



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE

# Ohio Mutual Insurance Company

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

## OFFICERS

President Mark Clarence Russell, Mr. Secretary Randy Lee Walker, Mr. #  
Treasurer David Gary Hendrix, Mr.

President Mark Clarence Russell, Mr. Secretary Randy Lee Walker, Mr. #  
Treasurer David Gary Hendrix, Mr.

## OTHER

Philip Combs, Mr., Vice President Pers  
Underwriting

Well Barber, Mr., Vice President Sales John Grove, Mr., Vice President Product Management Adaly McCormack, Mr., Vice President Information Systems	Underwriting Gary Thomas Johnson, Mr., Vice President Commercial Lines Underwriting Marcella Sloane Smith, Mrs., Vice President Human Resources	Operations Susan Elizabeth Kent, Mrs., Vice President Business Analytics
<b>DIRECTORS OR TRUSTEES</b>		
Karen Riley Haefling, Mrs. John Redon Purse, Mr. Donald W. Miller, Mr.	Albert Michael Heister, Mr. Mark Clarence Russell, Mr. Paul W. Miller, Mr.	Susan Porter, Mrs. David Anthony Siebenburgen, Mr. Thomas F. Miller, Mr.

State of Ohio County of Crawford SS:

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

Mark Clarence Russell  
President and CEO

David Gary Hendrix  
Treasurer and CFO

Marcella Sloane Smith  
Assistant Secretary

Subscribed and sworn to before me this  
day of

a. Is this an original filing? .....

b. If no,

1. State the amendment number .....
2. Date filed .....

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	73,722,442		73,722,442	71,786,179
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common stocks .....	270,332,671	26,065	270,306,606	245,258,347
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances) .....	7,799,734		7,799,734	7,670,910
4.2 Properties held for the production of income (less \$ encumbrances) .....				
4.3 Properties held for sale (less \$ encumbrances) .....				
5. Cash (\$ 4,098,472 , Schedule E - Part 1), cash equivalents (\$ 2,418,759 , Schedule E - Part 2) and short-term investments (\$ , Schedule DA) .....	6,517,231		6,517,231	6,381,090
6. Contract loans (including \$ premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....				
9. Receivable for securities .....				
10. Securities lending reinvested collateral assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	358,372,078	26,065	358,346,013	331,096,526
13. Title plants less \$ charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	558,923		558,923	604,259
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	2,454,399		2,454,399	2,290,296
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) .....	16,588,614		16,588,614	15,982,514
15.3 Accrued retrospective premiums (\$ ) and contracts subject to redetermination (\$ ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	447,772		447,772	84,024
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	35,932		35,932	
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				1,049,292
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	3,463,366	3,463,366		
21. Furniture and equipment, including health care delivery assets (\$ ) .....	534,957	534,957		
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$ ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	382,456,041	4,024,388	378,431,653	351,106,911
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	382,456,041	4,024,388	378,431,653	351,106,911
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....				
2501. .....				
2502. .....				
2503. .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....				

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company**  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....	26,690,494	25,620,323
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....		
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....	6,460,769	5,898,724
4. Commissions payable, contingent commissions and other similar charges .....	2,262,255	2,029,990
5. Other expenses (excluding taxes, licenses and fees) .....	141,208	60,291
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	66,642	62,978
7.1 Current federal and foreign income taxes (including \$ 24,168 on realized capital gains (losses)) .....	977,449	918,961
7.2 Net deferred tax liability .....	115,488	
8. Borrowed money \$ ..... and interest thereon \$ .....		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 95,244,461 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act) .....	35,062,571	33,581,406
10. Advance premium .....	420,552	528,375
11. Dividends declared and unpaid:		
11.1 Stockholders .....		
11.2 Policyholders .....		
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	30,908	55,892
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20) .....	100,610	135,411
14. Amounts withheld or retained by company for account of others .....		
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ ..... certified) (Schedule F, Part 3, Column 78) .....		
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....	1,325,170	1,786,276
20. Derivatives .....		
21. Payable for securities .....		
22. Payable for securities lending .....		
23. Liability for amounts held under uninsured plans .....		
24. Capital notes \$ ..... and interest thereon \$ .....		
25. Aggregate write-ins for liabilities .....		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	73,654,116	70,678,627
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	73,654,116	70,678,627
29. Aggregate write-ins for special surplus funds .....		561,235
30. Common capital stock .....		
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....		
33. Surplus notes .....		
34. Gross paid in and contributed surplus .....		
35. Unassigned funds (surplus) .....	304,777,537	279,867,049
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) .....	304,777,537	280,428,284
38. <b>TOTALS (Page 2, Line 28, Col. 3)</b>	<b>378,431,653</b>	<b>351,106,911</b>
<b>DETAILS OF WRITE-INS</b>		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....		
2599. <b>Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)</b>		
2901. Sale Leaseback of Saco Building .....		561,235
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....		
2999. <b>Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)</b>		561,235
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....		
3299. <b>Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above)</b>		

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company**  
**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4).....	70,735,993	69,620,453
<b>DEDUCTIONS:</b>		
2. Losses incurred (Part 2, Line 35, Column 7).....	37,718,645	38,569,289
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	5,777,506	5,662,162
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	23,580,609	22,131,036
5. Aggregate write-ins for underwriting deductions.....		
6. Total underwriting deductions (Lines 2 through 5).....	67,076,760	66,362,487
7. Net income of protected cells.....		
8. Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7).....	3,659,233	3,257,966
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	1,823,288	2,053,724
10. Net realized capital gains or (losses) less capital gains tax of \$ 24,168 (Exhibit of Capital Gains (Losses) ).....	92,342	(151,240)
11. Net investment gain (loss) (Lines 9 + 10).....	1,915,630	1,902,484
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ 55,832 amount charged off \$ 497,055 ).....	(441,223)	(409,276)
13. Finance and service charges not included in premiums.....	12	(25)
14. Aggregate write-ins for miscellaneous income.....	246,236	276,972
15. Total other income (Lines 12 through 14).....	(194,975)	(132,329)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	5,379,888	5,028,121
17. Dividends to policyholders.....		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	5,379,888	5,028,121
19. Federal and foreign income taxes incurred.....	(29,280)	864,180
20. Net income (Line 18 minus Line 19)(to Line 22).....	5,409,168	4,163,941
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	280,428,284	253,144,895
22. Net income (from Line 20).....	5,409,168	4,163,941
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 267,828.....	20,281,483	24,505,108
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....	(896,952)	370,965
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3).....	(444,446)	(1,756,635)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....		
29. Change in surplus notes.....		
30. Surplus (contributed to) withdrawn from protected cells.....		
31. Cumulative effect of changes in accounting principles.....		
32. Capital changes:		
32.1 Paid in.....		
32.2 Transferred from surplus (Stock Dividend).....		
32.3 Transferred to surplus.....		
33. Surplus adjustments:		
33.1 Paid in.....		
33.2 Transferred to capital (Stock Dividend).....		
33.3 Transferred from capital.....		
34. Net remittances from or (to) Home Office.....		
35. Dividends to stockholders.....		
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....		
37. Aggregate write-ins for gains and losses in surplus.....		10
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	24,349,253	27,283,389
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	304,777,537	280,428,284
<b>DETAILS OF WRITE-INS</b>		
0501.....		
0502.....		
0503.....		
0598. Summary of remaining write-ins for Line 5 from overflow page.....		
0599. Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above).....		
1401. Rental and Related Services.....	248,083	248,083
1402. Other (Expense) Income.....	(1,847)	243
1403. Gain on Disposal of Furniture & Equipment.....		28,646
1498. Summary of remaining write-ins for Line 14 from overflow page.....		
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	246,236	276,972
3701. Correction of prior period error.....		10
3702.....		
3703.....		
3798. Summary of remaining write-ins for Line 37 from overflow page.....		
3799. Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above).....		10

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company**  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	71,285,708	70,222,988
2. Net investment income .....	3,100,777	3,133,930
3. Miscellaneous income .....	(194,975)	(132,329)
4. Total (Lines 1 through 3) .....	74,191,510	73,224,589
5. Benefit and loss related payments .....	37,012,222	36,767,730
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	28,932,543	29,801,770
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ .....	24,168	(63,600)
10. Total (Lines 5 through 9) .....	65,881,165	67,627,466
11. Net cash from operations (Line 4 minus Line 10) .....	8,310,345	5,597,123
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	12,875,976	16,320,040
12.2 Stocks .....	3,920,842	1,124,204
12.3 Mortgage loans .....		
12.4 Real estate .....		
12.5 Other invested assets .....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		(2)
12.7 Miscellaneous proceeds .....		
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	16,796,818	17,444,242
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	15,235,298	13,993,125
13.2 Stocks .....	8,396,742	5,568,275
13.3 Mortgage loans .....		
13.4 Real estate .....	843,077	4,093,158
13.5 Other invested assets .....		
13.6 Miscellaneous applications .....		
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	24,475,117	23,654,558
14. Net increase (decrease) in contract loans and premium notes .....		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(7,678,299)	(6,210,316)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....		
16.2 Capital and paid in surplus, less treasury stock .....		
16.3 Borrowed funds .....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		
16.5 Dividends to stockholders .....		
16.6 Other cash provided (applied) .....	(495,905)	(217,590)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(495,905)	(217,590)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	136,141	(830,783)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	6,381,090	7,211,873
19.2 End of period (Line 18 plus Line 19.1) .....	6,517,231	6,381,090

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire .....	4,874,483	2,619,927	2,654,014	4,840,396
2. Allied lines .....	35,735	19,849	18,888	36,696
3. Farmowners multiple peril .....	5,893,572	2,781,630	2,903,601	5,771,601
4. Homeowners multiple peril .....	13,226,074	6,796,172	7,179,363	12,842,883
5. Commercial multiple peril .....	8,346,454	3,788,042	4,143,082	7,991,414
6. Mortgage guaranty .....				
8. Ocean marine .....				
9. Inland marine .....	241,486	109,684	122,794	228,376
10. Financial guaranty .....				
11.1 Medical professional liability - occurrence .....				
11.2 Medical professional liability - claims-made .....				
12. Earthquake .....				
13. Group accident and health .....				
14. Credit accident and health (group and individual) .....				
15. Other accident and health .....	456	232	163	525
16. Workers' compensation .....				
17.1 Other liability - occurrence .....	1,547,779	375,235	656,995	1,266,019
17.2 Other liability - claims-made .....				
17.3 Excess workers' compensation .....				
18.1 Products liability - occurrence .....	53,975	22,554	25,436	51,093
18.2 Products liability - claims-made .....				
19.1, 19.2 Private passenger auto liability .....	16,076,671	7,248,989	7,063,469	16,262,191
19.3, 19.4 Commercial auto liability .....	5,621,731	2,506,440	2,724,219	5,403,952
21. Auto physical damage .....	16,154,085	7,238,088	7,496,965	15,895,208
22. Aircraft (all perils) .....				
23. Fidelity .....				
24. Surety .....				
26. Burglary and theft .....	144,657	74,564	73,582	145,639
27. Boiler and machinery .....				
28. Credit .....				
29. International .....				
30. Warranty .....				
31. Reinsurance - nonproportional assumed property .....				
32. Reinsurance - nonproportional assumed liability .....				
33. Reinsurance - nonproportional assumed financial lines .....				
34. Aggregate write-ins for other lines of business .....				
35. TOTALS .....	72,217,158	33,581,406	35,062,571	70,735,993
<b>DETAILS OF WRITE-INS</b>				
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) .....				

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire .....	2,654,014				2,654,014
2. Allied lines .....	18,888				18,888
3. Farmowners multiple peril .....	2,903,601				2,903,601
4. Homeowners multiple peril .....	7,179,363				7,179,363
5. Commercial multiple peril .....	4,143,082				4,143,082
6. Mortgage guaranty .....					
8. Ocean marine .....					
9. Inland marine .....	122,794				122,794
10. Financial guaranty .....					
11.1 Medical professional liability - occurrence .....					
11.2 Medical professional liability - claims-made .....					
12. Earthquake .....					
13. Group accident and health .....					
14. Credit accident and health (group and individual) .....					
15. Other accident and health .....	163				163
16. Workers' compensation .....					
17.1 Other liability - occurrence .....	656,995				656,995
17.2 Other liability - claims-made .....					
17.3 Excess workers' compensation .....					
18.1 Products liability - occurrence .....	25,436				25,436
18.2 Products liability - claims-made .....					
19.1, 19.2 Private passenger auto liability .....	7,063,469				7,063,469
19.3, 19.4 Commercial auto liability .....	2,724,219				2,724,219
21. Auto physical damage .....	7,496,965				7,496,965
22. Aircraft (all perils) .....					
23. Fidelity .....					
24. Surety .....					
26. Burglary and theft .....	73,582				73,582
27. Boiler and machinery .....					
28. Credit .....					
29. International .....					
30. Warranty .....					
31. Reinsurance - nonproportional assumed property .....					
32. Reinsurance - nonproportional assumed liability .....					
33. Reinsurance - nonproportional assumed financial lines .....					
34. Aggregate write-ins for other lines of business .....					
35. TOTALS .....	35,062,571				35,062,571
36. Accrued retrospective premiums based on experience .....					
37. Earned but unbilled premiums .....					
38. Balance (Sum of Line 35 through 37) .....					35,062,571
<b>DETAILS OF WRITE-INS</b>					
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) State here basis of computation used in each case

Property premiums are determined by location covered. Casualty premiums are determined by insured address. ....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1+2+3-4-5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire .....	2,429,830	15,745,061	3,841	13,179,159	125,090	4,874,483
2. Allied lines .....		132,353		96,618		35,735
3. Farmowners multiple peril .....	7,559,950	15,139,834	7,607	15,934,476	879,343	5,893,572
4. Homeowners multiple peril .....	25,881,925	24,369,157	32,214	35,759,385	1,297,837	13,226,074
5. Commercial multiple peril .....		30,912,791		22,566,337		8,346,454
6. Mortgage guaranty .....						
8. Ocean marine .....						
9. Inland marine .....	14,879	880,156	.23	652,907	.665	241,486
10. Financial guaranty .....						
11.1 Medical professional liability - occurrence .....						
11.2 Medical professional liability - claims-made .....						
12. Earthquake .....						
13. Group accident and health .....						
14. Credit accident and health (group and individual) .....						
15. Other accident and health .....		1,690		1,234		456
16. Workers' compensation .....						
17.1 Other liability - occurrence .....	217,114	5,517,012		4,184,735	.1,612	1,547,779
17.2 Other liability - claims-made .....						
17.3 Excess workers' compensation .....						
18.1 Products liability - occurrence .....		199,907		145,932		53,975
18.2 Products liability - claims-made .....						
19.1, 19.2 Private passenger auto liability .....	29,903,744	29,680,122		43,466,556	.40,639	.16,076,671
19.3, 19.4 Commercial auto liability .....		20,821,224		15,199,493		5,621,731
21. Auto physical damage .....	28,132,471	32,149,970	16,358	43,675,860	468,854	16,154,085
22. Aircraft (all perils) .....						
23. Fidelity .....						
24. Surety .....						
26. Burglary and theft .....	69,594	466,171		391,108		144,657
27. Boiler and machinery .....						
28. Credit .....						
29. International .....						
30. Warranty .....						
31. Reinsurance - nonproportional assumed property .....	XXX					
32. Reinsurance - nonproportional assumed liability .....	XXX					
33. Reinsurance - nonproportional assumed financial lines .....	XXX					
34. Aggregate write-ins for other lines of business .....						
35. TOTALS .....	94,209,507	176,015,448	60,043	195,253,800	2,814,040	72,217,158
<b>DETAILS OF WRITE-INS</b>						
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) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ X ]

If yes: 1. The amount of such installment premiums \$ .....

2. Amount at which such installment premiums would have been reported had they been reported on an annualized basis \$ .....

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5	6	7	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire .....	1,410,923	6,807,385	5,999,365	2,218,943	429,703	379,207	2,269,439	46.9
2. Allied lines .....		57,872	42,246	15,626	4,538	13,219	6,945	18.9
3. Farmowners multiple peril .....	2,831,536	4,431,701	5,314,963	1,948,274	1,128,810	879,419	2,197,665	38.1
4. Homeowners multiple peril .....	17,915,756	12,521,551	22,372,515	8,064,792	1,735,629	1,931,075	7,869,346	61.3
5. Commercial multiple peril .....		13,397,834	9,780,419	3,617,415	4,570,802	4,052,750	4,135,467	51.7
6. Mortgage guaranty .....								
8. Ocean marine .....								
9. Inland marine .....	.7,000	214,003	161,332	59,671	13,423	14,976	58,118	25.4
10. Financial guaranty .....								
11.1 Medical professional liability - occurrence .....								
11.2 Medical professional liability - claims-made .....								
12. Earthquake .....								
13. Group accident and health .....								
14. Credit accident and health (group and individual) .....								
15. Other accident and health .....								
16. Workers' compensation .....								
17.1 Other liability - occurrence .....	53,213	489,096	395,886	146,423	1,483,159	563,402	1,066,180	84.2
17.2 Other liability - claims-made .....								
17.3 Excess workers' compensation .....								
18.1 Products liability - occurrence .....		.55,000	.40,150	14,850	.3,650	.33,893	(15,393)	(30.1)
18.2 Products liability - claims-made .....								
19.1, 19.2 Private passenger auto liability .....	14,703,032	16,933,014	23,094,314	8,541,732	10,836,304	11,494,559	7,883,477	48.5
19.3, 19.4 Commercial auto liability .....		9,917,106	7,239,487	2,677,619	5,154,462	4,926,481	2,905,600	53.8
21. Auto physical damage .....	15,967,339	18,606,901	25,239,195	9,335,045	1,322,015	1,325,792	9,331,268	58.7
22. Aircraft (all perils) .....								
23. Fidelity .....								
24. Surety .....								
26. Burglary and theft .....	5,133	24,810	21,858	8,085	7,999	5,550	10,534	7.2
27. Boiler and machinery .....								
28. Credit .....								
29. International .....								
30. Warranty .....								
31. Reinsurance - nonproportional assumed property .....	XXX							
32. Reinsurance - nonproportional assumed liability .....	XXX							
33. Reinsurance - nonproportional assumed financial lines .....	XXX							
34. Aggregate write-ins for other lines of business .....								
35. TOTALS .....	52,893,932	83,456,272	99,701,730	36,648,474	26,690,494	25,620,323	37,718,645	53.3
<b>DETAILS OF WRITE-INS</b>								
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) .....								

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire .....	122,500	1,150,330	929,166	343,664	29,139	289,526	232,626	429,703	44,195
2. Allied lines .....		12,000	8,760	3,240		4,809	3,511	4,538	725
3. Farmowners multiple peril .....	1,568,139	893,882	1,797,275	.664,746	892,077	946,293	.1,374,306	1,128,810	145,965
4. Homeowners multiple peril .....	1,605,512	2,037,868	2,663,180	.980,200	1,627,776	1,412,220	2,284,567	1,735,629	255,390
5. Commercial multiple peril .....		8,355,671	6,099,640	2,256,031		8,573,225	.6,258,454	4,570,802	2,642,170
6. Mortgage guaranty .....									
8. Ocean marine .....									
9. Inland marine .....		34,509	25,192	9,317		15,206	.11,100	13,423	1,460
10. Financial guaranty .....									
11.1 Medical professional liability - occurrence .....									
11.2 Medical professional liability - claims-made .....									
12. Earthquake .....									
13. Group accident and health .....								(a)	
14. Credit accident and health (group and individual) .....								(a)	
15. Other accident and health .....									
16. Workers' compensation .....									
17.1 Other liability - occurrence .....	10,000	2,271,312	1,665,358	.615,954	10,099	3,202,774	.2,345,668	1,483,159	496,830
17.2 Other liability - claims-made .....									
17.3 Excess workers' compensation .....									
18.1 Products liability - occurrence .....		5,000	3,650	1,350		8,517	6,217	3,650	1,224
18.2 Products liability - claims-made .....									
19.1, 19.2 Private passenger auto liability .....	10,916,210	14,187,044	18,357,254	6,746,000	6,904,915	8,820,513	11,635,124	10,836,304	1,631,356
19.3, 19.4 Commercial auto liability .....		8,569,431	6,255,684	2,313,747		10,521,165	.7,680,450	5,154,462	1,104,233
21. Auto physical damage .....	1,147,153	1,556,733	1,974,736	.729,150	904,413	1,303,613	.1,615,161	1,322,015	136,678
22. Aircraft (all perils) .....									
23. Fidelity .....									
24. Surety .....									
26. Burglary and theft .....	4,000	17,500	15,695	5,805	1,867	6,259	5,932	7,999	543
27. Boiler and machinery .....									
28. Credit .....									
29. International .....									
30. Warranty .....									
31. Reinsurance - nonproportional assumed property .....	XXX				XXX				
32. Reinsurance - nonproportional assumed liability .....	XXX				XXX				
33. Reinsurance - nonproportional assumed financial lines .....	XXX				XXX				
34. Aggregate write-ins for other lines of business .....									
35. TOTALS .....	15,373,514	39,091,280	39,795,590	14,669,204	10,370,286	35,104,120	33,453,116	26,690,494	6,460,769
<b>DETAILS OF WRITE-INS</b>									
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) Including \$ ..... for present value of life indemnity claims.

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct .....	2,712,966			2,712,966
1.2 Reinsurance assumed .....				
1.3 Reinsurance ceded .....	2,767			2,767
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3) .....	2,710,199			2,710,199
2. Commission and brokerage:				
2.1 Direct excluding contingent .....		11,440,535		11,440,535
2.2 Reinsurance assumed, excluding contingent .....		4,911		4,911
2.3 Reinsurance ceded, excluding contingent .....		391,894		391,894
2.4 Contingent - direct .....		1,390,777		1,390,777
2.5 Contingent - reinsurance assumed .....				
2.6 Contingent - reinsurance ceded .....		69,612		69,612
2.7 Policy and membership fees .....				
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) .....		12,374,717		12,374,717
3. Allowances to managers and agents .....				
4. Advertising .....	56,922	179,236		236,158
5. Boards, bureaus and associations .....	188,947	434,473		623,420
6. Surveys and underwriting reports .....	148,538	467,802		616,340
7. Audit of assureds' records .....				
8. Salary and related items:				
8.1 Salaries .....	1,491,044	4,797,924		6,288,968
8.2 Payroll taxes .....	72,977	300,452		373,429
9. Employee relations and welfare .....	387,157	1,196,525		1,583,682
10. Insurance .....	35,757	112,613		148,370
11. Directors' fees .....	24,522	77,229		101,751
12. Travel and travel items .....	9,502	61,944		71,446
13. Rent and rent items .....	49,245	152,369		201,614
14. Equipment .....	204,310	643,450		847,760
15. Cost or depreciation of EDP equipment and software .....	106,350	334,938		441,288
16. Printing and stationery .....	1,208	73,840		75,048
17. Postage, telephone and telegraph, exchange and express .....	86,355	271,956		358,311
18. Legal and auditing .....	204,370	662,929	250,538	1,117,837
19. Totals (Lines 3 to 18) .....	3,067,204	9,767,680	250,538	13,085,422
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....		1,306,612		1,306,612
20.2 Insurance department licenses and fees .....	103	112,538		112,641
20.3 Gross guaranty association assessments .....				
20.4 All other (excluding federal and foreign income and real estate) .....				
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	103	1,419,150		1,419,253
21. Real estate expenses .....				
22. Real estate taxes .....		19,062		19,062
23. Reimbursements by uninsured plans .....				
24. Aggregate write-ins for miscellaneous expenses .....				
25. Total expenses incurred .....	5,777,506	23,580,609	250,538	(a) 29,608,653
26. Less unpaid expenses - current year .....	6,460,769	2,408,609	61,496	8,930,874
27. Add unpaid expenses - prior year .....	5,898,724	2,093,148	60,111	8,051,983
28. Amounts receivable relating to uninsured plans, prior year .....				
29. Amounts receivable relating to uninsured plans, current year .....				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29) .....	5,215,461	23,265,148	249,153	28,729,762
<b>DETAILS OF WRITE-INS</b>				
2401. .....				
2402. .....				
2403. .....				
2498. Summary of remaining write-ins for Line 24 from overflow page .....				
2499. Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above) .....				

(a) Includes management fees of \$ ..... to affiliates and \$ ..... 250,538 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company  
**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) 20,095	16,241
1.1 Bonds exempt from U.S. tax .....	(a) 784,449	754,605
1.2 Other bonds (unaffiliated) .....	(a) 1,339,449	1,325,180
1.3 Bonds of affiliates .....	(a) .....	.....
2.1 Preferred stocks (unaffiliated) .....	(b) .....	.....
2.11 Preferred stocks of affiliates .....	(b) .....	.....
2.2 Common stocks (unaffiliated) .....	657,497	662,801
2.21 Common stocks of affiliates .....	.....	.....
3. Mortgage loans .....	(c) .....	.....
4. Real estate .....	(d) 16,600	16,600
5. Contract loans .....	.....	.....
6. Cash, cash equivalents and short-term investments .....	(e) 15,325	12,652
7. Derivative instruments .....	(f) .....	.....
8. Other invested assets .....	.....	.....
9. Aggregate write-ins for investment income .....	.....	.....
10. Total gross investment income .....	2,833,415	2,788,079
11. Investment expenses .....	(g) 250,538	.....
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....	.....
13. Interest expense .....	(h) .....	.....
14. Depreciation on real estate and other invested assets .....	(i) 714,253	.....
15. Aggregate write-ins for deductions from investment income .....	.....	.....
16. Total deductions (Lines 11 through 15) .....	964,791	.....
17. Net investment income (Line 10 minus Line 16) .....	1,823,288	.....
<b>DETAILS OF WRITE-INS</b>		
0901. .....	.....	.....
0902. .....	.....	.....
0903. .....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	.....	.....
1501. .....	.....	.....
1502. .....	.....	.....
1503. .....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....	.....	.....

- (a) Includes \$ 49,200 accrual of discount less \$ 565,715 amortization of premium and less \$ 12,589 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 17 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	9,088	.....	9,088	.....	.....
1.1 Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2 Other bonds (unaffiliated) .....	84,369	.....	84,369	.....	.....
1.3 Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1 Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11 Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2 Common stocks (unaffiliated) .....	23,052	.....	23,052	1,275,371	19,273,940
2.21 Common stocks of affiliates .....	.....	.....	.....	.....	.....
3. Mortgage loans .....	.....	.....	.....	.....	.....
4. Real estate .....	.....	.....	.....	.....	.....
5. Contract loans .....	.....	.....	.....	.....	.....
6. Cash, cash equivalents and short-term investments .....	.....	.....	.....	.....	.....
7. Derivative instruments .....	.....	.....	.....	.....	.....
8. Other invested assets .....	.....	.....	.....	.....	.....
9. Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10. Total capital gains (losses) .....	116,509	.....	116,509	20,549,311	.....
<b>DETAILS OF WRITE-INS</b>			.....	.....	.....
0901. .....	.....	.....	.....	.....	.....
0902. .....	.....	.....	.....	.....	.....
0903. .....	.....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....	.....
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	.....	.....	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company  
**EXHIBIT OF NON-ADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....	26,065	26,061	(4)
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens .....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income .....			
4.3 Properties held for sale .....			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	26,065	26,061	(4)
13. Title plants (for Title insurers only) .....			
14. Investment income due and accrued .....			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....		7,492	7,492
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
16.2 Funds held by or deposited with reinsured companies .....			
16.3 Other amounts receivable under reinsurance contracts .....			
17. Amounts receivable relating to uninsured plans .....			
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset .....			
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....	3,463,366	2,841,350	(622,016)
21. Furniture and equipment, including health care delivery assets .....	534,957	705,039	170,082
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			
23. Receivables from parent, subsidiaries and affiliates .....			
24. Health care and other amounts receivable .....			
25. Aggregate write-ins for other than invested assets .....			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	4,024,388	3,579,942	(444,446)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. Total (Lines 26 and 27) .....	4,024,388	3,579,942	(444,446)
<b>DETAILS OF WRITE-INS</b>			
1101. .....			
1102. .....			
1103. .....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....			
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....			
2501. .....			
2502. .....			
2503. .....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....			

## NOTES TO FINANCIAL STATEMENTS

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### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The financial statements of Ohio Mutual Insurance Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI).

The ODI recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* has been adopted as a component of prescribed or permitted accounting practices by the State of Ohio.

A reconciliation of the Company's net income and capital surplus between NAIC Statutory Accounting Practices and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	Page	Line #	2020	2019
<b><u>NET INCOME</u></b>					
(1) Ohio Mutual Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 5,409,168	\$ 4,163,941
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	_____	_____	_____	_____	_____
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	_____	_____	_____	_____	_____
(4) NAIC SAP (1-2-3-4)	XXX	XXX	XXX	\$ 5,409,168	\$ 4,163,941
<b><u>SURPLUS</u></b>					
(5) Ohio Mutual Insurance Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 304,777,537	\$ 280,428,284
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	_____	_____	_____	_____	_____
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	_____	_____	_____	_____	_____
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 304,777,537	\$ 280,428,284

#### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with the Annual Statement Instructions and the *Accounting Practices and Procedures Manual* requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

- (1) All short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at either amortized cost, using the scientific interest method or the lower of amortized cost or fair market value. The company holds no SVO-Identified bond ETFs reported on Schedule D-1.
- (3) Unaffiliated common stocks are stated at fair market value. The Company has no subsidiaries or affiliates in which the company has an interest of 20% or more.
- (4) The Company had no preferred stock at December 31, 2020 or 2019.
- (5) The Company has no mortgage loans on real estate.
- (6) Loan-backed securities are stated at either amortized cost, using the interest method or the lower of amortized cost or fair market value. The retrospective adjustment method is used to value all securities except for interest only securities, EITF 99-20 eligible securities or securities where the yield has become negative are valued using the prospective method.
- (7) The Company's wholly owned insurance affiliates are United Ohio Insurance Company and Casco Indemnity Company. The Company's wholly owned non-insurance affiliates are Centurion Financial, Inc., Ohio United Agency, Inc., and United Premium Budget Service, Inc.
- (8) The Company has no ownership interest in any significant joint ventures.
- (9) The Company owns no derivative instruments.
- (10) The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts-Premiums.

## NOTES TO FINANCIAL STATEMENTS

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- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has not significantly modified its capitalization policy from the prior period.
- (13) The Company does not engage in pharmaceutical rebate receivables.

### D. Going Concern

The Company has no going concern issues as of the report date.

### 2. Accounting Changes and Corrections of Errors

There were no significant accounting changes or corrections of errors during 2020 or 2019.

### 3. Business Combinations and Goodwill

The Company has no goodwill asset at December 31, 2020 or December 31, 2019.

### 4. Discontinued Operations

The Company has no discontinued operations to report.

### 5. Investments

- A. The Company has no mortgage loans.
- B. The Company has no debt restructuring.
- C. The Company has no reverse mortgages.
- D. Loan-Backed Securities

- (1) Prepayment assumptions for Mortgage-backed securities, Collateralized Mortgage Obligations and Other Structured Securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonality), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning). On an ongoing basis, we monitor the rate of prepayment and calibrate the model to reflect actual experience, market factors, and viewpoint.

- (2)
  - a. The Company had no securities it intended to sell for which it recognized other-than-temporary impairment losses.
  - b. The Company had no securities for which it lacked the ability or intent to retain an investment in for a period of time sufficient to recover the amortized cost basis.

- (3) The Company had no other-than-temporary impairments for the year ended December 31, 2020.

- (4) All temporarily impaired securities for which an other-than-temporary impairment has not been recognized in earnings as a realized loss in 2020 are as follows:

a. The aggregate amount of unrealized losses:	1. Less than 12 Months	\$ (2,188)
	2. 12 Months or Longer	<u>\$ (2,935)</u>

b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ 349,241
	2. 12 Months or Longer	<u>\$ 148,484</u>

- (5) Management regularly reviews the value of the Company's investments. If the value of any investment falls below its cost basis, the decline is analyzed to determine whether it is an other-than-temporary decline in value. To make this determination for each security, the following is considered:

- The length of time and the extent to which the fair value has been below cost;
- The financial condition and near-term prospects of the issuer of the security, including any specific events that may affect its operations or earnings potential;
- Management's intent and ability to hold the security long enough for it to recover its value;

Management concluded that the remaining investments held with unrealized losses were not other-than-temporarily impaired on the basis that the Company had the ability and intent to hold the investments for a period of time sufficient for a forecasted market price recovery up to or beyond the cost of the investment. Also, in management's opinion, evidence indicating the cost of the investment was recoverable within a reasonable period of time outweighed evidence to the contrary in considering the severity and duration of the impairment in relation to the forecasted market price recovery.

- E. The Company has no dollar repurchase agreements or securities lending transactions.

## NOTES TO FINANCIAL STATEMENTS

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- F. The Company has no repurchase agreements transactions accounted for as secured borrowing.
- G. The Company has no reverse repurchase agreements transactions accounted for as secured borrowing.
- H. The Company has no repurchase agreements transactions accounted for as a sale.
- I. The Company has no reverse repurchase agreements transactions accounted for as a sale.
- J. Real Estate
  - (1) The Company has no impaired real estate.
  - (2) On November 20, 2017, the Company sold its New England property in Saco, Maine in a cash sale of \$2,100,000 and immediately entered into a leaseback agreement for a period of five years. The sale of the property resulted in a capital gain of \$971,389 in 2017 that had been recognized directly to special surplus funds and subsequently amortized to unassigned surplus over the lease term. This property was sub-leased in May 2020 resulting in termination of the Company's leaseback agreement. The remaining balance of special surplus funds was directly transferred to, and recognized as, unassigned surplus.
  - (3) The Company has no planned sales of real estate investments.
  - (4) The Company does not engage in retail land sales operations.
  - (5) The Company holds no real estate investments with participating mortgage loan features.
- K. The Company has no real estate investments that qualify for low-income housing tax credits (LIHTC).

### L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted					Current Year					Percentage			
	Current Year					6	7	8	9					
	1	2	3	4	5									
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/(Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 6)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)			
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	0.00%			
b. Collateral held under security lending agreements	-	-	-	-	-	-	-	-	-	0.00%	0.00%			
c. Subject to repurchase agreements	-	-	-	-	-	-	-	-	-	0.00%	0.00%			
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-	-	-	0.00%	0.00%			
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-	-	-	0.00%	0.00%			
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-	-	-	0.00%	0.00%			
g. Placed under option contracts	-	-	-	-	-	-	-	-	-	0.00%	0.00%			
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	-	-	-	-	0.00%	0.00%			
i. FHLB capital stock	-	-	-	-	-	-	-	-	-	0.00%	0.00%			
j. On deposit with states	1,854,177	-	-	-	1,854,177	1,879,123	(24,946)	-	1,854,177	0.49%	0.49%			
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-	-	-	0.00%	0.00%			
l. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-	-	-	0.00%	0.00%			
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-	-	-	0.00%	0.00%			
n. Other restricted assets	-	-	-	-	-	-	-	-	-	0.00%	0.00%			
o. Total Restricted Assets	\$ 1,854,177	\$ -	\$ -	\$ -	\$ 1,854,177	\$ 1,879,123	\$ (24,946)	\$ -	\$ 1,854,177	0.49%	0.49%			

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (c) Column 9 divided by Asset Page, Column 3, Line 28

- (2) The Company has no Assets Pledged as Collateral Not Captured in Other Categories.
- (3) The Company has no Other Restricted Assets or Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives.
- (4) The Company has no Collateral Received and Reflected as Assets in the Financial Statements.

M. The Company has no Working Capital Finance Investments.

N. The Company has no Offsetting and Netting of Assets and Liabilities.

O. The Company has no 5GI Securities.

## NOTES TO FINANCIAL STATEMENTS

- P. The Company has no Short Sales.
- Q. Prepayment Penalty and Acceleration Fees

	General Account	Protected Cell
(1) Number of CUSIPs	5	0
(2) Aggregate Amount of Investment Income	22,337	0

### 6. Joint Ventures, Partnerships and Limited Liability Companies.

The Company has no investments in Joint Ventures, Partnerships and Limited Liability Companies.

### 7. Investment Income

The Company has no due and accrued income excluded from surplus.

### 8. Derivative Instruments

The Company owns no derivative instruments.

### 9. Income Taxes

A. The components of the Net Deferred Tax Asset/(Liability) at December 31 are as follows:

	12/31/2020			12/31/2019			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 1+2) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	2,364,102	5,608	2,369,710	2,579,484	299	2,579,783	(215,382)	5,309	(210,073)
(b) Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a-1b)	2,364,102	5,608	2,369,710	2,579,484	299	2,579,783	(215,382)	5,309	(210,073)
(d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c-1d)	2,364,102	5,608	2,369,710	2,579,484	299	2,579,783	(215,382)	5,309	(210,073)
(f) Deferred Tax Liabilities	791,863	1,693,335	2,485,198	103,332	1,427,159	1,530,491	688,531	266,176	954,707
(g) Net Admitted Deferred Tax Asset/ (Net Deferred Tax Liability) (1e-1f)	1,572,239	(1,687,727)	(115,488)	2,476,152	(1,426,860)	1,049,292	(903,913)	(260,867)	(1,164,780)

2.	12/31/2020			12/31/2019			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 1+2) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks	977,448	-	977,448	1,974,502	-	1,974,502	(997,054)	-	(997,054)
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application Of The Threshold Limitation (The Lesser of 2(b)1 and 2(b)2 Below)	1,356,670	-	1,356,670	250,460	-	250,460	1,106,210	-	1,106,210
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following The Balance Sheet Date	1,356,670	-	1,356,670	250,460	-	250,460	1,106,210	-	1,106,210
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	45,716,631	XXX	XXX	41,906,849	XXX	XXX	3,809,782
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	29,984	5,608	35,592	354,522	299	354,821	(324,538)	5,309	(319,229)
(d) Deferred Tax Assets Admitted As The Result Of Application of SSAP No. 101 Total (2(a)+2(b)+2(c))	2,364,102	5,608	2,369,710	2,579,484	299	2,579,783	(215,382)	5,309	(210,073)

### 3.

	2020	2019
(a) Ratio Percentage Used to Determine Recovery Period And Threshold Limitation Amount	1474%	1488%
(b) Amount of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above	304,777,537	279,378,992

## NOTES TO FINANCIAL STATEMENTS

4.

	As of End of Current Period		12/31/2019		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital

## Impact of Tax Planning Strategies:

- (a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.

1. Adjusted Gross DTAs Amount From Note 9A1(c)	2,364,102	5,608	2,579,484	299	(215,382)	5,309
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies						
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	2,364,102	5,608	2,579,484	299	(215,382)	5,309
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies						

- (b) Does the Company's tax-planning strategies include the use of reinsurance?

Yes \_\_\_\_\_

No  X

## B. Unrecognized Deferred Tax Liabilities

There are no deferred tax liabilities that have not been recognized in the current period.

## C. Current income taxes incurred consist of the following major components:

	(1)	(2)	(3)
	12/31/2020	12/31/2019	(Col 1-2) Change
<b>1. Current Income Tax</b>			
(a) Federal	953,281	866,339	86,942
(b) Foreign	1,336	2,425	(1,089)
(c) Subtotal	954,617	868,764	85,853
(d) Federal income tax on net capital gains	24,168	52,622	(28,454)
(e) SSAP 3 (included in surplus)	-	-	-
(f) Other	(983,897)	(4,584)	(979,313)
(g) Federal and foreign income taxes incurred	(5,112)	916,802	(921,914)

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## NOTES TO FINANCIAL STATEMENTS

	(1) 12/31/2020	(2) 12/31/2019	(3) (Col 1-2) Change
<b>2. Deferred Tax Assets:</b>			
(a) Ordinary			
(1) Discounting of unpaid losses	380,108	341,334	38,774
(2) Unearned premium reserve	1,490,291	1,432,611	57,680
(3) Policyholder reserves	-	-	-
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	-	327,063	(327,063)
(8) Compensation and benefits accrual	370,742	352,188	18,554
(9) Pension accrual	-	-	-
(10) Salvage and subrogation	119,627	119,614	13
(11) Net operating loss carry-forward	3,334	5,100	(1,766)
(12) Tax credit carry-forward	-	-	-
(13) Other (including items <5% of total ordinary tax assets)	-	1,574	(1,574)
(99) Subtotal	<u>2,364,102</u>	<u>2,579,484</u>	<u>(215,382)</u>
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	<u>2,364,102</u>	<u>2,579,484</u>	<u>(215,382)</u>
(e) Capital			
(1) Investments	5,608	299	5,309
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	-	-	-
(99) Subtotal	<u>5,608</u>	<u>299</u>	<u>5,309</u>
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99-2f-2g)	<u>5,608</u>	<u>299</u>	<u>5,309</u>
(i) Admitted deferred tax assets (2d+2h)	<u>2,369,710</u>	<u>2,579,783</u>	<u>(210,073)</u>
<b>3. Deferred Tax Liabilities</b>			
(a) Ordinary			
(1) Investments	17,656	12,489	5,167
(2) Fixed assets	698,504	-	698,504
(3) Deferred and uncollected premium	-	-	-
(4) Reserves transition	75,703	90,843	(15,140)
(5) Other (including items <5% of total ordinary tax liabilities)	-	-	-
(99) Subtotal	<u>791,863</u>	<u>103,332</u>	<u>688,531</u>
(b) Capital			
(1) Investments	1,693,335	1,427,159	266,176
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
(99) Subtotal	<u>1,693,335</u>	<u>1,427,159</u>	<u>266,176</u>
(c) Deferred tax liabilities (3a99+3b99)	<u>2,485,198</u>	<u>1,530,491</u>	<u>954,707</u>
<b>4. Net deferred tax assets/liabilities (2i - 3c)</b>	<u>(115,488)</u>	<u>1,049,292</u>	<u>(1,164,780)</u>

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	12/31/2020	12/31/2019	Change
Total deferred tax assets	2,369,710	2,579,783	(210,073)
Total deferred tax liabilities	2,485,198	1,530,491	954,707
Net deferred tax asset	<u>(115,488)</u>	<u>1,049,292</u>	<u>(1,164,780)</u>
Tax effect of unrealized gains (losses)			267,828
Change in net deferred income tax			<u>(896,952)</u>

## NOTES TO FINANCIAL STATEMENTS

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**D. Among the more significant book to tax adjustments were the following:**

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

Description	Amount	Tax Effect at 21%	Effective Tax Rate
Income before Federal income tax	5,404,058	1,134,852	21.00%
Tax exempt investment income	(754,605)	(158,467)	-2.93%
Dividends received deduction	(245,204)	(51,493)	-0.95%
Proration of tax exempt investment income	249,952	52,490	0.97%
Lobbying	16,521	3,469	0.06%
Disallowable meals and entertainment	19,135	4,018	0.08%
Country club dues	857	180	0.00%
Change in non admitted assets	(444,442)	(93,333)	-1.72%
Other	590	124	0.00%
<b>Total</b>	<b>4,246,862</b>	<b>891,840</b>	<b>16.51%</b>
 Federal and foreign ordinary income taxes incurred		(29,280)	-0.54%
Capital gains tax incurred		24,168	0.45%
Change in net deferred income tax		896,952	16.60%
<b>Total statutory income taxes</b>		<b>891,840</b>	<b>16.51%</b>

**E. Operating Loss and Tax Credit Carryforwards**

1. Carryforwards, recoverable taxes, and IRC 6603 deposits

	12/31/2020	12/31/2019
The Company had net operating losses of:	15,876	24,286
The Company had capital loss carryforwards of:	-	-
The Company had AMT credit carryforwards of:	-	-
<b>Total</b>	<b>15,876</b>	<b>24,286</b>

The AMT credit carryforwards do not expire.

2. The following is income tax expense for 2020, 2019, and 2018 that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2018	-	28,591	28,591
2019	-	-	-
2020	953,281	24,168	977,449
	<b>953,281</b>	<b>52,759</b>	<b>1,006,040</b>

3. Deposits admitted under IRC § 6603

None

**F. Consolidated Federal Income Tax Return**

1. The Company's federal income tax return is consolidated with the following entities:

United Ohio Insurance Company  
Casco Indemnity Company  
Ohio United Agency, Inc.  
United Premium Budget Services, Inc.  
Centurion Financial, Inc.

2. The method of allocation between the companies is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with current credit for net losses. Intercompany balances are settled annually in the final quarter.

**G. The Company has no federal or foreign income tax loss contingencies.**

**H. The Company is not subject to any Repatriation Transition Tax.**

**I. The Company has no Alternative Minimum Tax (AMT) Credit.**

## NOTES TO FINANCIAL STATEMENTS

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### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. The Company is the parent company within the Ohio Mutual Insurance Group. The Company is the sole shareholder and owner of United Ohio Insurance Company (United Ohio), Casco Indemnity Company (Casco), United Premium Budget Service Inc., Centurion Financial Inc., and Ohio United Agency Inc.
  - B. The Company, United Ohio and Casco have entered into a reinsurance pooling agreement through which underwriting activities and operating expenses are proportionately allocated. See footnote #26 for additional information on the pooling agreement.
  - C. The Company had no transactions with related parties that are not reported on Schedule Y.
  - D. As of December 31, 2020, the Company owes its subsidiary, United Ohio, \$1,742,491 and its subsidiary, Casco, owes the Company \$284,807 under the terms of the Reinsurance Pooling Agreement. As of December 31, 2020, the Company's subsidiary, United Ohio, owes the Company \$132,514 under the terms of the Cost Sharing Agreement.
  - E. The Company and its subsidiaries, United Ohio and Casco, entered into a Cost Sharing Agreement effective January 1, 2011 through which certain common costs are shared proportionally between the entities.
  - F. The Company has no guarantees or undertakings at December 31, 2020.
  - G. All outstanding shares of its subsidiaries, United Ohio, Casco, United Premium Budget Services Inc., Ohio United Agency Inc. and Centurion Financial Inc. are owned by the Parent Company, Ohio Mutual Insurance Company, an insurance company domiciled in the State of Ohio.
  - H. None of the Company's capital stock is owned by downstream subsidiaries.
  - I. The Company owns a 100% interest in United Ohio whose carrying value is equal to or exceeds 10% of the admitted assets of the Company. The Company carries United Ohio at its statutory statement value of \$223,094,961.
- Based on the Company's ownership percentage of United Ohio, the statutory statement value of United Ohio assets and liabilities as of December 31, 2020 were \$418,522,360 and \$195,427,399, respectively.
- J. The Company did not recognize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.
  - K. Not Applicable
  - L. Not Applicable
- M. The Company holds the following SCA Investments

1. Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities				
NONE	N/A	-	-	-
Total SSAP No. 97 8a Entities	XXX	-	-	-
b. SSAP No. 97 8b(ii) Entities				
Centurion Financial Inc.	100.0	-	-	-
Ohio United Agency Inc.	100.0	25,063	-	25,063
United Premium Budget Service Inc.	100.0	1,002	-	1,002
Total SSAP No. 97 8b(ii) Entities	XXX	26,065	-	26,065
c. SSAP No. 97 8b(iii) Entities				
NONE	N/A	-	-	-
Total SSAP No. 97 8b(iii) Entities	XXX	-	-	-
d. SSAP No. 97 8b(iv) Entities				
NONE	N/A	-	-	-
Total SSAP No. 97 8b(iv) Entities	XXX	-	-	-
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	26,065	-	26,065
f. Aggregate Total (a+e)	XXX	26,065	-	26,065

2. NAIC Filing Response Information

The Company did not have any NAIC filings for their 8b(ii) entities.

- N. The Company has no investments in Insurance SCAs for which the audited statutory equity reflects a departure from the NAIC statutory accounting practices and policies.
- O. The Company has no investments in SCAs or SSAP No. 48 entities where its share of losses exceeds its investment in the SCA or SSAP No. 48 entity.

## NOTES TO FINANCIAL STATEMENTS

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### 11. Debt

The Company had no outstanding debt obligations at December 31, 2020.

### 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

The Company has no retirement plans, deferred compensation, postemployment benefits or compensated absences or other postretirement benefit plans. All such plans are included in the Company's wholly owned subsidiary, United Ohio.

### 13. Capital and Surplus, Dividend Restrictions and Quasi-reorganizations.

- A. The Company has no shares of capital stock outstanding.
- B. The Company has no shares of preferred stock outstanding.
- C. Unless prior approval is received by the ODI, Ohio law limits the amount of dividends that can be paid by an insurance company to the greater of: (a) 10 percent of statutory surplus as of December 31 of the year preceding the dividend payment or (b) 100 percent of statutory net income for the year ended December 31 preceding the dividend payment.
- D. There were no ordinary or extraordinary dividends paid in either 2020 or 2019.
- E. The portion of the Company's 2019 surplus that may be paid as ordinary dividends in 2020 is \$30,477,754.
- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. The total amount of advances to surplus not repaid is \$0.
- H. There is no stock held by the Company, including stock of affiliated companies, for special purposes.
- I. The Company sold and leased back its property located in Saco, Maine for a period of five years. The transaction resulted in a gain of \$971,389 that was posted directly to special surplus funds and amortized into unassigned funds over the lease term of 5 years. This lease was terminated on May 30, 2020 with the balance of special surplus funds immediately transferring to, and recognized as, unassigned surplus.
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$219,551,134.
- K. The Company has no surplus debentures or similar obligations.
- L. The Company has no restatement due to quasi-reorganizations.
- M. There are no quasi-reorganizations to report.

### 14. Liabilities, Contingencies and Assessments

- A. The Company has no commitment or contingent commitment to any other entity, joint venture, partnership, or limited liability company.
- B. The Company has received notification of the insolvency of several companies. It is expected that the insolvency will result in a guaranty fund assessment against the Company at some future date. At this time the Company is unable to estimate the possible amounts, if any, of such assessments. Accordingly, the Company is unable to determine the impact, if any, such assessments may have on the Company's financial position or results of operations.
- C. The Company has no commitment or gain contingencies to any other entity, joint venture, partnership, or limited liability company.
- D. The Company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits.

Claims related ECO and bad faith losses paid during the reporting period	<u>Direct</u> \$0
--	----------------------

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period.

(a) <u>0-25 Claims</u>	(b) <u>26-50 Claims</u>	(c) <u>51-100 Claims</u>	(d) <u>101-500 Claims</u>	(e) <u>More than 500 Claims</u>
X				

Indicate whether claim count information is disclosed per claim or per claimant.

(f)      Per Claim [ <input type="checkbox"/> ]	(g)      Per Claimant [ <input checked="" type="checkbox"/> ]
---	---

- E. The Company has no liability for product warranties.
- F. The Company has no joint and several liabilities.
- G. The Company has no other contingencies not already stated above.

### 15. Leases

#### A. Leasing Arrangements

1. The Company leases computer related equipment under various operating lease arrangements that expire through December 2025. Additionally, the Company leases automobiles under various operating leases with no commitments exceeding December 31, 2020. The rental expenses for these leases for 2020 and 2019 were approximately \$79,637 and \$107,187, respectively. The Company leased office space in Saco, Maine. The lease was entered in November 2017 for a five year term with annual lease

## NOTES TO FINANCIAL STATEMENTS

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payments of \$166,488. The lease was terminated in May 2020. Lease expense in 2020 and 2019 was \$55,496 and \$166,488, respectively.

2. At December 31, 2020, the minimum aggregate rental commitments are as follows:

	<u>Year Ending December 31</u>	<u>Operating Leases</u>
1.	2021	\$317,631
2.	2022	308,985
3.	2023	204,952
4.	2024	1,440
5.	2025	1,440
6.	Total	<u>\$834,448</u>

3. On November 20, 2017, the Company sold its New England property in Saco, Maine in a cash sale of \$2,100,000. A gain of \$971,389 was recognized on the sale after selling expenses of \$157,282 and an asset disposal of \$971,329. The terms of the sale require the Company to lease back the property for a period of five years at a monthly rental of \$13,874, or \$166,488 per annum. The Company is responsible for any and all cost to maintain the building, interior and exterior, including the surrounding outside property grounds with the exception of the exterior walls, foundation, roof, complete replacement of the HVAC condenser or compressor components and repaving (not repatching) of the parking lot. Tenant is also responsible for all property and personal property taxes, any fees or assessments to any outside agencies in association with the property. In addition, any insurance needed for the building, property and type of business conducted in the lease space must name the Landlord as additional insured. This lease was terminated in May 2020. Ohio Mutual no longer has any obligations for the property in Saco, Maine.

- B. Leasing is not a significant part of the company's business activities.

**16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

The Company has no Financial Instruments with off-balance sheet risks.

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

On November 20, 2017, the Company sold its New England property in Saco, Maine in a cash sale of \$2,100,000. See Note #15 A. (3) for further details.

**18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

The Company has no gain or loss to report from Uninsured Plans or the Uninsured Portion of Partially Insured Plans.

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

The Company has no direct written premium produced by managing general agents or third party administrators.

**20. Fair Value Measurements**

- A. Fixed maturity securities that are carried at amortized cost are not included in the table below:

- (1) Fair Value Measurements at Reporting Date

Description	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
<b>a. Assets at fair value</b>					
Common Stock					
Industrial and Misc	\$ 15,601,137	\$ -	\$ 374,202	\$ -	\$ 15,975,339
Mutual Funds	11,988,776	-	-	-	11,988,776
Total Common Stocks	<u>\$ 27,589,913</u>	<u>\$ -</u>	<u>\$ 374,202</u>	<u>\$ -</u>	<u>\$ 27,964,115</u>

- (2) Fair Value Measurement in (Level 3) of the Fair Value Hierarchy

Description	Beginning Balance at 01/01/2020	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2020
b. Liabilities: Common Stock - Industrial & Misc.	\$ 374,202			\$ -						\$ 374,202

- (3) Transfers between levels are recognized on the actual date of the event or change in circumstances that caused the transfer.

- (4) As of December 31, 2020, the reporting entity's investments in Level 3, NAIC rated A, represents one security that is not traded in a public market and was valued based on a valuation provided by the NAIC Securities Valuation Office.

- (5) The Company has no Derivative Assets or Liabilities

## NOTES TO FINANCIAL STATEMENTS

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- B. Fair Value Measurements are used for financial instruments unless specifically required by another method.
- C. The Aggregate Fair Value for all Financial Instruments and the Level within the Fair Value Hierarchy are illustrated as follows:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 78,348,401	\$ 73,722,442	\$ -	\$ 78,348,401	\$ -	\$ -	\$ -
Common Stocks	<u>\$ 27,964,115</u>	<u>\$ 27,964,115</u>	<u>\$ 27,589,913</u>	<u>\$ -</u>	<u>\$ 374,202</u>	<u>\$ -</u>	<u>\$ -</u>
Total Financial Instruments	<u>\$ 106,312,516</u>	<u>\$ 101,686,557</u>	<u>\$ 27,589,913</u>	<u>\$ 78,348,401</u>	<u>\$ 374,202</u>	<u>\$ -</u>	<u>\$ -</u>

- D. Not Practicable to Estimate Fair Value.

The Company's Financial Instruments are valued at Fair Value unless otherwise specified.

- E. The company has no investments measured using the NAV practical expedient pursuant to SSAP No. 100R – Fair Value.

### 21. Other Items

- A. Unusual or Infrequent Items

Effective March 16, 2020, the Ohio Mutual, United Ohio and Casco (collectively, the Group) initiated a self-imposed moratorium suspending all policy cancellations for non-payment due to the novel coronavirus pandemic. The moratorium ran through July 26, 2020 with a phased return to normal operations commencing on Monday, July 27, 2020. The Group continues to work with policyholders that may require additional payment assistance. In addition, the Group issued personal auto premium credits equal to 25% of earned premium for the period from March 16, 2020 through May 31, 2020. Credits and payments totaling \$6.1 million were applied to policyholder accounts, or mailed to policyholders, the first week of June, 2020. This action was in response to the abrupt reduction in driving and corresponding auto claims attributed to the coronavirus pandemic. The \$6.1 million credits and payments were taken as a direct reduction of written and earned premium in the second quarter.

- B. The Company has no Troubled Debt Restructuring Debtors.
- C. The Company has no other items that are not previously disclosed.
- D. The Company has no Business Interruption Insurance Recoveries.
- E. The Company has no State Transferrable Tax Credits.
- F. Subprime Mortgage Related Risk Exposure

- (1) The Company does not engage in direct subprime residential lending. The Company's exposure to subprime is limited to investments within the fixed income investment portfolio which contains securities collateralized by mortgages that have characteristics of subprime lending. Such characteristics include an interest rate above prime to borrowers who do not qualify for prime rate loans, borrowers with low credit ratings (FICO scores), unconventionally high initial loan-to-value ratios and borrowers with less than conventional documentation of their income and/or net assets.

The Company minimizes risk exposure by holding securities that carry higher credit ratings and by monitoring the underlying collateral performance on an ongoing basis.

- (2) The Company does not engage in direct subprime residential lending.
- (3) The Company recorded no impairments in 2020 or 2019 and no realized gains on sales and pay downs of investments with subprime exposure for either year.
- (4) The Company has no subprime mortgage risk exposure through Mortgage Guaranty or Financial Guaranty Insurance coverage.
- G. The Company has no Insurance-Linked Securities (ILS) Contracts.
- H. The Company has no life insurance where it is both the owner and beneficiary or has otherwise obtained rights to control a policy.

## NOTES TO FINANCIAL STATEMENTS

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### 22. Events Subsequent

Type II – Nonrecognized Subsequent Events:

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act	NO	NO
B. ACA fee assessment payable for the upcoming year	-	-
C. ACA fee assessment paid	-	-
D. Premium written subject to ACA 9010 assessment	-	-
E. Total Adjusted Capital before surplus adjustment	-	-
F. Total Adjusted Capital after surplus adjustment	-	-
G. Authorized Control Level	-	-
 H. Would reporting the ACA assessment as of Dec. 31, 2020 have triggered an RBC action level (YES/NO)?	NO	NO

Effective January 1, 2021, the Company changed its organizational structure from a mutual insurance company to a mutual holding company-owned stock insurance company. Under this structure, the Company converted to a stock insurer and retained its name of Ohio Mutual Insurance Company and became a wholly-owned subsidiary of a newly-organized mutual holding company, OMIG Holdings Inc. OMIG Holdings Inc. is a wholly owned subsidiary of Ohio Mutual Insurance Group, Inc. ("OMIG"). OMIG is the ultimate controlling parent for the group. The conversion was approved by the Company's policyholders on July 21, 2020 and by the ODI on August 28, 2020. United Ohio and Casco remain wholly owned stock insurance subsidiaries of the Company.

### 23. Reinsurance

#### A. Unsecured Reinsurance Recoverables

The Company does not have any unsecured aggregate recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premium with any individual reinsurers, authorized or unauthorized.

#### B. Reinsurance Recoverable in Dispute

The Company has no reinsurance recoverable in dispute.

#### C. Reinsurance Assumed and Ceded

(1) The following table summarizes assumed and ceded unearned premiums and the related commission equity at December 31, 2020:

	<u>Assumed Reinsurance</u>		<u>Ceded Reinsurance</u>		<u>Net</u>	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$ 85,723,464	\$ 14,727,602	\$ 94,798,804	\$ 16,286,778	\$ (9,075,340)	\$ (1,559,176)
b. All Other	-	-	445,657	183,009	(445,657)	(183,009)
c. TOTAL	<u>\$ 85,723,464</u>	<u>\$ 14,727,602</u>	<u>\$ 95,244,461</u>	<u>\$ 16,469,787</u>	<u>\$ (9,520,997)</u>	<u>\$ (1,742,185)</u>
d. Direct Unearned Premium Reserve:						<u>\$ 44,583,568</u>

(2) The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this annual statement as a result of existing contractual arrangements is accrued as follows:

	Direct	Assumed	Ceded	Net
	\$	\$	\$	\$
a. Contingent Commission	-	\$	-	-
b. Sliding Scale Adjustments	-	-	-	-
c. Other Profit Commission Arrangements	24,042	-	-	24,042
d. TOTAL	<u>\$ 24,042</u>	<u>\$</u>	<u>\$</u>	<u>\$ 24,042</u>

(3) Not Applicable

#### D. Uncollectible Reinsurance

The Company has no uncollectible reinsurance.

#### E. Commutation of Ceded Reinsurance

The Company has not entered into an agreement to commute any reinsurance treaties.

#### F. Retroactive Reinsurance

The Company has no retroactive reinsurance.

#### G. Reinsurance Accounted for as a Deposit

The Company has no reinsurance that should be accounted for as a deposit.

## NOTES TO FINANCIAL STATEMENTS

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**H. Disclosures for the Transfer of Property and Casualty Run-off Agreements**

The Company has no disclosures for the Transfers of Property and Casualty Run-off Agreements.

**I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation**

The Company had no certified reinsurer's rating downgraded or status subject to revocation.

**J. Reinsurance Agreements Qualifying for Reinsurer Aggregation**

The Company had no reinsurance agreements qualifying for reinsurer aggregation.

**K. Reinsurance Credit**

The Company has no reinsurance contracts covering health business.

**24. Retrospectively Rated Contracts and Contracts Subject to Redetermination**

The Company has no retrospectively rated contracts.

**25. Change in Incurred Losses and Loss Adjustment Expenses**

**A. The following table provides a reconciliation of the beginning and ending reserve balances for losses and loss adjustment expenses, net of reinsurance recoverables, for 2020 and 2019:**

	<u>2020</u>	<u>2019</u>
	<i>(In Thousands)</i>	
Balance at January 1, net of reinsurance	\$ 31,519	\$ 29,120
Incurred related to:		
Current year	44,915	47,232
Prior years	(1,419)	(3,001)
Total incurred	<u>\$ 43,496</u>	<u>\$ 44,231</u>
Paid related to:		
Current year	\$ 28,304	\$ 29,944
Prior years	13,560	11,888
Total paid	<u>\$ 41,864</u>	<u>\$ 41,832</u>
Balance as of December 31, net of reinsurance	<u><u>\$ 33,151</u></u>	<u><u>\$ 31,519</u></u>

The Company's liabilities for unpaid losses and loss adjustment expenses, net of related reinsurance recoverables, at December 31, 2019 and 2018, were decreased in the subsequent year by \$1,419,000 and \$3,001,000, respectively. The favorable development experienced in 2020 for accident years 2019 and prior is due to favorable development within the Group's private passenger auto liability, auto physical damage and homeowners lines of business and was primarily within the accident years of 2017 to 2019. Offsetting the favorable development during 2020 was an unfavorable development within the commercial multi-peril and commercial auto liability lines of business related to accident years 2017 to 2019. The favorable development experienced in 2019 for accident years 2018 and prior is due to favorable development within the Group's private passenger auto liability, auto physical damage and homeowners lines of business and was primarily within the accident year of 2018. Offsetting the favorable development during 2019 was a slight unfavorable development within the commercial multi-peril and commercial auto liability lines of business related to accident years 2013 to 2017. Initial loss estimates for these years developed better than expected for these lines of business and hence, reserves previously established for these lines and years were reduced in 2019 and 2018, respectively.

Because of the nature of the business written over the years, management believes that the Group has limited exposure to environmental claim liabilities.

**B. The Group utilizes a sophisticated loss and loss expense reserving application (Arius) developed by Milliman, Inc. to prepare actuarial triangles by annual statement line in order to estimate and analyze unpaid claims liabilities. The system includes stochastic modeling tools with a robust suite of reserving tools and methods. The Group estimates distributions of total unpaid amounts annually based on paid and incurred losses on both direct and net bases. Prior to moving to Arius in 2017, the Group estimated unpaid amounts on direct and ceded bases.**

**26. Intercompany Pooling Arrangements**

Effective January 1, 2011, the Company requested and received permission from the ODI to pool the underwriting results of the Company with those of its wholly owned subsidiaries, United Ohio and Casco. Through the Pooling Agreement, the Company, NAIC #10202, retains 27% of the group's pooled underwriting results and cedes 65% to United Ohio, NAIC #13072 and 8% to Casco, NAIC #25950.

## **NOTES TO FINANCIAL STATEMENTS**

The following underwriting results were assumed/ceded between the Companies in 2020 and 2019:

	2020	2019
Premium earned assumed by Ohio Mutual from United Ohio and Casco Indemnity	\$ 174,111,612	\$ 173,693,255
Premium earned ceded back to United Ohio and Casco Indemnity	(191,249,167)	(188,233,078)
Change in premium earned due to pooling	<u><u>\$ (17,137,555)</u></u>	<u><u>\$ (14,539,823)</u></u>
Losses incurred assumed by Ohio Mutual from United Ohio and Casco Indemnity	\$ 86,713,479	\$ 93,973,492
Losses incurred ceded back to United Ohio and Casco Indemnity	(101,980,039)	(104,279,929)
Change in losses incurred due to pooling	<u><u>\$ (15,266,560)</u></u>	<u><u>\$ (10,306,437)</u></u>
Net loss adjustment expenses assumed by Ohio Mutual	\$ 4,404,842	\$ 4,806,169
Net other underwriting expenses assumed by Ohio Mutual	6,199,522	6,100,031
Change in expenses incurred due to pooling	<u><u>\$ 10,604,364</u></u>	<u><u>\$ 10,906,200</u></u>
Change in income before taxes due to pooling	<u><u>\$ (12,475,359)</u></u>	<u><u>\$ (15,139,586)</u></u>

## 27. Structured Settlements

The Company has some structured settlements and they are assigned.

## 28. Health Care Receivables

The Company has no health care receivables.

## 29. Participating Policies

The Company does not issue participating policies.

### 30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves
  2. Date of the most recent evaluation of this liability
  3. Was anticipated investment income utilized in the calculation?

Yes  No

### 31. High Deductibles

The Company has not recorded any high deductibles.

### 32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

The Company does not discount loss or loss adjustment expense reserves.

### 33. Asbestos/Environmental Reserves

- A. Does the Company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to asbestos losses?

Yes ( ) No (X)

The Company estimates the full impact of asbestos exposures by establishing full case bases reserves on all known losses.

The Company held no asbestos related reserves for each of the last five most recent year ends. There have been no losses or LAE paid related to asbestos risks during the last five years.

- B. There are no ending reserves for Bulk + IBNR included in A (Loss and LAE)
  - C. There are no ending reserves for loss adjustment expenses included in A (Case, Bulk + IBNR)
  - D. Does the Company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to environmental losses?  
Yes ( ) No (X)

The Company held no environmental related reserves for each of the last five most recent year ends. There have been no losses or LAE paid related to environmental risks during the last five years.

- E. There are no ending reserves for Bulk + IBNR included in D (Loss & LAE)
  - F. There are no ending reserves for loss adjustment expenses included in D (Case, Bulk + IBNR)

### 34. Subscriber Savings Accounts

The Company is not a reciprocal insurer.

### 35. Multiple Peril Crop Insurance

The Company does not offer multiple peril crop insurance.

### **36. Financial Guaranty Insurance**

The Company does not offer Financial Guaranty Insurance.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
 GENERAL**

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....  Yes [ X ]  No [ ]  
 If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....  Yes [ X ]  No [ ]  N/A [ ]
- 1.3 State Regulating? .....  Ohio
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group? .....  Yes [ ]  No [ X ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....  Yes [ ]  No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....  12/31/2015
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....  12/31/2015
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....  05/19/2017
- 3.4 By what department or departments?  
 Ohio Department of Insurance .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....  Yes [ ]  No [ ]  N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? .....  Yes [ ]  No [ X ]  N/A [ ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.11 sales of new business? .....  Yes [ ]  No [ X ]  
 4.12 renewals? .....  Yes [ ]  No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.21 sales of new business? .....  Yes [ ]  No [ X ]  
 4.22 renewals? .....  Yes [ ]  No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....  Yes [ ]  No [ X ]  
 If yes, complete and file the merger history data file with the NAIC.
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
|---------------------|------------------------|------------------------|
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....  Yes [ ]  No [ X ]
- 6.2 If yes, give full information: .....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....  Yes [ ]  No [ X ]
- 7.2 If yes,  
 7.21 State the percentage of foreign control; .....  %  
 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).
- | 1<br>Nationality | 2<br>Type of Entity |
|------------------|---------------------|
|------------------|---------------------|

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company**  
**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]  
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. ....  
 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]  
 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	.....	.....	.....	.....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 Ernst & Young, LLP Akron Centre Plaza 50 South Main Street, Suite 200 Akron, OH 44308  
 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]  
 10.2 If the response to 10.1 is yes, provide information related to this exemption: .....  
 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]  
 10.4 If the response to 10.3 is yes, provide information related to this exemption: .....  
 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]  
 10.6 If the response to 10.5 is no or n/a, please explain .....  
 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Thomas P. Conway Ernst & Young, LLP Willis Tower 233 South Wacker Drive Chicago, IL 60606-6301  
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]  
 12.11 Name of real estate holding company .....  
 12.12 Number of parcels involved .....  
 12.13 Total book/adjusted carrying value ..... \$ .....  
 12.2 If, yes provide explanation: .....  
 13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**  
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? .....  
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]  
 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]  
 a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 c. Compliance with applicable governmental laws, rules and regulations;  
 d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 e. Accountability for adherence to the code.  
 14.11 If the response to 14.1 is No, please explain: .....  
 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s). .....  
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). .....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company**  
**GENERAL INTERROGATORIES**

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- |       |   |          |
|-------|---|----------|
| 20.11 | To directors or other officers.....                 | \$ ..... |
| 20.12 | To stockholders not officers.....                   | \$ ..... |
| 20.13 | Trustees, supreme or grand<br>(Fraternal Only)..... | \$ ..... |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- |       |   |          |
|-------|---|----------|
| 20.21 | To directors or other officers.....                 | \$ ..... |
| 20.22 | To stockholders not officers.....                   | \$ ..... |
| 20.23 | Trustees, supreme or grand<br>(Fraternal Only)..... | \$ ..... |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- |       |                           |          |
|-------|---------------------------|----------|
| 21.21 | Rented from others.....   | \$ ..... |
| 21.22 | Borrowed from others..... | \$ ..... |
| 21.23 | Leased from others .....  | \$ ..... |
| 21.24 | Other .....               | \$ ..... |
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]
- 22.2 If answer is yes:
- |       |   |          |
|-------|---|----------|
| 22.21 | Amount paid as losses or risk adjustment \$ ..... |          |
| 22.22 | Amount paid as expenses .....                     | \$ ..... |
| 22.23 | Other amounts paid .....                          | \$ ..... |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

**INVESTMENT**

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [ X ] No [ ]
- 24.02 If no, give full and complete information relating thereto
- 24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. ..... \$ .....
- 24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. ..... \$ .....
- 24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]
- 24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]
- 24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company  
**GENERAL INTERROGATORIES**

24.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

24.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....
24.092 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ .....
24.093 Total payable for securities lending reported on the liability page. ....	\$ .....

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). .... Yes [ X ] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements .....	\$ .....
25.22 Subject to reverse repurchase agreements .....	\$ .....
25.23 Subject to dollar repurchase agreements .....	\$ .....
25.24 Subject to reverse dollar repurchase agreements .....	\$ .....
25.25 Placed under option agreements .....	\$ .....
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ .....
25.27 FHLB Capital Stock .....	\$ .....
25.28 On deposit with states .....	\$ .....
25.29 On deposit with other regulatory bodies .....	\$ .....
25.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ .....
25.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ .....
25.32 Other .....	\$ .....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? .... Yes [ ] No [ X ]  
 26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .... Yes [ ] No [ ] N/A [ X ]  
 If no, attach a description with this statement.

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? .. Yes [ ] No [ X ]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108 .....	Yes [ ] No [ ]
26.42 Permitted accounting practice .....	Yes [ ] No [ ]
26.43 Other accounting guidance .....	Yes [ ] No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:  
 • The reporting entity has obtained explicit approval from the domiciliary state.  
 • Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.  
 • Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.  
 • Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? .... Yes [ ] No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? .... Yes [ X ] No [ ]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third Bank .....	38 Fountain Square Plaza Cincinnati, OH 45263 .....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company**  
**GENERAL INTERROGATORIES**

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....
.....	.....	.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [ ] No [ X ]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....
.....	.....	.....	.....

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
New England Asset Management .....	U.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ X ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105900 .....	New England Asset Management .....	KUR85E5PS4GQFZTFC130 .....	New England Asset Management is an SEC registered investment advisor .....	NO.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?..... Yes [ X ] No [ ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
46434G-10-3 .....	ISHARES CORE MSCI EMERGING .....	3,015,144
46434V-73-8 .....	ISHARES CORE MSCI EUROPE .....	6,871,520
922908-76-9 .....	Vanguard US Total Stock Market .....	2,102,112
29.2999 - Total .....	.....	11,988,776

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
ISHARES CORE MSCI EMERGING .....	TAIWAN SEMICONDUCTOR MANUFACTURING .....	158,597	12/31/2020 ..
ISHARES CORE MSCI EMERGING .....	ALIBABA GROUP HOLDING ADR REPRESN .....	150,757	12/31/2020 ..
ISHARES CORE MSCI EMERGING .....	TENCENT HOLDINGS LTD .....	142,918	12/31/2020 ..
ISHARES CORE MSCI EMERGING .....	SAMSUNG ELECTRONICS LTD .....	121,510	12/31/2020 ..
ISHARES CORE MSCI EMERGING .....	MEITUAN .....	46,735	12/31/2020 ..
ISHARES CORE MSCI EUROPE .....	NESTLE SA .....	203,397	12/31/2020 ..
ISHARES CORE MSCI EUROPE .....	ROCHE HOLDING PAR AG .....	147,738	12/31/2020 ..
ISHARES CORE MSCI EUROPE .....	NOVARTIS AG .....	125,749	12/31/2020 ..
ISHARES CORE MSCI EUROPE .....	ASML HOLDINGS NV .....	124,375	12/31/2020 ..
ISHARES CORE MSCI EUROPE .....	LVMH .....	103,760	12/31/2020 ..
Vanguard Total Stock Market ETF .....	APPLE INC .....	111,412	12/31/2020 ..
Vanguard Total Stock Market ETF .....	Microsoft Corp. .....	92,493	12/31/2020 ..
Vanguard Total Stock Market ETF .....	Amazon.com Inc .....	75,676	12/31/2020 ..
Vanguard Total Stock Market ETF .....	ALPHABET INC .....	56,757	12/31/2020 ..
Vanguard Total Stock Market ETF .....	Facebook Inc. .....	35,736	12/31/2020 ..

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company**  
**GENERAL INTERROGATORIES**

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	74,762,404	79,388,363	4,625,959
30.2 Preferred stocks .....			
30.3 Totals .....	74,762,404	79,388,363	4,625,959

- 30.4 Describe the sources or methods utilized in determining the fair values:

Fair values are based on values either published by the NAIC's Security Valuation Office (SVO) or from an independent pricing service vendor such as: ICE Data Services, ICE BofAML indices, Reuters, Bloomberg, Markit, Markit iBoxx, or PricingDirect. Under certain circumstances, if an SVO price or vendor price is unavailable, a price may be obtained from a broker. Short term securities are valued at amortized cost. Cash Equivalents are valued at amortized cost, including Government (exempt) money market mutual funds. Non-Government money market mutual funds are valued at net present value (NPV).

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
Not applicable .....
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]
- 32.2 If no, list exceptions:  
.....
33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
 b. Issuer or obligor is current on all contracted interest and principal payments.  
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
 Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]
34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
 a. The security was purchased prior to January 1, 2018.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
 Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]
35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
 a. The shares were purchased prior to January 1, 2019.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
 d. The fund only or predominantly holds bonds in its portfolio.  
 e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
 f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
 Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]
36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
 a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
 b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
 c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a - 36.c are reported as long-term investments.  
 Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company  
**GENERAL INTERROGATORIES**

**OTHER**

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....255,971

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Automobile Insurance Plan Service Office .....	89,758

38.1 Amount of payments for legal expenses, if any? .....\$ .....150,481

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Tsibouris & Associates, LLC .....	70,482

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ ] No [ X ]
1.2	If yes, indicate premium earned on U. S. business only. ....	\$ .....
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....	\$ .....
1.31	Reason for excluding .....	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ....	\$ .....
1.5	Indicate total incurred claims on all Medicare Supplement Insurance. ....	\$ .....
1.6	Individual policies:	Most current three years: 1.61 Total premium earned ..... \$ ..... 1.62 Total incurred claims ..... \$ ..... 1.63 Number of covered lives .....
		All years prior to most current three years 1.64 Total premium earned ..... \$ ..... 1.65 Total incurred claims ..... \$ ..... 1.66 Number of covered lives .....
1.7	Group policies:	Most current three years: 1.71 Total premium earned ..... \$ ..... 1.72 Total incurred claims ..... \$ ..... 1.73 Number of covered lives .....
		All years prior to most current three years 1.74 Total premium earned ..... \$ ..... 1.75 Total incurred claims ..... \$ ..... 1.76 Number of covered lives .....
2.	Health Test:	1 Current Year 2 Prior Year
2.1	Premium Numerator .....	
2.2	Premium Denominator ..... 70,735,993	69,620,453
2.3	Premium Ratio (2.1/2.2) ..... 0.000	0.000
2.4	Reserve Numerator ..... 163	232
2.5	Reserve Denominator ..... 68,213,834	65,100,453
2.6	Reserve Ratio (2.4/2.5) ..... 0.000	0.000
3.1	Did the reporting entity issue participating policies during the calendar year? .....	Yes [ ] No [ X ]
3.2	If yes, provide the amount of premium written for participating and/or non-participating policies during the calendar year:	
	3.21 Participating policies .....	\$ .....
	3.22 Non-participating policies .....	\$ .....
4.	For mutual reporting Entities and Reciprocal Exchanges Only:	
4.1	Does the reporting entity issue assessable policies? .....	Yes [ ] No [ X ]
4.2	Does the reporting entity issue non-assessable policies? .....	Yes [ X ] No [ ]
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders? .....	% .....
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. ....	\$ .....
5.	For Reciprocal Exchanges Only:	
5.1	Does the Exchange appoint local agents? .....	Yes [ ] No [ ]
5.2	If yes, is the commission paid:	
	5.21 Out of Attorney's-in-fact compensation .....	Yes [ ] No [ ] N/A [ ]
	5.22 As a direct expense of the exchange .....	Yes [ ] No [ ] N/A [ ]
5.3	What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact? .....	
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? .....	Yes [ ] No [ ]
5.5	If yes, give full information .....	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

- 6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?  
The Company does not write workers' compensation insurance.
- 6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process.  
The Company's probable maximum loss is determined by Guy Carpenter using both the AIR model and the RMS model. Exposures that comprise the probable maximum loss include personal and commercial properties in Ohio and the New England states as well as farm property in Ohio and the eastern part of Indiana.
- 6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  
The Company's primary protection from an excessive loss arising from a concentration of risk is a comprehensive catastrophe reinsurance program with top quality reinsurers. In addition, the Company utilizes an internal concentration of risks metric that should not be exceeded in a given geographic area. The Company has also implemented predictive software to better access the potential risk before and after an event.
- 6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? ..... Yes [ X ] No [ ]
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss.
- 7.1 Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss ratio cap, an aggregate limit or any similar provisions)? ..... Yes [ ] No [ X ]
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions: .....
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? ..... Yes [ ] No [ ]
- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? ..... Yes [ ] No [ X ]
- 8.2 If yes, give full information
- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
(a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;  
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
(c) Aggregate stop loss reinsurance coverage;  
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. ..... Yes [ ] No [ X ]
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. ..... Yes [ ] No [ X ]
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 36 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? ..... Yes [ ] No [ X ]
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
(a) The entity does not utilize reinsurance; or, ..... Yes [ ] No [ X ]  
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or ..... Yes [ ] No [ X ]  
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. ..... Yes [ ] No [ X ]
10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? ..... Yes [ X ] No [ ] N/A [ ]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? ..... Yes [ ] No [ X ]
- 11.2 If yes, give full information  
.....
- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:  
12.11 Unpaid losses ..... \$  
12.12 Unpaid underwriting expenses (including loss adjustment expenses) ..... \$
- 12.2 Of the amount on Line 15.3, Page 2, state the amount which is secured by letters of credit, collateral, and other funds ..... \$
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? ..... Yes [ ] No [ ] N/A [ X ]
- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:  
12.41 From ..... %  
12.42 To ..... %
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? ..... Yes [ ] No [ X ]
- 12.6 If yes, state the amount thereof at December 31 of the current year:  
12.61 Letters of credit ..... \$  
12.62 Collateral and other funds ..... \$
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): ..... \$ 1,000,000
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? ..... Yes [ ] No [ X ]
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. ..... 1
- 14.1 Is the company a cedant in a multiple cedant reinsurance contract? ..... Yes [ X ] No [ ]
- 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
The Company and its affiliates cede reinsurance independently under a group reinsurance agreement.
- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? ..... Yes [ X ] No [ ]
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? ..... Yes [ ] No [ ]
- 14.5 If the answer to 14.4 is no, please explain:  
.....
- 15.1 Has the reporting entity guaranteed any financed premium accounts? ..... Yes [ ] No [ X ]
- 15.2 If yes, give full information  
.....
- 16.1 Does the reporting entity write any warranty business? ..... Yes [ ] No [ X ]  
If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home .....					
16.12 Products .....					
16.13 Automobile .....					
16.14 Other* .....					

\* Disclose type of coverage:  
.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that is exempt from the statutory provision for unauthorized reinsurance? ..... Yes [ ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 exempt from the statutory provision for unauthorized reinsurance .....	\$ .....
17.12 Unfunded portion of Interrogatory 17.11 .....	\$ .....
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 .....	\$ .....
17.14 Case reserves portion of Interrogatory 17.11 .....	\$ .....
17.15 Incurred but not reported portion of Interrogatory 17.11 .....	\$ .....
17.16 Unearned premium portion of Interrogatory 17.11 .....	\$ .....
17.17 Contingent commission portion of Interrogatory 17.11 .....	\$ .....

18.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. ..... \$ .....

18.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

18.4 If yes, please provide the balance of funds administered as of the reporting date. ..... \$ .....

19. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]

19.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company

**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 &amp; 3)</b>					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	86,339,123	87,196,530	84,199,970	72,520,017	67,997,945
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	80,040,707	81,216,631	76,629,362	67,585,674	63,165,725
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	103,903,478	98,023,717	91,128,735	82,889,323	79,473,488
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	1,690	2,496	2,518	3,018	3,173
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6. Total (Line 35)	270,284,998	266,439,374	251,960,585	222,998,032	210,640,331
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	23,300,156	23,512,287	22,700,392	19,532,112	18,325,436
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	21,450,446	21,764,578	20,495,824	18,075,407	16,880,142
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	27,466,100	25,967,891	24,147,402	22,033,906	21,195,056
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	456	674	680	815	857
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12. Total (Line 35)	72,217,158	71,245,430	67,344,298	59,642,240	56,401,491
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8)	3,659,233	3,257,966	3,479,828	2,893,248	2,134,833
14. Net investment gain or (loss) (Line 11)	1,915,630	1,902,484	2,209,954	1,744,965	1,488,625
15. Total other income (Line 15)	(194,975)	(132,329)	(170,611)	209,184	875,797
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)	(29,280)	864,180	1,033,990	1,875,487	1,150,678
18. Net income (Line 20)	5,409,168	4,163,941	4,485,181	2,971,910	3,348,577
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	378,431,653	351,106,911	320,898,834	296,272,208	276,644,467
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	2,454,399	2,290,296	2,156,051	1,903,538	545,347
20.2 Deferred and not yet due (Line 15.2)	16,588,614	15,982,514	15,047,118	12,965,412	13,087,349
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	73,654,116	70,678,627	67,753,939	61,273,648	59,018,471
22. Losses (Page 3, Line 1)	26,690,494	25,620,323	23,758,480	22,257,506	22,644,404
23. Loss adjustment expenses (Page 3, Line 3)	6,460,769	5,898,724	5,361,957	5,523,764	5,394,899
24. Unearned premiums (Page 3, Line 9)	35,062,571	33,581,406	31,956,429	28,115,740	26,235,477
25. Capital paid up (Page 3, Lines 30 & 31)					
26. Surplus as regards policyholders (Page 3, Line 37)	304,777,537	280,428,284	253,144,895	234,998,560	217,625,996
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11)	8,310,345	5,597,123	8,329,285	4,539,250	4,852,838
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital	304,777,537	280,428,284	253,144,895	234,998,560	217,625,996
29. Authorized control level risk-based capital	20,672,929	18,781,330	18,206,637	17,371,452	17,006,935
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0</b>					
30. Bonds (Line 1)	20.6	21.7	24.7	25.3	24.4
31. Stocks (Lines 2.1 & 2.2)	75.4	74.1	71.4	72.2	71.5
32. Mortgage loans on real estate (Lines 3.1 and 3.2)					
33. Real estate (Lines 4.1, 4.2 & 4.3)	2.2	2.3	1.5	1.1	1.6
34. Cash, cash equivalents and short-term investments (Line 5)	1.8	1.9	2.4	1.5	2.5
35. Contract loans (Line 6)					
36. Derivatives (Line 7)					
37. Other invested assets (Line 8)					
38. Receivables for securities (Line 9)					
39. Securities lending reinvested collateral assets (Line 10)					
40. Aggregate write-ins for invested assets (Line 11)					
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1)					
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)	242,368,556	223,094,616	200,990,490	186,760,308	173,749,208
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47	242,368,556	223,094,616	200,990,490	186,760,308	173,749,208
49. Total Investment in Parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	79.5	79.6	79.4	79.5	79.8

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company

**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24) .....	20,281,483	24,505,108	13,578,307	14,658,786	13,769,702
52. Dividends to stockholders (Line 35) .....					
53. Change in surplus as regards policyholders for the year (Line 38) .....	24,349,253	27,283,389	18,146,335	17,372,564	16,285,324
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	42,150,461	45,944,581	44,465,605	42,900,536	36,713,187
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	43,101,365	45,890,697	38,483,913	33,572,928	32,213,782
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	51,098,378	44,274,656	35,049,931	35,441,796	32,212,169
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....				355	635
58. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....					
59. Total (Line 35) .....	136,350,204	136,109,934	117,999,449	111,915,615	101,139,773
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	11,380,624	12,400,763	12,001,756	11,579,404	9,912,560
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	11,637,369	12,390,362	10,390,658	9,064,326	8,697,718
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	13,630,481	11,916,321	9,458,425	9,560,277	8,693,158
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....				96	171
64. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....					
65. Total (Line 35) .....	36,648,474	36,707,446	31,850,839	30,204,103	27,303,607
<b>Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0</b>					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....	53.3	55.4	52.5	51.6	52.7
68. Loss expenses incurred (Line 3) .....	8.2	8.1	7.7	8.8	9.1
69. Other underwriting expenses incurred (Line 4) .....	33.3	31.8	34.3	34.6	34.4
70. Net underwriting gain (loss) (Line 8) .....	5.2	4.7	5.5	5.0	3.9
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....	32.9	31.2	32.6	33.2	31.9
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .....	61.5	63.5	60.3	60.4	61.7
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....	23.7	25.4	26.6	25.4	25.9
<b>One Year Loss Development (\$000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11) .....	(776)	(2,295)	(2,158)	(3,642)	(1,601)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0) .....	(0.3)	(0.9)	(0.9)	(1.7)	(0.8)
<b>Two Year Loss Development (\$000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....	(2,822)	(2,186)	(3,817)	(3,433)	(1,996)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) .....	(1.1)	(0.9)	(1.8)	(1.7)	(1.1)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? .....

Yes  No 

If no, please explain: .....

**SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES****SCHEDULE P - PART 1 - SUMMARY**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(119)	(114)	.22	(16)				18	33	XXX
2. 2011	48,457	3,054	45,403	32,744	3,994	1,405	.157	2,712			.1,309	32,710	XXX
3. 2012	48,818	4,076	44,742	36,299	9,971	1,630	.498	3,005			.1,201	30,465	XXX
4. 2013	51,017	3,661	47,356	30,246	1,759	1,589	.51	3,024			.1,174	33,049	XXX
5. 2014	54,691	4,235	50,456	30,072	1,262	1,642	.41	3,037			.1,443	33,448	XXX
6. 2015	56,701	3,995	52,706	27,714	954	1,532	.25	3,081			.1,652	31,348	XXX
7. 2016	58,902	4,114	54,788	28,057	892	1,300	.13	3,259			.1,616	31,711	XXX
8. 2017	61,992	4,230	57,762	30,910	953	1,141	.5	3,384			.1,752	34,477	XXX
9. 2018	67,552	4,048	63,504	30,319	604	1,035	.12	3,361			.2,071	34,099	XXX
10. 2019	73,421	3,801	69,620	34,085	350	689	.4	3,269			.2,230	37,689	XXX
11. 2020	74,221	3,486	70,735	25,340	145	351	.1	2,755			.1,173	28,300	XXX
12. Totals	XXX	XXX	XXX	305,667	20,770	12,336	791	30,887			15,639	327,329	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.													XXX			
2. 2011	7							.1					8	XXX		
3. 2012	82		41					.13		.26			.162	XXX		
4. 2013	107		53					.35		.4			.199	XXX		
5. 2014	148		73					.42		.16			.279	XXX		
6. 2015	205		92	3				.66		.19			.379	XXX		
7. 2016	764	54	.355	21				.224		.24			.1,292	XXX		
8. 2017	659	.2	.599	32				.324		.64			.1,612	XXX		
9. 2018	1,946	93	1,103	67				.845		.128			.3,862	XXX		
10. 2019	4,460	241	3,134	478				.1,465		.385			.8,725	XXX		
11. 2020	7,180	499	7,760	588				.1,404		.1,376			16,633	XXX		
12. Totals	15,558	889	13,210	1,189				4,419		2,042			33,151	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2011	36,869	4,151	32,718	.76.1	.135.9	.72.1			.27.0	.7	.1
3. 2012	41,096	10,469	30,627	.84.2	.256.8	.68.5			.27.0	.123	.39
4. 2013	35,058	1,810	33,248	.68.7	.49.4	.70.2			.27.0	.160	.39
5. 2014	35,030	1,303	33,727	.64.1	.30.8	.66.8			.27.0	.221	.58
6. 2015	32,709	982	31,727	.57.7	.24.6	.60.2			.27.0	.294	.85
7. 2016	33,983	980	33,003	.57.7	.23.8	.60.2			.27.0	.1,044	.248
8. 2017	37,081	992	36,089	.59.8	.23.5	.62.5			.27.0	.1,224	.388
9. 2018	38,737	776	37,961	.57.3	.19.2	.59.8			.27.0	.2,889	.973
10. 2019	47,487	1,073	46,414	.64.7	.28.2	.66.7			.27.0	.6,875	.1,850
11. 2020	46,166	1,233	44,933	.62.2	.35.4	.63.5			.27.0	.13,853	.2,780
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	26,690	6,461

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company  
**SCHEDULE P - PART 2 - SUMMARY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	11 One Year	12 Two Year
1. Prior	9,119	7,954	6,989	6,477	6,334	6,609	6,255	6,191	6,175	6,154	(21)	(37)
2. 2011	33,544	31,796	30,990	30,457	30,223	30,196	30,088	30,033	30,017	30,006	(11)	(27)
3. 2012	XXX	30,188	28,932	28,157	28,040	27,770	27,728	27,643	27,559	27,596	37	(47)
4. 2013	XXX	XXX	31,217	30,457	30,281	30,090	30,021	29,995	30,162	30,220	58	225
5. 2014	XXX	XXX	XXX	31,747	30,616	30,634	30,338	30,503	30,684	30,674	(10)	171
6. 2015	XXX	XXX	XXX	XXX	31,198	29,792	28,829	29,004	28,936	28,627	(309)	(377)
7. 2016	XXX	XXX	XXX	XXX	XXX	31,908	30,098	29,813	29,746	29,720	(26)	(93)
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	35,091	33,108	32,983	32,641	(342)	(467)
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,642	34,375	34,472	97	(2,170)
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43,009	42,760	(249)	XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,802	XXX	XXX	XXX
										12. Totals	(776)	(2,822)

**SCHEDULE P - PART 3 - SUMMARY**

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 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020		
1. Prior	000	3,190	4,675	5,390	5,781	6,068	6,195	6,133	6,121	6,154	XXX	XXX
2. 2011	22,388	26,639	28,284	29,236	29,758	29,914	29,992	30,008	30,003	29,998	XXX	XXX
3. 2012	XXX	18,847	23,823	25,803	26,718	27,100	27,323	27,404	27,405	27,460	XXX	XXX
4. 2013	XXX	XXX	18,886	24,998	26,673	28,183	29,050	29,410	29,936	30,025	XXX	XXX
5. 2014	XXX	XXX	XXX	19,560	24,658	26,956	28,618	29,540	30,095	30,411	XXX	XXX
6. 2015	XXX	XXX	XXX	XXX	18,449	23,301	25,410	27,212	27,882	28,267	XXX	XXX
7. 2016	XXX	XXX	XXX	XXX	XXX	19,174	24,388	26,607	27,893	28,452	XXX	XXX
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	21,412	27,453	29,708	31,093	XXX	XXX
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,979	27,924	30,738	XXX	XXX
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,186	34,420	XXX	XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,545	XXX	XXX

**SCHEDULE P - PART 4 - SUMMARY**

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)										10 2020
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	
1. Prior	4,268	2,238	1,191	486	205	324	18	13	16		
2. 2011	5,583	2,664	1,135	582	265	176	68	10	6	1	
3. 2012	XXX	5,263	2,174	1,042	579	356	193	144	65	54	
4. 2013	XXX	XXX	5,601	2,763	1,614	795	439	238	103	.88	
5. 2014	XXX	XXX	XXX	5,703	2,493	1,480	653	413	280	115	
6. 2015	XXX	XXX	XXX	XXX	5,698	2,633	1,229	809	514	155	
7. 2016	XXX	XXX	XXX	XXX	XXX	5,642	2,701	1,528	.838	.558	
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	6,538	2,711	1,836	.891	
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,802	3,664	1,881	
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,707	4,121	
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,576	

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama .....	AL	N							
2. Alaska .....	AK	N							
3. Arizona .....	AZ	N							
4. Arkansas .....	AR	N							
5. California .....	CA	N							
6. Colorado .....	CO	N							
7. Connecticut .....	CT	L							
8. Delaware .....	DE	N							
9. District of Columbia .....	DC	N							
10. Florida .....	FL	N							
11. Georgia .....	GA	N							
12. Hawaii .....	HI	N							
13. Idaho .....	ID	N							
14. Illinois .....	IL	N							
15. Indiana .....	IN	L	825,089	352,176		97,862	215,158	117,296	
16. Iowa .....	IA	N							
17. Kansas .....	KS	N							
18. Kentucky .....	KY	N							
19. Louisiana .....	LA	N							
20. Maine .....	ME	L							
21. Maryland .....	MD	N							
22. Massachusetts .....	MA	N							
23. Michigan .....	MI	N							
24. Minnesota .....	MN	N							
25. Mississippi .....	MS	N							
26. Missouri .....	MO	N							
27. Montana .....	MT	N							
28. Nebraska .....	NE	N							
29. Nevada .....	NV	N							
30. New Hampshire .....	NH	L							
31. New Jersey .....	NJ	N							
32. New Mexico .....	NM	N							
33. New York .....	NY	N							
34. North Carolina .....	NC	N							
35. North Dakota .....	ND	N							
36. Ohio .....	OH	L	93,384,418	90,239,976		52,796,070	54,103,417	25,626,505	12
37. Oklahoma .....	OK	N							
38. Oregon .....	OR	N							
39. Pennsylvania .....	PA	N							
40. Rhode Island .....	RI	L							
41. South Carolina .....	SC	N							
42. South Dakota .....	SD	N							
43. Tennessee .....	TN	L							
44. Texas .....	TX	N							
45. Utah .....	UT	N							
46. Vermont .....	VT	L							
47. Virginia .....	VA	L							
48. Washington .....	WA	N							
49. West Virginia .....	WV	N							
50. Wisconsin .....	WI	L							
51. Wyoming .....	WY	N							
52. American Samoa .....	AS	N							
53. Guam .....	GU	N							
54. Puerto Rico .....	PR	N							
55. U.S. Virgin Islands .....	VI	N							
56. Northern Mariana Islands .....	MP	N							
57. Canada .....	CAN	N							
58. Aggregate other alien ..	OT	XXX							
59. Totals .....		XXX	94,209,507	90,592,152		52,893,932	54,318,575	25,743,801	12
DETAILS OF WRITE-INS									
58001. ....		XXX							
58002. ....		XXX							
58003. ....		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page .....		XXX							
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX							

(a) Active Status Counts:

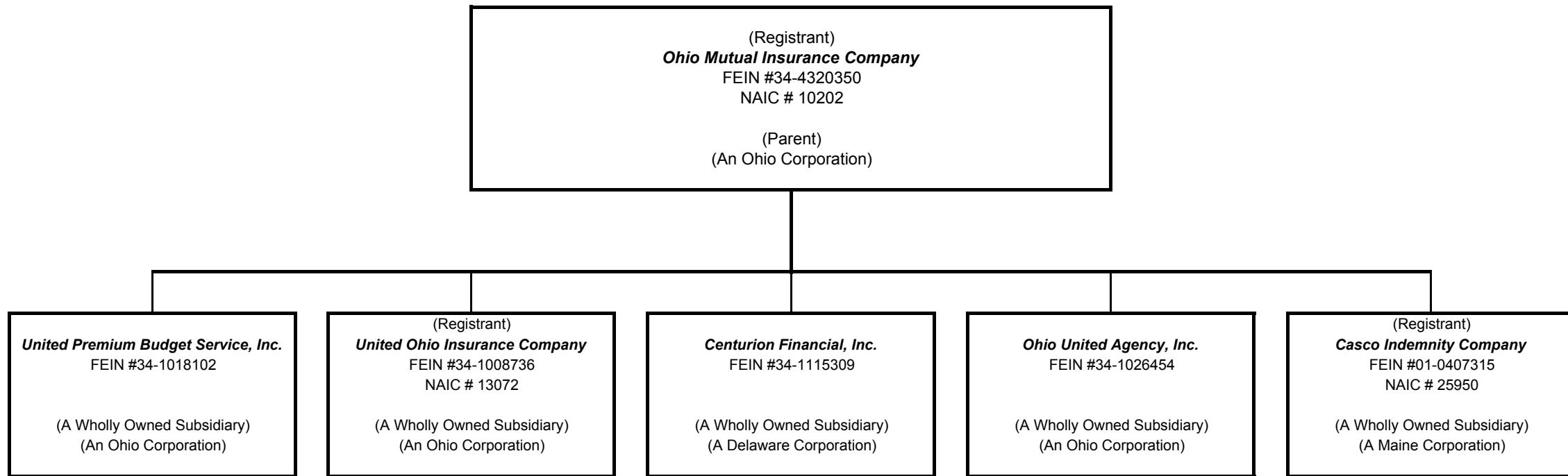
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 10  
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI).....  
 D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....  
 R - Registered - Non-domiciled RRGs.....  
 Q - Qualified - Qualified or accredited reinsurer.....  
 N - None of the above - Not allowed to write business in the state ..... 47

(b) Explanation of basis of allocation of premiums by states, etc.

Property premiums are determined by location covered. Casualty premiums are determined by insured address.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

**Ohio Mutual Insurance Group**



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Ohio Mutual Insurance Company  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**