

MUTUAL PROTECTIVE ANNUAL STATEMENT INSTRUCTIONS

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

BONDS

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

STOCKS

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

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

ANNUAL STATEMENT

For the Year Ended December 31 , 2021

OF THE CONDITION AND AFFAIRS OF THE

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

ORGANIZED UNDER THE LAWS OF THE STATE OF OHIO

Made to the

INSURANCE COMMISSIONER OF THE STATE OF OHIO

Pursuant to the Laws thereof

| | | | |
|---------------------------------|---|--|-------------------|
| NAIC Company Code | 10272 | | |
| Home Office | 13439 WOODWORTH RD Street and Number | NEW SPRINGFIELD 44443 City Zip Code | OH |
| Mail Address | PO BOX 228 Street and Number | NEW SPRINGFIELD 44443 City Zip Code | OH |
| Main Administrative Office | 330-549-2880 Telephone Number | | |
| Organized | JANUARY 1, 1892 | Commenced Business | SEPTEMBER 1, 1852 |
| Annual Statement Contact Person | CHRISTINE A SEIFERT | Telephone Number | 330-549-2880 |
| Contact Person Email Address | cseifert@springfieldmutual.com | | |

OFFICERS

| | | | |
|-----------|---------------------|----------------|---------------------|
| President | J DANIEL SIMON | Vice President | LEE F KOHLER |
| Secretary | CHRISTINE A SEIFERT | Treasurer | CHRISTINE A SEIFERT |

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

| | | | |
|----------------|-----------------|---------------------|-----------------|
| J DANIEL SIMON | LEE F KOHLER | DONALD H SNYDER, JR | MICHAEL W BACON |
| WYNN A COOPER | MARLENE M WENTZ | | |
| | | | |
| | | | |

State of Ohio

County of

MAHONING

| | | | |
|----------------|---------------|---------------------|------------------|
| J DANIEL SIMON | President and | CHRISTINE A SEIFERT | Secretary of the |
|----------------|---------------|---------------------|------------------|

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION, being duly sworn each for himself/herself deposes and says, that they are the above described officers of said reporting entity, and that on the reporting period stated above all the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, with the schedules and explanations herein contained, annexed or referred to, is a full and correct statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, according to the best of their information, knowledge and belief, respectively.

Subscribed and sworn to before me, this _____

day of _____ 20____

Notary Public

| |
|---|
| President |
| Secretary |
| Signature of Person Preparing Statement |

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

2021

ASSETS

| | | Assets Current Year | Nonadmitted Assets Current Year | Net Admitted Assets Current Year | Net Admitted Assets Prior Year |
|------|--|--------------------------------|--|---|---|
| 1 | Bonds (Schedule D - Part 1) | 0.00 | 0.00 | 0.00 | |
| 2 | Preferred stocks, common stocks and mutual funds (Schedule D - Part 2) | 346,047.75 | 0.00 | 346,047.75 | 330,606.29 |
| 3 | Real estate (less liens, encumbrances) (Schedule A) | 26,513.37 | 0.00 | 26,513.37 | 35,104.37 |
| 4 | Cash (Schedule E) | 4,094,151.33 | 0.00 | 4,094,151.33 | 3,650,970.42 |
| 5 | Short-term investments | | 0.00 | 0.00 | |
| 6 | Aggregate write-ins for invested assets | | 0.00 | 0.00 | |
| 7 | Subtotals, cash and invested assets | 4,466,712.45 | 0.00 | 4,466,712.45 | 4,016,681.08 |
| 8 | Investment income due and accrued | 3,316.83 | 0.00 | 3,316.83 | 5,614.22 |
| 9.1 | Assessments or premiums in the course of collection (including agents balances) | | 0.00 | 0.00 | |
| 9.2 | Deferred premiums, agents' balances and installments booked but deferred and not yet due | | 0.00 | 0.00 | |
| 9.3 | Earned but unbilled premiums (post assessment) | 26,445.00 | 0.00 | 26,445.00 | 27,330.00 |
| 10.1 | Amounts recoverable from reinsurers | 7,873.00 | 0.00 | 7,873.00 | 118,297.00 |
| 10.2 | Funds held by or deposited with reinsured companies | | 0.00 | 0.00 | |
| 11.1 | Current federal income tax recoverable and interest thereon | | 0.00 | 0.00 | 3,706.00 |
| 11.2 | Net deferred tax asset | | 0.00 | 0.00 | |
| 12 | Electronic data processing equipment and software | | 0.00 | 0.00 | |
| 13 | Furniture and equipment | | 0.00 | 0.00 | |
| 14 | Receivables from parent, subsidiaries and affiliates | | 0.00 | 0.00 | |
| 15 | Aggregate write-ins for other than invested assets | 0.00 | 0.00 | 0.00 | 0.00 |
| 16 | Total Assets | 4,504,347.28 | 0.00 | 4,504,347.28 | 4,171,628.30 |
| | Details of Write-Ins for Assets: | | | | |
| 1501 | | | | 0.00 | |
| 1502 | | | | 0.00 | |
| 1503 | | | | 0.00 | |
| 1598 | Summary or remaining write-ins from overflow page | 0.00 | 0.00 | 0.00 | 0.00 |
| 1599 | Total aggregate write-ins | 0.00 | 0.00 | 0.00 | 0.00 |

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

2021

LIABILITIES, SURPLUS AND OTHER FUNDS

| | | Current Year | Prior Year |
|------|---|---------------------|-------------------|
| 1 | Unpaid Losses (Underwriting Exhibit - Part 2A) | 29,127.00 | 121,895.00 |
| 2 | Unpaid loss adjustment expenses (Underwriting Exhibit - Part 2A) | 5,000.00 | 5,000.00 |
| 3 | Commissions due and payable to agents | 21,804.98 | 20,306.33 |
| 4 | Other expenses (excluding taxes, licenses and fees) | 2,271.37 | 2,138.77 |
| 5 | Taxes, licenses and fees (excluding federal income taxes) | 1,165.00 | 631.00 |
| 6 | Current federal income taxes (including \$0 on realized capital gains (losses)) | 19,500.00 | |
| 7 | Net deferred tax liability | | |
| 8 | Borrowed money and interest thereon | | |
| 9 | Unearned assessment/premium reserve | 586,746.25 | 606,976.75 |
| 10 | Advance premium | | |
| 11 | Ceded reinsurance premiums payable | 32,766.00 | 33,706.00 |
| 12 | Funds held by company under reinsurance treaties | | |
| 13 | Amounts withheld or retained by company for account of others | | |
| 14 | Provision for unauthorized reinsurance | | |
| 15 | Payable to parent, subsidiaries and affiliates | | |
| 16 | Aggregate write-ins for liabilities | 0.00 | 0.00 |
| 17 | Total liabilities | 698,380.60 | 790,653.85 |
| 18 | Surplus as regards policyholders | 3,805,966.68 | 3,380,974.45 |
| 19 | Total liabilities and surplus | 4,504,347.28 | 4,171,628.30 |
| | Details of Write-Ins for Liabilities: | | |
| 1601 | | | |
| 1602 | | | |
| 1603 | | | |
| 1698 | Summary or remaining write-ins from overflow page | 0.00 | 0.00 |
| 1699 | Total aggregate write-ins | 0.00 | 0.00 |

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION
STATEMENT OF INCOME

2021

| | | Current Year | Prior Year |
|------|---|--------------|--------------|
| | UNDERWRITING INCOME | | |
| 1.1 | Gross Assessments/Premiums earned | 2,007,702.27 | 2,012,903.08 |
| 1.2 | Less: Return Assessments/Premiums earned | 34,141.35 | 34,132.74 |
| 1.3 | Direct Assessments/Premiums earned | 1,973,560.92 | 1,978,770.34 |
| 1.4 | Deduct premiums for reinsurance ceded (Reinsurance Schedule) | 823,737.00 | 865,649.00 |
| 1.5 | Add premiums received for reinsurance assumed (Reinsurance Schedule) | 0.00 | |
| 1.6 | Net Assessments/Premiums earned | 1,149,823.92 | 1,113,121.34 |
| | DEDUCTIONS | | |
| 2 | Losses incurred (Underwriting Exhibit - Part 2) | 200,509.53 | 425,904.31 |
| 3 | Loss expenses incurred (Expense Exhibit) | 53,637.98 | 72,488.30 |
| 4 | Other underwriting expenses incurred (Expense Exhibit) | 469,953.38 | 429,126.30 |
| 5 | Aggregate write-ins for underwriting deductions | 0.00 | 0.00 |
| 6 | Total underwriting deductions | 724,100.89 | 927,518.91 |
| 7 | Net underwriting gain (loss) | 425,723.03 | 185,602.43 |
| | INVESTMENT INCOME | | |
| 8 | Net investment income earned | 21,081.57 | 42,807.85 |
| 9 | Net realized capital gains (losses) less capital gains tax | 0.00 | |
| 10 | Net investment gain (loss) | 21,081.57 | 42,807.85 |
| | OTHER INCOME | | |
| 11 | Net gain (loss) from agents' or premium balances charged off | | |
| 12 | Finance and service charges not included in premiums | 27,840.30 | 29,440.11 |
| 13 | Aggregate write-ins for miscellaneous income | 43,821.87 | 44,838.85 |
| 14 | Total other income | 71,662.17 | 74,278.96 |
| 15 | Net income, after capital gains tax and before federal income taxes | 518,466.77 | 302,689.24 |
| 16 | Federal income taxes incurred | 108,916.00 | 56,077.87 |
| 17 | Net income | 409,550.77 | 246,611.37 |
| | SURPLUS ACCOUNT | | |
| 18 | Surplus as regards policyholders, December 31 prior year | 3,380,974.45 | 3,121,354.16 |
| 19 | Net income | 409,550.77 | 246,611.37 |
| 20 | Change in net unrealized capital gains or (losses) less capital gains tax | 15,441.46 | 13,008.92 |
| 21 | Change in net deferred income tax | | |
| 22 | Change in nonadmitted assets (Exhibit of Nonadmitted Assets) | 0.00 | |
| 23 | Change in provision for reinsurance | | |
| 24 | Aggregate write-ins for gains and losses in surplus | 0.00 | 0.00 |
| 25 | Change in surplus as regards policyholders for the year | 424,992.23 | 259,620.29 |
| 26 | Surplus as regards policyholders, December 31 current year | 3,805,966.68 | 3,380,974.45 |
| | DETAILS OF WRITE-INS | | |
| 0501 | | | |
| 0502 | | | |
| 0503 | | | |
| 0599 | Total Aggregate write-ins for underwriting deductions | 0.00 | 0.00 |
| 1301 | misc income | 14,207.00 | 22,017.07 |
| 1302 | mine sub; uoi payments; wm payments | 29,614.87 | 22,821.78 |
| 1303 | | | |
| 1304 | | | |
| 1399 | Total Aggregate write-ins for miscellaneous income | 43,821.87 | 44,838.85 |
| 2401 | | | |
| 2402 | | | |
| 2499 | Total Aggregate write-ins for gains and losses in surplus | 0.00 | 0.00 |

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

2021

CASH FLOW STATEMENT

| | | Current Year | Prior Year |
|---|--|--------------|--------------|
| Cash from Operations | | | |
| 1 | Premiums/Assessments collected net of reinsurance | 1,284,502.42 | 1,264,482.78 |
| 2 | Net investment income | 23,378.96 | 45,900.91 |
| 3 | Miscellaneous income | 72,025.52 | 72,878.19 |
| 4 | Total | 1,379,906.90 | 1,383,261.88 |
| 5 | Benefit and loss related payments | 236,491.51 | 536,250.10 |
| 6 | Commissions, expenses paid and aggregate write-ins for deductions | 614,524.48 | 587,314.55 |
| 7 | Federal and foreign income taxes paid (recovered) | 85,710.00 | 48,294.00 |
| 8 | Total | 936,725.99 | 1,171,858.65 |
| 9 | Net cash from operations | 443,180.91 | 211,403.23 |
| Cash from Investments | | | |
| 10 | Proceeds from investments sold, matured or repaid: | | |
| 10.1 | Bonds | | |
| 10.2 | Stocks | | |
| 10.3 | Real estate | | |
| 10.4 | Net gains (losses) on cash, cash equivalents and short- term investments | | |
| 10.5 | Miscellaneous proceeds | | |
| 10.6 | Total investment proceeds | 0.00 | 0.00 |
| 11 | Cost of investments acquired (long-term only): | | |
| 11.1 | Bonds | | |
| 11.2 | Stocks | | |
| 11.3 | Real estate | | |
| 11.4 | Miscellaneous applications | | |
| 11.5 | Total investments acquired | 0.00 | 0.00 |
| 11.6 | Net cash from investments | 0.00 | 0.00 |
| Cash from Financing and Miscellaneous Sources | | | |
| 12.1 | Borrowed funds (cash provided/applied) | | |
| 12.2 | Other cash provided (applied) | | |
| 13 | Net cash from financing and miscellaneous sources | 0.00 | 0.00 |
| RECONCILLIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 14 | Net change in cash, cash equivalents and short-term investments | 443,180.91 | 211,403.23 |
| 15.1 | Beginning of year (cash, cash equivalents and short-term investments) | 3,650,970.42 | 3,439,567.19 |
| 15.2 | End of year (cash, cash equivalents and short-term investments) | 4,094,151.33 | 3,650,970.42 |

**ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION**

2021

EXPENSE EXHIBIT

| | | Current Year |
|-----------------------|---|--------------|
| 1.1 | Claim Adjusting: Direct | 0.00 |
| 1.2 | Reinsurance assumed | 0.00 |
| 1.3 | Reinsurance ceded excluding contingent (commission and brokerage) | 0.00 |
| 1.4 | Net claim adjusting | 0.00 |
| 2.1 | Commission and Brokerage: Direct commission and brokerage | 284,314.75 |
| 2.2 | Reinsurance assumed excluding contingent | |
| 2.3 | Reinsurance ceded excluding contingent (commission and brokerage) | 158,919.00 |
| 2.4 | Contingent - direct (commission and brokerage) | 0.00 |
| 2.5 | Contingent - reinsurance assumed (commission and brokerage) | 0.00 |
| 2.6 | Contingent - reinsurance ceded (commission and brokerage) | 0.00 |
| 2.7 | Policy and membership fees (commission and brokerage) | 0.00 |
| 2.8 | Net commission and brokerage | 125,395.75 |
| 3 | Allowances to managers and agents | 0.00 |
| 4 | Advertising | 3,591.71 |
| 5 | Boards, bureaus and associations | |
| 6 | Surveys and underwriting reports | 0.00 |
| 7 | Audit of assureds' records | 0.00 |
| 8.1 | Salary and related items: Salaries | 160,400.16 |
| 8.2 | Payroll taxes | 12,753.61 |
| 9 | Employee relations and welfare | 0.00 |
| 10 | Insurance | 0.00 |
| 11 | Directors' fees | 32,700.00 |
| 12 | Travel and travel items | |
| 13 | Rent and rent items | 0.00 |
| 14 | Equipment | 0.00 |
| 15 | Cost or depreciation of EDP equipment and software | 18,049.56 |
| 16 | Printing and stationery | 10,971.30 |
| 17 | Postage, telephone, exchange and express | 9,199.36 |
| 18 | Legal and auditing | 3,273.45 |
| 19 | Loss adjustment expenses | 53,637.98 |
| 18 | Investment expenses | 0.00 |
| 19 | Totals | 304,577.13 |
| 20.1 | Taxes, licenses and fees: State and local insurance taxes | 261.00 |
| 20.2 | Insurance department licenses and fees | 27,092.25 |
| 20.3 | All other (excluding federal income and real estate) | 0.00 |
| 20.4 | Total taxes, licenses and fees | 27,353.25 |
| 21 | Real estate expenses | 10,574.59 |
| 22 | Real estate taxes | 2,781.50 |
| 23 | Aggregate write-ins for miscellaneous expenses | 52,909.14 |
| 24 | Total expenses incurred (a) | 523,591.36 |
| 25 | Less unpaid expenses - current year | 0.00 |
| 26 | Add unpaid expenses - prior year | 0.00 |
| 27 | Total expenses paid | 523,591.36 |
| Details of Write-Ins: | | |
| 2301 | utilities;security;trash;clen serv';awn serv | 13,518.21 |
| 2302 | E&O;dues/fees;bond;educ | 24,726.65 |
| 2303 | bk fee;relifund;prem ref;dep exp | 14,664.28 |
| 2304 | | |
| 2305 | | |
| 2399 | Total Write-ins | 52,909.14 |

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

ANNUAL STATEMENT FOR THE YEAR 2021
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

INSURANCE IN FORCE

| | | Amount (dollars) | Number |
|---|---|-----------------------------|---------------|
| 1 | In force December 31 of previous year (to equal prior year's statement) | 289,732,940 | 3,095 |
| 2 | Written during the year | 22,992,300 | 198 |
| 3 | Total | 312,725,240 | 3,293 |
| 4 | Deduct those expired and cancelled | 34,702,200 | 359 |
| 5 | In force December 31 of current year | 278,023,040 | 2,934 |
| 6 | Deduct amount reinsured | 116,837,819 | XXX |
| 7 | Net amount in force | 161,185,221 | XXX |

**ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION**

2021

**UNDERWRITING EXHIBIT - PART 2
LOSSES INCURRED**

| 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------------------|------------------------------|--|---|---|---|
| Lines of Business | Direct Losses Incurred | Losses Incurred on Reinsurance Assumed | Deduct: Reinsurance Recovered on Incurred Losses | Deduct: Salvage and Subrogation Converted To Cash | * Net Losses Incurred Columns 2 and 3 minus Columns 4 and 5 |
| PHYSICAL DAMAGE TO PROPERTY | 339,363.07 | | 138,853.54 | - | 200,509.53 |
| | | | | | - |
| | | | | | - |
| | | | | | - |
| | | | | | - |
| | | | | | - |
| OVERFLOW AMOUNTS | | | | | - |
| Totals | \$ 339,363.07 | \$ - | \$ 138,853.54 | \$ - | \$ 200,509.53 |

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

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

| 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------------------|----------------------------|--|---|---|---|
| Lines of Business | Direct Unpaid Losses | Unpaid Losses on Reinsurance Assumed | Deduct: Reinsurance Recoverable on Unpaid Losses | ** Unpaid Loss Adjustment Expenses | *** Net Unpaid Losses Columns 2 and 3 minus Column 4 |
| PHYSICAL DAMAGE TO PROPERTY | 17,000.00 | | 7,873.00 | 5,000.00 | 9,127.00 |
| IBNR | 20,000.00 | | | | 20,000.00 |
| | | | | | - |
| | | | | | - |
| | | | | | - |
| | | | | | - |
| | | | | | - |
| OVERFLOW AMOUNTS | | | | | - |
| Totals | \$ 37,000.00 | \$ - | \$ 7,873.00 | \$ 5,000.00 | \$ 29,127.00 |

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

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

EXHIBIT OF NONADMITTED ASSETS

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

SCHEDULE A

Showing All Real Estate **OWNED** December 31 of Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-------------------------|---------------|---------------------|---------------|---|--------------------------|------------------------|---|---|---|
| Description of Property | Date Acquired | Name of Vendor | Actual Cost | Current Year Acquisitions or Permanent Improvements | Accumulated Depreciation | Amount of Encumbrances | Book Value End of Current Year (Col. 4+5-6-7) * | Gross Income Current Year (Real Estate) | Gross Expenses Current Year (Real Estate) |
| HOME OFFICE | 2/1/1991 | SPRINGFIELD TWP MUT | 311,263.37 | | 284,750.00 | | 26,513.37 | | 8,655.59 |
| | | | | | | | - | | |
| | | | | | | | - | | |
| | | | | | | | - | | |
| | | | | | | | - | | |
| OVERFLOW AMOUNTS | | | | | | | - | | |
| Totals | XXX | XXX | \$ 311,263.37 | \$ - | \$ 284,750.00 | \$ - | \$ 26,513.37 | \$ - | \$ 8,655.59 |

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

FURNITURE, FIXTURES and AUTOMOBILES

Showing All Furniture, Fixtures and Automobiles **OWNED** December 31 of Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|------------------|---------------|---------------------|--------------|---|--------------------------|------------------------|---|
| Description | Date Acquired | Name of Vendor | Actual Cost | Current Year Acquisitions or Permanent Improvements | Accumulated Depreciation | Amount of Encumbrances | Book Value End of Current Year (Col. 4+5-6-7) |
| OFFICE EQUIPMENT | 2/1/1991 | SPRINGFIELD TWP MUT | 25,736.23 | | 25,736.23 | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| OVERFLOW AMOUNTS | | | | | | | - |
| Totals | XXX | XXX | \$ 25,736.23 | \$ - | \$ 25,736.23 | \$ - | \$ - |

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

[illegible]

* Annual Statement Value

ANNUAL STATEMENT OF SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

REINSURANCE SCHEDULE

Reinsurance Ceded and Reinsurance Assumed

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|------------------------|------------------|---------------------|------------------------|------------------------|---------------------------|-------------------------------|---------|
| Reinsurer or Reinsured | Ceded or Assumed | Location of Company | Total Amount Reinsured | Total Premiums Ceded * | Total Premiums Assumed ** | Largest Risk Ceded or Assumed | Remarks |
| AM AG | 18.5 | CT | 21,614,997 | 152,565.00 | - | | |
| FARMERS MUTUAL HAIL | 8.75 | NY | 10,223,309 | 164,935.00 | - | | |
| EMPLOYERS MUTUAL | 20 | CT | 23,367,564 | 72,159.00 | - | | |
| HANNOVER | 7.5 | NY | 8,762,836.00 | 61,851.00 | - | | |
| REINAISSANCE RE | 20.08 | DC | 23,461,034 | 24,740.00 | - | | |
| SWISS RE | 18.5 | NY | 21,614,997 | 165,595.00 | - | | |
| PARTNER | 3 | NY | 3,505,135 | 152,565.00 | - | | |
| ASPEN/TOA | 3.67 | CT | 4,287,947 | 29,327.00 | - | | |
| OVERFLOW AMOUNTS | | | | | - | | |
| Totals | XXX | XXX | \$ 116,837,819 | \$ 823,737.00 | \$ - | XXX | XXX |

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

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

COMPENSATION SCHEDULE

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

| 1 | 2 | 3 | 4 | 5 Claim Adjustment Expenses | 6 Directors Fees & Expenses | 7 Travel & Travel Items | 8 All Other | 9 |
|------------------------|--------------------|---------------|--------------|--------------------------------------|--------------------------------------|----------------------------------|-----------------------|---------------|
| Name of Payee | Title | Salaries | Commissions | | | | | Total |
| Officers/Employees: | | | | | | | | |
| 1) J DANIEL SIMON | PRES/DIRECTOR | | 16,546.26 | | 6,400.00 | | | \$ 22,946.26 |
| 2) LEE F KOHLER | VICE PRES/DIRECTOR | | | | 5,500.00 | | | \$ 5,500.00 |
| 3) CHRISTINE A SEIFERT | SEC'Y-TREAS | 59,000.00 | | | 5,200.00 | | | \$ 64,200.00 |
| 4) MARLENE M WENTZ | ASST SECY-TREAS/UW | 52,400.00 | | | | | | \$ 52,400.00 |
| 5) CASEY L HARTLEY | CSR/UW | 49,000.16 | | | | | | \$ 49,000.16 |
| | | | | | | | | \$ - |
| Directors: | | | | | | | | |
| DONALD H SNYDER JR | | | | | 5,200.00 | | | \$ 5,200.00 |
| MICHAEL W BACON | | | | | 5,200.00 | | | \$ 5,200.00 |
| WYNN A COOPER | | | | | 5,200.00 | | | \$ 5,200.00 |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| Totals | XXXX | \$ 160,400.16 | \$ 16,546.26 | \$ - | \$ 32,700.00 | \$ - | \$ - | \$ 209,646.42 |

GENERAL INTERROGATORIES

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

| | | | | | | | |
|-----|---|--|-------------------------|---|--------------------------|-------|----------|
| 1. | Company's retention: | Fire | \$40,000 | Wind | \$40,000 | Other | \$40,000 |
| 1a. | Retention before reinsurance applies for: | Catastrophe Reinsurance | | | Aggregate excess of loss | | |
| 2. | What is the largest risk assumed and retained: | | \$40,000 | | | | |
| 3. | What kind of perils are being covered? | FIRE & EXTENDED COVERAGE | | | | | |
| 4. | Have the by-laws been amended during the current year? | | NO | If so, were such amendments filed with the Ohio Department of Insurance? | | | |
| 5. | In what counties does the Company operate: | STATE OF OHIO | | | | | |
| 6. | Name of Principal Officer and amount of bond. | CHRISTINE A SEIFERT \$100,000 | | | | | |
| 7. | Are all of the persons who handle funds of the Company bonded? | Yes | X | No | | | |
| | State the name and amount of each bond on each, except person named in Item 6 above. | MARLENE M WENTZ \$100,000 CASEY L HARTLEY \$100,000 | | | | | |
| 8. | Does the Company have an annual audit conducted by an independent CPA? | | No | | | | |
| 9. | State the number of members holding policies in the Company. | | 2934 | | | | |
| 10. | Was an annual report of the Company made available to each policyholder? | | YES | If so, did such report agree with the annual statement filed with the Ohio Department of Insurance? | | | |
| | | Yes | | | | | |
| 11. | State as of what date the latest examination of the Company was made by the Ohio Department of Insurance. | | | Mar-21 | | | |
| 12. | How many assessments were made during the year? | | Date of last assessment | MONTHLY BILL | | | |
| 13. | Did the assessment provide for all losses, expenses and all other liabilities prior to the date of assessment? | | | YES | | | |
| 14. | Rate of policy fee | | 0 | | | | |
| 15. | State the amount of borrowed money since date of last assessment | | 0 | interest thereon | 0 | | |
| 16. | Does any person, firm, corporation or association have any claim, contingent or otherwise, against this Company which is NOT included in the liabilities on page 2 of this statement? | Yes | | No | X | | |
| | If yes, give the amount, terms for payment and reasons why such were not recorded as a liability on page 2 of this statement. | | | | | | |

2021

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

All Columns Must Be Completed for Each Deposit, CD, Checking Account, etc.

*Total to agree with Page 2, Line 4, Current Year.

ANNUAL STATEMENT FOR THE YEAR
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

2021

ORGANIZATIONAL CHART

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

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION
PARENT
OHIO CORPORATION - INSURER

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE AGENCY
SUBSIDIARY
OHIO CORPORATION - NO-INSURER

ANNUAL STATEMENT FOR THE YEAR

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

Overflow Page for Write-ins

2021

Additional Write-ins for Assets:

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

Additional Write-ins for Liabilities:

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

Additional Write-ins for Statement of Income:

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

Additional Write-ins for Nonadmitted Assets:

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

2021

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

All Columns Must Be Completed for Each Deposit, CD, Checking Account, etc.

[illegible]