



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

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

The Celina Mutual Insurance Company

NAIC Group Code00350035NAIC Company Code20176Employer's ID Number34-4202015  
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH  
Country of DomicileUnited States of America

Incorporated/Organized11/12/1919Commenced Business02/23/1920

Statutory Home Office1 Insurance Square, Celina, OH, US 45822-1690  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office1 Insurance Square  
(Street and Number)  
Celina, OH, US 45822-1690419-586-5181  
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address1 Insurance Square, Celina, OH, US 45822-1690  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records1 Insurance Square  
(Street and Number)  
Celina, OH, US 45822-1690419-586-5181-8238  
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.celinainsurance.com

Statutory Statement ContactMichael Stanley Kleinhenz, 419-586-5181-8238  
(Name)(Area Code) (Telephone Number)  
mike.kleinhenz@celinainsurance.com419-586-6068  
(E-mail Address)(FAX Number)

OFFICERS

PresidentWilliam West MontgomeryTreasurerMichael Stanley Kleinhenz #

SecretaryMichael Stanley Kleinhenz

OTHER

Robert Mark Shoenfelt, Sr. VP - CIOVincent Miles Franz, Sr. VP - COOTheodore Joseph Wissman, VP - Claims

Suzanne Lynn Wells #, Assistant Secretary

DIRECTORS OR TRUSTEES

William West Montgomery - ChairmanPhilip Marion FullenkampNancy Montgomery Goldberg

David Thomas MellinWesley Moore JetterJohn Michael Lazarich

Collin Jay BryanJohn Richard Gregg

State ofOhioSS:

County ofMercer

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.

William West MontgomeryChairman, President, CEO and General ManagerMichael Stanley KleinhenzSecretaryMichael Stanley KleinhenzSr. VP - CFO and Treasurer

Subscribed and sworn to before me thisFebruary 2019day of

Lori HomanAccountantFebruary 28, 2022

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 CELINA MUTUAL INSURANCE COMPANY  
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0035 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2018 NAIC Company Code 20176

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 .....								760	760			
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) .....								760	760			
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 CELINA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0035 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2018 NAIC Company Code 20176

			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
Line of Business			1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire .....		511,629	472,158		265,804	218,563	116,372	3,016		(2,387)	71	103,848	6,941
2.1	Allied lines .....		398,591	344,599		215,240	94,529	88,924	(181)		(17)	155	82,420	5,408
2.2	Multiple peril crop .....													
2.3	Federal flood .....													
2.4	Private crop .....													
2.5	Private flood .....													
3.	Farmowners multiple peril .....		3,400,707	3,258,180		1,670,672	1,119,652	1,320,535	770,791	22,948	65,180	135,866	565,718	46,138
4.	Homeowners multiple peril .....		1,253,159	579,560		683,582	131,363	148,838	17,475	1,822	3,013	1,191	231,650	17,002
5.1	Commercial multiple peril (non-liability portion) .....		1,720,509	1,529,398		841,468	850,936	1,046,753	321,336	18,643	13,456	16,720	271,903	23,342
5.2	Commercial multiple peril (liability portion) .....		1,933,478	1,740,563		911,527	155,245	132,387	592,620	18,278	21,916	46,098	305,563	26,232
6.	Mortgage guaranty .....													
8.	Ocean marine .....													
9.	Inland marine .....		365,662	328,075		170,880	43,320	38,214	5,919				71,431	4,961
10.	Financial guaranty .....													
11.	Medical professional liability .....													
12.	Earthquake .....		97,961	78,682		47,123							16,596	1,329
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 .....		1,695,731	1,594,832		735,235	641,575	511,006	664,469	118,807	95,929	189,577	152,249	25,348
17.1	Other Liability - occurrence .....		758,783	678,620		380,048	600,401	340,578	502,268	26,468	(240,964)	308,056	96,217	10,295
17.2	Other Liability - claims made .....													
17.3	Excess workers' compensation .....													
18.	Products liability .....		106,674	102,962		45,979	20,000	(925)	49,825	3,547	(12,585)	30,143	13,811	1,447
19.1	Private passenger auto no-fault (personal injury protection) .....													
19.2	Other private passenger auto liability .....		5,004,300	4,793,371		2,419,893	2,920,379	4,416,938	3,527,819	150,667	312,338	375,596	646,269	67,893
19.3	Commercial auto no-fault (personal injury protection) .....													
19.4	Other commercial auto liability .....		1,207,065	1,094,992		564,716	322,886	609,659	780,847	42,116	89,852	123,321	190,739	16,377
21.1	Private passenger auto physical damage .....		4,879,411	4,672,156		2,333,132	2,877,224	2,891,896	152,802	6,743	8,172	5,848	639,767	75,185
21.2	Commercial auto physical damage .....		465,227	414,738		219,462	269,187	270,110	6,543				74,090	6,312
22.	Aircraft (all perils) .....													
23.	Fidelity .....													
24.	Surety .....													
26.	Burglary and theft .....		2,569	2,479		1,297							406	35
27.	Boiler and machinery .....													
28.	Credit .....													
30.	Warranty .....													
34.	Aggregate write-ins for other lines of business .....													
35.	TOTALS (a) .....		23,801,456	21,685,366		11,506,058	10,265,258	11,931,285	7,395,549	410,039	353,903	1,232,642	3,462,676	334,245
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 \$ 175,330  
(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 CELINA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0035 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2018 NAIC Company Code 20176

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										
1.	Fire .....	247,571	191,504		129,423	273,294	203,112	(20,822)		(1,391)	28	50,133	3,043
2.1	Allied lines .....	405,604	345,044		201,932	350,350	320,816	(6,434)	1,168	735	155	84,151	4,986
2.2	Multiple peril crop .....												
2.3	Federal flood .....												
2.4	Private crop .....												
2.5	Private flood .....												
3.	Farmowners multiple peril .....	2,100,352	2,013,705		1,044,405	709,073	674,474	271,412	18,211	22,642	44,216	327,943	25,820
4.	Homeowners multiple peril .....	1,257,785	884,082		723,131	795,328	823,643	61,541	3,255	5,694	4,414	210,401	15,462
5.1	Commercial multiple peril (non-liability portion) .....	1,538,793	1,356,865		854,744	1,830,216	1,737,407	505,467	13,914	18,271	26,714	241,667	18,917
5.2	Commercial multiple peril (liability portion) .....	641,116	604,833		318,930	43,838	69,738	80,501	3,551	13,697	16,801	100,765	7,882
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	171,381	152,638		91,003	26,925	10,875	150				31,727	2,107
10.	Financial guaranty .....												
11.	Medical professional liability .....												
12.	Earthquake .....	7,486	6,875		3,740							1,228	92
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 .....	282,115	213,052		136,819	61,896	153,620	100,224	14,242	32,857	20,408	22,752	5,277
17.1	Other Liability - occurrence .....	297,453	254,142		148,283	3,538	6,238	29,450	253	44	15,475	38,806	3,657
17.2	Other Liability - claims made .....												
17.3	Excess workers' compensation .....												
18.	Products liability .....	14,458	12,779		2,830		1,950	4,650		1,419	3,373	2,281	178
19.1	Private passenger auto no-fault (personal injury protection) .....												
19.2	Other private passenger auto liability .....	134,662	138,891		64,601	55,615	82,969	119,399	964	6,925	13,004	20,191	1,655
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....	306,594	270,103		147,657	93,222	(14,678)	19,663		(12,896)	3,589	48,030	3,769
21.1	Private passenger auto physical damage .....	192,741	189,998		98,203	150,686	102,880	(2,125)		(702)	39	29,549	2,369
21.2	Commercial auto physical damage .....	197,942	170,560		99,053	167,897	150,523	(809)				31,111	2,433
22.	Aircraft (all perils) .....												
23.	Fidelity .....												
24.	Surety .....												
26.	Burglary and theft .....	748	769		224							118	9
27.	Boiler and machinery .....												
28.	Credit .....												
30.	Warranty .....												
34.	Aggregate write-ins for other lines of business .....												
35.	TOTALS (a) .....	7,796,801	6,805,841		4,064,980	4,561,878	4,323,568	1,162,267	55,558	87,295	148,216	1,240,854	97,657
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 \$ 27,055  
(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 CELINA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0035 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2018 NAIC Company Code 20176

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 .....	12,489	2,773		9,716							1,977	338
2.1 Allied lines .....	2,288	501		1,787							362	45
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....	2,702,399	2,623,260		1,291,791	1,336,815	1,067,265	128,835	8,246	(4,673)	27,627	427,571	63,823
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 .....	44,361	41,183		19,933			50				7,023	927
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....	76,311	75,159		34,347							12,081	1,516
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 .....					9,748	9,717	10,564	2,971	2,971			
17.1 Other Liability - occurrence .....	24,735	20,962		10,759		225	2,400		(31)	1,256	2,729	488
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....	66,006	64,531		31,443	21,763	(730)	40,868	1,473	1,473		9,868	1,308
19.2 Other private passenger auto liability .....	444,528	431,186		212,388	475,652	165,379	321,353	20,377	(19,684)	29,201	67,082	8,805
19.3 Commercial auto no-fault (personal injury protection) .....	10,522	9,318		5,287							1,666	208
19.4 Other commercial auto liability .....	30,328	26,786		14,739	1,510	1,910	2,200	2,833	3,004	445	4,801	600
21.1 Private passenger auto physical damage .....	457,778	422,487		212,975	203,639	164,681	9,146		(3,823)	67	70,080	9,657
21.2 Commercial auto physical damage .....	24,529	20,258		10,089		(1,039)	(2,209)				3,883	510
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) .....	3,896,275	3,738,403		1,855,253	2,049,128	1,407,408	513,207	35,901	(20,762)	58,596	609,123	88,225
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 \$ .....17,209

(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 CELINA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0035 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2018 NAIC Company Code 20176

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 .....												2,528
17.1 Other Liability - occurrence .....							5,001	61	61			
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....					465	1,465	1,000					
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) .....					465	1,465	6,001	61	61			2,528
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 CELINA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0035 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2018 NAIC Company Code 20176

			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
Line of Business			1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire .....		1,097,255	1,157,274		541,597	206,599	226,962	25,380	1,885	3,006	1,221	232,865	25,670
2.1	Allied lines .....		912,084	856,013		485,895	129,827	106,441	22,565	5,802	7,662	3,251	193,446	14,492
2.2	Multiple peril crop .....													
2.3	Federal flood .....													
2.4	Private crop .....													
2.5	Private flood .....													
3.	Farmowners multiple peril .....		6,160,766	6,016,783		2,936,212	2,302,774	1,476,338	518,595	52,209	13,999	105,427	1,136,881	114,072
4.	Homeowners multiple peril .....		986,734	476,960		512,016	67,717	113,716	45,999	55	3,192	3,137	189,482	18,642
5.1	Commercial multiple peril (non-liability portion) .....		2,577,624	2,443,188		1,270,754	154,115	139,139	301,653	9,636	8,393	21,780	437,655	50,629
5.2	Commercial multiple peril (liability portion) .....		1,385,313	1,322,732		646,127	331,479	191,866	187,003	26,426	11,999	40,294	236,096	22,012
6.	Mortgage guaranty .....													
8.	Ocean marine .....													
9.	Inland marine .....		693,018	634,343		310,481	87,551	76,851	600				145,125	11,532
10.	Financial guaranty .....													
11.	Medical professional liability .....													
12.	Earthquake .....		72,826	66,624		36,143							13,719	1,212
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 .....		79,821	80,278		33,873		(1,200)	10,125		(5,737)	5,015	12,451	1,268
17.1	Other Liability - occurrence .....		1,063,976	1,010,058		479,086	19,921	(28,721)	400,281	3,164	(41,457)	213,989	152,318	16,906
17.2	Other Liability - claims made .....													
17.3	Excess workers' compensation .....													
18.	Products liability .....		88,171	98,382		42,297	5,000	5,425	40,225		(9,110)	30,951	14,803	1,401
19.1	Private passenger auto no-fault (personal injury protection) .....													
19.2	Other private passenger auto liability .....		3,447,207	3,353,156		1,656,050	2,721,605	2,428,208	2,583,076	67,649	73,781	285,816	496,383	54,773
19.3	Commercial auto no-fault (personal injury protection) .....													
19.4	Other commercial auto liability .....		1,919,572	1,737,041		923,756	606,391	737,411	504,717	20,387	40,640	86,394	327,915	30,500
21.1	Private passenger auto physical damage .....		3,474,909	3,330,860		1,646,835	1,865,753	1,877,726	74,419	1,457	270	1,515	502,648	56,257
21.2	Commercial auto physical damage .....		891,545	801,279		425,593	560,581	602,753	68,263	855	855		153,888	14,434
22.	Aircraft (all perils) .....													
23.	Fidelity .....													
24.	Surety .....													
26.	Burglary and theft .....		11,141	10,503		5,649							1,868	177
27.	Boiler and machinery .....													
28.	Credit .....													
30.	Warranty .....													
34.	Aggregate write-ins for other lines of business .....													
35.	TOTALS (a) .....		24,861,962	23,395,473		11,952,365	9,059,315	7,952,917	4,782,901	189,526	107,494	798,790	4,247,543	433,976
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 \$ 170,740

(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 CELINA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0035 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2018 NAIC Company Code 20176

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 .....							54,922	1,416	1,416			(262)
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 .....												(3)
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 .....					14,586	8,996	21,969	3,652	3,652			1,088
17.1 Other Liability - occurrence .....						(25)	25		(62)	8		(1)
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....					2,559		4,782	50	50			
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....					885	11,427	12,048					
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) .....					18,030	20,399	93,746	5,117	5,055	8		821
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 CELINA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0035 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2018 NAIC Company Code 20176

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 .....	634,452	569,292		313,714	46,606	47,731	2,399	958	1,115	180	134,957	20,885
2.1 Allied lines .....	622,109	525,278		327,587	170,731	162,781	1,825	184	174	239	134,069	15,812
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....	883,804	723,297		420,818	847,336	911,529	96,732	6,357	15,823	11,864	143,079	26,110
4. Homeowners multiple peril .....	1,001,752	676,864		580,726	398,631	927,817	539,710		36,333	36,958	184,587	29,594
5.1 Commercial multiple peril (non-liability portion) .....	2,670,097	2,410,328		1,312,833	604,135	910,139	541,278	9,616	26,689	29,786	447,627	77,875
5.2 Commercial multiple peril (liability portion) .....	946,592	867,665		448,064	102,977	116,453	95,002	17,619	28,262	21,807	159,140	27,610
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....	154,022	132,478		74,753	33,988	34,013	125				32,007	4,146
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....	24,169	20,747		12,753							4,162	614
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 .....	312,960	278,112		148,211	9,270	109,955	130,635		50,335	68,987	46,387	7,955
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....	54,806	51,024		27,651		8,550	15,300		3,823	10,533	9,205	1,393
19.1 Private passenger auto no-fault (personal injury protection) .....					(10,000)	(28,500)						
19.2 Other private passenger auto liability .....	3,100,642	2,788,505		1,531,931	1,410,694	1,750,566	1,504,149	101,289	114,452	154,822	442,923	78,801
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....	670,154	583,142		317,315	191,991	140,491	65,475	7,416	(2,998)	10,875	111,951	17,033
21.1 Private passenger auto physical damage .....	2,467,907	2,215,200		1,213,219	1,253,889	1,249,991	100,186	1,543	636	1,214	355,708	64,202
21.2 Commercial auto physical damage .....	270,837	231,553		131,284	99,520	109,268	10,699				45,431	7,047
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....	1,714	1,599		880							288	44
27. Boiler and machinery .....												
28. Credit .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....	13,816,017	12,075,084		6,861,740	5,159,768	6,450,785	3,103,515	144,982	274,644	347,265	2,251,522	379,118
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 \$ 90,540  
(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 CELINA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0035 BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2018 NAIC Company Code 20176

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 .....	14,452	14,203		6,748		(175)	1,775		(280)	929	1,598	1,108
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 .....	160,810	145,092		81,939	22,466	50,541	32,131	97	2,031	2,761	23,705	12,333
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....	27,593	25,499		10,439		475	1,975		150	376	4,430	2,116
21.1 Private passenger auto physical damage .....	156,328	132,115		78,117	56,729	56,929	927		(10)	17	22,981	12,039
21.2 Commercial auto physical damage .....	9,744	8,774		3,623	2,681	2,706	100				1,564	750
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) .....	368,927	325,683		180,866	81,876	110,476	36,908	97	1,891	4,083	54,278	28,347
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 \$ .....2,530  
(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 CELINA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0035 BUSINESS IN THE STATE OF Grand Total			DURING THE YEAR 2018 NAIC Company Code 20176									
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 .....	2,503,396	2,393,000		1,260,254	745,061	594,177	9,973	2,843	343	1,500	523,781	56,877
2.1 Allied lines .....	2,340,676	2,071,435		1,232,442	745,438	678,963	17,775	7,154	8,554	3,800	494,449	40,743
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....	15,248,028	14,635,225		7,363,898	6,315,649	5,450,141	1,841,287	109,388	114,388	325,000	2,601,193	275,701
4. Homeowners multiple peril .....	4,499,430	2,617,466		2,499,456	1,393,039	2,014,014	664,726	5,133	48,233	45,700	816,120	80,700
5.1 Commercial multiple peril (non-liability portion) .....	8,507,023	7,739,780		4,279,799	3,439,401	3,833,438	1,669,734	51,810	66,810	95,000	1,398,853	170,763
5.2 Commercial multiple peril (liability portion) .....	4,906,499	4,535,794		2,324,647	633,540	510,445	955,126	65,875	75,875	125,000	801,564	83,735
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....	1,428,444	1,288,717		667,049	191,784	159,953	6,844				287,312	23,670
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....	278,753	248,087		134,106							47,787	4,762
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 .....	2,057,667	1,888,162		905,928	727,805	682,139	807,350	140,431	130,431	215,000	187,451	35,508
17.1 Other Liability - occurrence .....	2,472,359	2,256,096		1,173,136	633,131	428,075	1,071,835	29,947	(232,353)	608,700	338,055	40,408
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....	264,109	265,147		118,757	25,000	15,000	110,000	3,547	(16,453)	75,000	40,100	4,419
19.1 Private passenger auto no-fault (personal injury protection) .....	66,006	64,531		31,443	14,787	(27,765)	46,651	1,523	1,523		9,868	1,308
19.2 Other private passenger auto liability .....	12,292,149	11,650,201		5,966,801	7,606,412	8,894,601	8,087,926	341,043	489,843	861,200	1,696,554	224,261
19.3 Commercial auto no-fault (personal injury protection) .....	10,522	9,318		5,287	885	11,427	12,048				1,666	208
19.4 Other commercial auto liability .....	4,161,306	3,737,564		1,978,622	1,216,001	1,475,269	1,374,877	72,751	117,751	225,000	687,866	70,395
21.1 Private passenger auto physical damage .....	11,629,074	10,962,816		5,582,481	6,407,920	6,344,103	335,355	9,742	4,542	8,700	1,620,733	219,709
21.2 Commercial auto physical damage .....	1,859,824	1,647,163		889,105	1,099,866	1,134,321	82,586	855	855		309,967	31,486
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....	16,172	15,350		8,050							2,680	265
27. Boiler and machinery .....												
28. Credit .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....	74,541,437	68,025,849		36,421,262	31,195,718	32,198,302	17,094,093	842,040	810,340	2,589,600	11,865,998	1,364,917
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 \$ .....483,404

(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 CELINA MUTUAL INSURANCE COMPANY

SCHEDULE F - PART 1

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

1  ID Number	2  NAIC Com- pany Code	3  Name of Reinsured	4  Domiciliary Jurisdiction	5  Assumed Premium	Reinsurance On		8  Cols. 6 + 7	9  Contingent Commissions Payable	10  Assumed Premiums Receivable	11  Unearned Premium	12  Funds Held By or Deposited With Reinsured Companies	13  Letters of Credit Posted	14  Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15  Amount of Assets Pledged or Collateral Held in Trust
					6  Paid Losses and Loss Adjustment Expenses	7  Known Case Losses and LAE								
34-4312510	20184	NATIONAL MUT IN CO	OH	47,277	2,008	7,892	9,900	690	2,962	24,198				
0199999		Affiliates - U.S. Intercompany Pooling		47,277	2,008	7,892	9,900	690	2,962	24,198				
55-0189700	15431	WEST VIRGINIA FARMERS MUT INS ASSOC	WV	1,042		147	147		72					
0399999		Affiliates - U.S. Non-Pool - Other		1,042		147	147		72					
0499999		Total - U.S. Non-Pool		1,042		147	147		72					
0799999		Total - Other (Non-U.S.)												
0899999		Total - Affiliates		48,320	2,008	8,039	10,047	690	3,034	24,198				
94-1390273	19801	ARGONAUT INS CO	IL		1	1	2							
0999999		Total Other U.S. Unaffiliated Insurers			1	1	2							
AA-9991414	00000	INDIANA WORKERS COMP	IN	93		109	109			35				
AA-9991422	00000	MICHIGAN WORKERS COMP	MI			167	167							
AA-9992118	00000	NATIONAL WORKERS COMP REINS POOL	NY	44		341	341							
AA-9991118	00000	IOWA COMMERCIAL AUTO INS PROCEDURE	IA											
AA-9991117	00000	INDIANA COMMERCIAL AUTO INS PROCEDURE	IN		1		1		1					
AA-9991144	00000	PENNSYLVANIA COMMERCIAL AUTO INS PROCEDURE	PA											
AA-9991150	00000	TENNESSEE COMMERCIAL AUTO INS PROCEDURE	TN											
AA-9991156	00000	WEST VIRGINIA COMMERCIAL AUTO INS PROCEDURE	WV											
AA-9991120	00000	KENTUCKY COMMERCIAL AUTO INS PROCEDURE	KY	17		12	12			7				
AA-9991141	00000	OHIO COMMERCIAL AUTO INS PROCEDURE	OH		1		1		1					
1099999		Total Pools, Associations or Other Similar Facilities - Mandatory Pools		153	3	629	631		4	42				
1299999		Total - Pools and Associations		153	3	629	631		4	42				
AA-1120518	00000	HOME AND OVERSEAS INS CO LTD	GBR			28	28				28			
1399999		Total Other Non-U.S. Insurers				28	28				28			
9999999		Totals		48,473	2,012	8,696	10,708	690	3,038	24,240	28			

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA MUTUAL INSURANCE COMPANY

## SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 3**

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

1	2	3	4	5	6	Reinsurance Recoverable On									16	Reinsurance Payable		19	20	
ID Number	NAIC Com- pany Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis- sions	Columns 7 through 14 Totals	Amount in Dispute included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	Funds Held by Company Under Reinsurance Treaties	
34-4312510	20184	NATIONAL MUT INS CO	OH		74,383	2,689	165	10,599		6,917	3,524	35,908	1,030	60,834		4,684	45,498	10,652		
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					74,383	2,689	165	10,599		6,917	3,524	35,908	1,030	60,834		4,684	45,498	10,652		
0499999. Total Authorized - Affiliates - U.S. Non-Pool																				
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																				
0899999. Total Authorized - Affiliates					74,383	2,689	165	10,599		6,917	3,524	35,908	1,030	60,834		4,684	45,498	10,652		
06-1182357	22730	ALLIED WORLD INS CO	NH			1		7		23	17			47				47		
36-2661954	10103	AMERICAN AGRICULTURAL INS CO	IN			9		32		127	60			229				229		
47-0574325	32603	BERKLEY INS CO	DE		74	6		23		90	43	40		203		7		196		
42-0234980	21415	EMPLOYERS MUT CAS CO	IA			8		28		110	52			198				198		
35-2293075	11551	ENDURANCE ASSUR CORP	DE			7		17		65	25			114				114		
22-2005057	26921	EVEREST RE	DE							13	9			22				22		
05-0316605	21482	FACTORY MUT INS CO	RI		589	27						292	35	355		107		247		
42-0245840	13897	FARMERS MUT HAIL INS CO OF IA	IA			4		16		63	30			114				114		
13-2673100	22039	GENERAL REINS CORP	DE		18							12	18	30		4		26		
06-0384680	11452	HARTFORD STEAM BOIL INSPEC & INS CO	CT		455							211	26	238		24		213		
31-4259550	14621	MOTORISTS MUT INS CO	OH																	
13-4924125	10227	MUNICH REINS AMER INC	DE		23															
13-3031176	38636	PARTNER REINS CO OF THE US	NY			5		11		43	17			76				76		
23-1641984	10219	QBE REINS CORP	PA							1				1				1		
52-1952955	10357	RENAISSANCE REINS US INC	MD			1		2		6	3			11				11		
75-1444207	30058	SCOR REINS CO	NY			4		6		23	16			49				49		
13-1675535	25364	SWISS REINS AMER CORP	NY			19	1	65		207	95			386				386		
13-2918573	42439	TOA RE INS CO OF AMER	DE			10		31		123	58			223				223		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					1,159	100	2	237		896	424	555	80	2,296		143		2,153		
AA-9991501	00000	INDIANA MINE SUBSIDENCE FUND	IN			2														
AA-9991502	00000	KENTUCKY MINE SUBSIDENCE FUND	KY			3														
AA-9991503	00000	OHIO MINE SUBSIDENCE FUND	OH			1														
1099999. Total Authorized - Pools - Mandatory Pools					5															
AA-1127414	00000	Lloyd's Syndicate Number 1414	GBR		190											15		(15)		
1299999. Total Authorized - Other Non-U.S. Insurers					190											15		(15)		
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					75,737	2,789	168	10,836		7,813	3,948	36,464	1,111	63,129		4,842	45,498	12,790		
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																				
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																				
2299999. Total Unauthorized - Affiliates																				
AA-1340125	00000	Hannover Rueck SE	DEU			35	1	83		337	158			614				614		
2699999. Total Unauthorized - Other Non-U.S. Insurers						35	1	83		337	158			614				614		
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)						35	1	83		337	158			614				614		
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)					75,737	2,825	168	10,920		8,150	4,106	36,464	1,111	63,743		4,842	45,498	13,404		
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)																				
9999999 Totals					75,737	2,825	168	10,920		8,150	4,106	36,464	1,111	63,743		4,842	45,498	13,404		

### SCHEDULE F - PART 3 (Continued)

(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)
34-4312510	NATIONAL MUT INS CO					50,182	10,652		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX		50,182	10,652		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		50,182	10,652								XXX		
06-1182357	ALLIED WORLD INS CO						47		47	56		56		56	3		3
36-2661954	AMERICAN AGRICULTURAL INS CO						229		229	274		274		274	3		13
47-0574325	BERKLEY INS CO					7	196		203	243	7	236		236	2		10
42-0234980	EMPLOYERS MUT CAS CO						198		198	238		238		238	3		11
35-2293075	ENDURANCE ASSUR CORP						114		114	137		137		137	2		6
22-2005057	EVEREST RE						22		22	26		26		26	2		1
05-0316605	FACTORY MUT INS CO					107	247		355	426	107	318		318	2		13
42-0245840	FARMERS MUT HAIL INS CO OF IA						114		114	136		136		136	4		7
13-2673100	GENERAL REINS CORP					4	26		30	36	4	32		32	1		1
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO					24	213		238	285	24	261		261	1		9
31-4259550	MOTORISTS MUT INS CO														4		
13-4924125	MUNICH REINS AMER INC														2		
13-3031176	PARTNER REINS CO OF THE US						76		76	91		91		91	3		4
23-1641984	QBE REINS CORP						1		1	1		1		1	3		
52-1952955	RENAISSANCE REINS US INC						11		11	14		14		14	2		1
75-1444207	SCOR REINS CO						49		49	59		59		59	2		2
13-1675535	SWISS REINS AMER CORP						386		386	464		464		464	2		19
13-2918573	TOA RE INS CO OF AMER						223		223	267		267		267	3		13
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX		143	2,153		2,296	2,755	143	2,612		2,612	XXX		114
AA-9991501	INDIANA MINE SUBSIDENCE FUND								XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991502	KENTUCKY MINE SUBSIDENCE FUND								XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991503	OHIO MINE SUBSIDENCE FUND								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
AA-1127414	Lloyd's Syndicate Number 1414														2		
1299999	Total Authorized - Other Non-U.S. Insurers			XXX											XXX		
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX		50,325	12,804		2,296	2,755	143	2,612		2,612	XXX		114
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-1340125	Hannover Rueck SE	614				614			614	737		737	614	123	2	25	5
2699999	Total Unauthorized - Other Non-U.S. Insurers	614		XXX		614			614	737		737	614	123	XXX	25	5
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	614		XXX		614			614	737		737	614	123	XXX	25	5
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		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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)
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)		614		XXX		50,939	12,804		2,910	3,492	143	3,349	614	2,735	XXX	25	119
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)				XXX											XXX		
9999999 Totals		614		XXX		50,939	12,804		2,910	3,492	143	3,349	614	2,735	XXX	25	119



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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												
34-4312510	NATIONAL MUT INS CO	2,854						2,854			2,854							YES	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling		2,854						2,854			2,854							XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool																		XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																		XXX	
0899999. Total Authorized - Affiliates		2,854						2,854			2,854							XXX	
06-1182357	ALLIED WORLD INS CO	1						1			1							YES	
36-2661954	AMERICAN AGRICULTURAL INS CO	7						7			7							YES	
47-0574325	BERKLEY INS CO	6						6			6							YES	
42-0234980	EMPLOYERS MUT CAS CO	8						8			8							YES	
35-2293075	ENDURANCE ASSUR CORP	7						7			7							YES	
22-2005057	EVEREST RE																	YES	
05-0316605	FACTORY MUT INS CO	27						27			27							YES	
42-0245840	FARMERS MUT HAIL INS CO OF IA	4						4			4							YES	
13-2673100	GENERAL REINS CORP																	YES	
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO																	YES	
31-4259550	MOTORISTS MUT INS CO																	YES	
13-4924125	MUNICH REINS AMER INC																	YES	
13-3031176	PARTNER REINS CO OF THE US	5						5			5							YES	
23-1641984	QBE REINS CORP																	YES	
52-1952955	RENAISSANCE REINS US INC	1						1			1							YES	
75-1444207	SCOR REINS CO	4						4			4							YES	
13-1675535	SWISS REINS AMER CORP	20						20			20							YES	
13-2918573	TOA RE INS CO OF AMER	11						11			11							YES	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		100						100			100							XXX	
AA-9991501	INDIANA MINE SUBSIDENCE FUND																	YES	
AA-9991502	KENTUCKY MINE SUBSIDENCE FUND																	YES	
AA-9991503	OHIO MINE SUBSIDENCE FUND																	YES	
1099999. Total Authorized - Pools - Mandatory Pools																		XXX	
AA-1127414	Lloyd's Syndicate Number 1414																	YES	
1299999. Total Authorized - Other Non-U.S. Insurers																		XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		2,955						2,955			2,955							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-1340125	Hannover Rueck SE	39						39			39							YES	
2699999. Total Unauthorized - Other Non-U.S. Insurers		39						39			39							XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		39						39			39							XXX	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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												
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)																			
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)	2,993							2,993			2,993							XXX	
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)																		XXX	
9999999 Totals	2,993							2,993			2,993							XXX	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
		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%)	66	67	68	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
34-4312510	NATIONAL MUT INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999. Total Authorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1182357	ALLIED WORLD INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36-2661954	AMERICAN AGRICULTURAL INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47-0574325	BERKLEY INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0234980	EMPLOYERS MUT CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35-2293075	ENDURANCE ASSUR CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
22-2005057	EVEREST RE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
05-0316605	FACTORY MUT INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0245840	FARMERS MUT HAIL INS CO OF IA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-2673100	GENERAL REINS CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
31-4259550	MOTORISTS MUT INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-4924125	MUNICH REINS AMER INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-3031176	PARTNER REINS CO OF THE US	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23-1641984	QBE REINS CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
52-1952955	RENAISSANCE REINS US INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
75-1444207	SCOR REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-1675535	SWISS REINS AMER CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-2918573	TOA RE INS CO OF AMER	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999. Total Authorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991501	INDIANA MINE SUBSIDENCE FUND	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991502	KENTUCKY MINE SUBSIDENCE FUND	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991503	OHIO MINE SUBSIDENCE FUND	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999. Total Authorized - Pools - Mandatory Pools				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127414	Lloyd's Syndicate Number 1414	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	XXX
1499999. Total Authorized Excluding Protected Cells (Sum of 08999999, 09999999, 10999999, 11999999 and 12999999)				XXX	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	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	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	XXX
AA-1340125	Hannover Rueck SE	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	XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 22999999, 23999999, 24999999, 25999999 and 26999999)				XXX	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								

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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	
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								

**SCHEDULE F - PART 3 (Continued)**

(Total Provision for Reinsurance)

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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)
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)										
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)										
9999999 Totals										

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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 CELINA 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 MUT INS CO .....	.35.000	.589
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.	NATIONAL MUT INS CO .....	10,652	74,383	Yes [ X ] No [ ]
7.	HANNOVER RUECK SE .....	.614	.....	Yes [ ] No [ X ]
8.	SWISS REINS AMER CORP .....	.386	.....	Yes [ ] No [ X ]
9.	FACTORY MUT INS CO .....	.247	.589	Yes [ ] No [ X ]
10.	AMERICAN AGRICULTURAL INS CO .....	.229	.....	Yes [ ] No [ X ]

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



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) .....	65,240,589		65,240,589
2. Premiums and considerations (Line 15) .....	13,388,631	7,024,925	20,413,556
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	2,993,143	(2,993,143)	
4. Funds held by or deposited with reinsured companies (Line 16.2) .....	27,703		27,703
5. Other assets .....	1,948,131	(15,042,673)	(13,094,542)
6. Net amount recoverable from reinsurers .....		67,702,632	67,702,632
7. Protected cell assets (Line 27) .....			
8. Totals (Line 28) .....	83,598,196	56,691,742	140,289,938
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	16,550,036	23,175,927	39,725,963
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	1,429,943	1,894,318	3,324,261
11. Unearned premiums (Line 9) .....	24,197,800	36,463,626	60,661,426
12. Advance premiums (Line 10) .....	654,822		654,822
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....	4,842,129	(4,842,129)	
15. Funds held by company under reinsurance treaties (Line 13) .....			
16. Amounts withheld or retained by company for account of others (Line 14) .....	51,911		51,911
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....	99,436		99,436
19. Total liabilities excluding protected cell business (Line 26) .....	47,826,078	56,691,742	104,517,820
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37)	35,772,119	XXX	35,772,119
22. Totals (Line 38)	83,598,196	56,691,742	140,289,938

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: In addition to cessions to unaffiliated companies, the restatement adjustments shown above include gross cessions under a pooling arrangement (among affiliated insurance companies) but do not include the corresponding amounts assumed under this contract. The assumed amounts under this contract are \$49,766,391. ....

Schedule H - Part 1 - Analysis of Underwriting Operations

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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	11	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	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX	8		1		1			9	XXX
2. 2009.....	11,286	637	10,649	8,599	1,127	62		1,013	63	68	8,485	1,750
3. 2010.....	11,886	636	11,250	8,598	376	84		887	14	70	9,180	159
4. 2011.....	12,648	1,153	11,494	14,425	5,360	96	20	1,335	296	80	10,179	2,814
5. 2012.....	13,488	1,646	11,841	12,535	4,189	118		1,343	270	67	9,538	2,781
6. 2013.....	14,697	2,367	12,329	8,935	982	91	27	1,069	39	18	9,047	1,781
7. 2014.....	15,249	1,717	13,532	9,458	727	97	16	1,088	27	64	9,874	1,706
8. 2015.....	15,181	1,660	13,521	7,815	701	64	15	924	16	28	8,072	1,280
9. 2016.....	15,356	1,724	13,632	7,295	463	116	13	1,005	15	168	7,925	1,319
10. 2017.....	15,973	1,763	14,210	13,205	2,406	86	22	1,433	80	28	12,216	2,016
11. 2018.....	16,931	1,797	15,134	7,100	499	35	14	975	13	40	7,584	1,309
12. Totals	XXX	XXX	XXX	97,973	16,830	851	126	11,073	833	632	92,107	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.....	20											20	1
2. 2009.....													
3. 2010.....													
4. 2011.....	8						2					10	
5. 2012.....	14								2			16	1
6. 2013.....							5		2			7	
7. 2014.....	23		2				13		2		1	40	1
8. 2015.....	4		35	4			22	5	9		1	61	1
9. 2016.....	11	1	54	11			52	7	17		1	114	2
10. 2017.....	93	3	231	70			97	29	55		14	374	7
11. 2018.....	1,206	88	1,169	280			180	61	207		24	2,333	76
12. Totals	1,379	92	1,490	364			371	103	293		41	2,975	88

	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	20	
2. 2009.....	9,675	1,190	8,485	85.7	186.8	79.7			36.0		
3. 2010.....	9,570	390	9,180	80.5	61.3	81.6			36.0		
4. 2011.....	15,865	5,676	10,189	125.4	492.1	88.6			36.0	8	2
5. 2012.....	14,013	4,460	9,554	103.9	270.9	80.7			36.0	14	2
6. 2013.....	10,102	1,049	9,054	68.7	44.3	73.4			36.0		7
7. 2014.....	10,683	769	9,913	70.1	44.8	73.3			36.0	25	14
8. 2015.....	8,873	740	8,132	58.4	44.6	60.1			36.0	35	25
9. 2016.....	8,549	510	8,039	55.7	29.6	59.0			36.0	53	62
10. 2017.....	15,201	2,610	12,590	95.2	148.0	88.6			36.0	250	124
11. 2018.....	10,871	954	9,917	64.2	53.1	65.5			36.0	2,007	326
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,413	562

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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	(1)						2	(1)	XXX
2. 2009.....	5,536	63	5,473	2,913		103		300		147	3,316	744
3. 2010.....	6,532	91	6,441	4,716	121	203	2	407		162	5,202	321
4. 2011.....	8,011	18	7,993	4,812	61	183	2	349		273	5,280	1,508
5. 2012.....	9,303	101	9,202	5,747	149	166	1	477		349	6,240	1,632
6. 2013.....	9,942	160	9,783	6,548	94	218	10	628		318	7,290	1,629
7. 2014.....	9,728	173	9,555	5,940	83	144	1	614		272	6,615	1,579
8. 2015.....	9,311	96	9,215	5,494	186	183	1	684		277	6,173	1,481
9. 2016.....	9,308	109	9,199	5,828	69	148		671		297	6,577	1,531
10. 2017.....	9,954	104	9,850	5,360	167	100	3	556		258	5,847	1,554
11. 2018.....	10,736	118	10,618	3,277		38		548		116	3,863	1,518
12. Totals	XXX	XXX	XXX	50,632	930	1,486	20	5,233	1	2,470	56,401	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											2	1
2. 2009.....													
3. 2010.....													
4. 2011.....			(2)				2				2		
5. 2012.....			(4)				2		2		4		
6. 2013.....	34		(7)				7		5		7	40	
7. 2014.....	116		(9)				11		7		9	125	2
8. 2015.....	129		13	5			52	7	23		17	205	5
9. 2016.....	616		174	9			131	22	56		26	946	21
10. 2017.....	1,574	57	408	34			223	27	113		96	2,200	71
11. 2018.....	2,682		1,380	68			297	65	259		222	4,485	348
12. Totals	5,153	57	1,954	117			725	121	466		382	8,004	449

	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	
2. 2009.....	3,316		3,316	59.9		60.6			36.0		
3. 2010.....	5,326	123	5,202	81.5	136.4	80.8			36.0		
4. 2011.....	5,343	63	5,280	66.7	355.8	66.1			36.0	(2)	2
5. 2012.....	6,390	150	6,240	68.7	148.4	67.8			36.0	(4)	4
6. 2013.....	7,434	104	7,330	74.8	65.2	74.9			36.0	27	13
7. 2014.....	6,823	83	6,740	70.1	48.1	70.5			36.0	107	18
8. 2015.....	6,578	200	6,378	70.7	208.7	69.2			36.0	137	68
9. 2016.....	7,624	100	7,524	81.9	91.6	81.8			36.0	781	166
10. 2017.....	8,335	288	8,047	83.7	276.8	81.7			36.0	1,891	310
11. 2018.....	8,481	133	8,348	79.0	112.8	78.6			36.0	3,993	491
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	6,933	1,071

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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.....	1,088	107	980	249		3		34		4	286	45
3. 2010.....	1,027	91	936	262		14		36		4	313	22
4. 2011.....	901	111	790	139				17		2	155	56
5. 2012.....	854	82	772	700	169	31	6	48		9	604	59
6. 2013.....	927	63	863	392	96	42	13	39	1	25	362	61
7. 2014.....	978	38	939	391	69	23		37		4	381	57
8. 2015.....	965	37	928	221		21		49		3	291	53
9. 2016.....	1,019	38	980	429	22	10	1	59		9	475	68
10. 2017.....	1,139	56	1,083	244		1		38		13	283	71
11. 2018.....	1,353	66	1,287	244		0		43		10	288	90
12. Totals	XXX	XXX	XXX	3,271	357	147	20	400	1	83	3,440	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.....	6											6	1
2. 2009.....													
3. 2010.....													
4. 2011.....													
5. 2012.....													
6. 2013.....													
7. 2014.....	15								2			17	2
8. 2015.....			3				5		2		1	10	
9. 2016.....	45		21	2			14	2	5		1	82	1
10. 2017.....	60		55	5			25	4	13		3	143	3
11. 2018.....	109		193	16			36	7	32		7	347	13
12. Totals	235		271	23			81	13	54		12	604	19

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	6	
2. 2009.....	286		286	26.3		29.2			36.0		
3. 2010.....	313		313	30.5		33.4			36.0		
4. 2011.....	155		155	17.3		19.7			36.0		
5. 2012.....	780	175	604	91.3	214.2	78.2			36.0		
6. 2013.....	472	110	362	50.9	173.4	41.9			36.0		
7. 2014.....	467	70	397	47.8	183.0	42.3			36.0	15	2
8. 2015.....	302		302	31.3		32.5			36.0	3	7
9. 2016.....	583	26	557	57.3	68.6	56.8			36.0	64	18
10. 2017.....	435	9	426	38.2	16.0	39.4			36.0	109	34
11. 2018.....	658	23	635	48.6	35.4	49.3			36.0	286	61
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	482	122

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA MUTUAL INSURANCE COMPANY

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  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	53	33	5		3			27	XXX
2. 2009.....	496	100	396	365	15	51	2	44	1	54	443	21
3. 2010.....	405	90	315	152		12		26			190	9
4. 2011.....	403	62	341	195		14		13			222	27
5. 2012.....	450	75	375	258		25		17			300	27
6. 2013.....	526	74	451	221	10	16	1	18		2	245	28
7. 2014.....	539	71	468	113		8		14		1	135	15
8. 2015.....	540	59	480	165		32		16		18	214	19
9. 2016.....	580	74	506	165	7	28	1	17			202	28
10. 2017.....	645	77	568	182		25		20			228	23
11. 2018.....	729	193	536	109		21		22			152	35
12. Totals	XXX	XXX	XXX	1,979	64	238	5	211	1	74	2,358	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.....	251	25										226	4
2. 2009.....													
3. 2010.....	1											1	
4. 2011.....	3						1					4	
5. 2012.....	1		2				1					3	
6. 2013.....	1		4				1					6	
7. 2014.....	2		2				1					5	
8. 2015.....	5		4				7		1			17	
9. 2016.....	16	7	11				11		2			33	3
10. 2017.....	17		72				22		5			115	
11. 2018.....	54		121				34		13			222	10
12. Totals	352	33	214				77		20			631	17

	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	226	
2. 2009.....	460	17	443	92.8	17.3	111.9			36.0		
3. 2010.....	192		192	47.4		61.0			36.0	1	
4. 2011.....	226		226	56.2		66.3			36.0	3	1
5. 2012.....	304		304	67.5		80.9			36.0	3	1
6. 2013.....	261	10	251	49.7	14.0	55.6			36.0	5	1
7. 2014.....	140		140	26.0		29.9			36.0	4	1
8. 2015.....	231		231	42.7		48.0			36.0	9	8
9. 2016.....	250	16	234	43.1	21.1	46.3			36.0	20	13
10. 2017.....	343		343	53.1		60.3			36.0	89	26
11. 2018.....	373		373	51.2		69.6			36.0	175	47
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	534	97

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA MUTUAL INSURANCE COMPANY

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	17		1		1		1	19	XXX
2. 2009.....	2,493	328	2,165	1,775	216	86		204	13	14	1,835	227
3. 2010.....	2,395	396	1,999	817	57	45		118	1	37	922	36
4. 2011.....	2,086	420	1,666	2,347	1,113	60	1	196	32	46	1,457	280
5. 2012.....	2,183	490	1,693	1,501	547	91	22	142	10	62	1,157	191
6. 2013.....	2,500	715	1,785	889	97	43	2	114	3	12	943	177
7. 2014.....	2,722	592	2,131	1,020	116	69	4	147	2	13	1,113	171
8. 2015.....	2,912	719	2,194	615	81	73	21	99	9	59	677	159
9. 2016.....	3,322	714	2,608	1,320	183	33	2	181	2	93	1,348	164
10. 2017.....	3,808	848	2,960	2,068	356	23	6	257	11	105	1,974	245
11. 2018.....	4,419	942	3,477	1,192	321	12	4	201	5	(7)	1,075	194
12. Totals	XXX	XXX	XXX	13,561	3,087	535	61	1,659	86	436	12,521	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.....	140											140	
2. 2009.....													
3. 2010.....													
4. 2011.....													
5. 2012.....													
6. 2013.....													
7. 2014.....	7		(1)				4				1	10	1
8. 2015.....	4		6	2			4				1	12	
9. 2016.....	88	15	9				9	2	4		2	93	4
10. 2017.....	150	12	37	14			22	7	13		17	187	7
11. 2018.....	241	76	264	67			41	13	52		30	444	26
12. Totals	630	103	315	83			79	22	68		51	885	38

	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	140	
2. 2009.....	2,065	229	1,835	82.8	69.9	84.8			36.0		
3. 2010.....	979	57	922	40.9	14.5	46.1			36.0		
4. 2011.....	2,603	1,146	1,457	124.8	272.9	87.5			36.0		
5. 2012.....	1,734	578	1,157	79.5	117.8	68.3			36.0		
6. 2013.....	1,046	102	943	41.8	14.3	52.9			36.0		
7. 2014.....	1,245	122	1,123	45.7	20.7	52.7			36.0	6	4
8. 2015.....	800	112	688	27.5	15.6	31.4			36.0	8	4
9. 2016.....	1,643	203	1,441	49.5	28.4	55.2			36.0	82	11
10. 2017.....	2,568	406	2,162	67.4	47.9	73.0			36.0	160	27
11. 2018.....	2,004	486	1,519	45.4	51.5	43.7			36.0	363	81
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	759	126

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**



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA MUTUAL INSURANCE COMPANY

**SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)**

(\$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  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX									XXX
2. 2009.....	28	23	5	1	4						(2)	XXX
3. 2010.....	6	5	1									XXX
4. 2011.....												XXX
5. 2012.....												XXX
6. 2013.....												XXX
7. 2014.....												XXX
8. 2015.....												XXX
9. 2016.....												XXX
10. 2017.....												XXX
11. 2018.....												XXX
12. Totals	XXX	XXX	XXX	1	4						(2)	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.....													
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	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.....	1	4	(2)	5.1	16.5	(47.6)			36.0		
3. 2010.....									36.0		
4. 2011.....									36.0		
5. 2012.....									36.0		
6. 2013.....									36.0		
7. 2014.....									36.0		
8. 2015.....									36.0		
9. 2016.....									36.0		
10. 2017.....									36.0		
11. 2018.....									36.0		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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	6		1					7	XXX
2. 2009.....	1,048	497	551	147		60		33			240	23
3. 2010.....	988	524	464	95		6		9		15	110	6
4. 2011.....	974	233	742	41		49		21			111	22
5. 2012.....	960	268	692	357	210	22		31			201	18
6. 2013.....	1,016	291	725	182	31	5		16			173	20
7. 2014.....	1,037	349	688	69		7		16			91	18
8. 2015.....	1,020	223	797	431	309	43		31			195	23
9. 2016.....	1,078	253	825	227	84	16	6	19			172	16
10. 2017.....	1,153	242	910	56		1		16			73	16
11. 2018.....	1,279	245	1,034	11				16			28	13
12. Totals	XXX	XXX	XXX	1,623	633	210	6	209		15	1,402	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.....	23											23	1
2. 2009.....													
3. 2010.....													
4. 2011.....													
5. 2012.....							4		2			5	
6. 2013.....			5	2			2					5	
7. 2014.....			11	4			5	2	4			14	
8. 2015.....	4		38	13			38	7	13			72	
9. 2016.....	4		63	25			49	14	13			88	1
10. 2017.....	5		131	54			85	40	20			148	1
11. 2018.....	8		241	90			121	50	27			256	2
12. Totals	43		490	187			302	113	77			612	6

	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	23	
2. 2009.....	240		240	22.9		43.5			36.0		
3. 2010.....	110		110	11.1		23.7			36.0		
4. 2011.....	111		111	11.4		15.0			36.0		
5. 2012.....	416	210	206	43.3	78.3	29.8			36.0		5
6. 2013.....	211	32	178	20.7	11.1	24.6			36.0	4	2
7. 2014.....	111	5	106	10.7	1.5	15.4			36.0	7	7
8. 2015.....	597	329	267	58.5	147.9	33.5			36.0	29	43
9. 2016.....	390	129	261	36.2	51.1	31.6			36.0	41	47
10. 2017.....	315	94	221	27.3	38.7	24.3			36.0	83	65
11. 2018.....	424	140	284	33.2	57.2	27.5			36.0	159	97
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	345	266

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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)	
				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 CELINA MUTUAL INSURANCE COMPANY

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX	19	5	(2)		3			15	XXX
2. 2017.....	3,475	693	2,782	1,469	231	11	2	171	10	34	1,408	XXX
3. 2018	3,735	755	2,979	820	51	3	1	116	1	(6)	886	XXX
4. Totals	XXX	XXX	XXX	2,308	286	13	4	290	11	28	2,310	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	9										2	8	1
3. 2018	29	1	12	1			4		7		5	49	5
4. Totals	38	2	12	1			4		7		7	58	6

	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	1,660	244	1,416	47.8	35.1	50.9			36.0	8	
3. 2018	991	56	936	26.5	7.4	31.4			36.0	39	11
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	47	11

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA MUTUAL INSURANCE COMPANY

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	(15)	3			1		21	(17)	XXX
2. 2017.....	9,328	430	8,898	5,766	246	8	2	658	5	1,031	6,179	3,109
3. 2018.....	10,400	461	9,938	5,776	112	6	2	770	3	759	6,436	3,249
4. Totals.....	XXX	XXX	XXX	11,528	361	14	3	1,429	8	1,811	12,598	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		(47)								47	(43)	
2. 2017	9		(4)	2			2		2		16	8	1
3. 2018	326	5	2	29			4		68		302	366	156
4. Totals	339	5	(48)	31			5		70		365	330	158

	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	(43)	
2. 2017.....	6,442	255	6,186	69.1	59.4	69.5			36.0	4	4
3. 2018.....	6,952	151	6,802	66.9	32.7	68.4			36.0	294	72
4. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	255	76

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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	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2017.....												XXX
3. 2018.....												XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	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. 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									36.0		
3. 2018									36.0		
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 1M - International

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA MUTUAL INSURANCE COMPANY

**SCHEDULE P - PART 10 - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2009.....												XXX
3. 2010.....												XXX
4. 2011.....												XXX
5. 2012.....												XXX
6. 2013.....												XXX
7. 2014.....												XXX
8. 2015.....												XXX
9. 2016.....												XXX
10. 2017.....												XXX
11. 2018.....												XXX
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.....	10		374									385	XXX
2. 2009.....													XXX
3. 2010.....													XXX
4. 2011.....													XXX
5. 2012.....													XXX
6. 2013.....													XXX
7. 2014.....													XXX
8. 2015.....													XXX
9. 2016.....													XXX
10. 2017.....													XXX
11. 2018.....													XXX
12. Totals	10		374									385	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	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	385	
2. 2009.....									36.0		
3. 2010.....									36.0		
4. 2011.....									36.0		
5. 2012.....									36.0		
6. 2013.....									36.0		
7. 2014.....									36.0		
8. 2015.....									36.0		
9. 2016.....									36.0		
10. 2017.....									36.0		
11. 2018.....									36.0		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	385	



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SCHEDULE P - PART 1P - REINSURANCE - NONPROPORTIONAL ASSUMED FINANCIAL LINES

(\$000 OMITTED)

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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	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 CELINA MUTUAL INSURANCE COMPANY

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX			1					1	XXX
2. 2009.....	114	11	102	19		19		4			43	4
3. 2010.....	107	14	92	2		2		4			8	
4. 2011.....	93	8	85	15		1					16	1
5. 2012.....	90	14	75	23		4		2			28	4
6. 2013.....	94	13	81	4		2					6	3
7. 2014.....	96	10	86	6				1			7	2
8. 2015.....	85	8	78	1				3			4	1
9. 2016.....	79	7	72	8		1		1			9	4
10. 2017.....	86	6	80	9				1			11	2
11. 2018.....	95	6	90									1
12. Totals	XXX	XXX	XXX	87		31		16			134	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.....													
6. 2013.....													
7. 2014.....			2									2	
8. 2015.....			2				4		2			7	
9. 2016.....			4				5	2	2			9	
10. 2017.....			11	4			7	4	2			13	
11. 2018.....			18	5			11	5	2			20	
12. Totals	4		36	9			27	11	7			54	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4	
2. 2009.....	43		43	37.4		41.5			36.0		
3. 2010.....	8		8	7.9		9.1			36.0		
4. 2011.....	16		16	17.3		18.9			36.0		
5. 2012.....	28		28	31.3		37.3			36.0		
6. 2013.....	6		6	6.4		7.5			36.0		
7. 2014.....	9		9	9.2		10.2			36.0	2	
8. 2015.....	12		12	13.7		15.0			36.0	2	5
9. 2016.....	20	2	18	25.8	25.3	25.9			36.0	4	5
10. 2017.....	31	7	23	35.5	120.8	29.2			36.0	7	5
11. 2018.....	31	11	20	32.1	184.4	22.1			36.0	13	7
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	31	23

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.....	992	698	513	429	396	374	351	341	348	348	(1)	6
2. 2009.....	7,751	7,791	7,681	7,600	7,590	7,566	7,545	7,538	7,536	7,534	(2)	(4)
3. 2010.....	XXX	8,726	8,447	8,348	8,313	8,310	8,322	8,311	8,307	8,306	(1)	(6)
4. 2011.....	XXX	XXX	9,630	9,295	9,167	9,187	9,184	9,170	9,155	9,151	(4)	(19)
5. 2012.....	XXX	XXX	XXX	8,565	8,586	8,561	8,536	8,477	8,479	8,479		2
6. 2013.....	XXX	XXX	XXX	XXX	8,178	8,260	8,128	8,090	8,039	8,022	(17)	(68)
7. 2014.....	XXX	XXX	XXX	XXX	XXX	8,996	8,830	8,773	8,856	8,850	(5)	78
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	7,731	7,339	7,260	7,215	(44)	(124)
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,525	7,168	7,032	(137)	(493)
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,492	11,183	(309)	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,748	XXX	XXX
12. Totals											(520)	(628)

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

1. Prior.....	1,337	1,279	1,232	1,218	1,190	1,178	1,173	1,172	1,173	1,172	(2)	
2. 2009.....	3,281	3,186	3,110	3,079	3,059	3,026	3,018	3,015	3,016	3,016		1
3. 2010.....	XXX	4,538	4,625	4,832	4,849	4,821	4,779	4,795	4,794	4,795	1	
4. 2011.....	XXX	XXX	5,438	5,199	4,995	4,999	4,944	4,938	4,930	4,931	1	(6)
5. 2012.....	XXX	XXX	XXX	6,186	6,060	5,907	5,868	5,775	5,761	5,762	1	(13)
6. 2013.....	XXX	XXX	XXX	XXX	6,854	6,581	6,567	6,672	6,697	6,697		25
7. 2014.....	XXX	XXX	XXX	XXX	XXX	6,694	6,471	6,129	6,034	6,119	85	(10)
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	6,394	5,916	5,642	5,671	30	(245)
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,500	6,412	6,797	384	297
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,260	7,378	117	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,540	XXX	XXX
12. Totals											617	48

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

1. Prior.....	260	253	243	236	238	237	241	242	245	249	4	7
2. 2009.....	346	294	272	261	255	254	252	252	252	252		
3. 2010.....	XXX	361	344	276	288	280	277	277	277	277		
4. 2011.....	XXX	XXX	234	184	151	146	141	139	139	139		
5. 2012.....	XXX	XXX	XXX	484	462	504	561	555	555	556		
6. 2013.....	XXX	XXX	XXX	XXX	288	278	328	329	326	324	(2)	(6)
7. 2014.....	XXX	XXX	XXX	XXX	XXX	347	360	334	341	359	18	25
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	283	213	204	251	47	38
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	533	482	492	11	(40)
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	422	376	(46)	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	559	XXX	XXX
12. Totals											32	24

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

1. Prior.....	620	582	605	613	619	629	640	608	624	633	10	25
2. 2009.....	580	531	458	445	433	427	409	403	401	399	(2)	(4)
3. 2010.....	XXX	235	188	186	179	177	170	169	167	166	(1)	(3)
4. 2011.....	XXX	XXX	260	238	233	225	218	213	215	213	(2)	
5. 2012.....	XXX	XXX	XXX	323	307	312	304	292	289	286	(3)	(6)
6. 2013.....	XXX	XXX	XXX	XXX	256	245	248	240	235	233	(2)	(7)
7. 2014.....	XXX	XXX	XXX	XXX	XXX	248	226	143	130	126	(4)	(17)
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	218	249	230	214	(16)	(35)
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	257	260	215	(45)	(42)
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	293	318	24	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	339	XXX	XXX
12. Totals											(40)	(88)

**SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....	229	239	213	249	292	312	309	329	399	442	43	113
2. 2009.....	1,457	1,648	1,668	1,658	1,643	1,636	1,645	1,645	1,645	1,645		
3. 2010.....	XXX	804	811	797	817	811	806	806	805	805		(1)
4. 2011.....	XXX	XXX	1,204	1,221	1,278	1,281	1,285	1,289	1,291	1,292	1	3
5. 2012.....	XXX	XXX	XXX	879	869	896	928	1,080	1,020	1,024	4	(56)
6. 2013.....	XXX	XXX	XXX	XXX	888	884	867	844	836	833	(3)	(11)
7. 2014.....	XXX	XXX	XXX	XXX	XXX	1,000	951	975	975	978	4	3
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	731	599	605	598	(8)	(1)
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,331	1,184	1,258	74	(73)
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,065	1,903	(162)	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,271	XXX	XXX
12. Totals											(48)	(23)

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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.....	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)		
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.....	538	376	271	297	302	330	345	354	361	364	3	9
2. 2009.....	272	202	198	230	215	234	220	216	213	207	(5)	(9)
3. 2010.....	XXX	314	234	190	135	113	108	104	103	101	(2)	(4)
4. 2011.....	XXX	XXX	239	221	162	121	99	91	90	90		(1)
5. 2012.....	XXX	XXX	XXX	267	261	246	218	191	180	173	(7)	(18)
6. 2013.....	XXX	XXX	XXX	XXX	256	161	158	83	119	162	43	79
7. 2014.....	XXX	XXX	XXX	XXX	XXX	206	188	168	109	86	(23)	(81)
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	246	259	258	224	(34)	(35)
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	265	211	229	18	(36)
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	265	185	(80)	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	241	XXX	XXX
12. Totals											(86)	(96)

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	104	178	193	15	89
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,255	1,255		XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	814	XXX	XXX
4. Totals											15	89

**SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	153	48	43	(5)	(109)
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,663	5,532	(131)	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,966	XXX	XXX
4. Totals											(136)	(109)

**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												

**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
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												

SCHEDULE P - PART 2N - REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY

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 2O - REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY

1. Prior	415	439	453	458	466	466	466	430	430	430		
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 2P - REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES

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 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.....	216	230	194	183	180	184	211	211	211	216	5	5
2. 2009.....	59	48	37	47	46	44	40	40	40	38	(2)	(2)
3. 2010.....	XXX	68	27	18	12	8	6	5	5	5		
4. 2011.....	XXX	XXX	36	31	22	20	20	16	16	16		
5. 2012.....	XXX	XXX	XXX	23	18	17	32	28	26	26		(2)
6. 2013.....	XXX	XXX	XXX	XXX	40	18	18	7	6	6		(2)
7. 2014.....	XXX	XXX	XXX	XXX	XXX	26	21	17	10	8	(2)	(9)
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	17	17	10	6	(4)	(11)
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	23	16	(7)	(9)
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	20	(9)	XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	XXX	XXX
12. Totals											(19)	(30)

**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	.181	.242	.277	.297	.308	.314	.314	.320	.328	.219	.....
2. 2009.....	6,291	7,310	7,499	7,517	7,517	7,535	7,535	7,534	7,534	7,534	1,417	333
3. 2010.....	XXX	6,954	8,170	8,276	8,286	8,288	8,290	8,306	8,306	8,306	121	38
4. 2011.....	XXX	XXX	7,900	8,913	9,056	9,097	9,138	9,141	9,141	9,141	2,219	595
5. 2012.....	XXX	XXX	XXX	6,989	8,160	8,325	8,460	8,461	8,465	8,465	2,220	560
6. 2013.....	XXX	XXX	XXX	XXX	6,581	7,774	7,990	7,998	8,005	8,017	1,360	421
7. 2014.....	XXX	XXX	XXX	XXX	XXX	7,465	8,508	8,570	8,791	8,813	1,299	406
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	5,972	6,963	7,143	7,163	947	332
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,776	6,813	6,934	939	379
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,197	10,864	1,517	491
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,622	887	345

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

1. Prior.....	.000	.767	1,014	1,155	1,169	1,174	1,173	1,171	1,171	1,170	182	.....
2. 2009.....	1,545	2,310	2,849	2,960	3,005	3,019	3,018	3,017	3,016	3,016	584	159
3. 2010.....	XXX	2,089	3,455	4,319	4,624	4,692	4,734	4,761	4,796	4,795	248	73
4. 2011.....	XXX	XXX	2,704	4,111	4,366	4,808	4,933	4,935	4,932	4,931	1,130	378
5. 2012.....	XXX	XXX	XXX	2,772	4,545	5,242	5,586	5,761	5,762	5,764	1,257	375
6. 2013.....	XXX	XXX	XXX	XXX	3,195	4,956	6,174	6,479	6,600	6,662	1,263	366
7. 2014.....	XXX	XXX	XXX	XXX	XXX	3,219	5,201	5,642	5,804	6,001	1,250	327
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	3,208	4,476	5,135	5,489	1,146	330
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,278	4,690	5,906	1,152	358
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,421	5,291	1,118	365
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,314	880	289

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

1. Prior.....	.000	.105	.191	.226	.231	.235	.236	.239	.243	.243	16	.....
2. 2009.....	102	247	253	252	252	252	252	252	252	252	37	8
3. 2010.....	XXX	134	218	248	279	277	277	277	277	277	16	6
4. 2011.....	XXX	XXX	111	138	139	139	139	139	139	139	42	13
5. 2012.....	XXX	XXX	XXX	113	237	276	393	556	556	556	46	13
6. 2013.....	XXX	XXX	XXX	XXX	94	191	309	324	324	324	44	17
7. 2014.....	XXX	XXX	XXX	XXX	XXX	113	270	274	298	344	41	14
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	100	116	159	242	40	13
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	179	394	416	53	14
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	183	245	53	15
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	245	58	19

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

1. Prior.....	.000	.78	126	198	239	267	311	341	384	408	13	.....
2. 2009.....	213	425	402	404	414	415	399	399	399	399	16	4
3. 2010.....	XXX	96	136	156	159	164	165	164	165	165	8	1
4. 2011.....	XXX	XXX	113	189	204	206	207	209	209	210	24	3
5. 2012.....	XXX	XXX	XXX	162	234	259	278	282	283	283	23	4
6. 2013.....	XXX	XXX	XXX	XXX	59	188	216	225	227	227	22	6
7. 2014.....	XXX	XXX	XXX	XXX	XXX	77	110	117	120	121	13	2
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	52	139	192	198	15	4
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	142	184	19	6
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	74	207	19	3
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	18	8

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....	.000	.55	152	177	199	233	253	268	284	302	61	.....
2. 2009.....	1,155	1,483	1,563	1,582	1,627	1,630	1,644	1,645	1,645	1,645	164	63
3. 2010.....	XXX	605	745	752	763	806	806	806	805	805	22	14
4. 2011.....	XXX	XXX	802	1,186	1,261	1,264	1,274	1,289	1,291	1,292	206	74
5. 2012.....	XXX	XXX	XXX	549	700	833	846	971	1,020	1,024	132	59
6. 2013.....	XXX	XXX	XXX	XXX	574	797	821	833	833	833	126	51
7. 2014.....	XXX	XXX	XXX	XXX	XXX	779	890	934	949	969	117	53
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	465	553	573	586	93	66
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	760	1,100	1,169	102	58
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,590	1,728	164	74
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	879	103	66

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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.....	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	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

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

1. Prior.....	.000	57	101	157	209	290	291	330	334	341	8	
2. 2009.....	23	32	58	84	150	207	207	207	207	207	13	9
3. 2010.....	XXX	46	62	111	100	101	101	101	101	101	4	2
4. 2011.....	XXX	XXX	9	46	54	65	79	86	90	90	9	12
5. 2012.....	XXX	XXX	XXX	8	113	160	169	169	169	169	10	8
6. 2013.....	XXX	XXX	XXX	XXX	19	30	43	43	110	157	10	10
7. 2014.....	XXX	XXX	XXX	XXX	XXX	24	34	69	69	75	8	9
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	43	74	164	165	13	10
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	32	154	7	8
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	57	6	9
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	6	5

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	.180	.193	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,119	1,247	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	771	XXX	XXX

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.104	.86		
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,390	5,526	2,495	613
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,669	2,399	693

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

1. Prior	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
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

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										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 3O - REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY

1. Prior	.000				.45	.45	.45	.45	.45	.45	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 3P - REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES

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

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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	.98	.125	.131	.133	.145	.211	.211	.211	.212	.3	
2. 2009.....	.6	.7	.13	.38	.38	.38	.38	.38	.38	.38	.4	.1
3. 2010.....	XXX	.3	.3	.3	.5	.5	.5	.5	.5	.5		
4. 2011.....	XXX	XXX	.15	.15	.15	.15	.15	.16	.16	.16	.1	
5. 2012.....	XXX	XXX	XXX	.3	.4	.5	.26	.26	.26	.26	.3	.2
6. 2013.....	XXX	XXX	XXX	XXX	.4	.6	.6	.6	.6	.6	.2	.1
7. 2014.....	XXX	XXX	XXX	XXX	XXX	.6	.6	.6	.6	.6	.1	.1
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	.1	.1	.1	.1		
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2	.9	.9	.2	.2
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.9	.1	.1
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.1

**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.....	617	339	148	101	61	31	11	2		
2. 2009.....	728	256	150	78	52	31	11	4	2	
3. 2010.....	XXX	731	212	56	27	22	16	5	2	
4. 2011.....	XXX	XXX	985	187	69	53	37	22	5	2
5. 2012.....	XXX	XXX	XXX	877	242	128	64	(1)		
6. 2013.....	XXX	XXX	XXX	XXX	685	255	110	78	23	5
7. 2014.....	XXX	XXX	XXX	XXX	XXX	859	168	78	50	14
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	999	185	90	48
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,060	189	88
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,490	229
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,008

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

1. Prior.....	356	100	36	20	9	2	(2)			
2. 2009.....	743	230	74	29	14	7		(2)		
3. 2010.....	XXX	836	198	100	49	23		(2)	(2)	
4. 2011.....	XXX	XXX	897	440	96	33	2	2	(2)	
5. 2012.....	XXX	XXX	XXX	1,276	527	139	47	(3)	(1)	(2)
6. 2013.....	XXX	XXX	XXX	XXX	1,477	466	112	33	(1)	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	1,348	624	206	26	2
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	1,414	580	211	53
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,312	426	274
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,259	570
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,544

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

1. Prior.....	95	24	14	7	2					
2. 2009.....	155	44	18	9	4	2				
3. 2010.....	XXX	132	40	17	9	4				
4. 2011.....	XXX	XXX	103	46	12	7	2			
5. 2012.....	XXX	XXX	XXX	116	50	15	3			
6. 2013.....	XXX	XXX	XXX	XXX	143	45	12	5	1	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	149	67	23	3	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	157	64	24	8
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155	51	32
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	156	71
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	206

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

1. Prior.....	149	86	45	40	18	13	6	2		
2. 2009.....	220	92	50	36	18	11	9	4	2	
3. 2010.....	XXX	121	41	23	13	9	3	3	1	
4. 2011.....	XXX	XXX	110	38	25	16	5	4	3	1
5. 2012.....	XXX	XXX	XXX	122	43	25	18	9	5	3
6. 2013.....	XXX	XXX	XXX	XXX	166	34	23	12	6	5
7. 2014.....	XXX	XXX	XXX	XXX	XXX	153	101	19	6	3
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	139	84	23	11
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	146	81	22
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	171	94
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155

**SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....	73	28	28	20	9	2				
2. 2009.....	94	37	27	17	11	5				
3. 2010.....	XXX	91	35	8	6	2				
4. 2011.....	XXX	XXX	142	21	8	8	4			
5. 2012.....	XXX	XXX	XXX	121	29	18	10	(1)		
6. 2013.....	XXX	XXX	XXX	XXX	89	37	17	11	4	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	131	19	12	8	3
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	150	19	14	8
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	201	28	16
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	278	37
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	226

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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	XXX	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.....	342	144	110	56	47	14	5	2		
2. 2009.....	205	124	59	43	38	27	13	9	5	
3. 2010.....	XXX	212	126	76	34	13	7	4	2	
4. 2011.....	XXX	XXX	191	119	63	25	18			
5. 2012.....	XXX	XXX	XXX	155	130	77	49	22	11	4
6. 2013.....	XXX	XXX	XXX	XXX	225	119	115	22	9	5
7. 2014.....	XXX	XXX	XXX	XXX	XXX	162	108	90	31	11
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	158	158	90	56
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	214	151	72
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	227	122
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	221

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	13	(2)	
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	60	
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(90)	(59)	(47)
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(2)	(4)
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(23)

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

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	XXX	XX					
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 4O - REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY

1. Prior	405	428	443	448	410	410	410	374	374	374
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 4P - REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES

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	XX					
8. 2015	XXX	XXX	XX	XX	XX	XX				
9. 2016	XXX	XXX	XX	XXX	XX	XX	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 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	94	68	29	9	4					
2. 2009	49	29	11	9	7	5	2	2	2	
3. 2010	XXX	65	23	14	7	4	2			
4. 2011	XXX	XXX	22	16	7	5	2			
5. 2012	XXX	XXX	XXX	18	14	9	5	2		
6. 2013	XXX	XXX	XXX	XXX	25	13	13	2		
7. 2014	XXX	XXX	XXX	XXX	XXX	20	14	11	4	2
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	16	16	9	5
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	14	7
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	11
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18

**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.....		211	3	1	1		1			1
2. 2009.....		1,407	1,414	1,416	1,416	1,417	1,417	1,417	1,417	1,417
3. 2010.....	XXX		112	119	120	120	120	120	121	121
4. 2011.....	XXX	XXX	2,050	2,210	2,217	2,219	2,219	2,219	2,219	2,219
5. 2012.....	XXX	XXX	XXX	2,051	2,208	2,217	2,219	2,219	2,220	2,220
6. 2013.....	XXX	XXX	XXX	XXX	1,194	1,353	1,359	1,359	1,360	1,360
7. 2014.....	XXX	XXX	XXX	XXX	XXX	1,200	1,288	1,288	1,298	1,299
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	829	829	945	947
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		934	939
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,393	1,517
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	887

**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.....			5	3	3	2	1		1	1
2. 2009.....			4	1	1					
3. 2010.....	XXX		6	1			1			
4. 2011.....	XXX	XXX	81	7	2					
5. 2012.....	XXX	XXX	XXX	85	9	3	1		1	1
6. 2013.....	XXX	XXX	XXX	XXX	109	7	3		1	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	66	10		1	1
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	84		2	1
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		7	2
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80	7
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	76

**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.....	(129)	262	12	1	1			(1)	1	
2. 2009.....		1,732	1,748	1,750	1,750	1,750	1,750	1,750	1,750	1,750
3. 2010.....	XXX		153	158	158	158	159	158	159	159
4. 2011.....	XXX	XXX	2,669	2,807	2,814	2,814	2,814	2,814	2,814	2,814
5. 2012.....	XXX	XXX	XXX	2,655	2,775	2,778	2,780	2,779	2,781	2,781
6. 2013.....	XXX	XXX	XXX	XXX	1,688	1,776	1,779	1,777	1,781	1,781
7. 2014.....	XXX	XXX	XXX	XXX	XXX	1,636	1,698	1,688	1,705	1,706
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	1,207	1,124	1,279	1,280
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1,317	1,319
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,918	2,016
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,309

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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.....		171	8	2	1	1				
2. 2009.....		546	576	582	584	584	584	584	584	584
3. 2010.....	XXX		209	237	245	247	248	248	248	248
4. 2011.....	XXX	XXX	872	1,095	1,117	1,127	1,130	1,130	1,130	1,130
5. 2012.....	XXX	XXX	XXX	926	1,210	1,243	1,252	1,252	1,257	1,257
6. 2013.....	XXX	XXX	XXX	XXX	924	1,206	1,251	1,251	1,263	1,263
7. 2014.....	XXX	XXX	XXX	XXX	XXX	972	1,204	1,204	1,245	1,250
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	888	888	1,134	1,146
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1,100	1,152
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	832	1,118
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	880

**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.....			4	3	1					1
2. 2009.....			12	4	1					
3. 2010.....	XXX		45	13	4	2	1			
4. 2011.....	XXX	XXX	260	44	21	7				
5. 2012.....	XXX	XXX	XXX	296	50	17	6			
6. 2013.....	XXX	XXX	XXX	XXX	324	62	17		1	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	273	50		7	2
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	245		16	5
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		72	21
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	342	71
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	348

**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.....	(196)	222	15							
2. 2009.....		697	742	744	744	744	744	744	744	744
3. 2010.....	XXX		312	320	321	321	321	320	321	321
4. 2011.....	XXX	XXX	1,416	1,500	1,508	1,508	1,508	1,508	1,508	1,508
5. 2012.....	XXX	XXX	XXX	1,502	1,618	1,629	1,631	1,625	1,632	1,632
6. 2013.....	XXX	XXX	XXX	XXX	1,521	1,617	1,629	1,611	1,629	1,629
7. 2014.....	XXX	XXX	XXX	XXX	XXX	1,497	1,567	1,517	1,578	1,579
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	1,393	1,148	1,480	1,481
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1,515	1,531
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,454	1,554
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,518

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA MUTUAL INSURANCE COMPANY

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....		15	1							
2. 2009.....		36	36	37	37	37	37	37	37	37
3. 2010.....	XXX		13	15	16	16	16	16	16	16
4. 2011.....	XXX	XXX	35	42	42	42	42	42	42	42
5. 2012.....	XXX	XXX	XXX	34	41	44	45	45	46	46
6. 2013.....	XXX	XXX	XXX	XXX	32	42	43	43	44	44
7. 2014.....	XXX	XXX	XXX	XXX	XXX	32	40	40	41	41
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	31	31	39	40
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		51	53
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41	53
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	58

**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.....			1	1	1	1	1		1	1
2. 2009.....										
3. 2010.....	XXX		4	1	1					
4. 2011.....	XXX	XXX	5							
5. 2012.....	XXX	XXX	XXX	9	5	2	1			
6. 2013.....	XXX	XXX	XXX	XXX	11	2	1			
7. 2014.....	XXX	XXX	XXX	XXX	XXX	10	1		3	2
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	9		1	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		3	1
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	3
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13

**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.....	(16)	18	3					(1)		
2. 2009.....		44	45	45	45	45	45	45	45	45
3. 2010.....	XXX		21	22	22	22	22	22	22	22
4. 2011.....	XXX	XXX	52	55	56	56	56	56	56	56
5. 2012.....	XXX	XXX	XXX	54	58	59	59	58	59	59
6. 2013.....	XXX	XXX	XXX	XXX	55	61	61	60	61	61
7. 2014.....	XXX	XXX	XXX	XXX	XXX	53	55	54	57	57
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	48	39	53	53
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		67	68
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	63	71
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA MUTUAL INSURANCE COMPANY

**SCHEDULE P - PART 5D - WORKERS' COMPENSATION**  
**(EXCLUDING EXCESS WORKERS' COMPENSATION)**

**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.....		9		1			1		2	
2. 2009.....		15	16	16	16	16	16	16	16	16
3. 2010.....	XXX		7	8	8	8	8	8	8	8
4. 2011.....	XXX	XXX	13	22	24	24	24	24	24	24
5. 2012.....	XXX	XXX	XXX	13	20	22	22	22	23	23
6. 2013.....	XXX	XXX	XXX	XXX	15	20	22	22	22	22
7. 2014.....	XXX	XXX	XXX	XXX	XXX	9	13	13	13	13
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	9	9	14	15
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		19	19
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	19
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18

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

**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.....	(17)	4	8					(5)		
2. 2009.....		19	21	21	21	21	21	21	21	21
3. 2010.....	XXX		9	9	9	9	9	9	9	9
4. 2011.....	XXX	XXX	25	26	26	27	27	27	27	27
5. 2012.....	XXX	XXX	XXX	23	26	27	27	26	27	27
6. 2013.....	XXX	XXX	XXX	XXX	24	28	28	27	28	28
7. 2014.....	XXX	XXX	XXX	XXX	XXX	15	15	15	15	15
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	17	12	19	19
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		28	28
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	23
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA MUTUAL INSURANCE COMPANY

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....		53	5	1	1					
2. 2009.....		157	161	161	163	163	164	164	164	164
3. 2010.....	XXX		19	20	20	22	22	22	22	22
4. 2011.....	XXX	XXX	163	201	203	204	205	205	206	206
5. 2012.....	XXX	XXX	XXX	110	128	129	130	130	132	132
6. 2013.....	XXX	XXX	XXX	XXX	102	123	125	125	126	126
7. 2014.....	XXX	XXX	XXX	XXX	XXX	99	112	112	116	117
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	75	75	92	93
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		99	102
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	140	164
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	103

**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.....			2	1	1	1	1			
2. 2009.....			3	3						
3. 2010.....	XXX		3	3	3					
4. 2011.....	XXX	XXX	32	2	1	1				
5. 2012.....	XXX	XXX	XXX	13	2	2	1			
6. 2013.....	XXX	XXX	XXX	XXX	20	4	1			
7. 2014.....	XXX	XXX	XXX	XXX	XXX	13	5		1	1
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	17		2	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		4	4
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	7
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26

**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.....	(40)	72	9	2		1		(1)		
2. 2009.....		215	224	226	226	226	227	226	227	227
3. 2010.....	XXX		33	36	36	36	36	36	36	36
4. 2011.....	XXX	XXX	253	274	278	279	279	279	280	280
5. 2012.....	XXX	XXX	XXX	173	188	189	190	189	191	191
6. 2013.....	XXX	XXX	XXX	XXX	161	176	176	175	177	177
7. 2014.....	XXX	XXX	XXX	XXX	XXX	158	170	165	171	171
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	139	122	159	159
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		160	164
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	228	245
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	194

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 CELINA 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.....		5	1	1						
2. 2009.....		10	11	12	13	13	13	13	13	13
3. 2010.....	XXX		3	4	4	4	4	4	4	4
4. 2011.....	XXX	XXX	5	9	9	9	9	9	9	9
5. 2012.....	XXX	XXX	XXX	4	9	10	10	10	10	10
6. 2013.....	XXX	XXX	XXX	XXX	5	8	10	10	10	10
7. 2014.....	XXX	XXX	XXX	XXX	XXX	4	6	6	8	8
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	7	7	13	13
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		6	7
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	6
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

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

**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.....	(13)	6	9	1	1	1	1	(3)	1	
2. 2009.....		17	22	23	23	23	23	23	23	23
3. 2010.....	XXX		4	6	6	6	6	6	6	6
4. 2011.....	XXX	XXX	16	20	21	21	21	21	22	22
5. 2012.....	XXX	XXX	XXX	14	17	18	18	18	18	18
6. 2013.....	XXX	XXX	XXX	XXX	14	19	19	19	20	20
7. 2014.....	XXX	XXX	XXX	XXX	XXX	15	17	15	18	18
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	20	15	23	23
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		14	16
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	16
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13

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

**SECTION 2A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....				1	1					
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX	1					
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	1	
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.....	(3)	2	1	1						
2. 2009.....		4	4	4	4	4	4	4	4	4
3. 2010.....	XXX									
4. 2011.....	XXX	XXX	1	1	1	1	1	1	1	1
5. 2012.....	XXX	XXX	XXX	4	4	4	4	4	4	4
6. 2013.....	XXX	XXX	XXX	XXX	3	3	3	3	3	3
7. 2014.....	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		4	4
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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 CELINA 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.....	1,088	1,088	1,088	1,088	1,088	1,088	1,088	1,088	1,088	1,088	
3. 2010.....	XXX	1,027	1,027	1,027	1,027	1,027	1,027	1,027	1,027	1,027	
4. 2011.....	XXX	XXX	901	901	901	901	901	901	901	901	
5. 2012.....	XXX	XXX	XXX	854	854	854	854	854	854	854	
6. 2013.....	XXX	XXX	XXX	XXX	927	927	927	927	927	927	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	978	978	978	978	978	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	965	965	965	965	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,019	1,019	1,019	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,139	1,139	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,353	1,353
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,353
13. Earned Premiums (Sch P-Pt. 1)	1,088	1,027	901	854	927	978	965	1,019	1,139	1,353	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.....	107	107	107	107	107	107	107	107	107	107	
3. 2010.....	XXX	91	91	91	91	91	91	91	91	91	
4. 2011.....	XXX	XXX	111	111	111	111	111	111	111	111	
5. 2012.....	XXX	XXX	XXX	82	82	82	82	82	82	82	
6. 2013.....	XXX	XXX	XXX	XXX	63	63	63	63	63	63	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	38	38	38	38	38	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	37	37	37	37	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	38	38	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56	56	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	66	66
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	66
13. Earned Premiums (Sch P-Pt. 1)	107	91	111	82	63	38	37	38	56	66	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.....	496	496	496	496	496	496	496	496	496	496	
3. 2010.....	XXX	405	405	405	405	405	405	405	405	405	
4. 2011.....	XXX	XXX	403	403	403	403	403	403	403	403	
5. 2012.....	XXX	XXX	XXX	450	450	450	450	450	450	450	
6. 2013.....	XXX	XXX	XXX	XXX	526	526	526	526	526	526	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	539	539	539	539	539	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	540	540	540	540	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	580	580	580	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	645	645	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	729	729
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	729
13. Earned Premiums (Sch P-Pt. 1)	496	405	403	450	526	539	540	580	645	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.....	100	100	100	100	100	100	100	100	100	100	
3. 2010.....	XXX	90	90	90	90	90	90	90	90	90	
4. 2011.....	XXX	XXX	62	62	62	62	62	62	62	62	
5. 2012.....	XXX	XXX	XXX	75	75	75	75	75	75	75	
6. 2013.....	XXX	XXX	XXX	XXX	74	74	74	74	74	74	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	71	71	71	71	71	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	59	59	59	59	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	74	74	74	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	77	77	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	193	193
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	193
13. Earned Premiums (Sch P-Pt. 1)	100	90	62	75	74	71	59	74	77	193	XXX

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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.....	2,493	2,493	2,493	2,493	2,493	2,493	2,493	2,493	2,493	2,493	
3. 2010.....	XXX	2,395	2,395	2,395	2,395	2,395	2,395	2,395	2,395	2,395	
4. 2011.....	XXX	XXX	2,086	2,086	2,086	2,086	2,086	2,086	2,086	2,086	
5. 2012.....	XXX	XXX	XXX	2,183	2,183	2,183	2,183	2,183	2,183	2,183	
6. 2013.....	XXX	XXX	XXX	XXX	2,500	2,500	2,500	2,500	2,500	2,500	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	2,722	2,722	2,722	2,722	2,722	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	2,912	2,912	2,912	2,912	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,322	3,322	3,322	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,808	3,808	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,419	4,419
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,419
13. Earned Premiums (Sch P-Pt. 1)	2,493	2,395	2,086	2,183	2,500	2,722	2,912	3,322	3,808	4,419	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.....	328	328	328	328	328	328	328	328	328	328	
3. 2010.....	XXX	396	396	396	396	396	396	396	396	396	
4. 2011.....	XXX	XXX	420	420	420	420	420	420	420	420	
5. 2012.....	XXX	XXX	XXX	490	490	490	490	490	490	490	
6. 2013.....	XXX	XXX	XXX	XXX	715	715	715	715	715	715	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	592	592	592	592	592	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	719	719	719	719	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	714	714	714	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	848	848	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	942	942
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	942
13. Earned Premiums (Sch P-Pt. 1)	328	396	420	490	715	592	719	714	848	942	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.....	1,048	1,048	1,048	1,048	1,048	1,048	1,048	1,048	1,048	1,048	
3. 2010.....	XXX	988	988	988	988	988	988	988	988	988	
4. 2011.....	XXX	XXX	974	974	974	974	974	974	974	974	
5. 2012.....	XXX	XXX	XXX	960	960	960	960	960	960	960	
6. 2013.....	XXX	XXX	XXX	XXX	1,016	1,016	1,016	1,016	1,016	1,016	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	1,037	1,037	1,037	1,037	1,037	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	1,020	1,020	1,020	1,020	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,078	1,078	1,078	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,153	1,153	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,279	1,279
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,279
13. Earned Premiums (Sch P-Pt. 1)	1,048	988	974	960	1,016	1,037	1,020	1,078	1,153	1,279	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.....	497	497	497	497	497	497	497	497	497	497	
3. 2010.....	XXX	524	524	524	524	524	524	524	524	524	
4. 2011.....	XXX	XXX	233	233	233	233	233	233	233	233	
5. 2012.....	XXX	XXX	XXX	268	268	268	268	268	268	268	
6. 2013.....	XXX	XXX	XXX	XXX	291	291	291	291	291	291	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	349	349	349	349	349	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	223	223	223	223	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	253	253	253	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	242	242	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	245	245
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	245
13. Earned Premiums (Sch P-Pt. 1)	497	524	233	268	291	349	223	253	242	245	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 CELINA 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.....	114	114	114	114	114	114	114	114	114	114	
3. 2010.....	XXX	107	107	107	107	107	107	107	107	107	
4. 2011.....	XXX	XXX	93	93	93	93	93	93	93	93	
5. 2012.....	XXX	XXX	XXX	90	90	90	90	90	90	90	
6. 2013.....	XXX	XXX	XXX	XXX	94	94	94	94	94	94	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	96	96	96	96	96	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	85	85	85	85	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79	79	79	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	86	86	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	95	95
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	95
13. Earned Premiums (Sch P-Pt. 1)	114	107	93	90	94	96	85	79	86	95	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.....	11	11	11	11	11	11	11	11	11	11	
3. 2010.....	XXX	14	14	14	14	14	14	14	14	14	
4. 2011.....	XXX	XXX	8	8	8	8	8	8	8	8	
5. 2012.....	XXX	XXX	XXX	14	14	14	14	14	14	14	
6. 2013.....	XXX	XXX	XXX	XXX	13	13	13	13	13	13	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	10	10	10	10	10	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	8	8	8	8	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7	7	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6
13. Earned Premiums (Sch P-Pt. 1)	11	14	8	14	13	10	8	7	6	6	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



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SCHEDULE P - PART 7A - PRIMARY 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 .....	2,975					
2. Private Passenger Auto Liability/ Medical .....	8,004					
3. Commercial Auto/Truck Liability/ Medical .....	604					
4. Workers' Compensation .....	631					
5. Commercial Multiple Peril .....	885					
6. Medical Professional Liability - Occurrence .....						
7. Medical Professional Liability - Claims - Made .....						
8. Special Liability .....						
9. Other Liability - Occurrence .....	612					
10. Other Liability - Claims-Made .....						
11. Special Property .....	58					
12. Auto Physical Damage .....	330					
13. Fidelity/Surety .....						
14. Other .....						
15. International .....						
16. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability - Occurrence .....	54					
20. Products Liability - Claims-Made .....						
21. Financial Guaranty/Mortgage Guaranty .....						
22. Warranty .....						
23. Totals	14,153					

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	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	

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	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 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 CELINA 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 .....	2,975					
2. Private Passenger Auto Liability/Medical .....	8,004					
3. Commercial Auto/Truck Liability/Medical .....	604					
4. Workers' Compensation .....	631					
5. Commercial Multiple Peril .....	885					
6. Medical Professional Liability - Occurrence .....						
7. Medical Professional Liability - Claims - Made .....						
8. Special Liability .....						
9. Other Liability - Occurrence .....	612					
10. Other Liability - Claims-Made .....						
11. Special Property .....	58					
12. Auto Physical Damage .....	330					
13. Fidelity/Surety .....						
14. Other .....						
15. International .....						
16. Reinsurance - Nonproportional Assumed Property .....						
17. Reinsurance - Nonproportional Assumed Liability .....	385					
18. Reinsurance - Nonproportional Assumed Financial Lines .....						
19. Products Liability - Occurrence .....	54					
20. Products Liability - Claims-Made .....						
21. Financial Guaranty/Mortgage Guaranty .....						
22. Warranty .....						
23. Totals	14,538					

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 CELINA 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 claimant.....  
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.)  
Catastrophe weather activity in accident years 2012 and 2011 was significantly higher than prior years. This activity produced an abnormally high level of paid and incurred losses and adjusting and other expense payments for property lines on a direct, ceded and net basis. ....

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

Allocated by States and Territories

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

NONE

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Asterisk	

# NONE

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA MUTUAL INSURANCE COMPANY

## SCHEDULE Y

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

[illegible]

Pooling balances are excluded from the table above.

Pool Participation:

20176 The Celina Mutual Insurance Company	36%
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20184 The National Mutual Insurance Company 34%

16764 Miami Mutual Insurance Company	30%
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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA 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? .....	NO
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? .....	YES
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? .....	NO
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? .....	YES
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? .....	SEE EXPLANATION
Explanations:		
12.	Not Applicable	
13.	Not Applicable	
14.	Not Applicable	
15.	Not Applicable	
16.	Not Applicable	
17.	Not Applicable	
18.	Not Applicable	
19.	Not Applicable	
22.	Not Applicable	
23.	Not Applicable	
25.	Not Applicable	
26.	Not Applicable	
27.	Not Applicable	
28.	Not Applicable	
29.	Not Applicable	
30.	Not Applicable	
31.	Not Applicable	
32.	Not Applicable	
33.	Not Applicable	
35.	Not Applicable	
36.	Not Applicable	
37.	Not required as the company’s direct and assumed written premium is less than \$500 million.	
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]	
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CELINA MUTUAL INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19.	Medicare Part D Coverage Supplement [Document Identifier 365]	 2 0 1 7 6 2 0 1 8 3 6 5 0 0 0 0 0 0
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 2 0 1 7 6 2 0 1 8 4 0 0 0 0 0 0 0 0
23.	Bail Bond Supplement [Document Identifier 500]	 2 0 1 7 6 2 0 1 8 5 0 0 0 0 0 0 0 0
25.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 2 0 1 7 6 2 0 1 8 2 2 4 0 0 0 0 0 0
26.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 2 0 1 7 6 2 0 1 8 2 2 5 0 0 0 0 0 0
27.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 2 0 1 7 6 2 0 1 8 2 2 6 0 0 0 0 0 0
28.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 2 0 1 7 6 2 0 1 8 5 5 5 0 0 0 0 0 0
29.	Credit Insurance Experience Exhibit [Document Identifier 230]	 2 0 1 7 6 2 0 1 8 2 3 0 0 0 0 0 0 0
30.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 2 0 1 7 6 2 0 1 8 3 0 6 0 0 0 0 0 0
31.	Accident and Health Policy Experience Exhibit [Document Identifier 210]	 2 0 1 7 6 2 0 1 8 2 1 0 0 0 0 0 0 0
32.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 2 0 1 7 6 2 0 1 8 2 1 6 0 0 0 0 0 0
33.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 2 0 1 7 6 2 0 1 8 2 1 7 0 0 0 0 0 0
35.	Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]	 2 0 1 7 6 2 0 1 8 2 6 0 0 0 0 0 0 0
36.	Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]	 2 0 1 7 6 2 0 1 8 3 0 0 0 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

**NONE**



SUPPLEMENT FOR THE YEAR 2018 OF THE CELINA MUTUAL INSURANCE COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

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

NAIC Group Code0035

NAIC Company Code20176

Company NameCELINA MUTUAL INSURANCE COMPANY

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$	\$	\$	\$	\$	\$	%	%

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [ X ] No [ ]

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [ X ] No [ ]

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:\$42,638

2.32 Amount estimated using reasonable assumptions:\$

2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$	\$	\$1,334	\$1,334	%	%

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