

ANNUAL STATEMENT

For the Year Ended

December 31 , 2019

OF THE CONDITION AND AFFAIRS OF THE

West and knox Mutual Insurance Company

ORGANIZED UNDER THE LAWS OF THE STATE OF OHIO

Made to the

INSURANCE COMMISSIONER OF THE STATE OF OHIO

Pursuant to the Laws thereof

NAIC Company Code

10254

Home Office

355 Leatherberry Road

Street and Number

Carrollton 44615

City

OH

Zip Code

Mail Address

355 Leatherberry Road

Street and Number

Carrollton 44615

City

OH

Zip Code

Main Administrative Office

330-627-0230

Telephone Number

Organized

02-07-1878

Commenced Business

02-07-1878

Annual Statement Contact Person

Susan L. Barber

Telephone Number

330-627-0230

Contact Person Email Address

insurance@westandknox.com

OFFICERS

President

Sherman Oyer

Vice President

Charles Kooser

Secretary

Donna Detchon

Treasurer

Susan L. Barber

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

Sherman Oyer

Kim W. Lentz

Charles Kooser

Richard Wilson

Donna Detchon

Christopher Tissot

John Capron III

State of Ohio

County of

Carroll

Sherman Oyer

President and

Donna Detchon

Secretary of the

West and knox Mutual Insurance Company

above described officers of said reporting entity, and that on the reporting period stated above all 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, with the schedules and explanations herein contained, annexed or referred to, is a full and correct 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, according to the best of their information, knowledge and belief, respectively.

Subscribed and sworn to before me, this 28th day of Feb 2020

Susan L. Barber
Notary Public

Sherman Oyer President
Donna Detchon Secretary
Susan L. Barber
Signature of Person Preparing Statement

ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company

2019

ASSETS

		Assets Current Year	Nonadmitted Assets Current Year	Net Admitted Assets Current Year	Net Admitted Assets Prior Year
1	Bonds (Schedule D - Part 1)	0.00	0.00	0.00	0.00
2	Preferred stocks, common stocks and mutual funds (Schedule D - Part 2)	52,350.67	0.00	52,350.67	52,357.87
3	Real estate (less liens, encumbrances) (Schedule A)	86,098.37	0.00	86,098.37	89,122.13
4	Cash (Schedule E)	864,627.02	0.00	864,627.02	873,539.59
5	Short-term investments	0.00	0.00	0.00	
6	Aggregate write-ins for invested assets	130,168.61	65,108.61	65,060.00	61,990.90
7	Subtotals, cash and invested assets	1,133,244.67	65,108.61	1,068,136.06	1,077,010.49
8	Investment income due and accrued		0.00	0.00	
9.1	Assessments or premiums in the course of collection (including agents balances)	8,233.00	0.00	8,233.00	7,322.79
9.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due		0.00	0.00	
9.3	Earned but unbilled premiums (post assessment)		0.00	0.00	
10.1	Amounts recoverable from reinsurers		0.00	0.00	
10.2	Funds held by or deposited with reinsured companies		0.00	0.00	
11.1	Current federal income tax recoverable and interest thereon		0.00	0.00	
11.2	Net deferred tax asset		0.00	0.00	
12	Electronic data processing equipment and software		0.00	0.00	
13	Furniture and equipment	1,054.88	1,054.88	0.00	
14	Receivables from parent, subsidiaries and affiliates		0.00	0.00	
15	Aggregate write-ins for other than invested assets	749.85	749.85	0.00	0.00
16	Total Assets	1,143,282.40	66,913.34	1,076,369.06	1,084,333.28
	Details of Write-Ins for Assets:				
1501	Customer List	749.85	749.85	0.00	
1502				0.00	
1503				0.00	
1598	Summary or remaining write-ins from overflow page	0.00	0.00	0.00	0.00
1599	Total aggregate write-ins	749.85	749.85	0.00	0.00

ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company

2019

LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Year	Prior Year
1	Unpaid Losses (Underwriting Exhibit - Part 2A)	0.00	
2	Unpaid loss adjustment expenses (Underwriting Exhibit - Part 2A)	0.00	
3	Commissions due and payable to agents	730.13	729.13
4	Other expenses (excluding taxes, licenses and fees)	-201.30	
5	Taxes, licenses and fees (excluding federal income taxes)	2,043.91	1,064.06
6	Current federal income taxes (including \$0 on realized capital gains (losses))	27.17	27.17
7	Net deferred tax liability		
8	Borrowed money and interest thereon		
9	Unearned assessment/premium reserve	105,502.98	80,872.58
10	Advance premium		
11	Ceded reinsurance premiums payable	3,643.80	2,269.32
12	Funds held by company under reinsurance treaties		
13	Amounts withheld or retained by company for account of others		
14	Provision for unauthorized reinsurance		
15	Payable to parent, subsidiaries and affiliates		0.00
16	Aggregate write-ins for liabilities	0.00	0.00
17	Total liabilities	111,746.69	84,962.26
18	Surplus as regards policyholders	964,622.37	999,371.02
19	Total liabilities and surplus	1,076,369.06	1,084,333.28
	Details of Write-Ins for Liabilities:		
1601			
1602			
1603			
1698	Summary or remaining write-ins from overflow page	0.00	0.00
1699	Total aggregate write-ins	0.00	0.00

ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company
STATEMENT OF INCOME

2019

		Current Year	Prior Year
	UNDERWRITING INCOME		
1.1	Gross Assessments/Premiums earned	255,265.20	286,915.97
1.2	Less: Return Assessments/Premiums earned		
1.3	Direct Assessments/Premiums earned	255,265.20	286,915.97
1.4	Deduct premiums for reinsurance ceded (Reinsurance Schedule)	90,982.67	95,261.56
1.5	Add premiums received for reinsurance assumed (Reinsurance Schedule)	0.00	
1.6	Net Assessments/Premiums earned	164,282.53	191,654.41
	DEDUCTIONS		
2	Losses incurred (Underwriting Exhibit - Part 2)	78,680.25	11,784.37
3	Loss expenses incurred (Expense Exhibit)	7,718.48	3,068.30
4	Other underwriting expenses incurred (Expense Exhibit)	139,239.99	131,158.53
5	Aggregate write-ins for underwriting deductions	0.00	0.00
6	Total underwriting deductions	225,638.72	146,011.20
7	Net underwriting gain (loss)	-61,356.19	45,643.21
	INVESTMENT INCOME		
8	Net investment income earned	17,236.18	11,078.65
9	Net realized capital gains (losses) less capital gains tax		0.00
10	Net investment gain (loss)	17,236.18	11,078.65
	OTHER INCOME		
11	Net gain (loss) from agents' or premium balances charged off		
12	Finance and service charges not included in premiums	2,440.27	2,730.00
13	Aggregate write-ins for miscellaneous income	5,833.63	1,178.28
14	Total other income	8,273.90	3,908.28
15	Net income, after capital gains tax and before federal income taxes	-35,846.11	60,630.14
16	Federal income taxes incurred		0.00
17	Net income	-35,846.11	60,630.14
	SURPLUS ACCOUNT		
18	Surplus as regards policyholders, December 31 prior year	999,371.02	945,231.99
19	Net income	-35,846.11	60,630.14
20	Change in net unrealized capital gains or (losses) less capital gains tax	-7.20	905.25
21	Change in net deferred income tax		
22	Change in nonadmitted assets (Exhibit of Nonadmitted Assets)	1,104.66	-7,396.36
23	Change in provision for reinsurance		
24	Aggregate write-ins for gains and losses in surplus	0.00	0.00
25	Change in surplus as regards policyholders for the year	-34,748.65	54,139.03
26	Surplus as regards policyholders, December 31 current year	964,622.37	999,371.02
	DETAILS OF WRITE-INS		
0501			
0502			
0503			
0599	Total Aggregate write-ins for underwriting deductions	0.00	0.00
1301	Admin Fee, Commission Liability Ins	1,993.07	691.73
1302	Other Income, SECE Income	840.56	486.55
1303	Agency Dividends, Management Fee	3,000.00	
1304			
1399	Total Aggregate write-ins for miscellaneous income	5,833.63	1,178.28
2401			
2402			
2499	Total Aggregate write-ins for gains and losses in surplus	0.00	0.00

ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company

2019

CASH FLOW STATEMENT

		Current Year	Prior Year
Cash from Operations			
1	Premiums/Assessments collected net of reinsurance	189,377.20	193,907.87
2	Net investment income	13,228.38	11,078.65
3	Miscellaneous income	8,273.90	9,068.43
4	Total	210,879.48	214,054.95
5	Benefit and loss related payments	78,680.25	11,784.37
6	Commissions, expenses paid and aggregate write-ins for deductions	141,611.84	139,209.85
7	Federal and foreign income taxes paid (recovered)		
8	Total	220,292.09	150,994.22
9	Net cash from operations	-9,412.61	63,060.73
Cash from Investments			
10	Proceeds from investments sold, matured or repaid:		
10.1	Bonds		
10.2	Stocks		
10.3	Real estate		
10.4	Net gains (losses) on cash, cash equivalents and short-term investments		
10.5	Miscellaneous proceeds		
10.6	Total investment proceeds	0.00	0.00
11	Cost of investments acquired (long-term only):		
11.1	Bonds		
11.2	Stocks		
11.3	Real estate		
11.4	Miscellaneous applications	-500.04	26,160.81
11.5	Total investments acquired	-500.04	26,160.81
11.6	Net cash from investments	500.04	-26,160.81
Cash from Financing and Miscellaneous Sources			
12.1	Borrowed funds (cash provided/applied)		
12.2	Other cash provided (applied)		500.04
13	Net cash from financing and miscellaneous sources	0.00	500.04
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
14	Net change in cash, cash equivalents and short-term investments	-8,912.57	37,399.96
15.1	Beginning of year (cash, cash equivalents and short-term investments)	873,539.59	836,139.63
15.2	End of year (cash, cash equivalents and short-term investments)	864,627.02	873,539.59

ANNUAL STATEMENT FOR THE YEAR
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EXPENSE EXHIBIT

	Claim Adjusting:	Current Year
1.1	Direct	
1.2	Reinsurance assumed	
1.3	Reinsurance ceded excluding contingent (commission and brokerage)	
1.4	Net claim adjusting	0.00
2.1	Commission and Brokerage: Direct commission and brokerage	37,345.40
2.2	Reinsurance assumed excluding contingent	0.00
2.3	Reinsurance ceded excluding contingent (commission and brokerage)	0.00
2.4	Contingent - direct (commission and brokerage)	0.00
2.5	Contingent - reinsurance assumed (commission and brokerage)	0.00
2.6	Contingent - reinsurance ceded (commission and brokerage)	0.00
2.7	Policy and membership fees (commission and brokerage)	0.00
2.8	Net commission and brokerage	37,345.40
3	Allowances to managers and agents	1,783.56
4	Advertising	1,093.20
5	Boards, bureaus and associations	
6	Surveys and underwriting reports	0.00
7	Audit of assureds' records	0.00
8.1	Salary and related items: Salaries	29,071.20
8.2	Payroll taxes	2,842.51
9	Employee relations and welfare	0.00
10	Insurance	7,459.05
11	Directors' fees	27,000.00
12	Travel and travel items	332.92
13	Rent and rent items	0.00
14	Equipment	7,525.17
15	Cost or depreciation of EDP equipment and software	5,067.12
16	Printing and stationery	2,370.98
17	Postage, telephone, exchange and express	1,297.90
18	Legal and auditing	1,702.20
19	Loss adjustment expenses	7,718.48
18	Investment expenses	713.92
19	Totals	95,978.21
20.1	Taxes, licenses and fees: State and local insurance taxes	0.00
20.2	Insurance department licenses and fees	3,908.80
20.3	All other (excluding federal income and real estate)	34.70
20.4	Total taxes, licenses and fees	3,943.50
21	Real estate expenses	239.70
22	Real estate taxes	837.60
23	Aggregate write-ins for miscellaneous expenses	8,614.06
24	Total expenses incurred (a)	146,958.47
25	Less unpaid expenses - current year	0.00
26	Add unpaid expenses - prior year	0.00
27	Total expenses paid	146,958.47
Details of Write-Ins:		
2301	Continuing Education	70.00
2302	Annual Meeting	532.59
2303	Miscellaneous, Contributions	2,900.56
2304	Utilities	5,110.91
2305		
2399	Total Write-ins	8,614.06

(a) Includes management fees of \$0 to affiliates and \$0 to non-affiliates

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West and Knox Mutual Insurance Company

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INSURANCE IN FORCE

		Amount (dollars)	Number
1	In force December 31 of previous year (to equal prior year's statement)	50,762,543	277
2	Written during the year	1,670,000	16
3	Total	52,432,543	293
4	Deduct those expired and cancelled	2,838,150	18
5	In force December 31 of current year	49,594,393	275
6	Deduct amount reinsured	0	XXX
7	Net amount in force	49,594,393	XXX

UNDERWRITING EXHIBIT - PART 2
LOSSES INCURRED

1	2	3	4	5	6
Lines of Business	Direct Losses Incurred	Losses Incurred on Reinsurance Assumed	Deduct: Reinsurance Recovered on Incurred Losses	Deduct: Salvage and Subrogation Converted To Cash	Net Losses Incurred Columns 2 and 3 minus Columns 4 and 5
Property	2,210.16				2,210.16
Wind	76,270.09				76,270.09
Fire	200.00				200.00
OVERFLOW AMOUNTS					
Totals	\$ 78,680.25	\$ -	\$ -	\$ -	\$ 78,680.25

* Total should equal Line 2, Page 4, Current Year.

UNDERWRITING EXHIBIT - PART 2A
UNPAID LOSSES and LOSS ADJUSTMENT EXPENSES

1	2	3	4	5	6
Lines of Business	Direct Unpaid Losses	Unpaid Losses on Reinsurance Assumed	Deduct: Reinsurance Recoverable on Unpaid Losses	Unpaid Loss Adjustment Expenses	Net Unpaid Losses Columns 2 and 3 minus Column 4
OVERFLOW AMOUNTS					
Totals	\$ -	\$ -	\$ -	\$ -	\$ -

** Total should equal Line 2, Page 3, Current Year.

*** Total should equal Line 1, Page 3, Current Year.

ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company

2019

EXHIBIT OF NONADMITTED ASSETS

		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets
1	Bonds			0.00
2	Preferred and common stocks and mutual funds			0.00
3	Real estate (less liens, encumbrances)			0.00
4	Cash			0.00
5	Short-term investments			0.00
6	Aggregate write-ins for invested assets	65,108.61	64,169.91	-938.70
7	Subtotals, cash and invested assets	65,108.61	64,169.91	-938.70
8	Investment income due and accrued			0.00
9.1	Assessments or premiums in the course of collection (including agents balances)			0.00
9.2	Premium receivable for advance pay			0.00
9.3	Earned but unbilled premiums (post assessment)			0.00
10.1	Amounts recoverable from reinsurers			0.00
10.2	Funds held by or deposited with reinsured companies			0.00
11.1	Current federal income tax recoverable and interest thereon			0.00
11.2	Net deferred tax asset			0.00
12	Electronic data processing equipment and software			0.00
13	Furniture and equipment	1,054.88	2,598.20	1,543.32
14	Receivables from parent, subsidiaries and affiliates			0.00
15	Aggregate write-ins for other than invested assets	749.85	1,249.89	500.04
16	Total Assets	66,913.34	68,018.00	1,104.66
	Details of Write-Ins for Assets:			
1501	Customer List -Net of Amortization	749.85	1,249.89	500.04
1502		0.00	0.00	0.00
1503		0.00	0.00	0.00
1598	Summary or remaining write-ins from overflow page	0.00	0.00	0.00
1599	Total aggregate write-ins	749.85	1,249.89	500.04

SCHEDULE AShowing All Real Estate **OWNED** December 31 of Current Year

1	2	3	4	5	6	7	8	9	10
Description of Property	Date Acquired	Name of Vendor	Actual Cost	Current Year Acquisitions or Permanent Improvements	Accumulated Depreciation	Amount of Encumbrances	Book Value End of Current Year (Col. 4+5-6-7) *	Gross Income Current Year (Real Estate)	Gross Expenses Current Year (Real Estate)
Building -355 Leatherberry Rd Carrollton, OH 44615	10/27/2006		117,926.59		38,288.69		79,637.90		
Land -355 Leatherberry Rd Carrollton, OH 44615	10/27/2006		6,460.47				6,460.47		
							-		
							-		
OVERFLOW AMOUNTS							-		
Totals	XXX	XXX	\$ 124,387.06	\$ -	\$ 38,288.69	\$ -	\$ 86,098.37	\$ -	\$ -

*Total to agree with Page 2, Line 3, Current Year.

FURNITURE, FIXTURES and AUTOMOBILESShowing All Furniture, Fixtures and Automobiles **OWNED** December 31 of Current Year

1	2	3	4	5	6	7	8
Description	Date Acquired	Name of Vendor	Actual Cost	Current Year Acquisitions or Permanent Improvements	Accumulated Depreciation	Amount of Encumbrances	Book Value End of Current Year (Col. 4+5-6-7)
Konica Minolta C224e Color Copier	10/30/2013		7,566.44		6,511.56		1,054.88
Road Signs	4/10/2007		2,368.00		2,368.00		-
3 Computers	3/24/2008	Dell	3,187.01		3,187.01		-
Computer	7/17/2009	Dell	778.52		778.52		-
Scanner	6/13/2008		336.53		336.53		-
2 Dell OptiPlex Computers	5/5/2015	Dell	2,311.89		2,311.89		-
9 Office Chairs	10/9/2007		1,112.97		1,112.97		-
Refrigerator	7/18/2007		200.00		\$200.00		-
Security System	1/29/2008		2,577.60		2577.6		-
Desks-Stoffer	6/3/2008	Larry Stoffer	175.00		175.00		-
3 Office Chairs	8/5/2009		540.78		540.78		-
4 Drawer File Cabinet	2/9/2010	Staples	851.99		851.99		-
Dell Server	4/9/2012		2,690.03		2,690.03		-
OVERFLOW AMOUNTS			10,137.78		10,137.78		-
Totals	XXX	XXX	\$ 34,834.54	\$ -	\$ 33,779.66	\$ -	\$ 1,054.88

Showing all **BONDS** Owned on December 31 of Current Year

* Annual Statement Value

West and knox Mutual Insurance Company

Showing all Bonds and Preferred & Common Stocks **ACQUIRED** During the Current Year[illegible]

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SCHEDULE D - PART 4

Showing all Bonds and Preferred & Common Stocks **SOLD, REDEEMED** OR Otherwise **DISPOSED OF** During the Current Year

Bonds, preferred stocks, common stocks and mutual funds to be grouped separately.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Cusip #	Description Give complete and accurate description of each bond and stock. If bonds are serial issues give amounts maturing each year. Companies may at their option summarize all bonds of the same issue called, matured or redeemed during the year and omit dates under column (3).	Date Sold	Name of Purchaser (If matured or called under redemption option, so state and give price at which called.)	No. of Shares of Stock	Consideration (Excluding Accrued Interest on Bonds)	Par Value of Bonds	Cost to Company (Excluding Accrued Interest on Bonds)	Book Value at Date of Sale	Increase, By Adjustment in Book Value During Year	Decrease, By Adjustment in Book Value During Year	Profit on Sale	Loss on Sale	Interest on Bonds Received During Year (including accrued interest on bonds sold)	Dividends on Stocks Received During Year (Including accrued dividends on stocks sold)
XXX	Totals	XXX	XXX	XXX	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

REINSURANCE SCHEDULE

[illegible]

*Total to agree with Page 4, Line 1.4, Current Year.

****Total to agree with Page 4, Line 1.5, Current Year.**

COMPENSATION SCHEDULE

Show all salaries, commissions, claim adjustment expenses, directors fees and expenses, and travel items paid in the current year for the top 5 officers/employees and all directors, travel or car allowances, if paid, are to be included.

[illegible]

GENERAL INTERROGATORIES

(Answer all questions and attach additional sheets if necessary.)

- | | | | | | | |
|---|--|----------|------|--------------------------|-------|---------------------------------|
| 1. Company's retention: | Fire | \$50,000 | Wind | \$50,000 | Other | \$50,000 |
| 1a. Retention before reinsurance applies for: | Catastrophe Reinsurance | | | Aggregate excess of loss | | \$170,000 |
| 2. What is the largest risk assumed and retained: | | \$19,515 | | | | |
| 3. What kind of perils are being covered? | Fire, Wind, Lightening | | | | | |
| 4. Have the by-laws been amended during the current year? | No | | | | | |
| Ohio Department of Insurance? | N/A | | | | | |
| 5. In what counties does the Company operate: | Belmont, Carroll, Columbiana, Jefferson, Licking, Mahoning, Monroe, Stark, Tuscarawas | | | | | |
| 6. Name of Principal Officer and amount of bond. | Sherman Oyer, Pres-No insurance just for him. He's covered with Director/Officers Policy | | | | | |
| 7. Are all of the persons who handle funds of the Company bonded? | Yes | X | | | | No |
| State the name and amount of each bond on each, except person named in Item 6 above. | | | | | | Susan Barber, Treasurer, Office |
| employees are covered under Fidelity bond through St. Paul Fire & Marine Ins Co. Single loss limit of liability is \$100,000 | | | | | | |
| 8. Does the Company have an annual audit conducted by an independent CPA? | Yes | | | | | |
| 9. State the number of members holding policies in the Company. | 279 | | | | | |
| 10. Was an annual report of the Company made available to each policyholder? | Yes | | | | | If so, did such report agree |
| with the annual statement filed with the Ohio Department of Insurance? | | | | | | |
| 11. State as of what date the latest examination of the Company was made by the Ohio Department of Insurance. | | | | | | 2/26/2018 |
| 12. How many assessments were made during the year? | None | | | | | N/A |
| 13. Did the assessment provide for all losses, expenses and all other liabilities prior to the date of assessment? | | | | | | N/A |
| 14. Rate of policy fee | | | | | | |
| 15. State the amount of borrowed money since date of last assessment | None | | | | | N/A |
| 16. Does any person, firm, corporation or association have any claim, contingent or otherwise, against this Company which is NOT included in the liabilities on page 2 of this statement? | Yes | | | | | No |
| If yes, give the amount, terms for payment and reasons why such were not recorded as a liability on page 2 of this statement. | | | | | | X |

2019

Showing All Balances (according to Company's Records) Carried in Each Bank or Savings and Loan

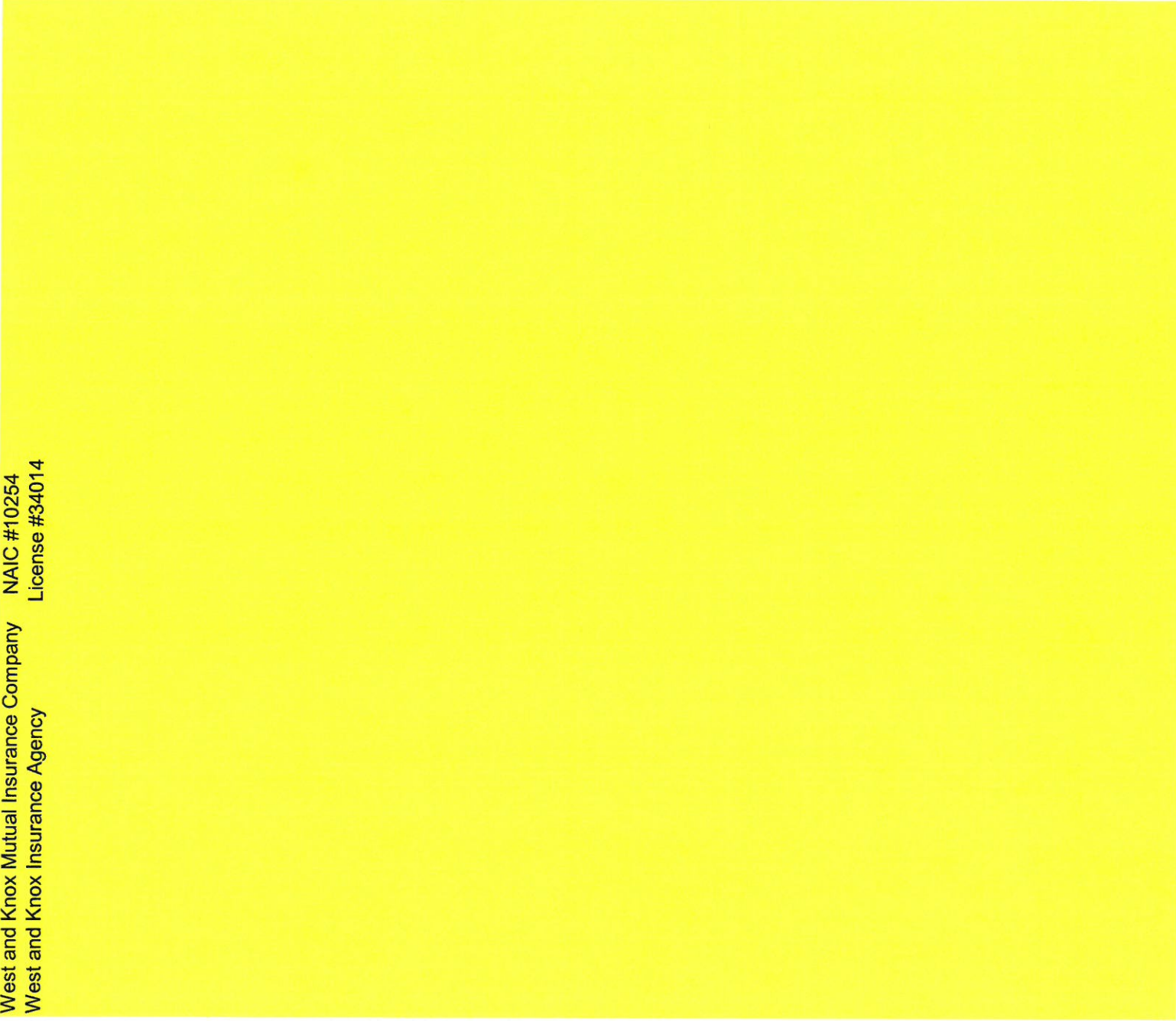
ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company

2019

ORGANIZATIONAL CHART

LIST ALL ENTITIES THAT ARE MEMBERS OF AN INSURANCE COMPANY HOLDING SYSTEM AS
DEFINED IN ORC 3901.32

West and Knox Mutual Insurance Company NAIC #10254
West and Knox Insurance Agency License #34014



ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company
Overflow Page for Write-ins

2019

Additional Write-ins for Assets:

	Assets Current Year	Nonadmitted Assets Current Year	Net Admitted Assets Current Year	Net Admitted Assets Prior Year
1504			0.00	
1505			0.00	
1506			0.00	
1597	Summary of remaining write-ins for Line 15 page 2	0.00	0.00	0.00

Additional Write-ins for Liabilities:

	Current Year	Prior Year
1604		
1605		
1606		
1697	Summary of remaining write-ins for Line 16 page 3	0.00

Additional Write-ins for Statement of Income:

	Current Year	Prior Year
	Summary of remaining write-ins for Statement of Income page 4	0.00

Additional Write-ins for Nonadmitted Assets:

	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets
1504			0.00
1505			0.00
1506			0.00
1597	Summary of remaining write-ins for Line 15 page 9	0.00	0.00

SCHEDULE D - PART 1Showing all **BONDS** Owned on December 31 of Current Year

* Annual Statement Value

Showing all Preferred & Common **Stocks and Mutual Funds** Owned December 31 of Current Year

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SCHEDULE D - PART 1[illegible]**SCHEDULE D - PART 2**[illegible]

MUTUAL PROTECTIVE ANNUAL STATEMENT INSTRUCTIONS

1. Date of filing: This statement is required to be filed by March 1st. This date is fixed by statute and no extension of time will be granted (Ohio Revised Code 3939.09).
2. Blank schedules will not be accepted as meaning anything. If no entries are to be made, write "none" in the first line in the description column.
3. Bonds rated 1 or 2 by the Securities Valuation Office are carried at amortized value; bonds rated 3-6 are carried at the lower of amortized cost or fair value. Bonds shall be valued in accordance with SSAP No. 26, the *NAIC Purposes and Procedures of the Securities Valuation Office Manual*, and the designation assigned in the *NAIC Valuations of Securities product* prepared by the NAIC Securities Valuation Office.
4. Unaffiliated common stocks shall be valued at fair value. In those instances where unit price is not available from the Securities Valuation Office, it is the responsibility of management to determine fair value based on analytical or pricing mechanisms. See SSAP No. 30.
5. Investments in Subsidiary, controlled or affiliated common stocks are addressed in SSAP No. 88.
6. The bonds and stocks should be grouped in the following order and each group arranged alphabetically in their respective schedules, viz:

BONDS

- (a) Government
- (b) States, Territories and Possessions
- (c) Political Subdivisions of States, Territories and Possessions
- (d) Special Revenue and Special Assessment Obligations
- (e) Public Utilities
- (f) Industrial and Miscellaneous

STOCKS

- (a) Public Utilities
- (b) Banks, Trusts and Insurance Companies
- (c) Industrial and Miscellaneous
- (e) Mutual Funds

7. Credit for interest due and accrued on bonds in default as to principal or interest should be nonadmitted in "investment income due and accrued."
8. Breakout the portion of premiums and losses attributable to each covered peril to the extent such can be identified, in Column 1 in Underwriting Exhibit Part 2 and Underwriting Exhibit Part 2A on page 8. If unable to breakout perils, aggregate the premiums and losses and label as "physical damage to property" in column 1 in both Exhibits.
9. All reinsurance ceded and assumed must be itemized in the Reinsurance Schedule on page 15. For reinsurance ceded the name of the reinsurer, not the broker, is to be listed.
10. The Organizational Chart on page 17 should clearly present the identities of and interrelationship between the parent, all affiliated insurers and other affiliates of an insurance holding company system as defined in Chapter 3901.32 of the Ohio Revised Code. Each mutual protective association that meets the definition of an insurance holding company system is required to file an annual Form B Insurance Holding Company System Registration Statement by June 1st. See Ohio Regulation 3901-3-02 for more information.
11. Attach additional sheets if necessary for any section that may require additional lines. Additional overflow schedules are on pages 18-22.