



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## ANNUAL STATEMENT

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

# BUCKEYE STATE MUTUAL INSURANCE COMPANY

NAIC Group Code 0046 0046 NAIC Company Code 16713 Employer's ID Number 31-6035649  
(Current) (Prior)

Organized under the Laws of \_\_\_\_\_ (Current) (Prior) \_\_\_\_\_, State of Domicile or Port of Entry \_\_\_\_\_ OH  
Country of Domicile \_\_\_\_\_ Ohio \_\_\_\_\_ United States of America \_\_\_\_\_ OH

Incorporated/Organized 01/28/1897 Commenced Business 04/30/1879

Statutory Home Office \_\_\_\_\_, One Heritage Place \_\_\_\_\_, Piqua, OH, US 45356-4888  
(Street and Number) \_\_\_\_\_, (City or Town, State, Country and Zip Code)

Main Administrative Office \_\_\_\_\_ One Heritage Place  
(Street and Number)  
Piqua, OH, US 45356 \_\_\_\_\_, \_\_\_\_\_ 937-778-5000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address One Heritage Place, Piqua, OH, US 45356  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records \_\_\_\_\_ One Heritage Place  
(Street and Number)  
Piqua, OH, US 45356 \_\_\_\_\_, 937-778-5000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address <http://www.buckeye-ins.com>

Statutory Statement Contact Craig A Curcio, 937-778-5000  
(Name) (Area Code) (Telephone Number)  
craig.curcio@buckeye-ins.com, 937-778-5019

ANSWER

President John Michael Brooks Treasurer Jerry Christopher Collins  
Secretary Lisa Lyn Weener Chief Underwriting Officer Robert Edward Bernhardt

## OTHER

**OTHER**

## **DIRECTORS OR TRUSTEES**

William L. Sweet Jr. Zahid Afzal # Jule A. Covault  
John S. Haldeman II James D. Rogers Jean M. Bratton  
Ovauma M. Garrison Joe W. Dickerson #

State of Ohio County of Miami 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.

John Michael Brooks  
President & CEO

Lisa Lyn Wesner  
VP & Secretary

Jerry Christopher Collins  
CFO & Treasurer

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 .....
  - 3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF	Arizona	DURING THE YEAR 2020								NAIC Company Code	16713
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....													
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancelable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....													
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....													
19.2 Other private passenger auto liability .....													
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....													
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....												1,505	
35. TOTALS (a) .....												1,505	
<b>DETAILS OF WRITE-INS</b>													
3401. State Fee .....													1,505
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) .....													1,505

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF	Colorado	DURING THE YEAR 2020								NAIC Company Code	16713
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 1 Direct Premiums Written	4 2 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Unearned Premium Reserves	6 Direct Losses Paid (deducting salvage)	7 Direct Losses Incurred	8 Direct Losses Unpaid	9 Direct Defense and Cost Containment Expense Paid	10 Direct Defense and Cost Containment Expense Incurred	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....													
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancelable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....													
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....													
19.2 Other private passenger auto liability .....													
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....													
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....													
35. TOTALS (a) .....													
<b>DETAILS OF WRITE-INS</b>													
3401. State Fee .....													
3402. .....													
3403. .....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....													

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

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

and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF	Georgia	DURING THE YEAR 2020								NAIC Company Code	16713
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 1 Direct Premiums Written	4 2 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Unearned Premium Reserves	6 Direct Losses Paid (deducting salvage)	7 Direct Losses Incurred	8 Direct Losses Unpaid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....													
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancelable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....													
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....													
19.2 Other private passenger auto liability .....													
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....													
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....													
35. TOTALS (a) .....													
<b>DETAILS OF WRITE-INS</b>													
3401. State Fee .....													
3402. .....													
3403. .....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....													

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF	Illinois	DURING THE YEAR 2020								NAIC Company Code	16713
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....													
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancelable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....													
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....													
19.2 Other private passenger auto liability .....													
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....													
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....													858
35. TOTALS (a) .....													858
<b>DETAILS OF WRITE-INS</b>													
3401. State Fee .....													858
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) .....													858

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

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

and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2020							NAIC Company Code	16713		
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire		623,854	632,497		320,321	345,257	380,619	51,531	491	4,507	4,331	93,777	10,348	
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
2.4 Private crop														
2.5 Private flood		1,185	1,183		476								178	20
3. Farmowners multiple peril		2,251,902	2,243,993		1,036,695	1,109,653	1,136,666	281,441	15,851	18,236	33,203	338,502	37,354	
4. Homeowners multiple peril		1,800,704	1,869,644		916,278	886,637	759,484	278,725	28,636	21,033	25,303	270,679	29,870	
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine		69,398	71,360		34,914		(11)	4,973				10,432	1,151	
10. Financial guaranty														
11. Medical professional liability														
12. Earthquake														
13. Group accident and health (b)														
14. Credit accident and health (group and individual)														
15.1 Collectively renewable accident and health (b)														
15.2 Non-cancelable accident and health(b)														
15.3 Guaranteed renewable accident and health(b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other accident and health (b)														
15.8 Federal employees health benefits plan premium (b)														
16. Workers' compensation														
17.1 Other Liability - occurrence		108,078	98,494		49,510		(2,453)	60,775		250	241	16,246	1,793	
17.2 Other Liability - claims made														
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability		1,937,814	1,976,982		928,286	1,427,064	1,190,510	946,593	85,744	93,991	187,405	291,289	32,144	
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage		1,664,516	1,715,604		792,263	749,308	742,524	63,810	1,657	2,551	7,215	250,207	27,611	
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
29. International														
30. Warranty														
34. Aggregate write-ins for other lines of business														
35. TOTALS (a)		8,457,451	8,609,757		4,078,743	4,517,919	4,207,339	1,687,848	132,379	140,568	257,698	1,271,310	140,291	
<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) Finance and service charges not included in Lines 1 to 35 \$ 57,568

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF	Iowa	DURING THE YEAR 2020								NAIC Company Code	16713
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....													
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancelable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....													
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....													
19.2 Other private passenger auto liability .....													
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....							(267)		(267)				
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....							(267)		(267)				420
35. TOTALS (a) .....													420
<b>DETAILS OF WRITE-INS</b>													
3401. State Fee .....													420
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) .....													420

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF	Kansas	DURING THE YEAR 2020							NAIC Company Code	16713	
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....	1,224	1,128											
3. Farmowners multiple peril .....	3,752,617	3,766,558											
4. Homeowners multiple peril .....	2,532,461	2,661,601											
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....	55,408	57,413											
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancelable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....	132,482	128,615											
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....	262,905	280,063											
19.2 Other private passenger auto liability .....	1,453,946	1,533,841											
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....	1,917,147	1,970,874											
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....													
35. TOTALS (a) .....	10,108,190	10,400,093											
<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) Finance and service charges not included in Lines 1 to 35 \$ 25,488

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF Michigan	DURING THE YEAR 2020								NAIC Company Code	16713
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken	3 1 Direct Premiums Written	4 2 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Unearned Premium Reserves	6 Direct Losses Paid (deducting salvage)	7 Direct Losses Incurred	8 Direct Losses Unpaid	9 Direct Defense and Cost Containment Expense Paid	10 Direct Defense and Cost Containment Expense Incurred	11 Direct Defense and Cost Containment Expense Unpaid	12 Commissions and Brokerage Expenses
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												915
35. TOTALS (a) .....												915
<b>DETAILS OF WRITE-INS</b>												
3401. State Fee .....												915
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) .....												915

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

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

and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF	Minnesota	DURING THE YEAR 2020								NAIC Company Code	16713
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....													
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancelable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....													
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....													
19.2 Other private passenger auto liability .....													
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....													
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....												1,183	
35. TOTALS (a) .....												1,183	
<b>DETAILS OF WRITE-INS</b>													
3401. State Fee .....													1,183
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) .....													1,183

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF	Nebraska	DURING THE YEAR 2020								NAIC Company Code	16713
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 1 Direct Premiums Written	4 2 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Unearned Premium Reserves	6 Direct Losses Paid (deducting salvage)	7 Direct Losses Incurred	8 Direct Losses Unpaid	9 Direct Defense and Cost Containment Expense Paid	10 Direct Defense and Cost Containment Expense Incurred	11 Direct Defense and Cost Containment Expense Unpaid	12 Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....													1,301
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....													
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancelable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....													
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....													
19.2 Other private passenger auto liability .....							10,891	(19,109)					
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....							(3,314)	(3,314)					
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....							7,577	(22,423)					
35. TOTALS (a) .....													425
<b>DETAILS OF WRITE-INS</b>													
3401. State Fee .....													425
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) .....													425

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF	New Mexico	DURING THE YEAR 2020								NAIC Company Code	16713
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....													
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancelable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....													
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....													
19.2 Other private passenger auto liability .....													
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....													
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....												1,300	
35. TOTALS (a) .....												1,300	
<b>DETAILS OF WRITE-INS</b>													
3401. State Fee .....													1,300
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) .....													1,300

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF	North Dakota	DURING THE YEAR 2020								NAIC Company Code	16713
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....													
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancelable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....													
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....													
19.2 Other private passenger auto liability .....													
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....													
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....												899	
35. TOTALS (a) .....												899	
<b>DETAILS OF WRITE-INS</b>													
3401. State Fee .....													899
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) .....													899

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2020									NAIC Company Code	16713
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire		1,576,368	1,571,154		775,452	487,499	463,344	6,765	2,556	1,898	773	259,992	23,666	
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
2.4 Private crop														
2.5 Private flood		2,087	1,961		1,136								344	.31
3. Farmowners multiple peril		5,045,321	5,145,631		2,448,859	2,046,456	2,268,196	935,988	12,464	14,246	.72,758	832,130	75,746	
4. Homeowners multiple peril		4,424,725	4,340,670		2,261,812	3,182,644	3,462,182	813,905	22,289	25,100	.24,760	729,774	66,429	
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine		127,982	129,101		63,253	20,136	23,117	11,654				21,108	1,921	
10. Financial guaranty														
11. Medical professional liability														
12. Earthquake														
13. Group accident and health (b)														
14. Credit accident and health (group and individual)														
15.1 Collectively renewable accident and health (b)														
15.2 Non-cancelable accident and health(b)														
15.3 Guaranteed renewable accident and health(b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other accident and health (b)														
15.8 Federal employees health benefits plan premium (b)														
16. Workers' compensation														
17.1 Other Liability - occurrence		392,852	365,006		179,940	1,458,334	1,603,508	411,912		1,395	4,182	64,793	5,898	
17.2 Other Liability - claims made														
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability		4,726,580	4,799,098		2,266,975	2,182,870	2,715,875	2,836,381	100,090	133,595	415,238	779,559	.70,960	
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage		3,709,348	3,634,048		1,785,538	2,341,875	2,492,509	.95,444	10,414	25,371	.20,634	611,786	.55,689	
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
29. International														
30. Warranty														
34. Aggregate write-ins for other lines of business														
35. TOTALS (a)		20,005,263	19,986,669		9,782,965	11,719,814	13,028,731	5,112,049	147,813	201,605	538,345	3,299,486	300,340	
<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) Finance and service charges not included in Lines 1 to 35 \$ 146,781

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF	South Dakota	DURING THE YEAR 2020								NAIC Company Code	16713
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 1 Direct Premiums Written	4 2 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Unearned Premium Reserves	6 Direct Losses Paid (deducting salvage)	7 Direct Losses Incurred	8 Direct Losses Unpaid	9 Direct Defense and Cost Containment Expense Paid	10 Direct Defense and Cost Containment Expense Incurred	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....						160,599		35,599		3,900	(6,193)		2,937
4. Homeowners multiple peril .....											(917)		
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....													
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancelable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....											(118)		
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....						73,046		(45,281)		231	(27,853)		
19.2 Other private passenger auto liability .....													
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....							(23,359)			.93	(518)		
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....						233,645		(33,041)		4,224	(35,641)		2,937
35. TOTALS (a) .....													1,050
	<b>DETAILS OF WRITE-INS</b>												
3401. State Fee .....													1,050
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) .....													1,050

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF	Wisconsin	DURING THE YEAR 2020								NAIC Company Code	16713
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....													
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancelable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....													
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....													
19.2 Other private passenger auto liability .....													
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....													
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....												665	
35. TOTALS (a) .....												665	
<b>DETAILS OF WRITE-INS</b>													
3401. State Fee .....													665
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) .....													665

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0046	BUSINESS IN THE STATE OF	Grand Total	DURING THE YEAR 2020								NAIC Company Code	16713
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....	2,200,222	2,203,651											
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4 Private crop .....													
2.5 Private flood .....	4,496	4,272											
3. Farmowners multiple peril .....	11,049,840	11,156,182											
4. Homeowners multiple peril .....	8,757,890	8,871,915											
5.1 Commercial multiple peril (non-liability portion) .....													
5.2 Commercial multiple peril (liability portion) .....													
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....	252,788	257,874											
10. Financial guaranty .....													
11. Medical professional liability .....													
12. Earthquake .....													
13. Group accident and health (b) .....													
14. Credit accident and health (group and individual) .....													
15.1 Collectively renewable accident and health (b) .....													
15.2 Non-cancelable accident and health(b) .....													
15.3 Guaranteed renewable accident and health(b) .....													
15.4 Non-renewable for stated reasons only (b) .....													
15.5 Other accident only .....													
15.6 Medicare Title XVIII exempt from state taxes or fees .....													
15.7 All other accident and health (b) .....													
15.8 Federal employees health benefits plan premium (b) .....													
16. Workers' compensation .....													
17.1 Other Liability - occurrence .....	633,412	592,115											
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....													
19.1 Private passenger auto no-fault (personal injury protection) .....	262,905	280,063											
19.2 Other private passenger auto liability .....	8,118,340	8,309,921											
19.3 Commercial auto no-fault (personal injury protection) .....													
19.4 Other commercial auto liability .....													
21.1 Private passenger auto physical damage .....	7,291,011	7,320,526											
21.2 Commercial auto physical damage .....													
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
29. International .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....													
35. TOTALS (a) .....	38,570,904	38,996,519											
<b>DETAILS OF WRITE-INS</b>													
3401. State Fee .....													
3402. .....													
3403. .....													
3498. Summary of remaining write-ins for Line 34 from overflow page .....													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....													

(a) Finance and service charges not included in Lines 1 to 35 \$ 229,837

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

## **SCHEDULE F - PART 1**

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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

## **SCHEDULE F - PART 2**

### Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

# NONE

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

## SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commiss- ions	15 Columns 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
.35-1630739	17639	Home and Farm Insurance Company	OH		1,671	228	26	160	8	154	46	.847		1,469		.412	104	953	2,000
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling				1,671	228	26	160	8	154	46	.847		1,469		412	104	953	2,000
0499999.	Total Authorized - Affiliates - U.S. Non-Pool																		
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)																		
0899999.	Total Authorized - Affiliates				1,671	228	26	160	8	154	46	.847		1,469		412	104	953	2,000
.06-1182357	22730	Allied World Insurance Company	NH			1									1				1
.95-3187355	35300	Allianz Global Risks US Insurance Company	IL		.89	5									5			(2)	7
.36-2661954	10103	American Agricultural Insurance Company	IN												(8)				8
.06-1430254	10348	Arch Reinsurance Company	DE			14		14		14	2				.44				.44
.51-0434766	20370	Axie Reinsurance Company	NY		.89	6									6			(1)	7
.47-0574325	32603	Berkley Insurance Company	DE												(5)				5
.42-0234980	21415	Employers Mutual Casualty Company	IA		499	.38		95	3	177	40	.216		569		142		427	
.22-2005057	26921	Everest Reinsurance Company	DE			.48		.77	7	.67	.8				207				207
.03-0350908	10641	Endurance American Insurance Company	DE			.1		20	1	.17	.1				.40				.40
.05-0316605	21482	Factory Mutual Insurance Company	RI		279										142				100
	Farmers Mutual Hail Insurance Company Of																		
.42-0245840	13897	Iowa	IA															(3)	3
.13-2673100	22039	General Reinsurance Corporation	DE		739	.60		.136		295	72	.389		952		268		684	
.04-1543470	23043	Liberty Mutual Insurance Company	MA		.806	.64		.139	4	253	.57	.302		819		204		615	
.13-4924125	10227	Munich Reinsurance America, Inc.	DE		423	.33		.73	.10	.50	.4				172				179
	National Union Fire Insurance Company of																		
.25-0687550	19445	Pittsburgh, PA	PA			.1									.1				1
.23-2153760	39675	PMA Capital	PA															(33)	
.13-1675535	25364	Swiss Reinsurance America Corporation	NY		356	.21		.1							.22			.32	
.13-2918573	42439	The Toa Reinsurance Company Of America	DE															(28)	
.13-5616275	19453	Transatlantic Reinsurance Company	NY		739	.90	.1	.165	.10	312	.72	.389		1,039		246		793	
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers				4,019	382	1	720	35	1,185	256	1,440		4,019		927		3,092	
AA-1120337	Aspen Insurance UK Limited	GBR																(3)	3
AA-1340125	Hannover Rück SE	DEU			835	.58		.136	3	271	.63	.345				876		233	
AA-1840000	Mapfre Re, Compañía de Reaseguros S. A.	ESP																(3)	3
AA-1120184	Lloyd's Underwriter Syndicate No. 3268	GBR			44	.3									3		(1)	4	
1299999.	Total Authorized - Other Non-U.S. Insurers				879	61		136	3	271	.63	.345		879		226		653	
1499999.	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				6,569	671	27	1,016	46	1,610	365	2,632		6,367		1,565	104	4,698	2,000
1899999.	Total Unauthorized - Affiliates - U.S. Non-Pool																		
2199999.	Total Unauthorized - Affiliates - Other (Non-U.S.)																		
2299999.	Total Unauthorized - Affiliates																		
AA-5324100	Taiping Reinsurance Company Limited	HKG			106	3									3		(2)	5	
AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	CHE			253	6		.18		.53	14	.86			177		58		
AA-1340028	Devk Rückversicherungs und Beteiligungs AG	DEU																	
AA-1560350	Farm Mutual Reinsurance Plan Inc.	CAN			.89	.5									5		(2)	7	
AA-1440060	Länsförsäkringar Sak Försäkringsaktiebolag (publ)	SWE																50	
2699999.	Total Unauthorized - Other Non-U.S. Insurers				448	14		18		53	14	.86		185		54		131	80
2899999.	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				448	14		18		53	14	.86		185		54		131	80
3299999.	Total Certified - Affiliates - U.S. Non-Pool																		
3599999.	Total Certified - Affiliates - Other (Non-U.S.)																		

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 3**

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers				
3699999. Total Certified - Affiliates																				
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																				
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																				
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																				
5099999. Total Reciprocal Jurisdiction - Affiliates																				
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																				
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		7,017		685		27		1,034		46		1,663		379		2,718		6,552		1,619
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																			104	
9999999 Totals		7,017		685		27		1,034		46		1,663		379		2,718		6,552		1,619
																		104	4,829	
																		2,080		

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk										36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)				
		21	22	23	24				Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28 * 120%)	30	31	32	33	34			
.35-1630739	Home and Farm Insurance Company					1,469							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0199999. Total Authorized - U.S. Intercompany Pooling						XXX				1,469			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0499999. Total Authorized - U.S. Non-Pool						XXX							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0799999. Total Authorized - Affiliates - Other (Non-U.S.)						XXX													XXX				
0899999. Total Authorized - Affiliates						XXX				1,469										XXX			
.06-1182357	Allied World Insurance Company												1	1	1						1		
.95-3187355	Allianz Global Risks US Insurance Company												(2)	7	5	6	(2)	8			8	2	
.36-2661954	American Agricultural Insurance Company												(8)	8				8			8	3	
.06-1430254	Arch Reinsurance Company												44	44	53						53	2	
.51-0434766	Axis Reinsurance Company												(1)	7	6	7	(1)	8			8	3	
.47-0574325	Berkley Insurance Company												(5)	5				5			5	2	
.42-0234980	Employers Mutual Casualty Company												142	427	569	683	142	541			541	3	
.22-2005057	Everest Reinsurance Company												207	207	248			248			248	2	
.03-0350908	Endurance American Insurance Company												40	40	48						48	2	
.05-0316605	Factory Mutual Insurance Company												42	100	142	170	42	128			128	2	
.42-0245840	Farmers Mutual Hail Insurance Company Of Iowa												(3)	3			(3)	3			3	4	
.13-2673100	General Reinsurance Corporation												268	684	952	1,142	268	874			874	1	
.04-1543470	Liberty Mutual Insurance Company												204	615	819	983	204	779			779	3	
.13-4924125	Munich Reinsurance America, Inc.												(7)	179	172	206	(7)	213			213	2	
.25-0687550	National Union Fire Insurance Company of Pittsburgh, PA													1							1		
.23-2153760	PMA Capital																				3		
.13-1675535	Swiss Reinsurance America Corporation												(10)	32	22	26	(10)	36			36	2	
.13-2918573	The Toa Reinsurance Company Of America																				3		
.13-5616275	Transatlantic Reinsurance Company												246	793	1,039	1,247	246	1,001			1,001	2	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers						XXX				866	3,153		4,019	4,823	866	3,957			3,957	XXX		167	
.AA-1120337	Aspen Insurance UK Limited												(3)	3			(3)	3			3	3	
.AA-1340125	Hanover Rück SE												233	643	876	1,051	233	818			818	2	
.AA-1840000	Mapfre Re, Compañía de Reaseguros S. A.												(3)	3			(3)	3			3	3	
.AA-1120184	Lloyd's Underwriter Syndicate No. 3268												(1)	4	3	4	(1)	5			5	6	
1299999. Total Authorized - Other Non-U.S. Insurers						XXX				226	653		879	1,055	226	829			829	XXX		34	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)						XXX				2,561	3,806		4,898	5,878	1,092	4,786			4,786	XXX		202	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool						XXX							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)						XXX														XXX			
2299999. Total Unauthorized - Affiliates						XXX														XXX			
.AA-5324100	Taiping Reinsurance Company Limited												3		.3	4	4			3			
.AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS		155,911	0001						177				177	.212	58	154	154		6			
.AA-1340028	Devk Rückversicherungen und Beteiligungs AG		51,834	0002						5				5	6	(2)	8	8		6			
.AA-1560350	Farm Mutual Reinsurance Plan Inc.																			4			
.AA-1440060	Länsförsäkringar Sak Försäkringsaktiebolag (publ)																			6			
2699999. Total Unauthorized - Other Non-U.S. Insurers			207,745	XXX						185				185	222	60	162	162		XXX		8	

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Collateral				25	26	27	Ceded Reinsurance Credit Risk													
			21	22	23	24				Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	28	29	30	31	32	33	34	35	36
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			207,745	XXX		185					185		222	60	162							XXX	8
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX								XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX																	XXX		
3699999. Total Certified - Affiliates				XXX																	XXX		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX																	XXX		
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX								XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)				XXX																	XXX		
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX																	XXX		
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX																	XXX		
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			207,745	XXX		2,746		3,806			5,083		6,100		1,152		4,948		162		4,786	XXX	8
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX								XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9999999 Totals			207,745	XXX		2,746		3,806			5,083		6,100		1,152		4,948		162		4,786	XXX	8
																					202		

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Received Prior 90 Days	48 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue in Dispute (Col. 47/[Cols. 41/46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50										
		37 Current	Overdue																								
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41																				
.35-1630739	Home and Farm Insurance Company	254								254								YES									
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling	254								254								XXX									
0499999.	Total Authorized - Affiliates - U.S. Non-Pool																	XXX									
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)																	XXX									
0899999.	Total Authorized - Affiliates	254								254								XXX									
.06-1182357	Allied World Insurance Company	1								.1								YES									
.95-3187355	Allianz Global Risks US Insurance Company	5								.5								YES									
.36-2661954	American Agricultural Insurance Company																	YES									
.06-1430254	Arch Reinsurance Company	14								14								YES									
.51-0434766	Axis Reinsurance Company	6								.6								YES									
.47-0574325	Berkley Insurance Company																	YES									
.42-0234980	Employers Mutual Casualty Company	38								38								YES									
.22-2005057	Everest Reinsurance Company	48								48								YES									
.03-0350908	Endurance American Insurance Company	1								.1								YES									
.05-0316605	Factory Mutual Insurance Company																	YES									
.42-0245840	Farmers Mutual Hail Insurance Company Of Iowa																	YES									
.13-2673100	General Reinsurance Corporation	60								60								YES									
.04-1543470	Liberty Mutual Insurance Company	64								64								YES									
.13-4924125	Munich Reinsurance America, Inc.	33								33								YES									
.25-0687550	National Union Fire Insurance Company of Pittsburgh, PA									.1								YES									
.23-2153760	PMA Capital	1																YES									
.13-1675535	Swiss Reinsurance America Corporation	21								21								YES									
.13-2918573	The Toa Reinsurance Company Of America																	YES									
.13-5616275	Transatlantic Reinsurance Company	90								90								YES									
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers	382								382								XXX									
AA-1120337	Aspen Insurance UK Limited																	YES									
AA-1340125	Hannover Rück SE	59								59								YES									
AA-1840000	Mapfre Re, Compañía de Reaseguros S. A.																	YES									
AA-1120184	Lloyd's Underwriter Syndicate No. 3268	3								.3								YES									
1299999.	Total Authorized - Other Non-U.S. Insurers	62								62								XXX									
1499999.	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	698								698								XXX									
1899999.	Total Unauthorized - Affiliates - U.S. Non-Pool																	XXX									
2199999.	Total Unauthorized - Affiliates - Other (Non-U.S.)																	XXX									
2299999.	Total Unauthorized - Affiliates																	XXX									
AA-5324100	Taiping Reinsurance Company Limited	3								.3								YES									
AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	6								.6								YES									
AA-1340028	Devk Rückversicherungs und Beteiligungs AG	5								.5								YES									
AA-1560350	Farm Mutual Reinsurance Plan Inc.																	YES									

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Col. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50										
		37 Current	Overdue																								
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41																				
AA-1440060	Länsförsäkringar Sak Försäkringsaktiebolag (publ)																YES										
2699999. Total Unauthorized - Other Non-U.S. Insurers		14							14			14						XXX									
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)												14							XXX								
3299999. Total Certified - Affiliates - U.S. Non-Pool																			XXX								
3599999. Total Certified - Affiliates - Other (Non-U.S.)																			XXX								
3699999. Total Certified - Affiliates																			XXX								
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																			XXX								
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																			XXX								
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																			XXX								
5099999. Total Reciprocal Jurisdiction - Affiliates																			XXX								
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																			XXX								
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		712								712			712						XXX								
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																			XXX								
9999999 Totals		712							712			712							XXX								

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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

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

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)			
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68			
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67				
35-1630739	Home and Farm Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling																			
0499999.	Total Authorized - Affiliates - U.S. Non-Pool																			
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999.	Total Authorized - Affiliates																			
06-1182357	Allied World Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
95-3187355	Allianz Global Risks US Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
36-2661954	American Agricultural Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
06-1430254	Arch Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
51-0434766	Axis Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
47-0574325	Berkley Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
42-0234980	Employers Mutual Casualty Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
22-2005057	Everest Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
03-0350908	Endurance American Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
05-0316605	Factory Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
42-0245840	Farmers Mutual Hail Insurance Company Of Iowa	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-2673100	General Reinsurance Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
04-1543470	Liberty Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-4924125	Munich Reinsurance America, Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
	National Union Fire Insurance Company of Pittsburgh, Pa																			
25-0687550		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
23-2153760	PMA Capital	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-1675535	Swiss Reinsurance America Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-2918573	The Toa Reinsurance Company Of America	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
13-5616275	Transatlantic Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers																			
AA-1120337	Aspen Insurance UK Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1340125	Hannover Reich SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1840000	Mapfre Re, Compañía de Reaseguros S. A.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1120184	Lloyd's Underwriter Syndicate No. 3268	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1299999.	Total Authorized - Other Non-U.S. Insurers																			
1499999.	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)																			
1899999.	Total Unauthorized - Affiliates - U.S. Non-Pool																			
2199999.	Total Unauthorized - Affiliates - Other (Non-U.S.)																			
2299999.	Total Unauthorized - Affiliates																			
AA-5324100	Taiping Reinsurance Company Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1340028	Devk Rückversicherungs und Beteiligungs AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1560350	Farm Mutual Reinsurance Plan Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1440060	Länsförsäkringar Sak Försäkringsaktiebolag (publ)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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

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

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)			
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68			
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([(Col. 20 + Col. 21 + Col. 22 + Col. 24) / Col. 58], not to exceed 100%)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days	20% of Recoverable on Paid Losses & LAE Over 90 Days	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67			
2699999. Total Unauthorized - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX				XXX	XXX													
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX				XXX	XXX													
3699999. Total Certified - Affiliates		XXX				XXX	XXX													
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX				XXX	XXX													
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5099999. Total Reciprocal Jurisdiction - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		XXX				XXX	XXX													
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		XXX				XXX	XXX													
9999999 Totals		XXX				XXX	XXX													

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
				72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78	
.35-1630739	Home and Farm Insurance Company	XXX	XXX	XXX				XXX	XXX		
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX	XXX			XXX	XXX		
0499999.	Total Authorized - Affiliates - U.S. Non-Pool			XXX	XXX			XXX	XXX		
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX			XXX	XXX		
0899999.	Total Authorized - Affiliates			XXX	XXX			XXX	XXX		
.06-1182357	Allied World Insurance Company			XXX	XXX			XXX	XXX		
.95-3187355	Allianz Global Risks US Insurance Company			XXX	XXX			XXX	XXX		
.36-2661954	American Agricultural Insurance Company			XXX	XXX			XXX	XXX		
.06-1430254	Arch Reinsurance Company			XXX	XXX			XXX	XXX		
.51-0434766	Axis Reinsurance Company			XXX	XXX			XXX	XXX		
.47-0574325	Berkley Insurance Company			XXX	XXX			XXX	XXX		
.42-0234980	Employers Mutual Casualty Company			XXX	XXX			XXX	XXX		
.22-2005057	Everest Reinsurance Company			XXX	XXX			XXX	XXX		
.03-0350908	Endurance American Insurance Company			XXX	XXX			XXX	XXX		
.05-0316605	Factory Mutual Insurance Company			XXX	XXX			XXX	XXX		
.42-0245840	Farmers Mutual Hail Insurance Company Of Iowa			XXX	XXX			XXX	XXX		
.13-2673100	General Reinsurance Corporation			XXX	XXX			XXX	XXX		
.04-1543470	Liberty Mutual Insurance Company			XXX	XXX			XXX	XXX		
.13-4924125	Munich Reinsurance America, Inc.			XXX	XXX			XXX	XXX		
.25-0687550	National Union Fire Insurance Company of Pittsburgh, PA			XXX	XXX			XXX	XXX		
.23-2153760	PMA Capital			XXX	XXX			XXX	XXX		
.13-1675535	Swiss Reinsurance America Corporation			XXX	XXX			XXX	XXX		
.13-2918573	The Toa Reinsurance Company Of America			XXX	XXX			XXX	XXX		
.13-5616275	Transatlantic Reinsurance Company			XXX	XXX			XXX	XXX		
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers			XXX	XXX			XXX	XXX		
.AA-1120337	Aspen Insurance UK Limited			XXX	XXX			XXX	XXX		
.AA-1340125	Hannover Rück SE			XXX	XXX			XXX	XXX		
.AA-1840000	Mapfre Re, Compañía de Reaseguros S. A.			XXX	XXX			XXX	XXX		
.AA-1120184	Lloyd's Underwriter Syndicate No. 3268			XXX	XXX			XXX	XXX		
1299999.	Total Authorized - Other Non-U.S. Insurers			XXX	XXX			XXX	XXX		
1499999.	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	XXX			XXX	XXX		
1899999.	Total Unauthorized - Affiliates - U.S. Non-Pool					XXX	XXX	XXX	XXX		
2199999.	Total Unauthorized - Affiliates - Other (Non-U.S.)					XXX	XXX	XXX	XXX		
2299999.	Total Unauthorized - Affiliates					XXX	XXX	XXX	XXX		
.AA-5324100	Taiping Reinsurance Company Limited					XXX	XXX	XXX	XXX		
.AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS					XXX	XXX	XXX	XXX		
.AA-1340028	Devk Rückversicherungs und Beteiligungs AG					XXX	XXX	XXX	XXX		
.AA-1560350	Farm Mutual Reinsurance Plan Inc.					XXX	XXX	XXX	XXX		
.AA-1440060	Länsförsäkringar Sak Försäkringsaktiebolag (publ)					XXX	XXX	XXX	XXX		

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70  20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71  Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
				72  Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73  Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74  Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75  Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Col. 73 + 74)	76  Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77  Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78  Total Provision for Reinsurance (Cols. 75 + 76 + 77)	
2699999. Total Unauthorized - Other Non-U.S. Insurers					XXX	XXX	XXX		XXX		
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					XXX	XXX	XXX		XXX		
3299999. Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3599999. Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3699999. Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	XXX	XXX	XXX					XXX	XXX		
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX					XXX	XXX		
5099999. Total Reciprocal Jurisdiction - Affiliates	XXX	XXX	XXX					XXX	XXX		
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		XXX	XXX					XXX	XXX		
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)											
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)											
9999999 Totals											

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

## **SCHEDULE F - PART 4**

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

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 5**

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	<u>1</u> Name of Reinsurer	<u>2</u> Commission Rate	<u>3</u> Ceded Premium
1.	Factory Mutual Insurance Company .....	35.000	279
2.	Hannover Rück SE .....	25.000	835
3.	Liberty Mutual Insurance Company .....	25.000	806
4.	Transatlantic Reinsurance Company .....	25.000	739
5.	General Reinsurance Corporation .....	25.000	739

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

	<u>1</u> Name of Reinsurer	<u>2</u> Total Recoverables	<u>3</u> Ceded Premiums	<u>4</u> Affiliated
6.	Home and Farm Insurance Company .....	1,469	1,671	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]
7.	Transatlantic Reinsurance Company .....	1,039	739	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
8.	General Reinsurance Corporation .....	952	739	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
9.	Hannover Rück SE .....	876	835	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]
10.	Liberty Mutual Insurance Company .....	819	806	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]

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

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 6**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	46,617,897	(2,080,189)	44,537,708
2. Premiums and considerations (Line 15) .....	8,120,893		8,120,893
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	711,925	(711,925)	
4. Funds held by or deposited with reinsured companies (Line 16.2) .....	300,000	(300,000)	
5. Other assets .....	1,448,915	(148,925)	1,299,990
6. Net amount recoverable from reinsurers .....		5,560,863	5,560,863
7. Protected cell assets (Line 27) .....			
8. <b>Totals (Line 28)</b> .....	<b>57,199,630</b>	<b>2,319,824</b>	<b>59,519,454</b>
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	7,033,454	3,119,737	10,153,191
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	3,074,010	182,994	3,257,004
11. Unearned premiums (Line 9) .....	16,096,323	2,718,638	18,814,961
12. Advance premiums (Line 10) .....	368,400		368,400
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....	1,621,357	(1,621,357)	
15. Funds held by company under reinsurance treaties (Line 13) .....	2,080,189	(2,080,189)	
16. Amounts withheld or retained by company for account of others (Line 14) .....			
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....	484,472		484,472
19. Total liabilities excluding protected cell business (Line 26) .....	30,758,205	2,319,823	33,078,028
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37)	26,441,425	XXX	26,441,425
22. <b>Totals (Line 38)</b> .....	<b>57,199,630</b>	<b>2,319,823</b>	<b>59,519,453</b>

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

Yes [ ] No [ X ]

If yes, give full explanation: .....

Schedule H - Part 1 - Analysis of Underwriting Operations

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

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

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY**  
**SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(3)	145			3		3	(145)	XXX	
2. 2011	33,507	16,134	17,373	37,325	24,085	438	236	1,941	424	294	14,959	8,560	
3. 2012	29,409	12,962	16,447	22,441	12,960	360	125	1,487	337	131	10,866	5,399	
4. 2013	28,738	6,968	21,770	16,612	2,788	263	94	1,004	39	285	14,958	3,647	
5. 2014	28,300	9,516	18,784	20,787	8,315	183	67	1,083	175	76	13,496	3,777	
6. 2015	27,004	8,704	18,300	14,938	4,940	169	55	798	134	124	10,776	2,472	
7. 2016	25,892	6,529	19,363	16,995	3,991	243	90	943	43	71	14,057	2,860	
8. 2017	23,699	4,654	19,045	17,182	4,875	99	29	700	16	22	13,061	2,642	
9. 2018	19,248	4,442	14,806	9,563	336	38	12	517	10	54	9,760	1,719	
10. 2019	18,780	4,303	14,477	11,720	2,869	78	24	604	17	252	9,492	2,043	
11. 2020	19,059	3,743	15,316	8,072	502	33	8	501	25	47	8,071	1,193	
12. Totals	XXX	XXX	XXX	175,632	65,806	1,904	740	9,581	1,220	1,359	119,351	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		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.									1			1	1
2. 2011													
3. 2012													
4. 2013													
5. 2014													
6. 2015													
7. 2016	24	.4			11	.2			6			35	1
8. 2017													
9. 2018	240	.190	.158	.74	15	.5	15	4	12		12	167	6
10. 2019	287		.306	137	.21		45	14	21	.1	29	.528	13
11. 2020	1,077	166	1,105	499	1		262	96	92	2	91	1,774	105
12. Totals	1,628	360	1,569	710	48	7	322	114	132	3	132	2,505	126

	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		1
2. 2011	39,704	24,745	14,959	118.5	153.4	.86.1					
3. 2012	24,288	13,422	10,866	.82.6	103.5	.66.1					
4. 2013	17,879	2,921	14,958	.62.2	41.9	.68.7					
5. 2014	22,053	8,557	13,496	.77.9	89.9	.71.8					
6. 2015	15,905	5,129	10,776	.58.9	58.9	.58.9					
7. 2016	18,222	4,130	14,092	.70.4	63.3	.72.8				20	15
8. 2017	17,981	4,920	13,061	.75.9	105.7	.68.6					
9. 2018	10,558	631	9,927	.54.9	14.2	.67.0				.134	.33
10. 2019	13,082	3,062	10,020	.69.7	71.2	.69.2				.456	.72
11. 2020	11,143	1,298	9,845	.58.5	34.7	.64.3				1,517	257
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,127	378

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY**  
**SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(6)						6	(6)	XXX	
2. 2011	12,038	1,019	11,019	9,567	1,620	363	70	512	21	301	8,731	2,885	
3. 2012	10,987	.815	10,172	8,090	.89	348	.60	.598	(55)	.343	8,942	2,750	
4. 2013	11,281	.916	10,365	6,435	.71	231	.35	.683	(19)	.310	7,262	2,959	
5. 2014	12,113	3,735	8,378	7,686	2,062	227	.40	.672	.33	.286	6,450	2,853	
6. 2015	11,833	3,364	8,469	8,726	2,459	350	.65	.715	.52	.305	7,215	2,550	
7. 2016	11,541	2,436	9,105	7,618	1,451	277	.59	.679	(9)	.218	7,073	2,465	
8. 2017	10,779	1,088	9,691	7,522	.626	363	.84	.621	.18	.185	7,778	2,068	
9. 2018	8,755	.981	.774	4,400	.273	.110	.27	.493	(27)	.216	4,730	1,532	
10. 2019	8,439	.979	7,460	4,513	.647	.44	.10	.482	.5	.106	4,377	1,487	
11. 2020	8,168	780	7,388	1,581		3	1	.455	(1)	.33	2,039	969	
12. Totals	XXX	XXX	XXX	66,132	9,298	2,316	451	5,910	18	2,309	64,591	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		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2011													
3. 2012													
4. 2013													
5. 2014	.1											3	2
6. 2015					6	2						5	1
7. 2016	.24	.4			.21	.4						39	1
8. 2017	62				7	13						61	5
9. 2018	147		.185		.25	.58			.27	.8		31	.394
10. 2019	906	273	.363		.43	.29			.62	.19		67	1,043
11. 2020	1,275	169	1,291		162	5			416	152		124	2,601
12. Totals	2,415	446	1,839		230	126	19		505	179		255	4,146
													148

	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	10,442	1,711	8,731	.86.7	167.9	79.2					
3. 2012	9,036	.94	8,942	.82.2	11.5	87.9					
4. 2013	7,349	.87	7,262	.65.1	.9.5	70.1					
5. 2014	8,588	2,135	6,453	.70.9	.57.2	77.0					
6. 2015	9,798	2,578	7,220	.82.8	.76.6	.85.3					
7. 2016	8,621	1,509	7,112	.74.7	.61.9	.78.1					
8. 2017	8,580	741	7,839	.79.6	.68.1	.80.9					
9. 2018	5,430	306	5,124	.62.0	.31.2	.65.9					
10. 2019	6,417	997	5,420	.76.0	.101.8	.72.7					
11. 2020	5,124	484	4,640	.62.7	.62.1	.62.8					
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3,578	568

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical  
**N O N E**

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)  
**N O N E**

Schedule P - Part 1E - Commercial Multiple Peril  
**N O N E**

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence  
**N O N E**

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made  
**N O N E**

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2011	1,466	1,074	.392	3,352	3,208	.21	.25	.18	-(7)	95	.165	.48	
3. 2012	1,046	.667	.379	.58		.18	.7	.13	-(7)		.89	.13	
4. 2013	1,057	.679	.378	.24		.1		.11			.36	.18	
5. 2014	1,128	.743	.385	802	640			.15			.177	.21	
6. 2015	.1,149	.732	.417	.125	41	.16	.13	.19			.106	.17	
7. 2016	1,162	.703	.459	.59		.16		.21			.96	.13	
8. 2017	1,062	.666	.396	942	857			.15			.100	.17	
9. 2018	.795	.555	.240	.295	.147	.4		.10			.162	.8	
10. 2019	.536	.506	.30	1,385	1,338			.6			.53	.1	
11. 2020	563	540	23										
12. Totals	XXX	XXX	XXX	7,042	6,231	76	45	128	(14)	95	984	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2011													
3. 2012													
4. 2013													
5. 2014													
6. 2015													
7. 2016													
8. 2017													
9. 2018	.24	23	61	.58	.7	.6			1			6	1
10. 2019			89	84			1					6	
11. 2020			363	342			4	1				24	
12. Totals	24	23	513	484	7	6	5	1	1			36	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2011	3,391	3,226	165	231.3	300.4	.42.1					
3. 2012	89		89	8.5		.23.5					
4. 2013	36		36	3.4		.9.5					
5. 2014	817	640	177	.72.4	86.1	.46.0					
6. 2015	160	.54	106	13.9	7.4	.25.4					
7. 2016	96		96	8.3		.20.9					
8. 2017	957	857	100	90.1	.128.7	.25.3					
9. 2018	402	234	168	.50.6	42.2	70.0				4	2
10. 2019	1,481	1,422	59	.276.3	281.0	.196.7				5	1
11. 2020	367	343	24	65.2	63.5	104.3				21	3
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	30	6

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

## SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2011													
3. 2012													
4. 2013													
5. 2014													
6. 2015													
7. 2016													
8. 2017													
9. 2018													
10. 2019													
11. 2020													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2011													
3. 2012													
4. 2013													
5. 2014													
6. 2015													
7. 2016													
8. 2017													
9. 2018													
10. 2019													
11. 2020													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2011											
3. 2012											
4. 2013											
5. 2014											
6. 2015											
7. 2016											
8. 2017											
9. 2018											
10. 2019											
11. 2020											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY AND THEFT)**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	3	38					1		(36)	
2. 2019	2,305	558	1,747	1,097	127	5	2	.45	1			1,017	
3. 2020	2,343	490	1,853	768	24	1		55	3			797	
4. Totals	XXX	XXX	XXX	1,868	189	6	2	100	5			1,778	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	(1)		2	1					1		1	1				
2. 2019			4	1				1				4				
3. 2020	54	1	16	4				4	2	10	10	77	11			
4. Totals	53	1	22	6				5	2	11	11	82	11			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		1
2. 2019	1,152	131	1,021	50.0	23.5	58.4				3	1
3. 2020	908	34	874	38.8	6.9	47.2				65	12
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	68	14

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(14)	732	2		4		22	(740)	XXX	
2. 2019	6,942	793	6,149	4,743	120	11		337	2	.440	4,969	1,930	
3. 2020	6,959	672	6,287	3,742	3	3		366		234	4,108	1,337	
4. Totals	XXX	XXX	XXX	8,471	855	16		707	2	696	8,337	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	(88)		43	1			.2		1		89	(43)	1			
2. 2019	(63)		84		.4		5	2	10		86	38	2			
3. 2020	(87)		297	2			30	11	44		270	271	50			
4. Totals	(238)		424	3	4		37	13	55		445	266	53			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
2. 2019	5,131	124	5,007	73.9	15.6	81.4				21	17
3. 2020	4,395	16	4,379	63.2	2.4	69.7				208	63
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	183	83

Schedule P - Part 1K - Fidelity/Surety

**N O N E**

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

**N O N E**

Schedule P - Part 1M - International

**N O N E**

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

**N O N E**

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 1T - Warranty

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 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	1,483	1,162	941	894	972	962	965	961	960	812	(148)	(149)
2. 2011	13,782	13,559	13,627	13,454	13,509	13,510	13,515	13,499	13,499	13,442	(57)	(57)
3. 2012	XXX	10,194	9,591	9,501	9,536	9,541	9,733	9,733	9,730	9,716	(14)	(17)
4. 2013	XXX	XXX	14,392	14,114	14,156	14,047	14,094	14,020	14,010	13,993	(17)	(27)
5. 2014	XXX	XXX	XXX	12,864	12,464	12,507	12,550	12,589	12,589	12,588	(1)	(1)
6. 2015	XXX	XXX	XXX	XXX	10,399	9,961	10,160	10,112	10,113	10,112	(1)	
7. 2016	XXX	XXX	XXX	XXX	XXX	13,169	13,173	13,496	13,251	13,186	(65)	(310)
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	12,598	12,528	12,638	12,377	(261)	(151)
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,456	9,349	9,408	59	(48)
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,357	9,413	56	XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,279	XXX	XXX	
										12. Totals	(449)	(760)

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

1. Prior	3,993	3,341	2,800	2,951	2,958	2,998	2,994	2,992	2,991	2,985	(6)	(7)
2. 2011	8,522	8,664	8,437	8,261	8,397	8,270	8,266	8,242	8,240	8,240		(2)
3. 2012	XXX	8,510	8,830	8,406	8,209	8,297	8,291	8,290	8,290	8,289	(1)	(1)
4. 2013	XXX	XXX	6,977	7,407	6,726	6,539	6,545	6,578	6,579	6,560	(19)	(18)
5. 2014	XXX	XXX	XXX	5,584	6,248	5,812	5,796	5,843	5,813	5,812	(1)	(31)
6. 2015	XXX	XXX	XXX	XXX	5,436	6,496	6,709	6,621	6,579	6,556	(23)	(65)
7. 2016	XXX	XXX	XXX	XXX	XXX	5,664	7,004	6,716	6,452	6,422	(30)	(294)
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	6,554	7,768	7,526	7,231	(295)	(537)
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,144	4,802	4,594	(208)	(550)
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,294	4,925	(369)	XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,087	XXX	XXX	
										12. Totals	(952)	(1,505)

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

1. Prior												
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XXX								
7. 2016	XXX	XXX	XXX	XXX	XXX							
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018	XXX											
10. 2019	XXX											
11. 2020	XXX		XXX	XXX								
										12. Totals		

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

1. Prior												
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XXX								
7. 2016	XXX	XXX	XXX	XXX	XX							
8. 2017	XXX	XXX	XXX	XXX	XX	XXX						
9. 2018	XXX	XXX	XXX	XXX	XX	XXX	XX					
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	
										12. Totals		

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

1. Prior												
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XXX								
7. 2016	XXX	XXX	XXX	XXX	XX							
8. 2017	XXX	XXX	XXX	XXX	XX	XXX						
9. 2018	XXX	XXX	XXX	XXX	XX	XXX	XX					
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	
										12. Totals		

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 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												
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XX								
7. 2016	XXX	XXX	XXX	XX	XX							
8. 2017	XXX	XXX	XXX	XXX	XXX							
9. 2018	XXX	XXX	XXX	XXX	XXX							
10. 2019	XXX	XXX	XXX	XXX	XXX							XXX
11. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
											12. Totals	

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

1. Prior												
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XXX								
7. 2016	XXX	XXX	XXX	XX								
8. 2017	XXX	XXX	XXX	XX	XX							
9. 2018	XXX	XXX	XXX	XXX	XXX							
10. 2019	XXX	XXX	XXX	XXX	XXX							XXX
11. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
											12. Totals	

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

1. Prior												
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XXX								
7. 2016	XXX	XXX	XXX	XX	XX							
8. 2017	XXX	XXX	XXX	XX	XX							
9. 2018	XXX	XXX	XXX	XXX	XXX							
10. 2019	XXX	XXX	XXX	XXX	XXX							XXX
11. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
											12. Totals	

**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior	264	105	109	.113	.113	.113	.113	.113	.113	.113	.113	
2. 2011	212	180	195	.140	.140	.140	.140	.140	.140	.140	.140	
3. 2012	XXX	220	130	90	.69	.69	.69	.69	.69	.69	.69	
4. 2013	XXX	XXX	181	90	.48	.25	.25	.25	.25	.25	.25	
5. 2014	XXX	XXX	XXX	.313	242	187	162	162	162	162	162	
6. 2015	XXX	XXX	XXX	XXX	.181	.165	.113	.87	.87	.87	.87	
7. 2016	XXX	XXX	XXX	XXX	.185	342	291	.74	.75	1	(216)	
8. 2017	XXX	XXX	XXX	XXX	.XXX	203	179	.87	.85	(2)	(94)	
9. 2018	XXX	XXX	XXX	XXX	.XXX	.XXX	.338	.156	.157	1	(181)	
10. 2019	XXX	XXX	XXX	XXX	.XXX	.XXX	.XXX	.16	.53	.37	.XXX	
11. 2020	XXX	XXX	XXX	XXX	.XXX	.XXX	.XXX	.XXX	.24	XXX	XXX	
											12. Totals	37 (491)

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

1. Prior												
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XXX								
7. 2016	XXX	XXX	XXX	XX								
8. 2017	XXX	XXX	XXX	XX	XX							
9. 2018	XXX	XXX	XXX	XX	XX							
10. 2019	XXX	XXX	XXX	XXX	XXX							
11. 2020	XXX	XXX	XXX	XXX	XXX							
											12. Totals	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	255	14	(12)	(26)	(267)
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	999	977	(22)	XXX
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	812	XXX	XXX
										4. Totals	(48)	(267)

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

1. Prior	XXX	231	11	(747)	(758)	(978)						
2. 2019	XXX	4,608	4,662	54	XXX							
3. 2020	XXX	3,969	XXX	XXX	XXX							
										4. Totals	(704)	(978)

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

1. Prior	XXX	XXX	XXX									
2. 2019	XXX	XXX	XXX									
3. 2020	XXX	XXX	XXX									
										4. Totals		

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

1. Prior	XXX	XXX	XXX									
2. 2019	XXX	XXX	XXX									
3. 2020	XXX	XXX	XXX									
										4. Totals		

**SCHEDULE P - PART 2M - INTERNATIONAL**

1. Prior												
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XX								
7. 2016	XXX	XXX	XXX	XX	XX							
8. 2017	XXX	XXX	XXX	XXX	XX	XX						
9. 2018	XXX											
10. 2019	XXX											
11. 2020	XXX		XXX	XXX								
										12. Totals		

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 2T - Warranty

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020		
1. Prior	.000	.432	.758	.888	.972	.962	.965	.961	.960	.812	.169	
2. 2011	11,004	13,187	13,447	13,431	13,484	13,486	13,489	13,499	13,499	13,442	5,623	2,937
3. 2012	XXX	8,163	9,085	9,327	9,484	9,486	9,733	9,733	9,730	9,716	3,136	2,263
4. 2013	XXX	XXX	11,585	13,800	13,878	13,947	14,094	14,020	14,010	13,993	2,130	1,517
5. 2014	XXX	XXX	XXX	10,790	11,895	12,363	12,412	12,589	12,589	12,588	2,151	1,626
6. 2015	XXX	XXX	XXX	XXX	8,054	9,623	9,801	10,112	10,113	10,112	1,398	1,074
7. 2016	XXX	XXX	XXX	XXX	XXX	10,920	12,865	12,996	13,061	13,157	1,501	1,358
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	10,981	12,138	12,427	12,377	1,520	1,122
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,317	9,122	9,253	998	715
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,904	8,905	1,151	879
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,595	850	238

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

1. Prior	.000	1,867	2,383	2,787	2,951	2,998	2,994	2,992	2,991	2,985	.117	
2. 2011	.4,097	6,095	7,248	7,841	8,041	8,131	8,146	8,242	8,240	8,240	1,617	1,268
3. 2012	XXX	3,779	6,513	7,612	8,052	8,251	8,291	8,290	8,290	8,289	1,544	1,206
4. 2013	XXX	XXX	3,409	5,469	6,158	6,448	6,545	6,544	6,547	6,560	1,694	1,265
5. 2014	XXX	XXX	XXX	2,918	4,627	5,281	5,662	5,780	5,812	5,811	1,498	1,353
6. 2015	XXX	XXX	XXX	XXX	2,672	4,539	6,126	6,468	6,537	6,552	1,260	1,289
7. 2016	XXX	XXX	XXX	XXX	XXX	3,074	5,190	5,965	6,337	6,385	1,146	1,318
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	3,402	5,781	6,941	7,175	1,005	1,058
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,589	3,979	4,210	775	749
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,387	3,900	788	680
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,583	702	155

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

1. Prior	.000											
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XXX								
7. 2016	XXX	XXX	XXX	XXX	XXX							
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	.000											
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XXX								
7. 2016	XXX	XXX	XXX	XXX	XXX							
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	.000											
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XXX								
7. 2016	XXX	XXX	XXX	XXX	XXX							
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020		
1. Prior	.000											
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	X								
7. 2016	XXX	XXX	XXX	XXX	X							
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	.000											
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XXX								
7. 2016	XXX	XXX	XXX	X	XX	XX						
8. 2017	XXX	XXX	XXX	X	XX	XX	XX					
9. 2018	XXX	XXX	XXX	X	XX	XX	XX	X				
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior	.000										XXX	XXX
2. 2011											XXX	XXX
3. 2012	XXX										XXX	XXX
4. 2013	XXX	XXX									XXX	XXX
5. 2014	XXX	XXX	XXX								XXX	XXX
6. 2015	XXX	XXX	XXX	XXX							XXX	XXX
7. 2016	XXX	XXX	XXX	X	XX	XX					XXX	XXX
8. 2017	XXX	XXX	XXX	X	XX	XX	XX				XXX	XXX
9. 2018	XXX	XXX	XXX	X	XX	XX	XX	X			XXX	XXX
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

1. Prior	.000	82	84	.113	.113	.113	.113	.113	.113	.113	2	
2. 2011	15	110	115	.140	.140	.140	.140	.140	.140	.140	34	14
3. 2012	XXX	98	62	69	69	69	69	69	69	69	11	2
4. 2013	XXX	XXX	25	25	25	25	25	25	25	25	8	10
5. 2014	XXX	XXX	XXX	.137	.137	.162	.162	.162	.162	.162	16	5
6. 2015	XXX	XXX	XXX	XXX	32	.85	.85	.87	.87	.87	14	3
7. 2016	XXX	XXX	XXX	XXX	.21	.21	.24	.74	.75	.11	2	
8. 2017	XXX	XXX	XXX	XXX	XXX	.27	.39	.85	.85	.16	1	
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	3	10	.152	.4	3	
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	47	1		
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

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

1. Prior	.000											
2. 2011												
3. 2012	XXX											
4. 2013	XXX	XXX										
5. 2014	XXX	XXX	XXX									
6. 2015	XXX	XXX	XXX	XXX								
7. 2016	XXX	XXX	XXX	X	XX	XX						
8. 2017	XXX	XXX	XXX	X	XX	XX	XX					
9. 2018	XXX	XXX	XXX	X	XX	XX	XX	X				
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	23	(12)	XXX	XXX
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	945	973	XXX	XXX
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	745	XXX	XXX

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

1. Prior	XXX	.000	.41	(703)								
2. 2019	XXX	4,397	4,634	1,581	347							
3. 2020	XXX	XXX	3,742	1,134	153							

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

1. Prior	XXX	.000			XXX	XXX						
2. 2019	XXX			XXX	XXX							
3. 2020	XXX			XXX	XXX							

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

1. Prior	XXX	.000			XXX	XXX						
2. 2019	XXX	.000			XXX	XXX						
3. 2020	XXX			XXX	XXX							

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior	.000										XXX	XXX
2. 2011											XXX	XXX
3. 2012	XXX										XXX	XXX
4. 2013	XXX	XXX									XXX	XXX
5. 2014	XXX	XXX	XXX								XXX	XXX
6. 2015	XXX	XXX	XXX	XXX							XXX	XXX
7. 2016	XXX	XXX	XXX	XXX	XX						XXX	XXX
8. 2017	XXX	XXX	XXX	XXX	XX	XXX					XXX	XXX
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

**N O N E**

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

**N O N E**

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 3T - Warranty

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020
1. Prior	321	124								
2. 2011	1,135	256	118							
3. 2012	XXX	1,169	244	129						
4. 2013	XXX	XXX	1,147	267	175					
5. 2014	XXX	XXX	XXX	807	281	100				
6. 2015	XXX	XXX	XXX	XXX	1,079	211	87			
7. 2016	XXX	XXX	XXX	XXX	XXX	887	199	.82		
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	.884	.161	.92	
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.666	.194	.95
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.739	.200
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	772

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

1. Prior	1,476	.224								
2. 2011	2,003	.855	.236							
3. 2012	XXX	1,615	903	.260						
4. 2013	XXX	XXX	1,574	1,005	.228					
5. 2014	XXX	XXX	XXX	1,217	.665	.174				
6. 2015	XXX	XXX	XXX	XXX	1,059	.654	.174			
7. 2016	XXX	XXX	XXX	XXX	XXX	1,113	.721	.224		
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	1,330	.811	.194	
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,322	.393	.179
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,502	.363
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,393

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

1. Prior										
2. 2011										
3. 2012	XXX									
4. 2013	XXX	XXX								
5. 2014	XXX	XXX	XXX							
6. 2015	XXX	XXX	XXX	XXX						
7. 2016	XXX	XXX	XXX	XXX	XXX					
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018	XXX									
10. 2019	XXX									
11. 2020	XXX									

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

1. Prior										
2. 2011										
3. 2012	XXX									
4. 2013	XXX	XXX								
5. 2014	XXX	XXX	XXX							
6. 2015	XXX	XXX	XXX	XXX						
7. 2016	XXX	XXX	XXX	XXX	XXX					
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018	XXX									
10. 2019	XXX									
11. 2020	XXX									

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

1. Prior										
2. 2011										
3. 2012	XXX									
4. 2013	XXX	XXX								
5. 2014	XXX	XXX	XXX							
6. 2015	XXX	XXX	XXX	XXX						
7. 2016	XXX	XXX	XXX	XXX	XXX					
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018	XXX									
10. 2019	XXX									
11. 2020	XXX									

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020
1. Prior										
2. 2011										
3. 2012	XXX									
4. 2013	XXX	XXX								
5. 2014	XXX	XXX	XX	XX						
6. 2015	XXX	XXX	XX	XX						
7. 2016	XXX	XXX	XX	XXX	XX					
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2011										
3. 2012	XXX									
4. 2013	XXX	XXX								
5. 2014	XXX	XXX	XXX	XXX						
6. 2015	XXX	XXX	XX	XXX	XX					
7. 2016	XXX	XXX	XX	XX	XX	XX				
8. 2017	XXX	XXX	XX	XX	XX	XX	XX			
9. 2018	XXX	XXX	XX	XXX	XX	XX	XX	XX		
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2011										
3. 2012	XXX									
4. 2013	XXX	XXX								
5. 2014	XXX	XXX	XXX							
6. 2015	XXX	XXX	XX	XXX	XX					
7. 2016	XXX	XXX	XX	XX	XX	XX				
8. 2017	XXX	XXX	XX	XX	XX	XX				
9. 2018	XXX	XXX	XX	XXX	XX	XX	XX			
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior	230	.19	.19							
2. 2011	114	.55	.20							
3. 2012	XXX	112	.59	21						
4. 2013	XXX	XXX	120	65	23					
5. 2014	XXX	XXX	XXX	127	.69	25				
6. 2015	XXX	XXX	XXX	XXX	138	76	28			
7. 2016	XXX	XXX	XXX	XXX	XXX	153	84	31		
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	169	93	2	
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	185	4	3
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	6
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24

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

1. Prior										
2. 2011										
3. 2012	XXX									
4. 2013	XXX	XXX								
5. 2014	XXX	XXX	XXX							
6. 2015	XXX	XXX	XX	XXX						
7. 2016	XXX	XXX	XX	XX	XX					
8. 2017	XXX	XXX	XX	XX	XX					
9. 2018	XXX	XXX	XX	XXX	XX	XX	XX			
10. 2019	XXX									
11. 2020	XXX									

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	120	11	1
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	4
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14

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

1. Prior	XXX	427	154	44						
2. 2019	XXX	367	87							
3. 2020	XXX	314								

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

1. Prior	XXX	XXX	XX	XXX	XXX	XX	XX			
2. 2019	XXX	XXX	XX	XX	XX	XX	XXX	XXX		
3. 2020	XXX	XXX	XX	XX	XX	XX	XXX	XXX	XXX	

**NONE**

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

1. Prior	XXX	XXX	XX	XXX	XXX	XX	XX			
2. 2019	XXX	XXX	XX	XX	XX	XX	XXX	XXX		
3. 2020	XXX	XXX	XX	XX	XX	XX	XXX	XXX	XXX	

**NONE**

**SCHEDULE P - PART 4M - INTERNATIONAL**

1. Prior										
2. 2011										
3. 2012	XXX									
4. 2013	XXX	XXX								
5. 2014	XXX	XXX	XXX							
6. 2015	XXX	XXX	XX	XX						
7. 2016	XXX	XXX	XX	XX	XX					
8. 2017	XXX	XXX	XX	XXX	XXX	XX				
9. 2018	XXX									
10. 2019	XXX									
11. 2020	XXX									

**NONE**

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 4T - Warranty

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020
1. Prior	529	.46	.48	25	.43	.5	.1	.1		
2. 2011	4,620	5,525	5,567	5,581	5,608	5,613	5,622	5,622	5,622	5,623
3. 2012	XXX	2,682	3,087	3,111	3,121	3,130	3,136	3,136	3,136	3,136
4. 2013	XXX	XXX	1,724	2,097	2,113	2,114	2,123	2,125	2,130	2,130
5. 2014	XXX	XXX	XXX	1,729	2,108	2,126	2,139	2,144	2,144	2,151
6. 2015	XXX	XXX	XXX	XXX	1,070	1,369	1,386	1,393	1,396	1,398
7. 2016	XXX	XXX	XXX	XXX	XXX	1,171	1,475	1,486	1,493	1,501
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	1,261	1,501	1,514	1,520
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	871	987	998
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	930	1,151
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	850

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020
1. Prior	35	.17	13	2	8	.8	7	.7	7	.1
2. 2011	765	37	6	2	2	1	1			
3. 2012	XXX	356	14	.3	5	2				
4. 2013	XXX	XXX	407	11	10	10				
5. 2014	XXX	XXX	XXX	501	28	16	1			
6. 2015	XXX	XXX	XXX	XXX	338	13	4			
7. 2016	XXX	XXX	XXX	XXX	XXX	367	10	10	5	.1
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	257	.8	5	
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	105	7	6
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155	13
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	105

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020
1. Prior	400	.57	.58	13	.57	.6	.1			(6)
2. 2011	7,885	8,453	8,493	8,510	8,540	8,547	8,559	8,559	8,559	8,560
3. 2012	XXX	5,060	5,337	5,366	5,384	5,394	5,399	5,399	5,399	5,399
4. 2013	XXX	XXX	3,352	3,606	3,630	3,632	3,638	3,642	3,647	3,647
5. 2014	XXX	XXX	XXX	3,565	3,742	3,755	3,761	3,770	3,770	3,777
6. 2015	XXX	XXX	XXX	XXX	2,264	2,446	2,460	2,467	2,470	2,472
7. 2016	XXX	XXX	XXX	XXX	XXX	2,650	2,830	2,849	2,852	2,860
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	2,476	2,623	2,639	2,642
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,614	1,707	1,719
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,938	2,043
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,193

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY**  
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020
1. Prior	329	61	38	16	1			1		
2. 2011	1,320	1,560	1,597	1,609	1,612	1,615	1,617	1,617	1,617	1,617
3. 2012	XXX	1,234	1,484	1,529	1,535	1,540	1,543	1,544	1,544	1,544
4. 2013	XXX	XXX	1,344	1,653	1,678	1,686	1,691	1,691	1,692	1,694
5. 2014	XXX	XXX	XXX	1,238	1,462	1,480	1,491	1,495	1,497	1,498
6. 2015	XXX	XXX	XXX	XXX	949	1,200	1,242	1,257	1,259	1,260
7. 2016	XXX	XXX	XXX	XXX	XXX	843	1,088	1,130	1,142	1,146
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	775	970	999	1,005
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	618	753	775
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	609	788
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	702

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020
1. Prior	128	.48	9	1	5	.5	5	.5	.5	
2. 2011	281	65	.27	12	8	.4	1			
3. 2012	XXX	300	73	25	12	.7	1	1		
4. 2013	XXX	XXX	329	59	.18	.7		2	2	
5. 2014	XXX	XXX	XXX	357	.79	29	10	.5	3	2
6. 2015	XXX	XXX	XXX	XXX	417	98	23	.8	3	.1
7. 2016	XXX	XXX	XXX	XXX	XXX	374	73	.17	4	.1
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	275	.55	.18	.5
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	162	24	.8
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	144	.19
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	112

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020
1. Prior	255	29	.25	13	1	.6		2		(5)
2. 2011	2,611	2,842	2,870	2,876	2,881	2,884	2,885	2,885	2,885	2,885
3. 2012	XXX	2,469	2,715	2,740	2,743	2,746	2,749	2,750	2,750	2,750
4. 2013	XXX	XXX	2,620	2,929	2,944	2,949	2,955	2,958	2,959	2,959
5. 2014	XXX	XXX	XXX	2,650	2,831	2,846	2,851	2,853	2,853	2,853
6. 2015	XXX	XXX	XXX	XXX	2,344	2,514	2,540	2,548	2,550	2,550
7. 2016	XXX	XXX	XXX	XXX	XXX	2,220	2,435	2,454	2,463	2,465
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	1,889	2,044	2,067	2,068
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,404	1,519	1,532
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,390	1,487
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	969

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE**  
**SECTION 1A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020
1. Prior	18	1		1						
2. 2011	21	28	29	34	34	34	34	34	34	34
3. 2012	XXX	9	9	11	11	11	11	11	11	11
4. 2013	XXX	XXX	5	8	8	8	8	8	8	8
5. 2014	XXX	XXX	XXX	15	15	16	16	16	16	16
6. 2015	XXX	XXX	XXX	XXX	11	13	13	14	14	14
7. 2016	XXX	XXX	XXX	XXX	XXX	8	8	9	10	11
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	12	15	16	16
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	3	4
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020
1. Prior	2	1	2							
2. 2011	11	4	2							
3. 2012	XXX	6	2							
4. 2013	XXX	XXX	10							
5. 2014	XXX	XXX	XXX	.5	1					
6. 2015	XXX	XXX	XXX	XXX	3	1	1			
7. 2016	XXX	XXX	XXX	XXX	XXX	3	1	1		
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	3	.1		
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.3	1	.1
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020
1. Prior	13	3	2							
2. 2011	44	.45	.45	48	.48	48	.48	.48	.48	.48
3. 2012	XXX	.16	13	13	.13	13	.13	13	13	13
4. 2013	XXX	XXX	16	18	.18	18	.18	18	18	18
5. 2014	XXX	XXX	XXX	21	.21	21	.21	.21	.21	.21
6. 2015	XXX	XXX	XXX	XXX	.16	16	.17	.17	.17	.17
7. 2016	XXX	XXX	XXX	XXX	.XXX	11	.11	.12	.12	.13
8. 2017	XXX	XXX	XXX	XXX	.XXX	XXX	.16	.17	.17	.17
9. 2018	XXX	XXX	XXX	XXX	.XXX	XXX	XXX	.6	7	8
10. 2019	XXX	XXX	XXX	XXX	.XXX	XXX	XXX	XXX	1	.1
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5T - Warranty - Section 1

**N O N E**

Schedule P - Part 5T - Warranty - Section 2

**N O N E**

Schedule P - Part 5T - Warranty - Section 3

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	
1. Prior											
2. 2011											
3. 2012	XXX										
4. 2013	XXX	XXX									
5. 2014	XXX	XXX	X								
6. 2015	XXX	XXX	X								
7. 2016	XXX	XXX	X								
8. 2017	XXX	XXX	X								
9. 2018	XXX	XXX	X								
10. 2019	XXX	XXX	X								
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	
1. Prior											
2. 2011											
3. 2012	XXX										
4. 2013	XXX	XXX									
5. 2014	XXX	XXX	X								
6. 2015	XXX	XXX	X								
7. 2016	XXX	XXX	X								
8. 2017	XXX	XXX	X								
9. 2018	XXX	XXX	X								
10. 2019	XXX	XXX	X								
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											

**SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE**  
**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	
1. Prior											
2. 2011	1,462	1,462	1,462	1,462	1,462	1,462	1,462	1,462	1,462	1,462	
3. 2012	XXX	1,513	1,513	1,513	1,513	1,513	1,513	1,513	1,513	1,513	
4. 2013	XXX	XXX	1,057	1,057	1,057	1,057	1,057	1,057	1,057	1,057	
5. 2014	XXX	XXX	XXX	1,128	1,128	1,128	1,128	1,128	1,128	1,128	
6. 2015	XXX	XXX	XXX	XXX	1,149	1,149	1,149	1,149	1,149	1,149	
7. 2016	XXX	XXX	XXX	XXX	XXX	1,162	1,162	1,162	1,162	1,162	
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	1,062	1,062	1,062	1,062	
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	795	795	795	
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	536	536	
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	563	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)	1,466	1,046	1,057	1,128	1,149	1,162	1,062	795	536	563	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	
1. Prior											
2. 2011	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	
3. 2012	XXX	1,513	1,513	1,513	1,513	1,513	1,513	1,513	1,513	1,513	
4. 2013	XXX	XXX	679	679	679	679	679	679	679	679	
5. 2014	XXX	XXX	XXX	743	743	743	743	743	743	743	
6. 2015	XXX	XXX	XXX	XXX	732	732	732	732	732	732	
7. 2016	XXX	XXX	XXX	XXX	703	703	703	703	703	703	
8. 2017	XXX	XXX	XXX	XXX	XXX	666	666	666	666	666	
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	555	555	555	555	
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	506	506	506	
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	540	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)	1,074	667	679	743	732	703	666	555	506	540	XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 6M - International - Section 1

**N O N E**

Schedule P - Part 6M - International - Section 2

**N O N E**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

**N O N E**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

**N O N E**

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (\$000 OMITTED)****SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....	2,505			16,016		
2. Private Passenger Auto Liability/ Medical .....	4,146			7,315		
3. Commercial Auto/Truck Liability/ Medical .....						
4. Workers' Compensation .....						
5. Commercial Multiple Peril .....						
6. Medical Professional Liability - Occurrence .....						
7. Medical Professional Liability - Claims - Made .....						
8. Special Liability .....						
9. Other Liability - Occurrence .....	36			24		
10. Other Liability - Claims-Made .....						
11. Special Property .....	82			1,952		
12. Auto Physical Damage .....	266			6,433		
13. Fidelity/Surety .....						
14. Other .....						
15. International .....						
16. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability - Occurrence .....						
20. Products Liability - Claims-Made .....						
21. Financial Guaranty/Mortgage Guaranty .....						
22. Warranty .....						
23. Totals .....	7,035			31,740		

**SECTION 2**

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										
	1 2011	2	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	2020
1. Prior .....											
2. 2011 .....											
3. 2012 .....	XXX										
4. 2013 .....	XXX	XXX									
5. 2014 .....	XXX	XXX	XX								
6. 2015 .....	XXX	XXX	XX	XX							
7. 2016 .....	XXX	XXX	XX	XXX	XX						
8. 2017 .....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2020 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**SECTION 3**

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)										
	1 2011	2	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	2020
1. Prior .....											
2. 2011 .....											
3. 2012 .....	XXX										
4. 2013 .....	XXX	XXX									
5. 2014 .....	XXX	XXX	XX								
6. 2015 .....	XXX	XXX	XX	XX							
7. 2016 .....	XXX	XXX	XX	XXX	XX						
8. 2017 .....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2020 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)**  
**SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....	2,505				.16,016	
2. Private Passenger Auto Liability/Medical .....	4,146				7,315	
3. Commercial Auto/Truck Liability/Medical .....						
4. Workers' Compensation .....						
5. Commercial Multiple Peril .....						
6. Medical Professional Liability - Occurrence .....						
7. Medical Professional Liability - Claims - Made .....						
8. Special Liability .....						
9. Other Liability - Occurrence .....	36				24	
10. Other Liability - Claims-Made .....						
11. Special Property .....	82				1,952	
12. Auto Physical Damage .....	266				6,433	
13. Fidelity/Surety .....						
14. Other .....						
15. International .....						
16. Reinsurance - Nonproportional Assumed Property .....						
17. Reinsurance - Nonproportional Assumed Liability .....						
18. Reinsurance - Nonproportional Assumed Financial Lines .....						
19. Products Liability - Occurrence .....						
20. Products Liability - Claims-Made .....						
21. Financial Guaranty/Mortgage Guaranty .....						
22. Warranty .....						
23. Totals .....	7,035				31,740	

**SECTION 2**

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										
	1 2011	2	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	2020
1. Prior .....											
2. 2011 .....											
3. 2012 .....	XXX										
4. 2013 .....	XXX	XXX									
5. 2014 .....	XXX	XXX	XX								
6. 2015 .....	XXX	XXX	XX	XX							
7. 2016 .....	XXX	XXX	XX	XXX	XX						
8. 2017 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)										
	1 2011	2	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	2020
1. Prior .....											
2. 2011 .....											
3. 2012 .....	XXX										
4. 2013 .....	XXX	XXX									
5. 2014 .....	XXX	XXX	XX								
6. 2015 .....	XXX	XXX	XX	XX							
7. 2016 .....	XXX	XXX	XX	XXX	XX						
8. 2017 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE P INTERROGATORIES**

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? ..... Yes [ ] No [ X ]  
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? ..... \$ .....

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? ..... Yes [ ] No [ X ]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [ X ]

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? ..... Yes [ ] No [ ] N/A [ X ]

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....	.....	.....
1.602 2011 .....	.....	.....
1.603 2012 .....	.....	.....
1.604 2013 .....	.....	.....
1.605 2014 .....	.....	.....
1.606 2015 .....	.....	.....
1.607 2016 .....	.....	.....
1.608 2017 .....	.....	.....
1.609 2018 .....	.....	.....
1.610 2019 .....	.....	.....
1.611 2020 .....	.....	.....
1.612 Totals .....	.....	.....

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

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

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

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

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

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

(in thousands of dollars)

5.1 Fidelity .....  
5.2 Surety .....

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

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

7.2 (An extended statement may be attached.)

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

## SCHEDULE Y

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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY**  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

Responses

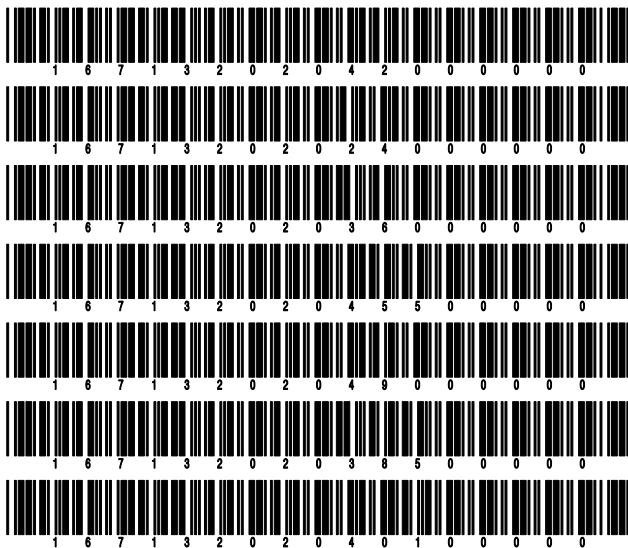
MARCH FILING		
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING		
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
35.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO
37.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
38.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

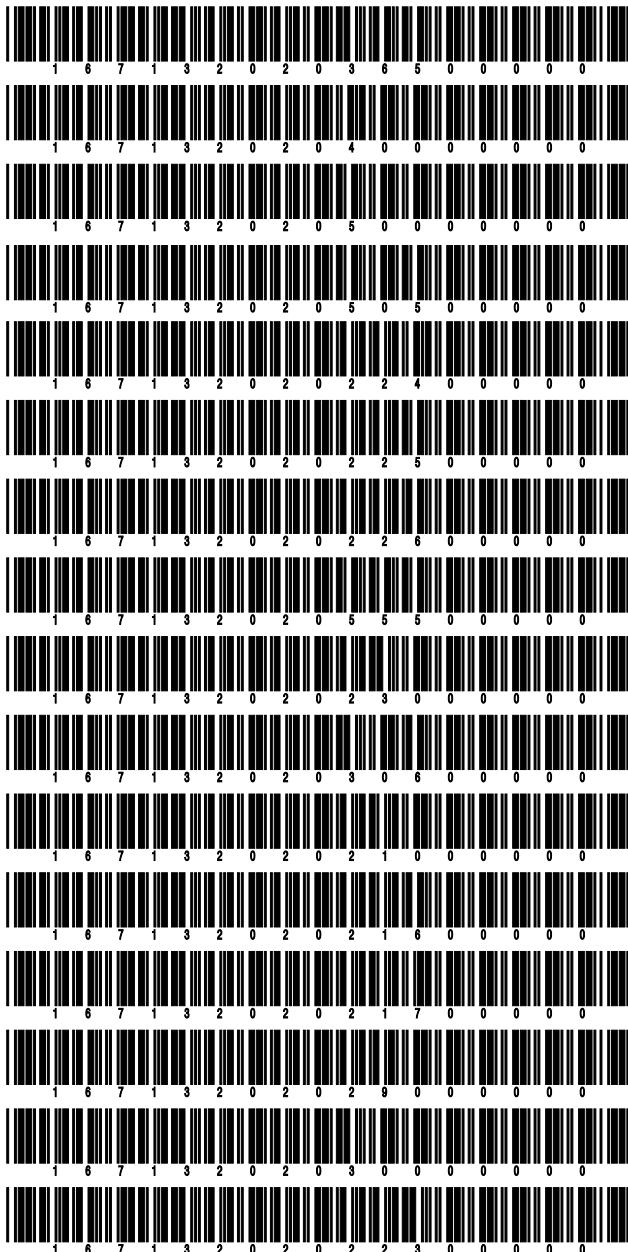
Explanations:

12. SIS Stockholder Information Supplement [Document Identifier 420]
13. Financial Guaranty Insurance Exhibit [Document Identifier 240]
14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
15. Supplement A to Schedule T [Document Identifier 455]
16. Trusteed Surplus Statement [Document Identifier 490]
17. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]
18. Reinsurance Summary Supplemental Filing [Document Identifier 401]



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

- 19. Medicare Part D Coverage Supplement [Document Identifier 365]
- 22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]
- 23. Bail Bond Supplement [Document Identifier 500]
- 24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]
- 25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 27. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 28. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]
- 29. Credit Insurance Experience Exhibit [Document Identifier 230]
- 30. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 31. Accident and Health Policy Experience Exhibit [Document Identifier 210]
- 32. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 33. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 35. Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]
- 36. Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]
- 38. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**OVERFLOW PAGE FOR WRITE-INS**

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