



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

Ohio Mutual Insurance Company

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

OFFICERS

President Mark Clarence Russell, Mr. Secretary David Anthony Siebenburgen, Mr.
Treasurer David Gary Hendrix, Mr.

OTHER

Chad Philip Combs, Mr., Vice President Personal Lines Underwriting	John Richard DeLucia, Mr., Vice President Claims Operations
Gary Thomas Johnson, Mr., Vice President Commercial Lines Underwriting	Susan Elizabeth Kent, Mrs., Vice President Business Analytics
Marcella Sloane Smith, Mrs., Vice President Human Resources	

DIRECTORS OR TRUSTEES

Albert Michael Heister, Mr. Susan Porter, Mrs.
Mark Clarence Russell, Mr. David Anthony Siebenburgen, Mr.
Robert H Wheeler, Jr. Mr. # Thomas Eugene Woolley, Mr.

State of Ohio County of Crawford SS:

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

Mark Clarence Russell
President and CEO

David Gary Hendrix
Treasurer and CFO

Marcella Sloane Smith
Assistant Secretary

Subscribed and sworn to before me this
day of

- a. Is this an original filing?
- b. If no,
 - 1. State the amendment number.....
 - 2. Date filed



ANNUAL STATEMENT FOR THE YEAR 2018 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 2018							NAIC Company Code	10202	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied lines													
2.2 Multiple peril crop													
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)													
5.2 Commercial multiple peril (liability portion)													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine													
10. Financial guaranty													
11. Medical professional liability													
12. Earthquake													
13. Group accident and health (b)													
14. Credit accident and health (group and individual)													
15.1 Collectively renewable accident and health (b)													
15.2 Non-cancellable accident and health(b)													
15.3 Guaranteed renewable accident and health(b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other accident and health (b)													
15.8 Federal employees health benefits plan premium (b)													
16. Workers' compensation													
17.1 Other Liability - occurrence													
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability													
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability													
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability													
21.1 Private passenger auto physical damage													
21.2 Commercial auto physical damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business													
35. TOTALS (a)													
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 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 2018							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	38,965	13,191				25,774						8,534	397
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)													
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15.5 Other accident only													
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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)	38,965	13,191				25,774						8,534	397
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 2018 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 2018							NAIC Company Code	10202	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied lines													
2.2 Multiple peril crop													
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)													
5.2 Commercial multiple peril (liability portion)													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine													
10. Financial guaranty													
11. Medical professional liability													
12. Earthquake													
13. Group accident and health (b)													
14. Credit accident and health (group and individual)													
15.1 Collectively renewable accident and health (b)													
15.2 Non-cancellable accident and health(b)													
15.3 Guaranteed renewable accident and health(b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other accident and health (b)													
15.8 Federal employees health benefits plan premium (b)													
16. Workers' compensation													
17.1 Other Liability - occurrence													
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability													
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability													
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability													
21.1 Private passenger auto physical damage													
21.2 Commercial auto physical damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
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34. Aggregate write-ins for other lines of business													
35. TOTALS (a)													
DETAILS OF WRITE-INS													
3401.													
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3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 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 2018							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													
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12. Earthquake													
13. Group accident and health (b)													
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15.1 Collectively renewable accident and health (b)													
15.2 Non-cancellable accident and health(b)													
15.3 Guaranteed renewable accident and health(b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other accident and health (b)													
15.8 Federal employees health benefits plan premium (b)													
16. Workers' compensation													
17.1 Other Liability - occurrence													
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability													
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability													
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability													
21.1 Private passenger auto physical damage													
21.2 Commercial auto physical damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business													
35. TOTALS (a)													
DETAILS OF WRITE-INS													
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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 2018 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 096

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2018

NAIC Company Code 10202

(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 2018 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 2018						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	2,585,896	2,674,217		1,443,517	457,621	413,944	65,138	9,497	46,702	.51,037	363,228	26,357
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	4,431,883	3,834,927		2,003,841	1,401,068	1,508,549	1,061,884	4,005	1,766	.9,011	.853,507	.45,173
4. Homeowners multiple peril	20,203,440	17,642,045		10,700,878	5,901,583	6,863,608	2,686,881	107,993	124,454	.85,027	3,543,201	205,928
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	13,696	15,484		5,686		4,887	4,887					1,934
10. Financial guaranty												140
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
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15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
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	239,378	245,292		119,583	50,565	28,580	43,942	283	-(1,995)	2,681	33,640	2,440
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	28,409,734	26,207,724		12,202,261	13,580,449	16,549,306	18,731,960	409,301	765,101	1,944,085	4,094,823	289,573
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	25,545,131	23,633,196		10,875,614	14,008,219	14,274,396	1,597,999	77,485	.78,537	.25,930	3,709,392	260,375
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	80,750	84,360		39,878	6,673	7,665	6,612					11,356
27. Boiler and machinery												823
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	81,509,908	74,337,245		37,391,258	35,406,178	39,650,936	24,199,303	608,564	1,014,565	2,117,771	12,611,081	830,808
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 \$ 10

(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 2018 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 096

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2018

NAIC Company Code 10202

(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 2018 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 2018							NAIC Company Code	10202	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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1. Fire													
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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 2018 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 2018

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 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 2018

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 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 2018

NAIC Company Code 10202

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 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 2018								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	2,585,896	2,674,217		1,443,517	457,621	413,944	65,138	9,497	46,702	.51,037	363,228	26,357	
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	4,470,848	3,848,118		2,029,615	1,401,068	1,508,549	1,061,884	4,005	1,766	.9,011	.862,041	.45,570	
4. Homeowners multiple peril	20,203,440	17,642,045		10,700,878	5,901,583	6,863,608	2,686,881	107,993	124,454	.85,027	3,543,201	205,928	
5.1 Commercial multiple peril (non-liability portion)													
5.2 Commercial multiple peril (liability portion)													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine	13,696	15,484		5,686		4,887	4,887					1,934	140
10. Financial guaranty													
11. Medical professional liability													
12. Earthquake													
13. Group accident and health (b)													
14. Credit accident and health (group and individual)													
15.1 Collectively renewable accident and health (b)													
15.2 Non-cancellable accident and health(b)													
15.3 Guaranteed renewable accident and health(b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other accident and health (b)													
15.8 Federal employees health benefits plan premium (b)													
16. Workers' compensation													
17.1 Other Liability - occurrence	239,378	245,292		119,583	50,565	28,580	43,942	283	-(1,995)	2,681	33,640	2,440	
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	28,409,734	26,207,724		12,202,261	13,580,449	16,549,306	18,731,960	409,301	765,101	1,944,085	4,094,823	289,573	
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability													
21.1 Private passenger auto physical damage	25,545,131	23,633,196		10,875,614	14,008,219	14,274,396	1,597,999	77,485	.78,537	.25,930	3,709,392	260,375	
21.2 Commercial auto physical damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft	80,750	84,360		39,878	6,673	7,665	6,612					11,356	823
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business													
35. TOTALS (a)	81,548,873	74,350,436		37,417,033	35,406,178	39,650,936	24,199,303	608,564	1,014,565	2,117,771	12,619,615	831,205	
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 \$ 10

(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 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 1

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties		
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commiss- ions	15 Columns 7 through 14 Totals	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers						
.34-1008736	13072	UNITED OHIO INSURANCE COMPANY	OH.		162,125			32,541		24,655		76,932			134,128				134,128			
.01-0407315	.25950	CASCO INDEMNITY COMPANY	ME.		19,954			4,005		3,034		9,469			16,508				16,508			
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling				182,079			36,546		27,689		86,401			150,636				150,636			
0499999.	Total Authorized - Affiliates - U.S. Non-Pool																					
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)																					
0899999.	Total Authorized - Affiliates				182,079			36,546		27,689		86,401			150,636				150,636			
.95-4387273	19489	ALLIED WORLD ASSURANCE COMPANY	DE.		169															(10)		
.36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN.		38															7		
.06-1430254	10348	ARCH REINSURANCE COMPANY	DE.																			
.47-0574325	32603	BERKLEY INSURANCE COMPANY	DE.		29															5		
.42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA.		31															6		
.22-2005057	26921	EVEREST REINSURANCE COMPANY	DE.		39															(3)		
.05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI.		251	6		5												122		
.42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA.		18															3		
.13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE.		335	16		41		1,421		165			1,643					1,612	155	
.06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT.					5							5					5		
.13-4924125	10227	MUNICH REINSURANCE AMERICA, INC	DE.																			
.47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT.		63															(5)		
.52-1952955	10357	RENAISSANCE REINSURANCE US INC	MD.																			
.35-6021485	12416	PROTECTIVE INSURANCE COMPANY	IN.		41															(5)		
.43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO.		71															(3)		
.13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY.		78	1														7		
.13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE.		21															4		
.13-1290712	20583	XI REINSURANCE AMERICA	NY.																			
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers				1,184	23		51		1,421		332			1,827				82		1,745	155
AA-9991222	32573	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH.		7							4			4				2		2	
1099999.	Total Authorized - Pools - Mandatory Pools					7						4			4				2		2	
AA-9995035	.00000	MUTUAL REINSURANCE BUREAU	IL.		164														7		(7)	
1199999.	Total Authorized - Pools - Voluntary Pools				164														7		(7)	
AA-1126033	.00000	LLOYD'S SYNDICATE #0033	GBR.		21														.6		(6)	
AA-1126435	.00000	LLOYD'S SYNDICATE #0435	GBR.		52														(2)		2	
AA-1126623	.00000	LLOYD'S SYNDICATE #0623	GBR.		9														(1)			
AA-1120157	.00000	LLOYD'S SYNDICATE #1729	GBR.		4														(3)		3	
AA-1120106	.00000	LLOYD'S SYNDICATE #1969	GBR.		7														(7)			
AA-1128001	.00000	LLOYD'S SYNDICATE #2001	GBR.		49													(14)		14		
AA-1128003	.00000	LLOYD'S SYNDICATE #2003	GBR.		176													(11)		(11)		
AA-1120071	.00000	LLOYD'S SYNDICATE #2007	GBR.															(29)		29		
AA-1128010	.00000	LLOYD'S SYNDICATE #2010	GBR.		90													(38)		38		
AA-1120158	.00000	LLOYD'S SYNDICATE #2014	GBR.		20													(11)		11		
AA-1128623	.00000	LLOYD'S SYNDICATE #2623	GBR.		40													(4)		(4)		
AA-1128791	.00000	LLOYD'S SYNDICATE #2791	GBR.		83													(11)		11		
AA-1120181	.00000	LLOYD'S SYNDICATE #5886	GBR.		111													111		(111)		
1299999.	Total Authorized - Other Non-U.S. Insurers				662														32		(32)	
1499999.	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				184,096	23		36,597		29,110		86,737			152,467				123		152,344	155
1899999.	Total Unauthorized - Affiliates - U.S. Non-Pool																					
2199999.	Total Unauthorized - Affiliates - Other (Non-U.S.)																					
2299999.	Total Unauthorized - Affiliates																					
AA-1120337	.00000	ASPEN INSURANCE UK LIMITED	GBR.		5															1		
AA-3194161	.00000	CATLIN INSURANCE COMPANY LTD	GBR.	BMU	120															5		(5)

ANNUAL STATEMENT FOR THE YEAR 2018 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									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 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 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers				
AA-3194122	00000	DAVINCI REINSURANCE LTD	BMU		.60											.2		(.2)			
AA-1340125	00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		.14											.1		3			
AA-3190875	00000	HISCOX INSURANCE COMPANY	BMU		.56											.2		(.2)			
AA-1460019	00000	MS Amlin AG															(14)	.14			
AA-3190339	00000	RENAISSANCE REINSURANCE, LTD	BMU		.98											.4		(2)			
AA-1340192	00000	R&V VERSICHERUNG AG	DEU		167											.7		(7)			
2699999. Total Unauthorized - Other Non-U.S. Insurers						520										7	7	7			
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)						520										7	7	7			
3299999. Total Certified - Affiliates - U.S. Non-Pool																					
3599999. Total Certified - Affiliates - Other (Non-U.S.)																					
3699999. Total Certified - Affiliates																					
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																					
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)						184,616	23		36,597		29,110		86,744			152,474		130		152,344	155
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)																					
9999999 Totals						184,616	23		36,597		29,110		86,744			152,474		130		152,344	155

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3 (Continued)Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk															
		21	22	23	24				Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28 * 120%)	30	31	32	33	34	35	36		
.34-1008736	UNITED OHIO INSURANCE COMPANY									134,128		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
.01-0407315	CASCO INDEMNITY COMPANY									16,508		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling									150,636			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0499999.	Total Authorized - Affiliates - U.S. Non-Pool												XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)																							
0899999.	Total Authorized - Affiliates									150,636														
.95-4387273	ALLIED WORLD ASSURANCE COMPANY																				3			
.36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY										2		.7		.9		.11		.2		.9			
.06-1430254	ARCH REINSURANCE COMPANY																				2			
.47-0574325	BERKLEY INSURANCE COMPANY										2		.5		.7		.8		.2		.6			
.42-0234980	EMPLOYERS MUTUAL CASUALTY CO										2		.6		.8		.10		.2		.8			
.22-2005057	EVEREST REINSURANCE COMPANY																				2			
.05-0316605	FACTORY MUTUAL INSURANCE COMPANY																				2			
.42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY																				6			
.13-2673100	GENERAL REINSURANCE CORPORATION																				1			
.06-0384680	HARTFORD STEAM BOILER INSPECTION & INS																				64			
.13-4924125	MUNICH REINSURANCE AMERICA, INC																				1			
.47-0698507	ODYSSEY REINSURANCE COMPANY																				3			
.52-1952955	RENAISSANCE REINSURANCE INC																				2			
.35-6021485	PROTECTIVE INSURANCE COMPANY																				3			
.43-0613000	SHELTER MUTUAL INSURANCE COMPANY																				3			
.13-1675535	SWISS REINSURANCE AMERICA CORPORATION																				2			
.13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA																				3			
.13-1290712	XL REINSURANCE AMERICA																				2			
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers									XXX		211		1,616		1,827		2,192		211		1,981		XXX
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION											2		.2		XXX		XXX		XXX		XXX		XXX
1099999.	Total Authorized - Pools - Mandatory Pools									XXX		2		2		XXX		XXX		XXX		XXX		XXX
AA-9995035	MUTUAL REINSURANCE BUREAU																				3			
1199999.	Total Authorized - Pools - Voluntary Pools									XXX													XXX	
AA-1126033	LLOYD'S SYNDICATE #0033																				3			
AA-1126435	LLOYD'S SYNDICATE #0435																				3			
AA-1126623	LLOYD'S SYNDICATE #0623																				3			
AA-1120157	LLOYD'S SYNDICATE #1729																				3			
AA-1120106	LLOYD'S SYNDICATE #1969																				3			
AA-1128001	LLOYD'S SYNDICATE #2001																				3			
AA-1128003	LLOYD'S SYNDICATE #2003																				3			
AA-1120071	LLOYD'S SYNDICATE #2007																				3			
AA-1128010	LLOYD'S SYNDICATE #2010																				3			
AA-1120158	LLOYD'S SYNDICATE #2014																				1			
AA-1128623	LLOYD'S SYNDICATE #2623																				1			
AA-1128791	LLOYD'S SYNDICATE #2791																				1			
AA-1120181	LLOYD'S SYNDICATE #5886																				1			

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3 (Continued)Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Collateral				25	26	27	Ceded Reinsurance Credit Risk												
				21	22	23	24				Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28 * 120%)	30	31	32	33	34	35	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer)
1299999. Total Authorized - Other Non-U.S. Insurers				XXX				(108)	108						(108)	108					108	XXX	5
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX				105	152,362						1,827	2,192	103	2,089			2,089	XXX	78
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX											XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX																	XXX		
2299999. Total Unauthorized - Affiliates				XXX																	XXX		
AA-1120337. ASPEN INSURANCE UK LIMITED								1	1						1	1	1	1	1	1	1	3	
AA-3194161. CATLIN INSURANCE COMPANY LTD																					2		
AA-3194122. DAVINCI REINSURANCE LTD								3	4						.4	.5	.1	.4	3	.1	2		
AA-1340125. HANNOVER RUCKVERSICHERUNGS AG																					3		
AA-3190875. HISCOX INSURANCE COMPANY																					3		
AA-1460019. MS Amlin AG								(14)	14						.2	.2	(14)	.14			14	3	
AA-3190339. RENAISSANCE REINSURANCE, LTD															2						2		
AA-1340192. R&V VERSICHERUNG AG																					2		
2699999. Total Unauthorized - Other Non-U.S. Insurers				XXX		4	(7)	14							7	8	(11)	19	4	15	XXX		1
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX		4	(7)	14							7	8	(11)	19	4	15	XXX		1
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX											XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX																	XXX		
3699999. Total Certified - Affiliates				XXX																	XXX		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX																	XXX		
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)				XXX		4	98	152,376							1,834	2,201	92	2,108	4	2,104	XXX		78
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)				XXX																	XXX		
9999999 Totals				XXX		4	98	152,376							1,834	2,201	92	2,108	4	2,104	XXX		78

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Col. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Col. 40 + 41 - 45)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Col. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50										
			Overdue																									
			37	38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41																				
.34-1008736	UNITED OHIO INSURANCE COMPANY																	YES										
.01-0407315	CASCO INDEMNITY COMPANY																	YES										
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling																	XXX										
0499999.	Total Authorized - Affiliates - U.S. Non-Pool																	XXX										
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)																	XXX										
0899999.	Total Authorized - Affiliates																	XXX										
.95-4387273	ALLIED WORLD ASSURANCE COMPANY																	YES										
.36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY																	YES										
.06-1430254	ARCH REINSURANCE COMPANY																	YES										
.47-0574325	BERKLEY INSURANCE COMPANY																	YES										
.42-0234980	EMPLOYERS MUTUAL CASUALTY CO																	YES										
.22-2005057	EVEREST REINSURANCE COMPANY																	YES										
.05-0316605	FACTORY MUTUAL INSURANCE COMPANY	.6								.6								YES										
.42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY																	YES										
.13-2673100	GENERAL REINSURANCE CORPORATION		16							16								YES										
.06-0384680	HARTFORD STEAM BOILER INSPECTION & INS.																	YES										
.13-4924125	MUNICH REINSURANCE AMERICA, INC																	YES										
.47-0698807	ODYSSEY REINSURANCE COMPANY																	YES										
.52-1952955	RENAISSANCE REINSURANCE US INC																	YES										
.35-6021485	PROTECTIVE INSURANCE COMPANY																	YES										
.43-0613000	SHELTER MUTUAL INSURANCE COMPANY																	YES										
.13-1675535	SWISS REINSURANCE AMERICA CORPORATION	1								.1								YES										
.13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA																	YES										
.13-1290712	XL REINSURANCE AMERICA																	YES										
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers		23							23								XXX										
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION																	YES										
1099999.	Total Authorized - Pools - Mandatory Pools																	XXX										
AA-9995035	MUTUAL REINSURANCE BUREAU																	YES										
1199999.	Total Authorized - Pools - Voluntary Pools																	XXX										
AA-1126033	LLOYD'S SYNDICATE #0033																	YES										
AA-1126435	LLOYD'S SYNDICATE #0435																	YES										
AA-1126623	LLOYD'S SYNDICATE #0623																	YES										
AA-1120157	LLOYD'S SYNDICATE #1729																	YES										
AA-1120106	LLOYD'S SYNDICATE #1969																	YES										
AA-1128001	LLOYD'S SYNDICATE #2001																	YES										
AA-1128003	LLOYD'S SYNDICATE #2003																	YES										
AA-1120071	LLOYD'S SYNDICATE #2007																	YES										
AA-1128010	LLOYD'S SYNDICATE #2010																	YES										
AA-1120158	LLOYD'S SYNDICATE #2014																	YES										
AA-1128623	LLOYD'S SYNDICATE #2623																	YES										
AA-1128791	LLOYD'S SYNDICATE #2791																	YES										
AA-1120181	LLOYD'S SYNDICATE #5886																	YES										

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 40 + 41 - 45)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50										
		37 Current	Overdue																								
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41																				
1299999. Total Authorized - Other Non-U.S. Insurers																		XXX									
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		23						23										XXX									
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																		XXX									
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																		XXX									
2299999. Total Unauthorized - Affiliates																		XXX									
AA-1120337 ... ASPEN INSURANCE UK LIMITED																		YES									
AA-3194161 ... CATLIN INSURANCE COMPANY LTD																		YES									
AA-3194122 ... DAVINCI REINSURANCE LTD																		YES									
AA-1340125 ... HANNOVER RUCKVERSICHERUNGS AG																		YES									
AA-3190875 ... HISCOX INSURANCE COMPANY																		YES									
AA-1460019 ... MS Amlin AG																		YES									
AA-3190339 ... RENAISSANCE REINSURANCE, LTD																		YES									
AA-1340192 ... R&V VERSICHERUNG AG																		YES									
2699999. Total Unauthorized - Other Non-U.S. Insurers																		XXX									
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																		XXX									
3299999. Total Certified - Affiliates - U.S. Non-Pool																		XXX									
3599999. Total Certified - Affiliates - Other (Non-U.S.)																		XXX									
3699999. Total Certified - Affiliates																		XXX									
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																		XXX									
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		23						23										XXX									
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)																		XXX									
9999999 Totals		23						23										XXX									

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	
.34-1008736	UNITED OHIO INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.01-0407315	CASCO INDEMNITY COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999. Total Authorized - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
95-4387273	ALLIED WORLD ASSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1430254	ARC REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47-0574325	BERKLEY INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0234980	EMPLOYERS MUTUAL CASUALTY CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
22-2005057	EVEREST REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
05-0316605	FACTORY MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-2673100	GENERAL REINSURANCE CORPORATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-0384680	HARTFORD STEAM BOILER INSPECTION & INS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-4924125	MUNICH REINSURANCE AMERICA, INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47-0698507	ODYSSEY REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
52-1952955	RENAISSANCE REINSURANCE US INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35-6021485	PROTECTIVE INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43-0613000	SHELTER MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-1675535	SWISS REINSURANCE AMERICA CORPORATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-1290712	XI REINSURANCE AMERICA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999. Total Authorized - Pools - Mandatory Pools		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9995035	MUTUAL REINSURANCE BUREAU	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1199999. Total Authorized - Pools - Voluntary Pools		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126033	LLOYD'S SYNDICATE #0033	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126435	LLOYD'S SYNDICATE #0435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126623	LLOYD'S SYNDICATE #0623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120157	LLOYD'S SYNDICATE #1729	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120106	LLOYD'S SYNDICATE #1969	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128001	LLOYD'S SYNDICATE #2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128003	LLOYD'S SYNDICATE #2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120071	LLOYD'S SYNDICATE #2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128010	LLOYD'S SYNDICATE #2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120158	LLOYD'S SYNDICATE #2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623	LLOYD'S SYNDICATE #2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128791	LLOYD'S SYNDICATE #2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)	
		54 Certified Reinsurer Rating (1 through 6)	55 Effective Date of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catastrophe Recoverables Qualifying for Collateral Deferral	58 Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements [(Col. 20 + Col. 21 + Col. 22 + Col. 24) / Col. 58]	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days	63 20% of Recoverable on Paid Losses & LAE Past Due Amounts in Dispute (Col. 45 * 20%)	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68 20% of Amount in Col. 67		
AA-1120181	LLOYD'S SYNDICATE #5886	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1299999.	Total Authorized - Other Non-U.S. Insurers																	
1499999.	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)																	
1899999.	Total Unauthorized - Affiliates - U.S. Non-Pool																	
2199999.	Total Unauthorized - Affiliates - Other (Non-U.S.)																	
2299999.	Total Unauthorized - Affiliates																	
AA-1120337	ASPER INSURANCE UK LIMITED	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3194161	CATLIN INSURANCE COMPANY LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3194122	DAVINCI REINSURANCE LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1340125	HANNOVER RUCKVERSICHERUNGS AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3190875	HISCOX INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1460019	MS Amlin AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3190339	RENAISSANCE REINSURANCE, LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1340192	R&V VERSICHERUNG AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2699999.	Total Unauthorized - Other Non-U.S. Insurers																	
2899999.	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																	
3299999.	Total Certified - Affiliates - U.S. Non-Pool																	
3599999.	Total Certified - Affiliates - Other (Non-U.S.)																	
3699999.	Total Certified - Affiliates																	
4299999.	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																	
4399999.	Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)																	
4499999.	Total Protected Cells (Sum of 1399999, 2799999 and 4199999)																	
9999999.	Totals																	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
.34-1008736	UNITED OHIO INSURANCE COMPANY	XXX	XXX	XXX				XXX	XXX	
.01-0407315	CASCO INDEMNITY COMPANY	XXX	XXX	XXX				XXX	XXX	
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling	XXX	XXX					XXX	XXX	
0499999.	Total Authorized - Affiliates - U.S. Non-Pool	XXX	XXX					XXX	XXX	
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)	XXX	XXX					XXX	XXX	
0899999.	Total Authorized - Affiliates	XXX	XXX					XXX	XXX	
.95-4387273	ALLIED WORLD ASSURANCE COMPANY	XXX	XXX					XXX	XXX	
.36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY	XXX	XXX					XXX	XXX	
.06-1430254	ARCI REINSURANCE COMPANY	XXX	XXX					XXX	XXX	
.47-0574325	BERKLEY INSURANCE COMPANY	XXX	XXX					XXX	XXX	
.42-0234980	EMPLOYERS MUTUAL CASUALTY CO	XXX	XXX					XXX	XXX	
.22-2005057	EVEREST REINSURANCE COMPANY	XXX	XXX					XXX	XXX	
.05-0316605	FACTORY MUTUAL INSURANCE COMPANY	XXX	XXX					XXX	XXX	
.42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY	XXX	XXX					XXX	XXX	
.13-2673100	GENERAL REINSURANCE CORPORATION	XXX	XXX					XXX	XXX	
.06-0384680	HARTFORD STEAM BOILER INSPECTION & INS	XXX	XXX					XXX	XXX	
.13-4924125	MUNICH REINSURANCE AMERICA, INC	XXX	XXX					XXX	XXX	
.47-0698507	ODYSSEY REINSURANCE COMPANY	XXX	XXX					XXX	XXX	
.52-1952955	RENAISSANCE REINSURANCE US INC	XXX	XXX					XXX	XXX	
.35-6021485	PROTECTIVE INSURANCE COMPANY	XXX	XXX					XXX	XXX	
.43-0613000	SHELTER MUTUAL INSURANCE COMPANY	XXX	XXX					XXX	XXX	
.13-1675535	SWISS REINSURANCE AMERICA CORPORATION	XXX	XXX					XXX	XXX	
.13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA	XXX	XXX					XXX	XXX	
.13-1290712	XL REINSURANCE AMERICA	XXX	XXX					XXX	XXX	
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers	XXX	XXX					XXX	XXX	
.AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	XXX	XXX					XXX	XXX	
1099999.	Total Authorized - Pools - Mandatory Pools	XXX	XXX					XXX	XXX	
.AA-9995035	MUTUAL REINSURANCE BUREAU	XXX	XXX					XXX	XXX	
1199999.	Total Authorized - Pools - Voluntary Pools	XXX	XXX					XXX	XXX	
.AA-1126033	LLOYD'S SYNDICATE #0033	XXX	XXX					XXX	XXX	
.AA-1126435	LLOYD'S SYNDICATE #0435	XXX	XXX					XXX	XXX	
.AA-1126623	LLOYD'S SYNDICATE #0623	XXX	XXX					XXX	XXX	
.AA-1120157	LLOYD'S SYNDICATE #1729	XXX	XXX					XXX	XXX	
.AA-1120106	LLOYD'S SYNDICATE #1969	XXX	XXX					XXX	XXX	
.AA-1128001	LLOYD'S SYNDICATE #2001	XXX	XXX					XXX	XXX	
.AA-1128003	LLOYD'S SYNDICATE #2003	XXX	XXX					XXX	XXX	
.AA-1120071	LLOYD'S SYNDICATE #2007	XXX	XXX					XXX	XXX	
.AA-1128010	LLOYD'S SYNDICATE #2010	XXX	XXX					XXX	XXX	
.AA-1120158	LLOYD'S SYNDICATE #2014	XXX	XXX					XXX	XXX	
.AA-1128623	LLOYD'S SYNDICATE #2623	XXX	XXX					XXX	XXX	
.AA-1128791	LLOYD'S SYNDICATE #2791	XXX	XXX					XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
AA-1120181	LLOYD'S SYNDICATE #5886	XXX	XXX	XXX				XXX	XXX	
1299999.	Total Authorized - Other Non-U.S. Insurers		XXX	XXX				XXX	XXX	
1499999.	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		XXX	XXX				XXX	XXX	
1899999.	Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX		XXX	
2199999.	Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX		XXX	
2299999.	Total Unauthorized - Affiliates				XXX	XXX	XXX		XXX	
AA-1120337	ASPEN INSURANCE UK LIMITED				XXX	XXX	XXX		XXX	
AA-3194161	CATLIN INSURANCE COMPANY LTD				XXX	XXX	XXX		XXX	
AA-3194122	DAVINCI REINSURANCE LTD				XXX	XXX	XXX		XXX	
AA-1340125	HANNOVER RUCKVERSICHERUNGS AG				XXX	XXX	XXX		XXX	
AA-3190875	HISCOX INSURANCE COMPANY				XXX	XXX	XXX		XXX	
AA-1460019	MS Amlin AG		14		XXX	XXX	XXX		XXX	
AA-3190339	RENAISSANCE REINSURANCE, LTD				XXX	XXX	XXX		XXX	
AA-1340192	R&V VERSICHERUNG AG				XXX	XXX	XXX		XXX	
2699999.	Total Unauthorized - Other Non-U.S. Insurers		14		XXX	XXX	XXX		XXX	
2899999.	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		14		XXX	XXX	XXX		XXX	
3299999.	Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
3599999.	Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
3699999.	Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
4299999.	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
4399999.	Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		14							
4499999.	Total Protected Cells (Sum of 1399999, 2799999 and 4199999)									
9999999 Totals			14							

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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:

	<u>1</u> Name of Reinsurer	<u>2</u> Commission Rate	<u>3</u> Ceded Premium
1.	FACTORY MUTUAL INSURANCE COMPANY	35.000	249,963
2.
3.
4.
5.

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	<u>1</u> Name of Reinsurer	<u>2</u> Total Recoverables	<u>3</u> Ceded Premiums	<u>4</u> Affiliated
6.	GENERAL REINSURANCE CORPORATION	1,641,874	334,030	Yes [] No [X]
7.	FACTORY MUTUAL INSURANCE COMPANY	135,309	249,963	Yes [] No [X]
8.	SWISS REINSURANCE AMERICA CORPORATION	10,625	78,379	Yes [] No [X]
9.	AMERICAN AGRICULTURAL INSURANCE COMPANY	9,828	37,864	Yes [] No [X]
10.	EMPLOYERS MUTUAL CASUALTY CO	8,101	31,213	Yes [] No [X]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 6

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)	301,741,736		301,741,736
2. Premiums and considerations (Line 15)	17,203,169		17,203,169
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	23,740	(23,740)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	1,930,189		1,930,189
6. Net amount recoverable from reinsurers		152,189,285	152,189,285
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	320,898,834	152,165,545	473,064,379
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	29,120,437	65,708,023	94,828,460
10. Taxes, expenses, and other obligations (Lines 4 through 8)	3,986,254		3,986,254
11. Unearned premiums (Line 9)	31,956,429	86,740,200	118,696,629
12. Advance premiums (Line 10)	422,014		422,014
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	129,517	(127,770)	1,747
15. Funds held by company under reinsurance treaties (Line 13)	154,908	(154,908)	
16. Amounts withheld or retained by company for account of others (Line 14)			
17. Provision for reinsurance (Line 16)			
18. Other liabilities	1,984,380		1,984,380
19. Total liabilities excluding protected cell business (Line 26)	67,753,939	152,165,545	219,919,484
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	253,144,895	XXX	253,144,895
22. Totals (Line 38)	320,898,834	152,165,545	473,064,379

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

Yes [] No []

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

ANNUAL STATEMENT FOR THE YEAR 2018 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		680	XXX		XXX		XXX		XXX		680	XXX		XXX		XXX		XXX
2. Premiums earned		766	XXX		XXX		XXX		XXX		766	XXX		XXX		XXX		XXX
3. Incurred claims																		
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)																		
6. Increase in contract reserves																		
7. Commissions (a)		113	14.8							113	14.8							
8. Other general insurance expenses		98	12.8							98	12.8							
9. Taxes, licenses and fees																		
10. Total other expenses incurred		211	27.5							211	27.5							
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds		555	72.5							555	72.5							
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds		555	72.5							555	72.5							
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 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	353					353			
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	353					353			
5. Total premium reserves, prior year	439					439			
6. Increase in total premium reserves	(86)					(86)			
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									
3. Increase									

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									
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									
3.3 Line 3.1 minus Line 3.2									

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	2,518						2,518		
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:							1,838		
1. Premiums written	1,838								
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2018 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				
2. Beginning claim reserves and liabilities				
3. Ending claim reserves and liabilities				
4. Claims paid				
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.....				
14. Beginning claim reserves and liabilities				
15. Ending claim reserves and liabilities				
16. Claims paid				
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				

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX								1	XXX	
2. 2009	11,216	1,004	10,212	7,467	1,685	149	14	630			120	6,547	
3. 2010	11,733	.713	11,020	6,049	92	167		.591			73	6,715	
4. 2011	12,368	.998	11,370	10,733	2,153	249	.76	907			49	9,660	
5. 2012	13,221	1,667	11,554	13,626	6,616	560	313	1,138			59	8,395	
6. 2013	14,164	1,243	12,921	8,383	.348	.149	.1	.964			.124	9,147	
7. 2014	15,125	1,489	13,636	6,151	.38	.114		.741			.185	6,968	
8. 2015	15,575	1,334	14,241	5,409	.48	.147		.595			.112	6,103	
9. 2016	15,883	1,362	14,521	5,688	281	136	.1	.677			.127	6,219	
10. 2017	16,326	1,372	14,954	7,906	525	162	.3	.779			.78	8,319	
11. 2018	17,458	1,421	16,037	5,163	22	101		.588			.38	5,830	
12. Totals	XXX	XXX	XXX	76,575	11,808	1,934	408	7,610			966	73,903	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.	14											14	1
2. 2009													
3. 2010	.4		.2									6	1
4. 2011	.1		.1										2
5. 2012	.33		.16									51	1
6. 2013	.9		.4									14	2
7. 2014	.2											3	1
8. 2015	104	.2	53									167	2
9. 2016	167	.1	108	.13								289	6
10. 2017	238	.22	128	.11								416	12
11. 2018	1,252	18	723	47								2,184	95
12. Totals	1,824	43	1,035	71					190	211		3,146	121

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	14	
2. 2009	8,246	1,699	6,547	73.5	169.2	64.1				27.0	
3. 2010	6,813	.92	6,721	58.1	12.9	61.0				27.0	6
4. 2011	11,891	2,229	9,662	96.1	223.3	85.0				27.0	2
5. 2012	15,375	6,929	8,446	116.3	.415.7	73.1				27.0	49
6. 2013	9,510	349	9,161	.67.1	28.1	70.9				27.0	13
7. 2014	7,009	.38	6,971	.46.3	.2.6	.51.1				27.0	.2
8. 2015	6,320	.50	6,270	.40.6	.3.7	.44.0				27.0	.155
9. 2016	6,804	296	6,508	42.8	21.7	44.8				27.0	.261
10. 2017	9,296	561	8,735	56.9	40.9	.58.4				27.0	.333
11. 2018	8,101	87	8,014	46.4	6.1	50.0				27.0	1,910
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,745	401

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(5)		1				5	(4)	XXX	
2. 2009	13,174	832	12,342	8,521	802	435	27	741	26	339	8,842	2,071	
3. 2010	13,406	523	12,883	8,684	604	516	54	770	12	408	9,300	2,490	
4. 2011	12,499	159	12,340	7,171	28	455		556		296	8,154	1,365	
5. 2012	11,219	104	11,115	7,066	197	408	12	517		333	7,782	1,045	
6. 2013	10,707	76	10,631	6,401	18	257		500		206	7,140	1,022	
7. 2014	11,135	54	11,081	7,165		276		603		236	8,044	992	
8. 2015	11,569	64	11,505	7,291	39	245		841		322	8,338	966	
9. 2016	12,347	65	12,282	7,188	1	143		848		219	8,178	966	
10. 2017	13,670	86	13,584	6,361	7	61		796		199	7,211	1,001	
11. 2018	15,657	74	15,583	4,426		33		649		82	5,108	1,159	
12. Totals	XXX	XXX	XXX	70,269	1,696	2,830	93	6,821	38	2,645	78,093	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded						
1. Prior.	3											3				
2. 2009	2											2				
3. 2010	7	1					1					7				
4. 2011	14		7				2		1			24	1			
5. 2012	5		16				5		1			27	1			
6. 2013	.59		34	1			7		3			102	2			
7. 2014	.176		72	1			22		7			276	6			
8. 2015	260		72	17			42		26			383	11			
9. 2016	953	5	157	55			.180		.52			1,282	36			
10. 2017	1,785	9	989	205			.276		.167			3,003	94			
11. 2018	3,443	1	3,568	348			.412		.612			7,686	421			
12. Totals	6,707	16	4,915	627			947		869			12,795	572			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3	
2. 2009	9,699	855	8,844	73.6	102.8	71.7			27.0	2	
3. 2010	9,978	671	9,307	74.4	128.3	72.2			27.0	6	1
4. 2011	8,206	28	8,178	65.7	17.6	66.3			27.0	21	3
5. 2012	8,018	209	7,809	71.5	201.0	70.3			27.0	21	6
6. 2013	7,261	19	7,242	67.8	25.0	68.1			27.0	92	10
7. 2014	8,321	1	8,320	74.7	1.9	75.1			27.0	247	29
8. 2015	8,777	56	8,721	75.9	87.5	75.8			27.0	315	68
9. 2016	9,521	.61	9,460	77.1	93.8	77.0			27.0	1,050	232
10. 2017	10,435	221	10,214	76.3	257.0	75.2			27.0	2,560	443
11. 2018	13,143	349	12,794	83.9	471.6	82.1			27.0	6,662	1,024
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	10,979	1,816

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2009	2,438	252	2,186	846	24	70	2	83		107	973	161	
3. 2010	2,655	216	2,439	1,556	143	110	2	136		13	1,657	256	
4. 2011	2,919	184	2,735	954		124		118		18	1,196	176	
5. 2012	3,310	196	3,114	1,679	130	127	8	174		18	1,842	179	
6. 2013	3,781	206	3,575	1,985	144	257	6	230		26	2,322	189	
7. 2014	4,295	229	4,066	3,340	252	301	11	337		25	3,715	230	
8. 2015	4,420	256	4,164	2,620	418	140	5	246		30	2,583	254	
9. 2016	4,586	293	4,293	2,168	159	97	2	240		11	2,344	229	
10. 2017	4,779	352	4,427	1,452		37		242		25	1,731	238	
11. 2018	4,986	198	4,788	791		16		199		12	1,006	202	
12. Totals	XXX	XXX	XXX	17,391	1,270	1,279	36	2,005		285	19,369	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2009													
3. 2010													
4. 2011													
5. 2012	.1		1							2		4	
6. 2013	103		44	2						.3		148	2
7. 2014	211	88	83	44						20	19		201
8. 2015	170		110	.37						26	.33		302
9. 2016	197		513	5						67	.39		.811
10. 2017	598	1	654	135						124	.59		1,299
11. 2018	573		1,332	171						180	216		2,130
12. Totals	1,853	89	2,737	394						420	368		4,895
													93

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2009	999	.26	.973	.41.0	10.3	.44.5				27.0	
3. 2010	1,802	145	1,657	.67.9	67.1	.67.9				27.0	
4. 2011	1,196		1,196	.41.0		.43.7				27.0	
5. 2012	1,984	138	1,846	.59.9	70.4	.59.3				27.0	.2
6. 2013	2,622	152	2,470	.69.3	73.8	.69.1				27.0	.145
7. 2014	4,311	395	3,916	.100.4	.172.5	.96.3				27.0	.162
8. 2015	3,345	460	2,885	.75.7	.179.7	.69.3				27.0	.243
9. 2016	3,321	166	3,155	.72.4	.56.7	.73.5				27.0	.705
10. 2017	3,166	136	3,030	.66.2	.38.6	.68.4				27.0	.1,116
11. 2018	3,307	171	3,136	.66.3	.86.4	.65.5				27.0	.1,734
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		788

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2009													
3. 2010													
4. 2011													
5. 2012													
6. 2013													
7. 2014													
8. 2015													
9. 2016													
10. 2017													
11. 2018													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2009																
3. 2010																
4. 2011																
5. 2012																
6. 2013																
7. 2014																
8. 2015																
9. 2016																
10. 2017																
11. 2018																
12. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)				Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	35 Losses Unpaid	36 Loss Expenses Unpaid		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX					XXX	
2. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX					XXX	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(1)						1	(1)	XXX	
2. 2009	3,637	491	3,146	1,765	287	202	46	157		19	1,791	314	
3. 2010	3,962	514	3,448	2,002	75	306	2	189		19	2,420	561	
4. 2011	4,298	553	3,745	3,043	721	287	24	297		51	2,882	326	
5. 2012	4,812	637	4,175	2,683	670	208	27	306		39	2,500	334	
6. 2013	5,720	713	5,007	3,652	662	547	31	412		33	3,918	296	
7. 2014	6,675	863	5,812	3,188	244	520	14	396		32	3,846	316	
8. 2015	6,939	863	6,076	2,454	186	513	29	274		47	3,026	300	
9. 2016	7,318	898	6,420	2,506	144	233		315		33	2,910	273	
10. 2017	7,563	915	6,648	2,331	180	161	1	275		59	2,586	250	
11. 2018	7,729	748	6,981	1,508	53	73	1	234		14	1,761	204	
12. Totals	XXX	XXX	XXX	25,131	3,222	3,050	175	2,855		347	27,639	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded						
1. Prior.																
2. 2009																
3. 2010	12		6				4					22	1			
4. 2011																
5. 2012	5		52				10					67				
6. 2013	173		58	1			75					305	3			
7. 2014	240	1	142	1			115		12			507	7			
8. 2015	520	98	280	48			216		22			892	16			
9. 2016	327		263	130			270		6			736	19			
10. 2017	303		510	257			406		44			1,006	23			
11. 2018	608	6	708	111			528		201			1,928	53			
12. Totals	2,188	105	2,019	548			1,624		285			5,463	122			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2009	2,124	333	1,791	58.4	67.8	56.9			27.0		
3. 2010	2,519	77	2,442	63.6	15.0	70.8			27.0	18	.4
4. 2011	3,627	745	2,882	84.4	134.7	77.0			27.0		
5. 2012	3,264	697	2,567	67.8	109.4	61.5			27.0	57	10
6. 2013	4,917	694	4,223	86.0	97.3	84.3			27.0	230	75
7. 2014	4,613	260	4,353	69.1	30.1	74.9			27.0	380	127
8. 2015	4,279	361	3,918	61.7	41.8	64.5			27.0	654	238
9. 2016	3,920	274	3,646	53.6	30.5	56.8			27.0	460	276
10. 2017	4,030	438	3,592	53.3	47.9	54.0			27.0	556	450
11. 2018	3,860	171	3,689	49.9	22.9	52.8			27.0	1,199	729
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3,554	1,909

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 2018 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2009	1,567	569	998	491	243	38		34		1	320	367	
3. 2010	1,528	594	934	375	180	56	2	47		4	296	91	
4. 2011	1,626	660	966	363	55	77	13	37		2	409	47	
5. 2012	1,765	761	1,004	173		22		27		2	222	52	
6. 2013	1,888	823	1,065	1,026	541	106		89		1	680	49	
7. 2014	1,952	893	1,059	873	622	60	8	113		1	416	43	
8. 2015	1,987	890	1,097	448	243	25		38		1	268	33	
9. 2016	1,849	901	948	253		29		30			312	33	
10. 2017	1,689	935	754	264	123	7		49			197	17	
11. 2018	1,753	1,002	751	24		3		1		1	28	12	
12. Totals	XXX	XXX	XXX	4,290	2,007	423	23	465		13	3,148	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.	4												4
2. 2009													
3. 2010													
4. 2011													
5. 2012	51		26			16						93	
6. 2013	3		18	5		3		10				29	1
7. 2014	10		8	6		2		3				17	2
8. 2015	3		125	48		9		2				91	1
9. 2016	283	243	165	94		70		11				192	3
10. 2017	58	12	512	367		12		10				213	2
11. 2018	288	249	409	220		60		34				322	4
12. Totals	700	504	1,263	740		172		70				961	13

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		4
2. 2009	563	243	320	35.9	42.7	32.1				27.0	
3. 2010	478	182	296	31.3	30.6	31.7				27.0	
4. 2011	477	68	409	29.3	10.3	42.3				27.0	
5. 2012	315		315	17.8		31.4				27.0	77
6. 2013	1,255	546	709	66.5	66.3	66.6				27.0	16
7. 2014	1,069	636	433	54.8	71.2	40.9				27.0	13
8. 2015	650	291	359	32.7	32.7	32.7				27.0	5
9. 2016	841	337	504	45.5	37.4	53.2				27.0	11
10. 2017	912	502	410	54.0	53.7	54.4				27.0	81
11. 2018	819	469	350	46.7	46.8	46.6				27.0	22
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		242

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2009													
3. 2010													
4. 2011													
5. 2012													
6. 2013													
7. 2014													
8. 2015													
9. 2016													
10. 2017													
11. 2018													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2009													
3. 2010													
4. 2011													
5. 2012													
6. 2013													
7. 2014													
8. 2015													
9. 2016													
10. 2017													
11. 2018													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2009											
3. 2010											
4. 2011											
5. 2012											
6. 2013											
7. 2014											
8. 2015											
9. 2016											
10. 2017											
11. 2018											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company
**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)**
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	.....8		.....5				.....3	.....13	....XXX
2. 2017	5,570	330	5,240	1,879		64		199		61	2,142	....XXX
3. 2018	5,533	325	5,208	1,283		49		140		16	1,472	XXX	
4. Totals	XXX	XXX	XXX	3,170		118		339		80	3,627	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior			2	1									1			
2. 2017	2		8	1			3		4			16	1			
3. 2018	263		116	1			42		25			445	18			
4. Totals	265		126	3			45		29			462	19			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		1
2. 2017	2,159	1	2,158	38.8	0.3	41.2			27.0		9
3. 2018	1,918	1	1,917	34.7	0.3	36.8			27.0	378	67
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	388	74

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(96)	10	4		(5)		86	(107)	XXX	
2. 2017	12,340	240	12,100	7,529		77		897		1,128	8,503	2	
3. 2018	14,381	280	14,101	8,517		63		979		892	9,559	193	
4. Totals	XXX	XXX	XXX	15,950	10	144		1,871		2,106	17,955	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	.26		17	1			.3					45	1			
2. 2017	4		16	3			3					28	2			
3. 2018	708		512	15			23					1,322	193			
4. Totals	738		545	19			29					1,395	196			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
2. 2017	8,534	3	8,531	69.2	1.3	70.5			27.0	17	11
3. 2018	10,896	15	10,881	75.8	5.4	77.2			27.0	1,205	117
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,264	131

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2017												XXX	
3. 2018												XXX	
4. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2017																
3. 2018																
4. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX					
2. 2017											
3. 2018											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2017		1		1								XXX	
3. 2018		1		1								XXX	
4. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2017																
3. 2018																
4. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2017									27.0		
3. 2018									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 2018 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2009	73	2	71	8		9		2				19	
3. 2010	60	1	59	3		3						6	
4. 2011	51		51	8		4		2				14	
5. 2012	49		49	6				1				7	
6. 2013	52		52	8		5		2				15	
7. 2014	57		57	1		3						4	
8. 2015	57		57									1	
9. 2016	52		52	1		.1						2	
10. 2017	54		54	1								1	
11. 2018	54		54	4		1						5	
12. Totals	XXX	XXX	XXX	40		26		7			73	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2009													
3. 2010													
4. 2011													
5. 2012													
6. 2013													
7. 2014													
8. 2015													
9. 2016													
10. 2017													
11. 2018			2					1					3
12. Totals			2					1					3

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2009	19		19	26.0		.26.8				27.0	
3. 2010	6		6	10.0		10.2				27.0	
4. 2011	14		14	27.5		27.5				27.0	
5. 2012	7		7	14.3		14.3				27.0	
6. 2013	15		15	28.8		28.8				27.0	
7. 2014	4		4	7.0		.7.0				27.0	
8. 2015										27.0	
9. 2016	2		2	3.8		.3.8				27.0	
10. 2017	1		1	1.9		.1.9				27.0	
11. 2018	8		8	14.8		14.8				27.0	2
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2	1

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 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior	716	384	319	293	291	296	296	308	308	300	(8)	(8)
2. 2009	6,460	5,994	5,994	6,032	5,925	5,921	5,921	5,921	5,917	5,917		(4)
3. 2010	XXX	6,790	6,323	6,192	6,160	6,128	6,124	6,124	6,130	6,130		6
4. 2011	XXX	XXX	9,451	8,998	8,940	8,759	8,759	8,755	8,754	8,755	1	
5. 2012	XXX	XXX	XXX	7,589	7,372	7,334	7,359	7,332	7,328	7,308	(20)	(24)
6. 2013	XXX	XXX	XXX	XXX	8,793	8,316	8,198	8,193	8,195	8,197	2	4
7. 2014	XXX	XXX	XXX	XXX	XXX	7,037	6,461	6,303	6,247	6,230	(17)	(73)
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	6,028	5,704	5,600	5,674	74	(30)
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,458	5,861	5,830	(31)	(628)
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,308	7,922	(386)	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,251	XXX	XXX
											12. Totals	(385) (757)

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

1. Prior	4,224	3,869	3,533	3,444	3,428	3,409	3,400	3,380	3,375	3,372	(3)	(8)
2. 2009	9,440	8,870	8,555	8,484	8,285	8,232	8,178	8,132	8,130	8,129	(1)	(3)
3. 2010	XXX	9,356	9,285	9,090	8,951	8,714	8,562	8,572	8,550	8,549	(1)	(23)
4. 2011	XXX	XXX	8,774	8,313	8,042	7,779	7,742	7,697	7,616	7,621	5	(76)
5. 2012	XXX	XXX	XXX	8,379	8,017	7,594	7,515	7,330	7,310	7,291	(19)	(39)
6. 2013	XXX	XXX	XXX	XXX	7,358	7,417	7,220	6,842	6,861	6,739	(122)	(103)
7. 2014	XXX	XXX	XXX	XXX	XXX	8,102	8,017	7,992	7,765	7,710	(55)	(282)
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	9,156	8,867	8,016	7,854	(162)	(1,013)
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,503	8,922	8,560	(362)	(943)
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,818	9,251	(567)	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,533	XXX	XXX
											12. Totals	(1,287) (2,490)

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

1. Prior	948	962	576	614	579	580	555	555	555	555		
2. 2009	1,073	1,081	967	905	894	898	890	890	890	890		
3. 2010	XXX	2,313	1,992	1,818	1,663	1,549	1,549	1,781	1,521	1,521		(260)
4. 2011	XXX	XXX	1,866	1,485	1,234	1,126	1,071	1,090	1,084	1,078	(6)	(12)
5. 2012	XXX	XXX	XXX	1,832	1,868	1,886	1,789	1,666	1,711	1,670	(41)	4
6. 2013	XXX	XXX	XXX	XXX	1,999	1,814	1,823	2,326	2,222	2,240	18	(86)
7. 2014	XXX	XXX	XXX	XXX	XXX	3,317	3,503	3,485	3,614	3,560	(54)	75
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	2,813	2,849	2,716	2,606	(110)	(243)
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,448	2,592	2,876	284	428
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,793	2,729	(64)	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,721	XXX	XXX
											12. Totals	27 (94)

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX											
10. 2017	XXX											
11. 2018	XXX											
											12. Totals	

NONE

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior	929	1,056	1,028	862	845	834	861	898	911	910	(1)	12
2. 2009	1,778	1,678	1,691	1,564	1,543	1,545	1,611	1,665	1,676	1,634	(42)	(31)
3. 2010	XXX	2,443	2,407	2,409	2,194	2,236	2,299	2,312	2,246	2,253	7	(59)
4. 2011	XXX	XXX	2,654	2,771	2,675	2,691	2,629	2,645	2,637	2,585	(52)	(60)
5. 2012	XXX	XXX	XXX	2,910	2,402	2,237	2,255	2,318	2,258	2,261	3	(57)
6. 2013	XXX	XXX	XXX	XXX	3,773	3,942	3,959	3,620	3,609	3,811	202	191
7. 2014	XXX	XXX	XXX	XXX	XXX	3,240	3,261	3,697	3,623	3,945	322	248
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	2,986	3,021	3,315	3,622	307	601
9. 2016	XXX	3,322	3,370	3,325	(45)	3						
10. 2017	XXX	3,617	3,273	(344)	XXX							
11. 2018	XXX	3,254	XXX	XXX								
											12. Totals	357 848

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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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XX								
8. 2015	XXX	XXX	XXX	XX								
9. 2016	XXX	XXX	XXX	XXX								
10. 2017	XXX	XXX	XXX	XXX	XXX							XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XX								
9. 2016	XXX	XXX	XXX	XX								
10. 2017	XXX	XXX	XXX	XXX								XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XX								
9. 2016	XXX	XXX	XXX	XX								
10. 2017	XXX	XXX	XXX	XXX								XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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

1. Prior	.674	.401	.376	.318	.313	.372	.363	.363	.356	.356		(7)
2. 2009	.370	.379	.294	.296	.291	.294	.287	.286	.286	.286		
3. 2010	XXX	237	387	343	385	255	247	249	249	249		
4. 2011	XXX	XXX	295	486	437	458	385	379	372	372		(7)
5. 2012	XXX	XXX	XXX	279	364	263	284	292	294	288	(6)	(4)
6. 2013	XXX	XXX	XXX	XXX	495	510	655	703	734	610	(124)	(93)
7. 2014	XXX	XXX	XXX	XXX	XXX	504	560	392	336	317	(19)	(75)
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	417	374	256	319	63	(55)
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	576	506	463	(43)	(113)
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	475	351	(124)	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	315	XXX	XXX
12. Totals												(253)
												(354)

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XX								
9. 2016	XXX	XXX	XXX	XX								
10. 2017	XXX	XXX	XXX	XXX								XXX
11. 2018	XXX											
12. Totals												

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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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	448	326	289	(37)	(159)
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,086	1,955	(131)	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,752	XXX	XXX
										4. Totals	(168)	(159)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	865	135	53	(82)	(812)						
2. 2017	XXX	7,994	7,626	(368)	XXX							
3. 2018	XXX	9,808	XXX	XXX								
										4. Totals	(450)	(812)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior	XXX											
2. 2017	XXX					XXX						
3. 2018	XXX				XXX	XXX						
										4. Totals		

NONE**SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior	XXX											
2. 2017	XXX					XXX						
3. 2018	XXX				XXX	XXX						
										4. Totals		

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XX							
8. 2015	XXX	XXX	XXX	XX	XX	XX						
9. 2016	XXX	XXX	XXX	XXX	XX	XX	XX					
10. 2017	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	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 2018 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

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

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

SCHEDULE P - PART 2T - WARRANTY

ANNUAL STATEMENT FOR THE YEAR 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	.000	130	248	255	262	268	268	284	286	286	42	
2. 2009	4,943	5,711	5,852	5,882	5,912	5,917	5,917	5,917	5,917	5,917	1,377	313
3. 2010	XXX	5,076	5,972	6,086	6,120	6,124	6,124	6,124	6,124	6,124	1,007	1,043
4. 2011	XXX	XXX	7,446	8,515	8,701	8,735	8,743	8,751	8,752	8,753	1,507	207
5. 2012	XXX	XXX	XXX	5,927	6,921	7,127	7,181	7,242	7,244	7,257	1,613	181
6. 2013	XXX	XXX	XXX	XXX	6,427	8,001	8,079	8,174	8,181	8,183	924	174
7. 2014	XXX	XXX	XXX	XXX	XXX	5,413	6,196	6,217	6,229	6,227	642	143
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	4,257	5,315	5,445	5,508	582	140
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,807	5,476	5,542	554	125
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,135	7,540	701	143
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,242	511	110

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

1. Prior	.000	1,775	2,777	3,168	3,270	3,347	3,368	3,380	3,373	3,369	3,168	
2. 2009	3,549	6,226	7,206	7,803	7,945	8,091	8,105	8,124	8,129	8,127	1,493	578
3. 2010	XXX	3,905	6,492	7,354	8,052	8,363	8,454	8,526	8,544	8,542	1,464	1,026
4. 2011	XXX	XXX	3,748	5,673	6,580	7,154	7,495	7,561	7,580	7,598	1,126	238
5. 2012	XXX	XXX	XXX	3,065	5,099	6,322	6,965	7,119	7,235	7,265	889	155
6. 2013	XXX	XXX	XXX	XXX	2,653	4,904	5,907	6,451	6,572	6,640	885	135
7. 2014	XXX	XXX	XXX	XXX	XXX	3,195	5,336	6,652	7,274	7,441	853	133
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	3,602	5,757	6,955	7,497	811	144
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	3,580	6,207	7,330	770	160	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,926	6,415	755	152	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,459	632	106	

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

1. Prior	.000	341	446	512	542	543	555	555	555	555	59	
2. 2009	308	506	614	763	842	877	890	890	890	890	116	45
3. 2010	XXX	445	848	1,262	1,460	1,471	1,477	1,516	1,521	1,521	144	112
4. 2011	XXX	XXX	447	659	856	979	1,017	1,057	1,078	1,078	150	26
5. 2012	XXX	XXX	XXX	524	836	1,306	1,400	1,542	1,639	1,668	149	30
6. 2013	XXX	XXX	XXX	XXX	606	1,110	1,288	1,564	2,046	2,092	162	25
7. 2014	XXX	XXX	XXX	XXX	XXX	938	1,831	2,433	3,017	3,378	205	22
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	881	1,335	1,761	2,337	219	29
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	771	1,447	2,104	195	28
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	832	1,489	187	30
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	807	129	18

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

1. Prior	.000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	363	723	768	774	796	858	878	911	910	38	
2. 2009	1,040	1,333	1,414	1,446	1,507	1,524	1,557	1,663	1,676	1,634	209	105
3. 2010	XXX	1,034	1,561	1,949	2,032	2,086	2,162	2,176	2,227	2,231	279	281
4. 2011	XXX	XXX	1,465	1,990	2,191	2,391	2,494	2,543	2,585	2,585	266	60
5. 2012	XXX	XXX	XXX	1,460	1,960	2,028	2,143	2,171	2,184	2,194	276	58
6. 2013	XXX	XXX	XXX	XXX	1,563	2,392	2,726	3,268	3,419	3,506	237	56
7. 2014	XXX	XXX	XXX	XXX	XXX	1,694	2,363	2,685	3,105	3,450	248	61
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1,274	1,817	2,141	2,752	232	52
9. 2016	XXX	1,674	2,371	2,595	204	50						
10. 2017	XXX	1,634	2,311	182	45							
11. 2018	XXX	1,527	128	23								

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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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	.000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XX								
7. 2014	XXX	XXX	XXX	XX	XX							
8. 2015	XXX	XXX	XXX	XXX	XX	XX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	.000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XX							
8. 2015	XXX	XXX	XXX	XX	XX							
9. 2016	XXX	XXX	XXX	XX	XX							
10. 2017	XXX	XXX	XXX	XXX	XX	XX						
11. 2018	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. 2009											XXX	XXX
3. 2010	XXX										XXX	XXX
4. 2011	XXX	XXX									XXX	XXX
5. 2012	XXX	XXX	XXX								XXX	XXX
6. 2013	XXX	XXX	XXX	XXX							XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XX						XXX	XXX
8. 2015	XXX	XXX	XXX	XX	XX						XXX	XXX
9. 2016	XXX	XXX	XXX	XX	XX						XXX	XXX
10. 2017	XXX	XXX	XXX	XX	XX						XXX	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

1. Prior	.000	157	.188	239	244	257	327	327	352	352	21	
2. 2009	62	167	.252	263	273	273	286	286	286	286	306	61
3. 2010	XXX	58	114	.169	202	240	242	249	249	249	46	45
4. 2011	XXX	XXX	85	.124	313	335	372	372	372	372	34	13
5. 2012	XXX	XXX	XXX	.89	163	188	192	194	194	195	38	14
6. 2013	XXX	XXX	XXX	XXX	68	176	256	320	432	591	35	13
7. 2014	XXX	XXX	XXX	XXX	XXX	.88	166	212	243	303	30	11
8. 2015	XXX	XXX	XXX	XXX	XXX	.36	109	191	230	220	22	10
9. 2016	XXX	XXX	XXX	XXX	XXX	.XXX	38	104	282	24	6	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	148	11	.4	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	7	1	

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

1. Prior	.000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XX	XX							
9. 2016	XXX	XXX	XXX	XX	XX							
10. 2017	XXX	XXX	XXX	XXX	XXX							
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	275	288	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,700	1,943	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,332	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	.000	110	8								
2. 2017	XXX	7,136	7,606									
3. 2018	XXX	XXX	8,580									

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX		XXX	XXX							
2. 2017	XXX		XXX	XXX							
3. 2018	XXX		XXX	XXX							

NONE

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

1. Prior	XXX		XXX	XXX							
2. 2017	XXX		XXX	XXX							
3. 2018	XXX		XXX	XXX							

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2009											XXX	XXX
3. 2010	XXX										XXX	XXX
4. 2011	XXX	XXX									XXX	XXX
5. 2012	XXX	XXX	XXX								XXX	XXX
6. 2013	XXX	XXX	XXX	XXX							XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XX						XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XX	XX					XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2018	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 2018 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	.000	5	17	17	17	17	17	17	17	17	2	
2. 2009	3	7	9	17	17	17	17	17	17	17	10	9
3. 2010	XXX	3	3	3	6	6	6	6	6	6	22	26
4. 2011	XXX	XXX	9	9	12	12	12	12	12	12	3	
5. 2012	XXX	XXX	XXX	2	6	6	6	6	6	6	1	
6. 2013	XXX	XXX	XXX	XXX	7	7	13	13	13	13	2	
7. 2014	XXX	XXX	XXX	XXX	XXX	4	4	4	4	4	1	1
8. 2015	XXX	XXX	XXX	XXX	XXX							1
9. 2016	XXX	XXX	XXX	XXX	XXX				2	2		1
10. 2017	XXX	XXX	XXX	XXX	XXX							1
11. 2018	XXX	XXX	XXX	XXX	XXX					5		2

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

1. Prior	.000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	XXX	.000			XXX	XXX						
2. 2017	XXX			XXX	XXX							
3. 2018	XXX	XXX		XXX	XXX							

SCHEDULE P - PART 3T - WARRANTY

1. Prior	XXX	.000										
2. 2017	XXX											
3. 2018	XXX	XXX										

NONE

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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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	430	93	26	11	11	10	10	9	8	
2. 2009	782	80	105	54	4	1	1	1		
3. 2010	XXX	1,052	272	83	37	4			2	2
4. 2011	XXX	XXX	977	285	117	11	4	.1	.1	
5. 2012	XXX	XXX	XXX	777	161	87	57	.32	31	18
6. 2013	XXX	XXX	XXX	XXX	873	228	42	8	5	5
7. 2014	XXX	XXX	XXX	XXX	XXX	806	155	.47	6	.1
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	600	.156	62	.64
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.770	173	122
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.757	166
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	775

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

1. Prior	1,490	708	259	94	.49	15	6		1	
2. 2009	2,298	.976	489	242	125	47	11	.3		
3. 2010	XXX	2,145	1,166	688	419	174	42	.11		.1
4. 2011	XXX	XXX	1,996	946	539	231	150	.87	.9	.9
5. 2012	XXX	XXX	XXX	2,036	973	454	240	.113	.35	.21
6. 2013	XXX	XXX	XXX	XXX	1,776	1,086	.547	.119	.111	.40
7. 2014	XXX	XXX	XXX	XXX	XXX	1,796	.826	.496	.161	.93
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	2,034	1,066	.278	.97
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,119	.1,004	.282
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2,606	1,060
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,632

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

1. Prior	516	466	.49	47	17	17				
2. 2009	482	.352	111	30	13	.6				
3. 2010	XXX	1,161	621	.337	185	.37	27	.224		
4. 2011	XXX	XXX	1,143	.675	188	.101	.19	.13	.6	
5. 2012	XXX	XXX	XXX	.777	513	.342	171	.39	.31	.1
6. 2013	XXX	XXX	XXX	XXX	.867	.402	189	.318	.71	.45
7. 2014	XXX	XXX	XXX	XXX	XXX	1,213	.753	.401	.252	.59
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1,011	.533	.339	.99
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.807	.597	.575
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,118	.643
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,341

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior	564	.269	155	54	.33	16	1			
2. 2009	437	.233	187	63	.23	10	27	2		
3. 2010	XXX	.780	492	.370	107	.90	.74	.74	.7	.10
4. 2011	XXX	XXX	690	.556	238	.173	.80	.68	.52	
5. 2012	XXX	XXX	XXX	1,007	312	.115	.72	.126	.48	.62
6. 2013	XXX	XXX	XXX	XXX	1,261	.884	.653	.206	.98	.132
7. 2014	XXX	XXX	XXX	XXX	XXX	927	.422	.421	.198	.256
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1,076	.656	.481	.448
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,013	.653	.403
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,283	.659
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,125

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XX	XX						
6. 2013	XXX	XXX	XX	XX						
7. 2014	XXX	XXX	XX	XX	XX					
8. 2015	XXX	XXX	XX	XXX	XX					
9. 2016	XXX	XXX	XX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX					
11. 2018	XXX	XXX	XXX	XXX	XXX					

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XX	XXX						
7. 2014	XXX	XXX	XX	XXX	XX					
8. 2015	XXX	XXX	XX	XXX	XX					
9. 2016	XXX	XXX	XX	XXX	XX					
10. 2017	XXX	XXX	XX	XXX	XX					
11. 2018	XXX	XXX	XXX	XXX	XXX					

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XX	XXX						
7. 2014	XXX	XXX	XX	XXX	XX					
8. 2015	XXX	XXX	XX	XXX	XX					
9. 2016	XXX	XXX	XX	XXX	XX					
10. 2017	XXX	XXX	XX	XXX	XX					
11. 2018	XXX	XXX	XXX	XXX	XXX					

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

1. Prior	397	.91	.74	25	.15	41				
2. 2009	180	127	.21	17	6	.9	1			
3. 2010	XXX	109	190	110	143	.8	5			
4. 2011	XXX	XXX	.66	146	.41	64	.12	.7		
5. 2012	XXX	XXX	XXX	126	159	35	39	.46	48	.42
6. 2013	XXX	XXX	XXX	XXX	330	129	174	144	154	16
7. 2014	XXX	XXX	XXX	XXX	XXX	292	299	108	34	4
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	282	204	58	.86
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	411	240	141
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	292	157
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	249

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XX	XXX						
7. 2014	XXX	XXX	XX	XXX	XX					
8. 2015	XXX	XXX	XX	XXX	XX					
9. 2016	XXX	XXX	XX	XXX	XX					
10. 2017	XXX	XXX	XX	XXX	XX					
11. 2018	XXX	XXX	XXX	XXX	XXX					

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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
2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137	22	.1
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX		109	10
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		157

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	410	25	19						
2. 2017	XXX		373	16						
3. 2018	XXX		520							

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2017	XXX	XXX	X	XXX	XXX	X	XXX		XXX	
3. 2018	XXX	XXX	X	XXX	X	X	XX	XXX	XXX	

NONE

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2017	XXX	XXX	X	XXX	XXX	X	XXX		XXX	
3. 2018	XXX	XXX	X	XXX	X	X	XX	XXX	XXX	

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	X	XXX						
7. 2014	XXX	XXX	X	XXX	XX					
8. 2015	XXX	XXX	X	XXX	XX	X				
9. 2016	XXX	XXX	X	XXX	XXX	X	X			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	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 2018 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior.....	51	32	3	1						
2. 2009.....	57	14	6	1						
3. 2010.....	XXX	9	2	2						
4. 2011.....	XXX	XXX	25	11	3					
5. 2012.....	XXX	XXX	XXX	5	6					
6. 2013.....	XXX	XXX	XXX	XXX	8	9	1			
7. 2014.....	XXX	XXX	XXX	XXX	XXX	7	24			
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	1			
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

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

1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XX	XXX						
7. 2014.....	XXX	XXX	XX	XXX	XX					
8. 2015.....	XXX	XXX	XX	XXX	XX	X				
9. 2016.....	XXX	XXX	XX	XXX	XXX	X	X			
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	XXX									
2. 2017.....	XXX	XXX	XX	XXX	XX	X	XX	XXX		
3. 2018.....	XXX	XXX	XX	XX	XX	X	XX	XXX	XXX	

NONE

SCHEDULE P - PART 4T - WARRANTY

1. Prior.....	XXX									
2. 2017.....	XXX	XXX	XX	XXX	XX	X	XX	XXX		
3. 2018.....	XXX	XXX	XX	XX	XX	X	XX	XXX	XXX	

NONE

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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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	225	26	4	6	2	4				
2. 2009	1,219	1,357	1,369	1,374	1,376	1,377	1,377	1,377	1,377	1,377
3. 2010	XXX	879	993	1,002	1,006	1,007	1,007	1,007	1,007	1,007
4. 2011	XXX	XXX	1,343	1,492	1,500	1,505	1,506	1,507	1,507	1,507
5. 2012	XXX	XXX	XXX	1,460	1,594	1,604	1,608	1,612	1,612	1,613
6. 2013	XXX	XXX	XXX	XXX	769	907	917	923	924	924
7. 2014	XXX	XXX	XXX	XXX	XXX	539	628	639	641	642
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	488	566	579	582
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	459	545	554
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	604	701
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	511

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	20	5	2	1	1	1	1	1	1	1
2. 2009	86	12	4	2	1					
3. 2010	XXX	80	9	3	1	1			1	1
4. 2011	XXX	XXX	108	11	4	2	1	1		
5. 2012	XXX	XXX	XXX	92	15	9	6	3	3	1
6. 2013	XXX	XXX	XXX	XXX	114	10	3	2	2	2
7. 2014	XXX	XXX	XXX	XXX	XXX	73	8	3	2	1
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	77	13	4	2
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80	11	6
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	88	12
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	95

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	449	45	(1)	5	2	4				
2. 2009	1,454	1,679	1,686	1,689	1,690	1,690	1,690	1,690	1,690	1,690
3. 2010	XXX	1,979	2,042	2,047	2,050	2,051	2,050	2,050	2,051	2,051
4. 2011	XXX	XXX	1,625	1,707	1,710	1,713	1,714	1,715	1,714	1,714
5. 2012	XXX	XXX	XXX	1,706	1,788	1,794	1,795	1,796	1,796	1,795
6. 2013	XXX	XXX	XXX	XXX	1,029	1,089	1,094	1,099	1,100	1,100
7. 2014	XXX	XXX	XXX	XXX	XXX	737	776	784	786	786
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	683	715	722	724
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	641	678	685
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	815	856
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	716

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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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	285	112	3,005	26	14	6	3	1	1	
2. 2009	672	960	1,433	1,464	1,478	1,487	1,490	1,491	1,492	1,493
3. 2010	XXX	725	1,341	1,409	1,444	1,456	1,460	1,462	1,464	1,464
4. 2011	XXX	XXX	754	996	1,076	1,104	1,119	1,124	1,125	1,126
5. 2012	XXX	XXX	XXX	521	792	848	870	882	886	889
6. 2013	XXX	XXX	XXX	XXX	595	805	853	874	882	885
7. 2014	XXX	XXX	XXX	XXX	XXX	514	742	813	841	853
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	517	721	786	811
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	478	720	770
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	545	755
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	632

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	123	53	25	9	5	3	1			
2. 2009	391	98	47	19	10	5	3	1		
3. 2010	XXX	420	111	38	12	7	4	2		
4. 2011	XXX	XXX	440	105	40	15	6	1	1	1
5. 2012	XXX	XXX	XXX	363	105	35	14	5	2	1
6. 2013	XXX	XXX	XXX	XXX	343	79	27	8	5	2
7. 2014	XXX	XXX	XXX	XXX	XXX	388	112	33	13	6
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	398	117	32	11
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	427	95	36
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	352	94
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	421

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	1,226	173	3,695	12	12	4	1		1	
2. 2009	1,164	1,511	2,055	2,060	2,066	2,070	2,071	2,070	2,070	2,071
3. 2010	XXX	2,003	2,459	2,468	2,481	2,489	2,490	2,490	2,490	2,490
4. 2011	XXX	XXX	1,353	1,323	1,351	1,356	1,363	1,363	1,364	1,365
5. 2012	XXX	XXX	XXX	966	1,039	1,036	1,039	1,042	1,043	1,045
6. 2013	XXX	XXX	XXX	XXX	1,011	1,007	1,013	1,017	1,022	1,022
7. 2014	XXX	XXX	XXX	XXX	XXX	970	974	975	986	992
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	991	968	960	966
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	995	964	966
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	990	1,001
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,159

ANNUAL STATEMENT FOR THE YEAR 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	28	7	50	2						
2. 2009	69	98	110	112	114	115	116	116	116	116
3. 2010	XXX	87	127	137	141	142	143	144	144	144
4. 2011	XXX	XXX	98	134	142	147	148	150	150	150
5. 2012	XXX	XXX	XXX	92	128	139	143	146	148	149
6. 2013	XXX	XXX	XXX	XXX	103	144	151	156	161	162
7. 2014	XXX	XXX	XXX	XXX	XXX	125	178	191	200	205
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	143	193	211	219
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127	178	195
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	187
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	129

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	11	6	2	1						
2. 2009	32	10	4	3	2	1				
3. 2010	XXX	49	13	5	1	1	1			
4. 2011	XXX	XXX	43	12	5	2	1			
5. 2012	XXX	XXX	XXX	51	17	7	3	1	1	
6. 2013	XXX	XXX	XXX	XXX	48	16	13	8	2	2
7. 2014	XXX	XXX	XXX	XXX	XXX	65	25	14	7	3
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	73	31	13	6
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	64	20	6
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57	21
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	55

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	57	10	54	1	(1)					
2. 2009	112	152	159	160	161	161	161	161	161	161
3. 2010	XXX	238	250	253	253	255	256	256	256	256
4. 2011	XXX	XXX	157	171	173	175	175	176	176	176
5. 2012	XXX	XXX	XXX	161	173	176	176	177	179	179
6. 2013	XXX	XXX	XXX	XXX	165	183	188	189	188	189
7. 2014	XXX	XXX	XXX	XXX	XXX	203	222	226	229	230
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	228	249	252	254
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	207	225	229
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	206	238
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	202

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 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	57	20	10	4	1	1	1	.1		
2. 2009	126	187	196	202	204	206	207	208	209	209
3. 2010	XXX	213	256	267	272	274	277	278	279	279
4. 2011	XXX	XXX	180	239	249	258	262	265	266	266
5. 2012	XXX	XXX	XXX	199	255	266	271	274	275	276
6. 2013	XXX	XXX	XXX	XXX	153	202	215	228	234	237
7. 2014	XXX	XXX	XXX	XXX	XXX	154	212	228	241	248
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	143	202	221	232
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137	190	204
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	142	182
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	128

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	17	.11	6	2	3	.3	2	.1		
2. 2009	32	9	12	2	2	1	1	.1		
3. 2010	XXX	45	54	8	5	5	2	2	1	.1
4. 2011	XXX	XXX		19	13	6	3	2		
5. 2012	XXX	XXX	XXX	45	13	7	3	2	1	
6. 2013	XXX	XXX	XXX	XXX	.53	21	.19	9	5	3
7. 2014	XXX	XXX	XXX	XXX	XXX	65	.31	24	14	7
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.67	.36	26	16
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.56	28	19
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48	23
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	94	.35	6	2	.1				(1)	
2. 2009	184	299	313	309	311	312	313	314	314	314
3. 2010	XXX	.520	587	555	558	560	560	561	561	561
4. 2011	XXX	XXX	221	314	321	324	325	327	326	326
5. 2012	XXX	XXX	XXX	282	322	330	332	334	334	334
6. 2013	XXX	XXX	XXX	XXX	239	272	288	292	295	296
7. 2014	XXX	XXX	XXX	XXX	XXX	258	297	.310	.315	.316
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.239	.282	.296	.300
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.225	.264	.273
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.217	.250
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	204

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 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	74	.11	5	.2	.1	.1	.1			
2. 2009	286	301	304	305	306	306	306	306	306	306
3. 2010	XXX	27	.38	42	.44	.46	.46	.46	.46	.46
4. 2011	XXX	XXX	.22	29	.31	.33	.34	.34	.34	.34
5. 2012	XXX	XXX	XXX	21	.33	.36	.37	.38	.38	.38
6. 2013	XXX	XXX	XXX	XXX	.18	.25	.30	.32	.33	.35
7. 2014	XXX	XXX	XXX	XXX	XXX	.15	.23	.28	.29	.30
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.11	.17	.21	.22
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.12	.18	.24
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.9	.11
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	14	6	3	.2	2	.1	.1			
2. 2009	13	6	2	1						
3. 2010	XXX	14	.8	.5	2					
4. 2011	XXX	XXX	13	.5	3	.1				
5. 2012	XXX	XXX	XXX	16	6	2	.1			
6. 2013	XXX	XXX	XXX	XXX	.14	.9	.6		.1	.1
7. 2014	XXX	XXX	XXX	XXX	XXX	.17	.9	.1	.3	.2
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.9		.2	.1
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.3	.9	.3
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.4	.2
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	(452)	.18	.1	.2	.1		.1	(1)		
2. 2009	333	365	366	367	367	367	367	367	367	367
3. 2010	XXX	80	.89	91	.90	.91	.91	.91	.91	.91
4. 2011	XXX	XXX	43	47	.47	.47	.47	.47	.47	.47
5. 2012	XXX	XXX	XXX	46	.51	.51	.52	.52	.52	.52
6. 2013	XXX	XXX	XXX	XXX	.39	.45	.48	.45	.47	.49
7. 2014	XXX	XXX	XXX	XXX	XXX	.37	.41	.39	.43	.43
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	25	.25	.32	.33
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.19	.33	.33
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.15	.17
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12

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 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	2	2								
2. 2009	1	9	9	10	10	10	10	10	10	10
3. 2010	XXX	22	22	22	22	22	22	22	22	22
4. 2011	XXX	XXX	.1	2	2	3	3	3	3	3
5. 2012	XXX	XXX	XXX			1	1	1	1	.1
6. 2013	XXX	XXX	XXX	XXX	1	2	2	2	2	2
7. 2014	XXX	XXX	XXX	XXX			1	.1	1	.1
8. 2015	XXX	XXX	XXX	XXX	XXX		1	.1	1	.1
9. 2016	XXX	XXX	XXX	XXX	XXX		XXX		1	.1
10. 2017	XXX	XXX	XXX	XXX	XXX		XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	.1									
2. 2009	.1	1	.1							
3. 2010	XXX									
4. 2011	XXX	XXX			.1					
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX	.1					
7. 2014	XXX	XXX	XXX	XXX	.XXX	.1				
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1		
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	.7	3	(1)							
2. 2009	2	.19	19	19	19	19	.19	19	19	19
3. 2010	XXX	.48	48	48	.48	48	.48	48	48	.48
4. 2011	XXX	XXX	.1	2	3	.3	3	.3	3	3
5. 2012	XXX	XXX	XXX			1	1	.1	1	.1
6. 2013	XXX	XXX	XXX	XXX	2	2	2	2	2	2
7. 2014	XXX	XXX	XXX	XXX	.XXX	1	1	2	2	2
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1	1	.1
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

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 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	2,438	2,438	2,438	2,438	2,438	2,438	2,438	2,438	2,438	2,438	
3. 2010.....	XXX	2,655	2,655	2,655	2,655	2,655	2,655	2,655	2,655	2,655	
4. 2011.....	XXX	XXX	2,919	2,919	2,919	2,919	2,919	2,919	2,919	2,919	
5. 2012.....	XXX	XXX	XXX	3,310	3,310	3,310	3,310	3,310	3,310	3,310	
6. 2013.....	XXX	XXX	XXX	XXX	3,781	3,781	3,781	3,781	3,781	3,781	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	4,295	4,295	4,295	4,295	4,295	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	4,420	4,420	4,420	4,420	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	4,586	4,586	4,586	4,586	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,779	4,779	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,986	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,986
13. Earned Premiums (Sch P-Pt. 1)		2,438	2,655	2,919	3,310	3,781	4,295	4,420	4,586	4,779	4,986
											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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	252	252	252	252	252	252	252	252	252	252	
3. 2010.....	XXX	216	216	216	216	216	216	216	216	216	
4. 2011.....	XXX	XXX	184	184	184	184	184	184	184	184	
5. 2012.....	XXX	XXX	XXX	196	196	196	196	196	196	196	
6. 2013.....	XXX	XXX	XXX	XXX	206	206	206	206	206	206	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	229	229	229	229	229	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	256	256	256	256	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	293	293	293	293	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	352	352	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	198	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	256	293	352	198	
13. Earned Premiums (Sch P-Pt. 1)		252	216	184	196	206	229	256	293	352	198
											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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....											
3. 2010.....	XXX										
4. 2011.....	XXX	XXX									
5. 2012.....	XXX	XXX	XXX								
6. 2013.....	XXX	XXX	XXX	XXX							
7. 2014.....	XXX	XXX	XXX	XXX	X						
8. 2015.....	XXX	XXX	XXX	X	XX						
9. 2016.....	XXX	XXX	XXX	X	XX	X					
10. 2017.....	XXX	XXX	XXX	X	XX	X	XXX				
11. 2018.....	XXX	XXX	XXX	X	XX	X	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....											
3. 2010.....	XXX										
4. 2011.....	XXX	XXX									
5. 2012.....	XXX	XXX	XXX								
6. 2013.....	XXX	XXX	XXX	XXX							
7. 2014.....	XXX	XXX	XXX	XXX	X						
8. 2015.....	XXX	XXX	XXX	X	XX	X					
9. 2016.....	XXX	XXX	XXX	X	XX	X	XXX				
10. 2017.....	XXX	XXX	XXX	X	XX	X	XXX	XXX			
11. 2018.....	XXX	XXX	XXX	X	XX	X	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 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	3,637	3,637	3,637	3,637	3,637	3,637	3,637	3,637	3,637	3,637	
3. 2010.....	XXX	3,962	3,962	3,962	3,962	3,962	3,962	3,962	3,962	3,962	
4. 2011.....	XXX	XXX	4,298	4,298	4,298	4,298	4,298	4,298	4,298	4,298	
5. 2012.....	XXX	XXX	XXX	4,812	4,812	4,812	4,812	4,812	4,812	4,812	
6. 2013.....	XXX	XXX	XXX	XXX	5,720	5,720	5,720	5,720	5,720	5,720	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	6,675	6,675	6,675	6,675	6,675	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	6,939	6,939	6,939	6,939	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	7,318	7,318	7,318	7,318	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,563	7,563	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,729	7,729	
12. Totals.....	XXX	XXX	XXX	XXX	5,720	6,675	6,939	7,318	7,563	7,729	7,729
13. Earned Premiums (Sch P-Pt. 1)	3,637	3,962	4,298	4,812	5,720	6,675	6,939	7,318	7,563	7,729	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	491	491	491	491	491	491	491	491	491	491	
3. 2010.....	XXX	514	514	514	514	514	514	514	514	514	
4. 2011.....	XXX	XXX	553	553	553	553	553	553	553	553	
5. 2012.....	XXX	XXX	XXX	637	637	637	637	637	637	637	
6. 2013.....	XXX	XXX	XXX	XXX	713	713	713	713	713	713	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	863	863	863	863	863	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	863	863	863	863	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	898	898	898	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	915	915	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	748	748
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	748
13. Earned Premiums (Sch P-Pt. 1)	491	514	553	637	713	863	863	898	915	748	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	1,567	1,567	1,567	1,567	1,567	1,567	1,567	1,567	1,567	1,567	
3. 2010.....	XXX	1,528	1,528	1,528	1,528	1,528	1,528	1,528	1,528	1,528	
4. 2011.....	XXX	XXX	1,626	1,626	1,626	1,626	1,626	1,626	1,626	1,626	
5. 2012.....	XXX	XXX	XXX	1,765	1,765	1,765	1,765	1,765	1,765	1,765	
6. 2013.....	XXX	XXX	XXX	XXX	1,888	1,888	1,888	1,888	1,888	1,888	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	1,952	1,952	1,952	1,952	1,952	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	1,987	1,987	1,987	1,987	1,987	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1,849	1,849	1,849	1,849	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,689	1,689	1,689	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,753	1,753	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,753
13. Earned Premiums (Sch P-Pt. 1)	1,567	1,528	1,626	1,765	1,888	1,952	1,987	1,849	1,689	1,753	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	569	569	569	569	569	569	569	569	569	569	
3. 2010.....	XXX	594	594	594	594	594	594	594	594	594	
4. 2011.....	XXX	XXX	660	660	660	660	660	660	660	660	
5. 2012.....	XXX	XXX	XXX	761	761	761	761	761	761	761	
6. 2013.....	XXX	XXX	XXX	XXX	823	823	823	823	823	823	
7. 2014.....	XXX	XXX	XXX	XXX	893	893	893	893	893	893	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	890	890	890	890	890	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	901	901	901	901	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	935	935	935	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,002	1,002	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,002
13. Earned Premiums (Sch P-Pt. 1)	569	594	660	761	823	893	890	901	935	1,002	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 2018 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	73	73	73	73	73	73	73	73	73	73	
3. 2010.....	XXX	60	60	60	60	60	60	60	60	60	
4. 2011.....	XXX	XXX	51	51	51	51	51	51	51	51	
5. 2012.....	XXX	XXX	XXX	49	49	49	49	49	49	49	
6. 2013.....	XXX	XXX	XXX	XXX	52	52	52	52	52	52	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	57	57	57	57	57	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	57	57	57	57	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52	52	52	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	54	54	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	54	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)		73	60	51	49	52	57	57	52	54	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	1	1	1	1	1	1	1	1	1	1	
3. 2010.....	XXX	1	1	1	1	1	1	1	1	1	
4. 2011.....	XXX	XXX									
5. 2012.....	XXX	XXX	XXX								
6. 2013.....	XXX	XXX	XXX	XXX							
7. 2014.....	XXX	XXX	XXX	XXX	XXX						
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13. Earned Premiums (Sch P-Pt. 1)		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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....											
3. 2010.....	XXX										
4. 2011.....	XXX	XXX									
5. 2012.....	XXX	XXX	XXX								
6. 2013.....	XXX	XXX	XXX	XXX							
7. 2014.....	XXX	XXX	XXX	XXX	XXX						
8. 2015.....	XXX	XXX	XXX	XXX	X	XX					
9. 2016.....	XXX	XXX	XXX	X	X	XX	XXX				
10. 2017.....	XXX	XXX	XXX	X	X	XX	XXX	XXX			
11. 2018.....	XXX	XXX	XXX	X	X	XX	XXX	XXX			
12. Totals.....	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....											
3. 2010.....	XXX										
4. 2011.....	XXX	XXX									
5. 2012.....	XXX	XXX	XXX								
6. 2013.....	XXX	XXX	XXX	XXX							
7. 2014.....	XXX	XXX	XXX	XXX	X	XX					
8. 2015.....	XXX	XXX	XXX	X	X	XX	XXX				
9. 2016.....	XXX	XXX	XXX	X	X	XX	XXX	XXX			
10. 2017.....	XXX	XXX	XXX	X	X	XX	XXX	XXX			
11. 2018.....	XXX	XXX	XXX	X	X	XX	XXX	XXX			
12. Totals.....	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 2018 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	3,146				.16,969	
2. Private Passenger Auto Liability/Medical	12,795				.16,960	
3. Commercial Auto/Truck Liability/Medical	4,895				4,936	
4. Workers' Compensation						
5. Commercial Multiple Peril	5,463				7,178	
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	961				752	
10. Other Liability - Claims-Made						
11. Special Property	462				5,195	
12. Auto Physical Damage	1,395				15,301	
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	3				52	
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	29,120				67,344	

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2009	2	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XX							
6. 2013	XXX	XXX	XX	XX						
7. 2014	XXX	XXX	XX	XX	XX					
8. 2015	XXX	XXX	XX	XXX	XXX	XX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XX							
6. 2013	XXX	XXX	XX	XX						
7. 2014	XXX	XXX	XX	XX	XX					
8. 2015	XXX	XXX	XX	XXX	XXX	XX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2018 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 2009		
1.603 2010		
1.604 2011		
1.605 2012		
1.606 2013		
1.607 2014		
1.608 2015		
1.609 2016		
1.610 2017		
1.611 2018		
1.612 Totals		

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

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

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

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

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

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

(in thousands of dollars)

5.1 Fidelity
5.2 Surety

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

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

7.2 (An extended statement may be attached.)

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

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

NONExpo

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2018 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 if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.
	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
35.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
37.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
	Explanations:	
12.	Bar Codes:	
12.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 0 2 0 2 2 0 1 8 4 2 0 0 0 0 0 0
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	 1 0 2 0 2 2 0 1 8 2 4 0 0 0 0 0 0
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 1 0 2 0 2 2 0 1 8 3 6 0 0 0 0 0 0
15.	Supplement A to Schedule T [Document Identifier 455]	 1 0 2 0 2 2 0 1 8 4 5 5 0 0 0 0 0 0
16.	Trusted Surplus Statement [Document Identifier 490]	 1 0 2 0 2 2 0 1 8 3 8 5 0 0 0 0 0 0
17.	Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]	 1 0 2 0 2 2 0 1 8 3 6 5 0 0 0 0 0 0
19.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 2 0 2 2 0 1 8 3 6 5 0 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22. Exceptions to the Reinsurance Attestation Supplement
[Document Identifier 400]



23. Bail Bond Supplement [Document Identifier 500]



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. Life, Health & Annuity Guaranty Association Model Act Assessment Base
Reconciliation Exhibit [Document Identifier 290]



36. Adjustments to the Life, Health & Annuity Guaranty Association Model Act
Assessment Base Reconciliation Exhibit [Document Identifier 300]



37. Management's Report of Internal Control Over Financial Reporting
[Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Statement of Income Line 37

	1 Current Year	2 Prior Year
3704. Sale of Saco building .....		.971,389
3797. Summary of remaining write-ins for Line 37 from overflow page		971,389



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SUPPLEMENT FOR THE YEAR 2018 OF THE Ohio Mutual Insurance Company

REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

ANNUAL REPORT FOR THE

Year Ended December
To Be Filed by March 1

TO BE FILED BY MARCH
(A) FINANCIAL IMPACT

(A) Financial Impact	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets	320,898,834		320,898,834
A02. Liabilities	67,753,939		67,753,939
A03. Surplus as regards to policyholders	253,144,895		253,144,895
A04. Income before taxes	5,519,171		5,519,171

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

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

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