Reasons Only | Other Accident Only | All Other |
| PART 2. - RESERVES AND LIABILITIES | | | | | | | | | |
| A. Premium Reserves: | | | | | | | | | |
| 1. Unearned premiums | 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 |
|--|--------------------------------|----------------|----------------------|--------------------------------|----------------|--|----------------|---------------------------------|----------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | Number of Claims Reported Direct and Assumed |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| | | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2008..... | 10,788 | 765 | 10,023 | 9,065 | 2,943 | 269 | 125 | 643 | | 53 | 6,909 | 1,966 |
| 3. 2009..... | 11,216 | 1,004 | 10,212 | 7,467 | 1,685 | 149 | 14 | 630 | | 120 | 6,547 | 1,690 |
| 4. 2010..... | 11,733 | 713 | 11,020 | 6,049 | 92 | 167 | | 591 | | 73 | 6,715 | 2,051 |
| 5. 2011..... | 12,368 | 998 | 11,370 | 10,733 | 2,153 | 248 | 76 | 907 | | 49 | 9,659 | 1,714 |
| 6. 2012..... | 13,221 | 1,667 | 11,554 | 13,615 | 6,616 | 558 | 313 | 1,137 | | 58 | 8,381 | 1,796 |
| 7. 2013..... | 14,164 | 1,243 | 12,921 | 8,383 | 348 | 147 | 1 | 964 | | 124 | 9,145 | 1,100 |
| 8. 2014..... | 15,125 | 1,489 | 13,636 | 6,158 | 40 | 111 | | 741 | | 174 | 6,970 | 786 |
| 9. 2015..... | 15,575 | 1,334 | 14,241 | 5,359 | 48 | 134 | | 592 | | 108 | 6,037 | 722 |
| 10. 2016..... | 15,883 | 1,362 | 14,521 | 5,642 | 281 | 116 | 1 | 675 | | 120 | 6,151 | 678 |
| 11. 2017..... | 16,326 | 1,372 | 14,954 | 6,409 | 394 | 123 | 3 | 672 | | 37 | 6,807 | 815 |
| 12. Totals | XXX | XXX | XXX | 78,880 | 14,600 | 2,022 | 533 | 7,552 | | 916 | 73,321 | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 | 24 | 25 |
|---------------|--------------------|-------|--------------------|-------|-------------------------------------|-------|--------------------|-------|----------------------------|-------|----|-------|-----|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior..... | | | | | | | | | | | | | |
| 2. 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 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 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 | |
|--|--------------------------------|----------------|----------------------|--------------------------------|----------------|--|----------------|---------------------------------|----------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | Number of Claims Reported Direct and Assumed |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| | | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | (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 | 24 | 25 |
|---------------|--------------------|-------|--------------------|-------|-------------------------------------|-------|--------------------|-------|----------------------------|-------|----|--------|-----|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior..... | | | | | | | | | | | | | |
| 2. 2008..... | 1 | | 1 | | | | | | | | | 2 | |
| 3. 2009..... | 2 | 1 | | | | | | | | | | 1 | |
| 4. 2010..... | 7 | 1 | | | | | | | 1 | | | 7 | |
| 5. 2011..... | 27 | | 5 | | | | 4 | | 1 | | | 37 | 1 |
| 6. 2012..... | 40 | | 23 | 4 | | | 16 | | 4 | | | 79 | 2 |
| 7. 2013..... | 178 | | 88 | 2 | | | 25 | | 5 | | | 294 | 5 |
| 8. 2014..... | 330 | | 151 | 36 | | | 46 | | 25 | | | 516 | 13 |
| 9. 2015..... | 808 | 25 | 196 | 76 | | | 158 | | 50 | | | 1,111 | 32 |
| 10. 2016..... | 1,716 | 5 | 887 | 160 | | | 277 | | 152 | | | 2,867 | 95 |
| 11. 2017..... | 3,298 | 12 | 2,506 | 279 | | | 379 | | 498 | | | 6,390 | 352 |
| 12. Totals | 6,407 | 44 | 3,857 | 557 | | | 905 | | 736 | | | 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 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 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 |
|--|--------------------------------|----------------|----------------------|--------------------------------|----------------|--|----------------|---------------------------------|----------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | Number of Claims Reported Direct and Assumed |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| | | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 2008..... | 1,992 | 158 | 1,834 | 484 | 3 | 78 | | 45 | | 4 | 604 | 121 |
| 3. 2009..... | 2,438 | 252 | 2,186 | 846 | 24 | 70 | 2 | 83 | | 107 | 973 | 161 |
| 4. 2010..... | 2,655 | 216 | 2,439 | 1,556 | 143 | 110 | 2 | 136 | | 13 | 1,657 | 256 |
| 5. 2011..... | 2,919 | 184 | 2,735 | 954 | | 124 | | 118 | | 18 | 1,196 | 176 |
| 6. 2012..... | 3,310 | 196 | 3,114 | 1,652 | 130 | 125 | 8 | 172 | | 18 | 1,811 | 179 |
| 7. 2013..... | 3,781 | 206 | 3,575 | 1,985 | 144 | 211 | 6 | 230 | | 26 | 2,276 | 188 |
| 8. 2014..... | 4,295 | 229 | 4,066 | 3,037 | 252 | 243 | 11 | 319 | | 18 | 3,336 | 229 |
| 9. 2015..... | 4,420 | 256 | 4,164 | 1,834 | 144 | 73 | 2 | 216 | | 20 | 1,977 | 252 |
| 10. 2016..... | 4,586 | 293 | 4,293 | 1,431 | 27 | 43 | | 204 | | 10 | 1,651 | 225 |
| 11. 2017..... | 4,779 | 352 | 4,427 | 818 | | 14 | | 188 | | 11 | 1,020 | 206 |
| 12. Totals | XXX | XXX | XXX | 14,597 | 867 | 1,091 | 31 | 1,711 | | 245 | 16,501 | XXX |

| | Losses Unpaid | | | | Defense and Cost Containment Unpaid | | | | Adjusting and Other Unpaid | | 23 | 24 | 25 |
|---------------|--------------------|-------|--------------------|-------|-------------------------------------|-------|--------------------|-------|----------------------------|-------|----|-------|-----|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded |  |  |  | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Number of Claims Outstanding Direct and Assumed |
| 1. Prior..... | | | | | | | | | | | | | |
| 2. 2008..... | | | | | | | | | | | | | |
| 3. 2009..... | | | | | | | | | | | | | |
| 4. 2010..... | | | | | | | | | | | | | |
| 5. 2011..... | | | | | | | 6 | | 1 | | | 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 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 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 | 17 |
| 7. 2013..... | 2,628 | 151 | 2,477 | 69.5 | 73.3 | 69.3 | | | 27.0 | 136 | 65 |
| 8. 2014..... | 4,316 | 354 | 3,962 | 100.5 | 154.6 | 97.4 | | | 27.0 | 495 | 131 |
| 9. 2015..... | 3,506 | 551 | 2,955 | 79.3 | 215.2 | 71.0 | | | 27.0 | 858 | 120 |
| 10. 2016..... | 2,992 | 141 | 2,851 | 65.2 | 48.1 | 66.4 | | | 27.0 | 949 | 251 |
| 11. 2017..... | 3,344 | 162 | 3,182 | 70.0 | 46.0 | 71.9 | | | 27.0 | 1,737 | 425 |
| 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 |
|--|-----------------------|-------|-------------|--------------------------------|-------|--|-------|---------------------------------|-------|--|--|--|
| | 1 | 2 | 3 | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 | 11 | Number of Claims Reported Direct and Assumed |
| | Direct and Assumed | Ceded | Net (1 - 2) | 4 | 5 | 6 | 7 | 8 | 9 | Salvage and Subrogation Received | Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | |
| | | | | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 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 | | Adjusting and Other Unpaid | | | | |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior..... | | | | | | | | | | | | | |
| 2. 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 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 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 |
|--|--------------------------------|----------------|----------------------|--------------------------------|----------------|--|----------------|---------------------------------|----------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | Number of Claims Reported Direct and Assumed |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| | | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | 17 | | 16 | | 1 | | 1 | 34 | XXX |
| 2. 2008..... | 3,245 | 352 | 2,893 | 1,805 | 502 | 173 | 18 | 118 | | 8 | 1,576 | 253 |
| 3. 2009..... | 3,637 | 491 | 3,146 | 1,765 | 287 | 202 | 4 | 157 | | 19 | 1,833 | 314 |
| 4. 2010..... | 3,962 | 514 | 3,448 | 2,002 | 75 | 302 | 2 | 189 | | 19 | 2,416 | 561 |
| 5. 2011..... | 4,298 | 553 | 3,745 | 3,043 | 721 | 287 | 24 | 297 | | 51 | 2,882 | 326 |
| 6. 2012..... | 4,812 | 637 | 4,175 | 2,675 | 670 | 206 | 27 | 306 | | 39 | 2,490 | 334 |
| 7. 2013..... | 5,720 | 713 | 5,007 | 3,646 | 662 | 466 | 31 | 412 | | 33 | 3,831 | 295 |
| 8. 2014..... | 6,675 | 863 | 5,812 | 2,935 | 222 | 403 | 11 | 383 | | 31 | 3,488 | 315 |
| 9. 2015..... | 6,939 | 863 | 6,076 | 1,888 | 51 | 309 | 5 | 249 | | 47 | 2,390 | 296 |
| 10. 2016..... | 7,318 | 898 | 6,420 | 2,380 | 144 | 135 | | 308 | | 26 | 2,679 | 264 |
| 11. 2017..... | 7,563 | 915 | 6,648 | 1,590 | 33 | 77 | | 224 | | 36 | 1,858 | 217 |
| 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 | 24 | 25 |
|---------------|--------------------|-------|--------------------|-------|-------------------------------------|-------|--------------------|-------|----------------------------|-------|----|-------|-----|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior..... | | | | | | | | | | | | | |
| 2. 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 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 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 | 3 |
| 5. 2011..... | 3,692 | 756 | 2,936 | 85.9 | 136.7 | 78.4 | | | 27.0 | 30 | 24 |
| 6. 2012..... | 3,262 | 698 | 2,564 | 67.8 | 109.6 | 61.4 | | | 27.0 | 51 | 23 |
| 7. 2013..... | 4,730 | 705 | 4,025 | 82.7 | 98.9 | 80.4 | | | 27.0 | 103 | 91 |
| 8. 2014..... | 4,360 | 341 | 4,019 | 65.3 | 39.5 | 69.2 | | | 27.0 | 348 | 183 |
| 9. 2015..... | 3,874 | 302 | 3,572 | 55.8 | 35.0 | 58.8 | | | 27.0 | 764 | 418 |
| 10. 2016..... | 3,931 | 212 | 3,719 | 53.7 | 23.6 | 57.9 | | | 27.0 | 633 | 407 |
| 11. 2017..... | 4,405 | 368 | 4,037 | 58.2 | 40.2 | 60.7 | | | 27.0 | 1,417 | 762 |
| 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 |
|--|--------------------------------|----------------|----------------------|--------------------------------|----------------|--|----------------|---------------------------------|----------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | Number of Claims Reported Direct and Assumed |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| | | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | 25 | | | | 3 | | | 28 | XXX |
| 2. 2008..... | 1,605 | 556 | 1,049 | 356 | | 81 | | 35 | | | 472 | 139 |
| 3. 2009..... | 1,567 | 569 | 998 | 491 | 243 | 38 | | 34 | | 1 | 320 | 367 |
| 4. 2010..... | 1,528 | 594 | 934 | 375 | 180 | 56 | 2 | 47 | | 4 | 296 | 91 |
| 5. 2011..... | 1,626 | 660 | 966 | 363 | 55 | 77 | 13 | 37 | | 2 | 409 | 47 |
| 6. 2012..... | 1,765 | 761 | 1,004 | 172 | | 22 | | 27 | | 2 | 221 | 52 |
| 7. 2013..... | 1,888 | 823 | 1,065 | 810 | 466 | 88 | | 81 | | 1 | 513 | 47 |
| 8. 2014..... | 1,952 | 893 | 1,059 | 826 | 622 | 47 | 8 | 110 | | 1 | 353 | 43 |
| 9. 2015..... | 1,987 | 890 | 1,097 | 414 | 243 | 20 | | 36 | | 1 | 227 | 32 |
| 10. 2016..... | 1,849 | 901 | 948 | 93 | | 11 | | 21 | | | 125 | 33 |
| 11. 2017..... | 1,689 | 935 | 754 | 170 | 123 | 2 | | 43 | | | 92 | 15 |
| 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 | 24 | 25 |
|---------------|--------------------|-------|--------------------|-------|-------------------------------------|-------|--------------------|-------|----------------------------|-------|----|-------|----|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded |  |  |  | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Number of Claims Outstanding Direct and Assumed |
| 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 | 1 |
| 8. 2014..... | 59 | | 109 | 87 | | | 12 | | 3 | | | 96 | 3 |
| 9. 2015..... | 7 | | 102 | 56 | | | 12 | | 12 | | | 77 | 2 |
| 10. 2016..... | 405 | 243 | 264 | 130 | | | 106 | | 11 | | | 413 | 9 |
| 11. 2017..... | 139 | 5 | 777 | 581 | | | 96 | | 51 | | | 477 | 4 |
| 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 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | 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 | 82 | 18 |
| 7. 2013..... | 1,467 | 638 | 829 | 77.7 | 77.5 | 77.8 | | | 27.0 | 234 | 82 |
| 8. 2014..... | 1,166 | 717 | 449 | 59.7 | 80.3 | 42.4 | | | 27.0 | 81 | 15 |
| 9. 2015..... | 603 | 299 | 304 | 30.3 | 33.6 | 27.7 | | | 27.0 | 53 | 24 |
| 10. 2016..... | 911 | 373 | 538 | 49.3 | 41.4 | 56.8 | | | 27.0 | 296 | 117 |
| 11. 2017..... | 1,278 | 709 | 569 | 75.7 | 75.8 | 75.5 | | | 27.0 | 330 | 147 |
| 12. Totals | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | 1,080 | 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 |
|--|-----------------|-----|-----|--------------------------------|-------|--|-------|---------------------------------|-------|----|----|--|
| | 1 | 2 | 3 | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 | 11 | Number of Claims Reported Direct and Assumed |
| | | | | 4 | 5 | 6 | 7 | 8 | 9 | | | |
| | | | | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded |  |  |  | Salvage and Subrogation Received | Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) |
| 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 |

NONE

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

NONE

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

NONE

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

SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned | | | Loss and Loss Expense Payments | | | | | | | 12 | |
|--|--------------------------------|----------------|----------------------|--------------------------------|-------|--|-------|---------------------------------|-------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | Number of Claims Reported Direct and Assumed |
| | | | | 4 | 5 | 6 | 7 | 8 | 9 | | | |
| | | | | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX |(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 | 24 | 25 |
|-----------|--------------------|-------|--------------------|-------|-------------------------------------|-------|--------------------|-------|----------------------------|-------|-------------------------------------|--------------------------------------|---|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | Salvage and Subrogation Anticipated | Total Net Losses and Expenses Unpaid | Number of Claims Outstanding Direct and Assumed |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior | | | 3 | | | | | | | | | 3 | |
| 2. 2016 | 29 | | 18 | 2 | | | 3 | | 3 | | | 51 | 1 |
| 3. 2017 | 277 | | 128 | 52 | | | 33 | | 25 | | | 411 | 18 |
| 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 | Net Balance Sheet Reserves After Discount | |
|-----------|---|-------|-------|--|-------|------|---------------------|--------------|--|---|----------------------|
| | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | Inter-Company Pooling Participation Percentage | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | 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 | |
|--|--------------------------------|----------------|----------------------|--------------------------------|----------------|--|----------------|---------------------------------|----------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | Number of Claims Reported Direct and Assumed |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| | | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | (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 | 24 | 25 |
|-----------|--------------------|-------|--------------------|-------|-------------------------------------|-------|--------------------|-------|----------------------------|-------|----|-----|-----|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior | 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 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | 6 | 3 |
| 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 |
|--|-----------------------------|----------------|----------------------|--------------------------------|-------|---------------------------------------|-------|------------------------------|-------|--|---|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | Number of Claims Reported Direct and Assumed |
| | | | | 4 | 5 | 6 | 7 | 8 | 9 | | | |
| | | | | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior | XXX | XXX | XXX | NONE | | | | | | | | XXX |
| 2. 2016 | | | | | | | | | | | | XXX |
| 3. 2017 | | | | | | | | | | | | XXX |
| 4. Totals | XXX | XXX | XXX | | | | | | | | | XXX |

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

| | Total Losses and Loss Expenses Incurred | | | Loss and Loss Expense Percentage (Incurred /Premiums Earned) | | | Nontabular Discount | | 34 | Net Balance Sheet Reserves After Discount | |
|---------------|---|-------|-----|--|-------|-----|---------------------|--------------|--|---|----------------------|
| | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | Inter-Company Pooling Participation Percentage | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 2016..... | | | | | | | | | | | |
| 3. 2017..... | | | | | | | | | | | |
| 4. Totals | 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 |
|--|--------------------------------|----------------|----------------------|--------------------------------|-------|--|-------|---------------------------------|-------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | Number of Claims Reported Direct and Assumed |
| | | | | 4 | 5 | 6 | 7 | 8 | 9 | | | |
| | | | | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior..... | XXX | XXX | XXX | | | | | 1 | | | 1 | XXX |
| 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 | 24 | 25 |
|-----------|--------------------|-------|--------------------|-------|-------------------------------------|-------|--------------------|-------|----------------------------|-------|----|----|----|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior | | | | | | | | | | | | | |
| 2. 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 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 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 |
|--|--------------------------------|----------------|----------------------|--------------------------------|----------------|--|----------------|---------------------------------|----------------|--|--|--|
| | 1 Direct and Assumed | 2 Ceded | 3 Net (1 - 2) | Loss Payments | | Defense and Cost Containment Payments | | Adjusting and Other Payments | | 10 Salvage and Subrogation Received | 11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9) | Number of Claims Reported Direct and Assumed |
| | | | | 4 Direct and Assumed | 5 Ceded | 6 Direct and Assumed | 7 Ceded | 8 Direct and Assumed | 9 Ceded | | | |
| | | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | | | | | | | | | XXX |
| 2. 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 | 24 | 25 |
|---------------|--------------------|-------|--------------------|-------|-------------------------------------|-------|--------------------|-------|----------------------------|-------|----|----|----|
| | Case Basis | | Bulk + IBNR | | Case Basis | | Bulk + IBNR | | | | | | |
| | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | |
| | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | Direct and Assumed | Ceded | | | |
| 1. Prior..... | | | | | | | | | | | | | |
| 2. 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 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | | 35 | 36 |
| | Direct and Assumed | Ceded | Net | Direct and Assumed | Ceded | Net | Loss | Loss Expense | | Losses Unpaid | Loss Expenses Unpaid |
| | | | | | | | | | | | |
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | | |
| 2. 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 | 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 | | | | XXX |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

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 | 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 | 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 | | | | XXX |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

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

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 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 | | | | XXX |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | | | | | | | | | | | | |
| 2. 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 | | | | XXX |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

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 | XXX | 495 | 510 | 655 | 703 | 734 | 31 | 79 |
| 8. 2014..... | XXX | XXX | XXX | XXX | XXX | XXX | 504 | 560 | 392 | 336 | (56) | (224) |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 417 | 374 | 256 | (118) | (161) |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 576 | 506 | (70) | XXX |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 475 | XXX | XXX |
| 12. Totals | | | | | | | | | | | (225) | (315) |

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 | 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 | | | | XXX |
| 11. 2017..... | XXX | 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 | XXX | XXX | XXX | XXX | XXX | XXX | 877 | 259 | 188 | (71) | (689) |
| 2. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 7,672 | 7,013 | (659) | XXX |
| 3. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 7,994 | XXX | XXX |
| 4. Totals | | | | | | | | | | | (730) | (689) |

SCHEDULE P - PART 2K - FIDELITY/SURETY

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

NONE

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

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 1. Prior..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 1 | | | | (1) |
| 2. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX |
| 3. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 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 | 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 | | | | XXX |
| 11. 2017..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | XXX | XXX |
| 12. Totals | | | | | | | | | | | | |

NONE

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

N O N E

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

N O N E

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

N O N E

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

| | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|
| 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 | 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 | XXX |
| 12. Totals | | | | | | | | | | | | |

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

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

SCHEDULE P - PART 2T - WARRANTY

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

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

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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | | |
| 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 | | | |

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 | 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 | | | |

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 | XXX | XXX | XXX | | | | | XXX | XXX |
| 9. 2015..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | | XXX | XXX |
| 10. 2016..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | XXX | XXX |
| 11. 2017..... | 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 | 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 | | | |

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

SCHEDULE P - PART 3K - FIDELITY/SURETY

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

NONE

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

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

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

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

SCHEDULE P - PART 3T - WARRANTY

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

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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | XXX | 867 | 402 | 189 | 318 | 71 |
| 8. 2014..... | XXX | 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
(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 | 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 | |

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 |

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

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

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

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

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

SCHEDULE P - PART 4K - FIDELITY/SURETY

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

NONE

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

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

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

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

SCHEDULE P - PART 4T - WARRANTY

| | | | | | | | | | | |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1. Prior | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | | |
| 2. 2016 | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | | |
| 3. 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 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END | | | | | | | | | |
|--|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 |
| 1. Prior..... | 7 | 6 | 4 | 2 | 1 | 2 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 239 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 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 | | |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sch P-Pt. 1) | | | | | | | | | | | XXX |

SECTION 2

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

ANNUAL STATEMENT FOR THE YEAR 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | XXX | 49 | 49 | 49 | 49 | 49 | 49 | |
| 7. 2013..... | XXX | XXX | XXX | XXX | XXX | 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 | 54 |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | 54 |
| 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | XXX | | |
| 12. Totals..... | XXX | XXX | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 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 | | |
| 12. Totals..... | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX | |
| 13. Earned Premiums (Sch P-Pt. 1) | | | | | | | | | | | XXX |

SECTION 2B

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED) | | | | | | | | | | 11 Current Year Premiums Earned |
|--|--|------|------|------|------|------|------|------|------|------|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 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 | | |
| 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 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 | 2 | 3 | 4 | 6 |
| | | Life (Group and Individual) | Annuities (Group and Individual) | Disability Income (Group and Individual) | Long-Term Care (Group and Individual) | Totals |
| 1. | Alabama | AL | | | | |
| 2. | Alaska | AK | | | | |
| 3. | Arizona | AZ | | | | |
| 4. | Arkansas | AR | | | | |
| 5. | California | CA | | | | |
| 6. | Colorado | CO | | | | |
| 7. | Connecticut | CT | | | | |
| 8. | Delaware | DE | | | | |
| 9. | District of Columbia | DC | | | | |
| 10. | Florida | FL | | | | |
| 11. | Georgia | GA | | | | |
| 12. | Hawaii | HI | | | | |
| 13. | Idaho | ID | | | | |
| 14. | Illinois | IL | | | | |
| 15. | Indiana | IN | | | | |
| 16. | Iowa | IA | | | | |
| 17. | Kansas | KS | | | | |
| 18. | Kentucky | KY | | | | |
| 19. | Louisiana | LA | | | | |
| 20. | Maine | ME | | | | |
| 21. | Maryland | MD | | | | |
| 22. | Massachusetts | MA | | | | |
| 23. | Michigan | MI | | | | |
| 24. | Minnesota | MN | | | | |
| 25. | Mississippi | MS | | | | |
| 26. | Missouri | MO | | | | |
| 27. | Montana | MT | | | | |
| 28. | Nebraska | NE | | | | |
| 29. | Nevada | NV | | | | |
| 30. | New Hampshire | NH | | | | |
| 31. | New Jersey | NJ | | | | |
| 32. | New Mexico | NM | | | | |
| 33. | New York | NY | | | | |
| 34. | North Carolina | NC | | | | |
| 35. | North Dakota | ND | | | | |
| 36. | Ohio | OH | | | | |
| 37. | Oklahoma | OK | | | | |
| 38. | Oregon | OR | | | | |
| 39. | Pennsylvania | PA | | | | |
| 40. | Rhode Island | RI | | | | |
| 41. | South Carolina | SC | | | | |
| 42. | South Dakota | SD | | | | |
| 43. | Tennessee | TN | | | | |
| 44. | Texas | TX | | | | |
| 45. | Utah | UT | | | | |
| 46. | Vermont | VT | | | | |
| 47. | Virginia | VA | | | | |
| 48. | Washington | WA | | | | |
| 49. | West Virginia | WV | | | | |
| 50. | Wisconsin | WI | | | | |
| 51. | Wyoming | WY | | | | |
| 52. | American Samoa | AS | | | | |
| 53. | Guam | GU | | | | |
| 54. | Puerto Rico | PR | | | | |
| 55. | U.S. Virgin Islands | VI | | | | |
| 56. | Northern Mariana Islands | MP | | | | |
| 57. | Canada | CAN | | | | |
| 58. | Aggregate Other Alien | OT | | | | |
| 59. | Total | | | | | |

NONE

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

| 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

[illegible]

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 | | |
| 1. | Will an actuarial opinion be filed by March 1? | YES |
| 2. | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 3. | Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?..... | YES |
| 4. | Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?..... | YES |
| APRIL FILING | | |
| 5. | Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? | YES |
| 6. | Will Management's Discussion and Analysis be filed by April 1? | YES |
| 7. | Will the Supplemental Investment Risk Interrogatories be filed by April 1? | YES |
| MAY FILING | | |
| 8. | Will this company be included in a combined annual statement which is filed with the NAIC by May 1? | YES |
| JUNE FILING | | |
| 9. | Will an audited financial report be filed by June 1? | YES |
| 10. | Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |
| AUGUST FILING | | |
| 11. | Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | YES |









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

| | | |
|---------------|--|-----|
| MARCH FILING | | |
| 12. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 13. | Will the Financial Guaranty Insurance Exhibit be filed by March 1?..... | NO |
| 14. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?..... | NO |
| 15. | Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? | NO |
| 16. | Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 17. | Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? | NO |
| 18. | Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? | YES |
| 19. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?..... | NO |
| 20. | Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?..... | YES |
| 21. | Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | YES |
| 22. | Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | NO |
| 23. | Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 24. | Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 25. | Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | NO |
| 26. | Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | NO |
| 27. | Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?..... | NO |
| 28. | Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?..... | NO |
| APRIL FILING | | |
| 29. | Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| 30. | Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 31. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| 32. | Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | NO |
| 33. | Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? | NO |
| 34. | Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? | NO |
| AUGUST FILING | | |
| 35. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | NO |
| Explanations: | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |
| 16. | | |
| 17. | | |
| 19. | | |
| 22. | | |
| 23. | | |
| 24. | | |
| 25. | | |
| 26. | | |
| 27. | | |
| 28. | | |
| 29. | | |
| 30. | | |
| 32. | | |
| 33. | | |
| 34. | | |
| 35. | | |

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

ANNUAL STATEMENT FOR THE YEAR 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] |  |

OVERFLOW PAGE FOR WRITE-INS

NONE



| | 1 | 2 | 3 |
|--|-------------|---------------------------------------|--|
| | As Reported | Interrogatory 9 Reinsurance Effect | 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 |

[illegible]

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 SI12

Schedule DB - Part C - Section 2 SI13

Schedule DB - Part D - Section 1 E22

Schedule DB - Part D - Section 2 E23

Schedule DB - Verification SI14

Schedule DL - Part 1 E24

Schedule DL - Part 2 E25

Schedule E - Part 1 - Cash E26

Schedule E - Part 2 - Cash Equivalents E27

Schedule E - Part 3 - Special Deposits E28

Schedule E - 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 |