



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

Ohio

State of Domicile or Port of Entry

OH

Country of Domicile

United States of America

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

Piqua, OH, US 45356

(Street and Number)

(City or Town, State, Country and Zip Code)

937-778-5000

(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

Piqua, OH, US 45356

(Street and Number)

(City or Town, State, Country and Zip Code)

937-778-5000

(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

(E-mail Address)

(FAX Number)

OFFICERS

President

John Michael Brooks

Treasurer

Jerry Christopher Collins

Secretary

Lisa Lyn Wesner

Chief Underwriting Officer

Robert Edward Bornhorst

OTHER

Jon Allen DeHass, VP - Claims

DIRECTORS OR TRUSTEES

William L. Sweet Jr.

Zahid Afzal #

Jule A. Covault

John S. Haldeman II

James D. Rogers

Jean M. Bratton

Oyauma 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

Lisa Lyn Wesner

Jerry Christopher Collins

President & CEO

VP & Secretary

CFO & Treasurer

Subscribed and sworn to before me this

a. Is this an original filing?

day of

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

Yes [X] No []



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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												1,505
35. TOTALS (a)												1,505
DETAILS OF WRITE-INS												
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 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 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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire									(38)			
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								(950)	(2,253)			
4. Homeowners multiple peril .....								.11	(815)			
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									(59)			
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					101	(48,274)		29	(16,836)			
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage					(3,349)	(3,349)		116	(113)	105		
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												1,470
35. TOTALS (a)					(3,248)	(51,623)		(794)	(20,114)	105		1,470
DETAILS OF WRITE-INS												
3401. State Fee												1,470
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)												1,470

(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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire									(2,968)			
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									(2,968)			
4. Homeowners multiple peril								313	(3,397)			
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					10,811	(245,939)		21,362	(17,331)	6,257		
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage						(37,628)		184	(3,155)			
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												884
35. TOTALS (a)					10,811	(283,567)		21,859	(29,819)	6,257		884
DETAILS OF WRITE-INS												
3401. State Fee												884
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)												884

(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 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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												858
35. TOTALS (a)												858
DETAILS OF WRITE-INS												
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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	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
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage					(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												420
35. TOTALS (a)					(267)	(267)						420
DETAILS OF WRITE-INS												
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 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 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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood	1,124	1,128		577							204	27
3. Farmowners multiple peril	3,752,617	3,766,558		1,820,345	1,855,082	1,802,502	699,371	27,331	61,296	151,098	624,339	81,865
4. Homeowners multiple peril	2,532,461	2,661,601		1,229,043	1,304,166	1,206,856	340,098	15,000	15,833	88,766	421,336	55,246
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		26,621	9,948	9,938	4,419				9,218	1,209
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		62,813		22,254	93,032		7,000	6,745	22,042	2,890
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		121,980	110,665	54,234	91,763	79	(3,733)	18,907	43,741	5,735
19.2 Other private passenger auto liability	1,453,946	1,533,841		669,561	729,878	585,141	596,076	11,636	31,313	18,960	241,899	31,718
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		876,263	1,097,425	1,040,371	35,611	1,465	(534)	22,433	318,964	41,823
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		4,807,203	5,107,164	4,721,296	1,860,370	55,511	111,175	306,909	1,681,743	220,513
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 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 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												915
35. TOTALS (a)												915
DETAILS OF WRITE-INS												
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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												1,183
35. TOTALS (a)												1,183
DETAILS OF WRITE-INS												
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 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 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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire										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)		4,324	980			
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												425
35. TOTALS (a)					7,577	(22,423)		4,324	980	1,301		425
DETAILS OF WRITE-INS												
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 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 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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												1,300
35. TOTALS (a)												1,300
DETAILS OF WRITE-INS												
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 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 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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												899
35. TOTALS (a)												899
DETAILS OF WRITE-INS												
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 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 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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	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
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire									(42)			
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)												
19.2 Other private passenger auto liability					73,046	(45,281)		231	(27,853)			
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												1,050
35. TOTALS (a)					233,645	(33,041)		4,224	(35,641)	2,937		1,050
DETAILS OF WRITE-INS												
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 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 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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												665
35. TOTALS (a)												665
DETAILS OF WRITE-INS												
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 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 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	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	2,200,222	2,203,651		1,095,773	832,756	843,963	58,296	3,047	3,357	6,405	353,769	34,014
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		2,189							726	78
3. Farmowners multiple peril	11,049,840	11,156,182		5,305,899	5,171,790	5,242,963	1,916,800	58,596	82,364	259,996	1,794,971	194,965
4. Homeowners multiple peril	8,757,890	8,871,915		4,407,133	5,373,447	5,428,522	1,432,728	66,249	56,837	138,829	1,421,789	151,545
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		124,788	30,084	33,044	21,046				40,758	4,281
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		292,263	1,458,334	1,623,309	565,719		8,468	11,168	103,081	10,581
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		121,980	110,665	54,234	91,763	79	(3,733)	18,907	43,741	5,735
19.2 Other private passenger auto liability	8,118,340	8,309,921		3,864,822	4,434,661	4,132,923	4,379,050	223,416	197,859	627,860	1,312,747	134,822
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		3,454,064	4,181,678	4,207,487	194,865	13,929	23,602	50,387	1,180,957	125,123
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												11,574
35. TOTALS (a)	38,570,904	38,996,519		18,668,911	21,593,415	21,566,445	8,660,267	365,316	368,754	1,113,552	6,252,539	672,718
DETAILS OF WRITE-INS												
3401. State Fee												11,574
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)												11,574

(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)

[illegible]

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

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Canceled) during Current Year

1	2	3	4	5	6
ID Number	NAIC Com- pany Code	Name of Company	Date of Contract	Original Premium	Reinsurance Premium
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 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		
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	Axis 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		142		42		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	2		172		(7)		179	
		National Union Fire Insurance Company of																	
25-0687550	19445	Pittsburgh, PA	PA			1								1				1	
23-2153760	39675	PMA Capital	PA													33		(33)	
13-1675535	25364	Swiss Reinsurance America Corporation	NY		356	21		1						22		(10)		32	
13-2918573	42439	The Toa Reinsurance Company Of America	DE													28		(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		643	
AA-1840000		Mapfre Re, Compañia 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	27
AA-1460080		HELVETIA SCHWEIZERISCHE VERSICHERUNGS	CHE		253	6		18		53	14	86		177		58		119	
		Devk Rückversicherungs und Beteiligungs AG																	
AA-1340028			DEU		89	5								5		(2)		7	
AA-1560350		Farm Mutual Reinsurance Plan Inc.	CAN																3
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	104	4,829	2,080
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																				
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 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
35-1630739	Home and Farm Insurance Company					1,469			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
01999999	Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX		1,469			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
04999999	Total Authorized - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
07999999	Total Authorized - Affiliates - Other (Non-U.S.)			XXX											XXX		
08999999	Total Authorized - Affiliates			XXX		1,469									XXX		
06-1182357	Allied World Insurance Company						1		1	1		1		1	3		
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	8		8	3		
06-1430254	Arch Reinsurance Company						44		44	53		53		53	2		2
51-0434766	Axis Reinsurance Company					(1)	7		6	7	(1)	8		8	3		
47-0574325	Berkley Insurance Company					(5)	5			(5)	5	5		5	2		
42-0234980	Employers Mutual Casualty Company					142	427		569	683	142	541		541	3		26
22-2005057	Everest Reinsurance Company						207		207	248		248		248	2		10
03-0350908	Endurance American Insurance Company						40		40	48		48		48	2		2
05-0316605	Factory Mutual Insurance Company					42	100		142	170	42	128		128	2		5
42-0245840	Farmers Mutual Hail Insurance Company Of Iowa					(3)	3			(3)	3	3		3	4		
13-2673100	General Reinsurance Corporation					268	684		952	1,142	268	874		874	1		31
04-1543470	Liberty Mutual Insurance Company					204	615		819	983	204	779		779	3		37
13-4924125	Munich Reinsurance America, Inc.					(7)	179		172	206	(7)	213		213	2		9
	National Union Fire Insurance Company of Pittsburgh, PA																
25-0687550							1		1	1		1		1	3		
23-2153760	PMA Capital														3		
13-1675535	Swiss Reinsurance America Corporation					(10)	32		22	26	(10)	36		36	2		1
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		41
09999999	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	Hannover Rück SE					233	643		876	1,051	233	818		818	2		34
AA-1840000	Mapfre Re, Compañía de Reaseguros S. A.					(3)	3			(3)	3	3		3	3		
AA-1120184	Lloyd's Underwriter Syndicate No. 3268					(1)	4		3	4	(1)	5		5	6		1
12999999	Total Authorized - Other Non-U.S. Insurers			XXX		226	653		879	1,055	226	829		829	XXX		34
14999999	Total Authorized Excluding Protected Cells (Sum of 08999999, 09999999, 10999999, 11999999 and 12999999)			XXX		2,561	3,806		4,898	5,878	1,092	4,786		4,786	XXX		202
18999999	Total Unauthorized - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
21999999	Total Unauthorized - Affiliates - Other (Non-U.S.)			XXX											XXX		
22999999	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	8	
AA-1340028	Devk Rückversicherungs 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		
26999999	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	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			207,745	XXX		185			185	222	60	162	162		XXX	8	
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX											XXX		
3699999. Total Certified - Affiliates				XXX											XXX		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX											XXX		
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				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	202
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				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 Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50		
		37 Current	Overdue					43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)												
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41													
35-1630739 ...	Home and Farm Insurance Company	254						254			254								YES	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling		254						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			254								XXX	
06-1182357 ...	Allied World Insurance Company	1						1			1								YES	
95-3187355 ...	Allianz Global Risks US Insurance Company	5						5			5								YES	
36-2661954 ...	American Agricultural Insurance Company																		YES	
06-1430254 ...	Arch Reinsurance Company	14						14			14								YES	
51-0434766 ...	Axis Reinsurance Company	6						6			6								YES	
47-0574325 ...	Berkley Insurance Company																		YES	
42-0234980 ...	Employers Mutual Casualty Company	38						38			38								YES	
22-2005057 ...	Everest Reinsurance Company	48						48			48								YES	
03-0350908 ...	Endurance American Insurance Company	1						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			60								YES	
04-1543470 ...	Liberty Mutual Insurance Company	64						64			64								YES	
13-4924125 ...	Munich Reinsurance America, Inc.	33						33			33								YES	
25-0687550 ...	National Union Fire Insurance Company of Pittsburgh, PA	1						1			1								YES	
23-2153760 ...	PMA Capital																		YES	
13-1675535 ...	Swiss Reinsurance America Corporation	21						21			21								YES	
13-2918573 ...	The Toa Reinsurance Company Of America																		YES	
13-5616275 ...	Transatlantic Reinsurance Company	90						90			90								YES	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		382						382			382								XXX	
AA-1120337 ...	Aspen Insurance UK Limited																		YES	
AA-1340125 ...	Hannover Rück SE	59						59			59								YES	
AA-1840000 ...	Mapfre Re, Compañía de Reaseguros S. A.																		YES	
AA-1120184 ...	Lloyd's Underwriter Syndicate No. 3268	3						3			3								YES	
1299999. Total Authorized - Other Non-U.S. Insurers		62						62			62								XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		698						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			3								YES	
AA-1460080 ...	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	6						6			6								YES	
AA-1340028 ...	Devk Rückversicherungs und Beteiligungs AG	5						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 Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37 Current	Overdue															43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41											
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						14			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													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
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				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0899999. Total Authorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
06-1182357	Allied World 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				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120337	Aspen Insurance UK Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1340125	Hannover Rück 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				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2299999. Total Unauthorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-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														69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)	
		54 Certified Reinsurer Rating (1 through 6)	55 Effective Date of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catastrophe Recoverables Qualifying for Collateral Deferral	58 Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Complete if Col. 52 = "No"; Otherwise Enter 0			
														66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)		68 20% of Amount in Col. 67
2699999. Total Unauthorized - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX				XXX	XXX								
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX				XXX	XXX								
3699999. Total Certified - Affiliates				XXX				XXX	XXX								
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX				XXX	XXX								
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				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	
5099999. Total Reciprocal Jurisdiction - Affiliates				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	
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%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
35-1630739	Home and Farm Insurance Company		XXX	XXX				XXX	XXX	
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling		XXX	XXX				XXX	XXX	
0499999	Total Authorized - Affiliates - U.S. Non-Pool		XXX	XXX				XXX	XXX	
0799999	Total Authorized - Affiliates - Other (Non-U.S.)		XXX	XXX				XXX	XXX	
0899999	Total Authorized - Affiliates		XXX	XXX				XXX	XXX	
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, Compañia 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%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
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		
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3699999. Total Certified - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX	XXX				XXX	XXX	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX	XXX				XXX	XXX	
5099999. Total Reciprocal Jurisdiction - Affiliates			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)

[illegible]

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:

	1	2	3
	Name of Reinsurer	Commission Rate	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.

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

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

ANNUAL STATEMENT FOR THE YEAR 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)
ASSETS (Page 2, Col. 3)			
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. Totals (Line 28)	57,199,630	2,319,824	59,519,454
LIABILITIES (Page 3)			
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. Totals (Line 38)	57,199,630	2,319,823	59,519,453

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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....									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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		1
2. 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(6)						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	7,774	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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....													
2. 2011.....													
3. 2012.....													
4. 2013.....													
5. 2014.....	1								2			3	2
6. 2015.....					6	2			1			5	1
7. 2016.....	24	4			21	4			2			39	1
8. 2017.....	62				7	13			5		33	61	5
9. 2018.....	147		185	25	58		27	8	10		31	394	8
10. 2019.....	906	273	363	43	29		62	19	18		67	1,043	19
11. 2020.....	1,275	169	1,291	162	5		416	152	98	1	124	2,601	112
12. Totals	2,415	446	1,839	230	126	19	505	179	136	1	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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				1	2
6. 2015.....	9,798	2,578	7,220	82.8	76.6	85.3					5
7. 2016.....	8,621	1,509	7,112	74.7	61.9	78.1				20	19
8. 2017.....	8,580	741	7,839	79.6	68.1	80.9				62	(1)
9. 2018.....	5,430	306	5,124	62.0	31.2	65.9				307	87
10. 2019.....	6,417	997	5,420	76.0	101.8	72.7				953	90
11. 2020.....	5,124	484	4,640	62.7	62.1	62.8				2,235	366
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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 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

NONE

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

NONE

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

NONE

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

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

(\$000 OMITTED)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	(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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		1
2. 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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX	(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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior	(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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	(46)	3
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	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	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	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	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	XXX							
7. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
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	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	XXX							
7. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
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	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	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				XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....												
2. 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				XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

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

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SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 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	XXX	XXX	XXX	XXX	XXX	XXX	231	11	(747)	(758)	(978)
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,608	4,662	54	XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,969	XXX	XXX
4. Totals											(704)	(978)

SCHEDULE P - PART 2K - FIDELITY/SURETY

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

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

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

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

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

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

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

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SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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	XXX	XXX	XXX	XXX	XXX	XXX	.000	41	(703)		
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,397	4,634	1,581	347
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,742	1,134	153

SCHEDULE P - PART 3K - FIDELITY/SURETY

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

NONE

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

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

NONE

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	XXX						XXX	XXX
8. 2017.....	XXX	XXX	XXX	XXX	XXX	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

NONE

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

N O N E

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

N O N E

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

N O N E

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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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	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 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	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 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	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 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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

1. Prior.....	230	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	XX						
7. 2016.....	XXX	XXX	XX	XX	XX					
8. 2017.....	XXX	XXX	XX	XX	XX	XX				
9. 2018.....	XXX	XXX	XX	XXX	XXX	XX	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 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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	XXX	XXX	XXX	XXX	XXX	XXX	427	154	44
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	367	87
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	314

SCHEDULE P - PART 4K - FIDELITY/SURETY

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

NONE

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

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

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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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

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SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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		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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....											
3. 2012.....	XXX										
4. 2013.....	XXX	XXX									
5. 2014.....	XXX	XXX									
6. 2015.....	XXX	XXX									
7. 2016.....	XXX	XXX									
8. 2017.....	XXX	XXX									
9. 2018.....	XXX	XXX									
10. 2019.....	XXX	XXX									
11. 2020.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

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

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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	563
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	563
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	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	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	XXX	703	703	703	703	703	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	666	666	666	666	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	555	555	555	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	506	506	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	540	540
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	540
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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
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	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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
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	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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	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 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	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama	AL				
2.	Alaska	AK				
3.	Arizona	AZ				
4.	Arkansas	AR				
5.	California	CA				
6.	Colorado	CO				
7.	Connecticut	CT				
8.	Delaware	DE				
9.	District of Columbia	DC				
10.	Florida	FL				
11.	Georgia	GA				
12.	Hawaii	HI				
13.	Idaho	ID				
14.	Illinois	IL				
15.	Indiana	IN				
16.	Iowa	IA				
17.	Kansas	KS				
18.	Kentucky	KY				
19.	Louisiana	LA				
20.	Maine	ME				
21.	Maryland	MD				
22.	Massachusetts	MA				
23.	Michigan	MI				
24.	Minnesota	MN				
25.	Mississippi	MS				
26.	Missouri	MO				
27.	Montana	MT				
28.	Nebraska	NE				
29.	Nevada	NV				
30.	New Hampshire	NH				
31.	New Jersey	NJ				
32.	New Mexico	NM				
33.	New York	NY				
34.	North Carolina	NC				
35.	North Dakota	ND				
36.	Ohio	OH				
37.	Oklahoma	OK				
38.	Oregon	OR				
39.	Pennsylvania	PA				
40.	Rhode Island	RI				
41.	South Carolina	SC				
42.	South Dakota	SD				
43.	Tennessee	TN				
44.	Texas	TX				
45.	Utah	UT				
46.	Vermont	VT				
47.	Virginia	VA				
48.	Washington	WA				
49.	West Virginia	WV				
50.	Wisconsin	WI				
51.	Wyoming	WY				
52.	American Samoa	AS				
53.	Guam	GU				
54.	Puerto Rico	PR				
55.	U.S. Virgin Islands	VI				
56.	Northern Mariana Islands	MP				
57.	Canada	CAN				
58.	Aggregate Other Alien	OT				
59.	Total					

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	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

[illegible]








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

ANNUAL STATEMENT FOR THE YEAR 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
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