



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

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Ohio SS:  
County of Crawford

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

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



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

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



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

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



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

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



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 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-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

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



ANNUAL STATEMENT FOR THE YEAR 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	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-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....	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) .....	81,509,908	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 0963 BUSINESS IN THE STATE OF Rhode Island 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-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
DETAILS OF WRITE-INS												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

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

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





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

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

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



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

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



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

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

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



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

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



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

[illegible]

## SCHEDULE F - PART 2

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

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

## SCHEDULE F - PART 3

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

[illegible]



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	BMJ		60											2		(2)	
AA-1340125	00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		14							4		4		1		3	
AA-3190875	00000	HISCOX INSURANCE COMPANY	BMJ		56											2		(2)	
AA-1460019	00000	MS AMLIN AG														(14)		14	
AA-3190339	00000	RENAISSANCE REINSURANCE, LTD	BMJ		98							2		2		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				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	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)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
34-1008736 ...	UNITED OHIO INSURANCE COMPANY .....						134, 128		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
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling				XXX			150, 636		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.)				XXX											XXX		
0899999. Total Authorized - Affiliates				XXX			150, 636								XXX		
95-4387273 ...	ALLIED WORLD ASSURANCE COMPANY .....														3.		
36-2661954 ...	AMERICAN AGRICULTURAL INSURANCE COMPANY .....					2	7		9	11	2	9		9	3.		
06-1430254 ...	ARCH REINSURANCE COMPANY .....														2.		
47-0574325 ...	BERKLEY INSURANCE COMPANY .....					2	5		7	8	2	6		6	2.		
42-0234980 ...	EMPLOYERS MUTUAL CASUALTY CO .....					2	6		8	10	2	8		8	3.		
22-2005057 ...	EVEREST REINSURANCE COMPANY .....														2.		
05-0316605 ...	FACTORY MUTUAL INSURANCE COMPANY .....					13	122		135	162	13	149		149	2.		6
42-0245840 ...	FARMERS MUTUAL HAIL INSURANCE COMPANY .....					1	3		4	5	1	4		4	4.		
13-2673100 ...	GENERAL REINSURANCE CORPORATION .....					186	1, 457		1, 643	1, 972	186	1, 786		1, 786	1.		64
06-0384680 ...	HARTFORD STEAM BOILER INSPECTION & INS .....						5		5	6		6		6	1.		
13-4924125 ...	MUNICH REINSURANCE AMERICA, INC .....														2.		
47-0698507 ...	ODYSSEY REINSURANCE COMPANY .....														3.		
52-1952955 ...	RENAISSANCE REINSURANCE US INC .....														2.		
35-6021485 ...	PROTECTIVE INSURANCE COMPANY .....														3.		
43-0613000 ...	SHELTER MUTUAL INSURANCE COMPANY .....														3.		
13-1675535 ...	SWISS REINSURANCE AMERICA CORPORATION .....					4	7		11	13	4	9		9	2.		
13-2918573 ...	THE TOA REINSURANCE COMPANY OF AMERICA .....					1	4		5	6	1	5		5	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		1, 981	XXX		72
AA-9991222 ...	OHIO FAIR PLAN UNDERWRITING ASSOCIATION .....					2	2		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999. Total Authorized - Pools - Mandatory Pools				XXX		2	2		XXX	XXX	XXX	XXX	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 .....					(2)	2				(2)	2		2	3.		
AA-1126623 ...	LLOYD'S SYNDICATE #0623 .....														3.		
AA-1120157 ...	LLOYD'S SYNDICATE #1729 .....					(3)	3				(3)	3		3	3.		
AA-1120106 ...	LLOYD'S SYNDICATE #1969 .....														3.		
AA-1128001 ...	LLOYD'S SYNDICATE #2001 .....					(14)	14				(14)	14		14	3.		1
AA-1128003 ...	LLOYD'S SYNDICATE #2003 .....														3.		
AA-1120071 ...	LLOYD'S SYNDICATE #2007 .....					(29)	29				(29)	29		29	3.		1
AA-1128010 ...	LLOYD'S SYNDICATE #2010 .....					(38)	38				(38)	38		38	3.		2
AA-1120158 ...	LLOYD'S SYNDICATE #2014 .....					(11)	11				(11)	11		11	3.		1
AA-1128623 ...	LLOYD'S SYNDICATE #2623 .....														3.		
AA-1128791 ...	LLOYD'S SYNDICATE #2791 .....					(11)	11				(11)	11		11	3.		1
AA-1120181 ...	LLOYD'S SYNDICATE #5886 .....														3.		

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				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	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)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
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		3.		
AA-3194161 ... CATLIN INSURANCE COMPANY LTD .....															2.		
AA-3194122 ... DAVINCI REINSURANCE LTD .....															3.		
AA-1340125 ... HANNOVER RUCKVERSICHERUNGS AG .....					3	4			4	5	1	4	3	1	2.		
AA-3190875 ... HISCOX INSURANCE COMPANY .....															3.		
AA-1460019 ... MS AMLIN AG .....						(14)	14				(14)	14		14	3.		1
AA-3190339 ... RENAISSANCE REINSURANCE, LTD .....						2			2	2	2				2.		
AA-1340192 ... R&V VERSICHERUNG AG .....												2			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	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 Cols. 40 & 41	46  Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	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					43  Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
			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 01-0407315	UNITED OHIO INSURANCE COMPANY CASCO INDEMNITY COMPANY																	YES	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling																		YES	
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 36-2661954 06-1430254 47-0574325 42-0234980 22-2005057 05-0316605 42-0245840 13-2673100 06-0384680 13-4924125 47-0698507 52-1952955 35-6021485 43-0613000 13-1675535 13-2918573 13-1290712	ALLIED WORLD ASSURANCE COMPANY AMERICAN AGRICULTURAL INSURANCE COMPANY ARCH REINSURANCE COMPANY BERKLEY INSURANCE COMPANY EMPLOYERS MUTUAL CASUALTY CO EVEREST REINSURANCE COMPANY FACTORY MUTUAL INSURANCE COMPANY FARMERS MUTUAL HAIL INSURANCE COMPANY GENERAL REINSURANCE CORPORATION HARTFORD STEAM BOILER INSPECTION & INS MUNICH REINSURANCE AMERICA, INC ODYSSEY REINSURANCE COMPANY RENAISSANCE REINSURANCE US INC PROTECTIVE INSURANCE COMPANY SHELTER MUTUAL INSURANCE COMPANY SWISS REINSURANCE AMERICA CORPORATION THE TOA REINSURANCE COMPANY OF AMERICA XL REINSURANCE AMERICA																YES		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		6						6			6							YES	
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	16						16			16							YES	
1099999. Total Authorized - Pools - Mandatory Pools																		YES	
AA-9995035	MUTUAL REINSURANCE BUREAU																	YES	
1199999. Total Authorized - Pools - Voluntary Pools																		XXX	
AA-1126033 AA-1126435 AA-1126623 AA-1120157 AA-1120106 AA-1128001 AA-1128003 AA-1120071 AA-1128010 AA-1120158 AA-1128623 AA-1128791 AA-1120181	LLOYD'S SYNDICATE #0033 LLOYD'S SYNDICATE #0435 LLOYD'S SYNDICATE #0623 LLOYD'S SYNDICATE #1729 LLOYD'S SYNDICATE #1969 LLOYD'S SYNDICATE #2001 LLOYD'S SYNDICATE #2003 LLOYD'S SYNDICATE #2007 LLOYD'S SYNDICATE #2010 LLOYD'S SYNDICATE #2014 LLOYD'S SYNDICATE #2623 LLOYD'S SYNDICATE #2791 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 Included in Col. 43	45  Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41	46  Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	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					43  Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
			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			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			23							XXX	
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)																		XXX	
9999999 Totals		23						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													Complete if Col. 52 = "No"; Otherwise Enter 0			69  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		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
34-1008736 01-0407315	UNITED OHIO INSURANCE COMPANY CASCO INDEMNITY COMPANY	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	XXX XXX	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	
0499999. Total Authorized - Affiliates - U.S. Non-Pool						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	
0899999. Total Authorized - Affiliates						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	ARCH 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	XL 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	
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	
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	
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																
		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 Past Due Amounts in Dispute (Col. 45 * 20%)	63  Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	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%)	Complete if Col. 52 = "No"; Otherwise Enter 0			69  Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)	
														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	XXX
1299999. Total Authorized - Other Non-U.S. Insurers						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2299999. Total Unauthorized - Affiliates						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120337	ASPEN INSURANCE UK LIMITED	XXX	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	XXX
AA-3194122	DAVINCI REINSURANCE LTD	XXX	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	XXX
AA-3190875	HISCOX INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460019	IMS AMLIN AG	XXX	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	XXX
AA-1340192	R&V VERSICHERUNG AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999. Total Unauthorized - Other Non-U.S. Insurers						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3299999. Total Certified - Affiliates - U.S. Non-Pool						XXX			XXX	XXX								
3599999. Total Certified - Affiliates - Other (Non-U.S.)						XXX			XXX	XXX								
3699999. Total Certified - Affiliates						XXX			XXX	XXX								
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)						XXX			XXX	XXX								
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)						XXX			XXX	XXX								
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)						XXX			XXX	XXX								
9999999 Totals						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
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ((Col. 47 * 20%) + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
34-1008736 ...	UNITED OHIO INSURANCE COMPANY .....		XXX	XXX				XXX	XXX	
01-0407315 ...	CASCO INDEMNITY COMPANY .....		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 ...	ARCH 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  Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72  Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73  Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74  Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75  Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76  Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77  Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78  Total Provision for Reinsurance (Cols. 75 + 76 + 77)
AA-1120181	LLOYD'S SYNDICATE #5886		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 AML IN 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)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
			NONE	
Total				

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:

	1	2	3
	Name of Reinsurer	Commission Rate	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.

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	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 [ X ] No [ ]

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

ANNUAL STATEMENT FOR THE YEAR 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		XXX
2. Premiums earned .....	766	XXX		XXX		XXX		XXX	766	XXX		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	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
<b>PART 2. - RESERVES AND LIABILITIES</b>									
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 .....									

<b>PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
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 .....									

<b>PART 4. - REINSURANCE</b>									
A. Reinsurance Assumed:									
1. Premiums written .....	2,518				2,518				
2. Premiums earned .....									
3. Incurred claims .....									
4. Commissions .....									
B. Reinsurance Ceded:									
1. Premiums written .....	1,838				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:	NONE			
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				

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	
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX							1		XXX
2. 2009.....	11,216	1,004	10,212	7,467	1,685	149	14	630		120	6,547	1,690
3. 2010.....	11,733	713	11,020	6,049	92	167		591		73	6,715	2,051
4. 2011.....	12,368	998	11,370	10,733	2,153	249	76	907		49	9,660	1,714
5. 2012.....	13,221	1,667	11,554	13,626	6,616	560	313	1,138		59	8,395	1,795
6. 2013.....	14,164	1,243	12,921	8,383	348	149	1	964		124	9,147	1,100
7. 2014.....	15,125	1,489	13,636	6,151	38	114		741		185	6,968	786
8. 2015.....	15,575	1,334	14,241	5,409	48	147		595		112	6,103	724
9. 2016.....	15,883	1,362	14,521	5,688	281	136	1	677		127	6,219	685
10. 2017.....	16,326	1,372	14,954	7,906	525	162	3	779		78	8,319	856
11. 2018.....	17,458	1,421	16,037	5,163	22	101		588		38	5,830	716
12. Totals	XXX	XXX	XXX	76,575	11,808	1,934	408	7,610		966	73,903	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	14											14	1
2. 2009.....													
3. 2010.....	4		2									6	1
4. 2011.....	1		1									2	
5. 2012.....	33		16				2					51	1
6. 2013.....	9		4				1					14	2
7. 2014.....	2						1					3	1
8. 2015.....	104	2	53				11		1			167	2
9. 2016.....	167	1	108	13			27		1			289	6
10. 2017.....	238	22	128	11			49		34			416	12
11. 2018.....	1,252	18	723	47			99		175			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	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	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	2
6. 2013.....	9,510	349	9,161	67.1	28.1	70.9			27.0	13	1
7. 2014.....	7,009	38	6,971	46.3	2.6	51.1			27.0	2	1
8. 2015.....	6,320	50	6,270	40.6	3.7	44.0			27.0	155	12
9. 2016.....	6,804	296	6,508	42.8	21.7	44.8			27.0	261	28
10. 2017.....	9,296	561	8,735	56.9	40.9	58.4			27.0	333	83
11. 2018.....	8,101	87	8,014	46.4	6.1	50.0			27.0	1,910	274
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	
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	(5)		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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	3											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	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3	
2. 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	
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 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	3
8. 2015.....	170		110	37			26		33			302	6
9. 2016.....	197		513	5			67		39			811	6
10. 2017.....	598	1	654	135			124		59			1,299	21
11. 2018.....	573		1,332	171			180		216			2,130	55
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	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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	2
6. 2013.....	2,622	152	2,470	69.3	73.8	69.1			27.0	145	3
7. 2014.....	4,311	395	3,916	100.4	172.5	96.3			27.0	162	39
8. 2015.....	3,345	460	2,885	75.7	179.7	69.3			27.0	243	59
9. 2016.....	3,321	166	3,155	72.4	56.7	73.5			27.0	705	106
10. 2017.....	3,166	136	3,030	66.2	38.6	68.4			27.0	1,116	183
11. 2018.....	3,307	171	3,136	66.3	86.4	65.5			27.0	1,734	396
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4,107	788

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**SCHEDULE P - PART 1D - WORKERS' COMPENSATION**  
**(EXCLUDING EXCESS WORKERS' COMPENSATION)**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 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		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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	
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	(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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	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	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	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	16
6. 2013.....	1,255	546	709	66.5	66.3	66.6			27.0	16	13
7. 2014.....	1,069	636	433	54.8	71.2	40.9			27.0	12	5
8. 2015.....	650	291	359	32.7	32.7	32.7			27.0	80	11
9. 2016.....	841	337	504	45.5	37.4	53.2			27.0	111	81
10. 2017.....	912	502	410	54.0	53.7	54.4			27.0	191	22
11. 2018.....	819	469	350	46.7	46.8	46.6			27.0	228	94
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	719	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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 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		

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior			2	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1	
2. 2017	2,159	1	2,158	38.8	0.3	41.2			27.0	9	7
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



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**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12	
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	(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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	26		17	1			3					45	1
2. 2017	4		16	3			3		8			28	2
3. 2018	708		512	15			23		94			1,322	193
4. Totals	738		545	19			29		102			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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	42	3
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

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**SCHEDULE P - PART 1K - FIDELITY/SURETY**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior	XXX	XXX	XXX	NONE								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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2017.....													
3. 2018.....													
4. Totals													

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

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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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX									XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....													
2. 2017.....													
3. 2018.....													
4. Totals													

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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2009.....	73	2	71	8		9		2			19	19
3. 2010.....	60	1	59	3		3					6	48
4. 2011.....	51		51	8		4		2			14	3
5. 2012.....	49		49	6				1			7	1
6. 2013.....	52		52	8		5		2			15	2
7. 2014.....	57		57	1		3					4	2
8. 2015.....	57		57									1
9. 2016.....	52		52	1		1					2	1
10. 2017.....	54		54	1							1	
11. 2018.....	54		54	4		1					5	2
12. Totals	XXX	XXX	XXX	40		26		7			73	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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	1
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**

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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	XXX	XXX	XXX	XXX	XXX	XXX					
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												

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	XXX	XXX	XXX	XXX	XXX	XXX	3,322	3,370	3,325	(45)	3
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,617	3,273	(344)	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....												
2. 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				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....												
2. 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				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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)

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	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				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	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	XXX	XXX	XXX	XXX	XXX	XXX	865	135	53	(82)	(812)
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,994	7,626	(368)	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,808	XXX	XXX
4. Totals											(450)	(812)

**SCHEDULE P - PART 2K - FIDELITY/SURETY**

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

NONE

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

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

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**SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS 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.....	61	42	20	18	17	17	17	17	17	17		
2. 2009.....	63	29	22	18	17	17	17	17	17	17		
3. 2010.....	XXX	12	5	5	6	6	6	6	6	6		
4. 2011.....	XXX	XXX	38	22	19	12	12	12	12	12		
5. 2012.....	XXX	XXX	XXX	13	12	6	6	6	6	6		
6. 2013.....	XXX	XXX	XXX	XXX	19	20	14	13	13	13		
7. 2014.....	XXX	XXX	XXX	XXX	XXX	16	29	4	4	4		
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	1					
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2	2		1
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	XXX	XXX
12. Totals											1	1

**SCHEDULE P - PART 2R - 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	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				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

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

**SCHEDULE P - PART 2T - WARRANTY**

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

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SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	3,580	6,207	7,330	770	160
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,926	6,415	755	152
11. 2018.....	XXX	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	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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	XXX	XXX	XXX	XXX	XXX	XXX	1,674	2,371	2,595	204	50
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,634	2,311	182	45
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	2	3	4	5	6	7	8	9	10		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
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 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	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 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	XXX						XXX	XXX
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX					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	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	XXX	36	109	191	230	22	10
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	104	282	24	6
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	148	11	4
11. 2018.....	XXX	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	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			

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

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

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

NONE

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX						XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX					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	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**

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

**SCHEDULE P - PART 3T - WARRANTY**

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



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

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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 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	XXX	XXX						
7. 2014.....	XXX	XXX	XX	XXX	XXX					
8. 2015.....	XXX	XXX	XX	XX	XX	XX				
9. 2016.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2017.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXY	XXX						
7. 2014.....	XXX	XXX	XX	XXX	XXX					
8. 2015.....	XXX	XXX	XX	XX	XX	XX				
9. 2016.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2017.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	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	XXX	XXX						
7. 2014.....	XXX	XXX	XX	XXX	XXX					
8. 2015.....	XXX	XXX	XX	XX	XX	XX				
9. 2016.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2017.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	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	XXX	109	10
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	157

**SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE**

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

**SCHEDULE P - PART 4K - FIDELITY/SURETY**

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

NONE

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

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

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**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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	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 4S - FINANCIAL GUARANTY/MORTGAGE GUARANTY**

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

**SCHEDULE P - PART 4T - WARRANTY**

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

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

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**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

**SECTION 1**

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

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**SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX		1	1	1	1
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1
10. 2017.....	XXX	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	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	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	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	198
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	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		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	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		
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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	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	XXX	7,729	7,729
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	1,987	1,987	1,987	1,987	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,849	1,849	1,849	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,689	1,689	
11. 2018.....	XXX	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	893	893	893	893	893	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	890	890	890	890	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	901	901	901	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	935	935	
11. 2018.....	XXX	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	54
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	54
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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX				
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)	1	1									XXX

**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE**

**SECTION 1B**

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

**SECTION 2B**

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

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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

[illegible]

# NONE

Asterisk		Exp.

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

## SCHEDULE Y

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

[illegible]

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.		
13.		
14.		
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36.		
37.		

Bar Codes:	
12.	SIS Stockholder Information Supplement [Document Identifier 420]
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
15.	Supplement A to Schedule T [Document Identifier 455]
16.	Trusteed Surplus Statement [Document Identifier 490]
17.	Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]
19.	Medicare Part D Coverage Supplement [Document Identifier 365]

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]	 <div>102022018400000000</div>
23.	Bail Bond Supplement [Document Identifier 500]	 <div>102022018500000000</div>
24.	Director and Officer Insurance Coverage Supplement [Document Identifier 505]	 <div>102022018505000000</div>
25.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>102022018224000000</div>
26.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>102022018225000000</div>
27.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>102022018226000000</div>
28.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 <div>102022018555000000</div>
29.	Credit Insurance Experience Exhibit [Document Identifier 230]	 <div>102022018230000000</div>
30.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 <div>102022018306000000</div>
32.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 <div>102022018216000000</div>
33.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 <div>102022018217000000</div>
34.	Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]	 <div>102022018550000000</div>
35.	Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]	 <div>102022018290000000</div>
36.	Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]	 <div>102022018300000000</div>
37.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 <div>102022018223000000</div>

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



For The Year Ended December 31, 2018  
To Be Filed by March 1  
(A) Financial Impact

(A) Financial Impact		1	2	3
		As Reported	Interrogatory 9 Reinsurance Effect	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

[illegible]

ALPHABETICAL INDEX

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Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation) .....	38
Schedule P - Part 1E - Commercial Multiple Peril .....	39
Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence .....	40
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