



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Ohio Mutual Insurance Company

NAIC Group Code 0963 0963 NAIC Company Code 10202 Employer's ID Number 34-4320350
(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 03/05/1901 Commenced Business 03/05/1901

Statutory Home Office 1725 Hopley Avenue, Bucyrus, OH, US 44820-0111
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1725 Hopley Avenue
(Street and Number)
Bucyrus, OH, US 44820-0111 419-562-3011
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1725 Hopley Avenue, Bucyrus, OH, US 44820-0111
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1725 Hopley Avenue
(Street and Number)
Bucyrus, OH, US 44820-0111 419-562-3011
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.omig.com

Statutory Statement Contact Charles Elmer Easum, Mr., 419-563-0810
(Name) (Area Code) (Telephone Number)
ceasum@omig.com 877-753-0580
(E-mail Address) (FAX Number)

OFFICERS

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

OTHER

<u>Todd Marshall Boyer, Mr. #, Vice President Corporate Communications</u>	<u>Chad Philip Combs, Mr., Vice President Personal Lines Underwriting</u>	<u>John Richard DeLucia, Mr., Vice President Claims</u>
<u>David Alan Grove, Mr., Vice President Product Management</u>	<u>Gary Thomas Johnson, Mr., Vice President Commercial Lines Underwriting</u>	<u>Susan Elizabeth Kent, Mrs., Vice President Business Analytics</u>
<u>James Bradley McCormack, Mr., Vice President Information Systems</u>	<u>Mendi Harris Riddle, Mrs. #, Vice President Sales</u>	<u>Marcella Slone Smith, Mrs., Vice President Human Resources</u>

DIRECTORS OR TRUSTEES

<u>Karen Riley Haefling, Mrs.</u>	<u>Albert Michael Heister, Mr.</u>	<u>Susan Porter, Mrs.</u>
<u>John Redon Purse, Mr.</u>	<u>Mark Clarence Russell, Mr.</u>	<u>David Anthony Siebenburgen, Mr.</u>
<u>Randy Lee Walker, Mr.</u>	<u>Robert H Wheeler Jr, Mr.</u>	<u>Thomas Eugene Woolley, Mr.</u>

State of Ohio SS
County of Crawford

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

Mark Clarence Russell
President and CEO

David Gary Hendrix
Treasurer and CFO

Marcella Slone Smith
Assistant Secretary

Subscribed and sworn to before me this _____ day of _____

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Company Code 10202

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												
35. TOTALS (a)												
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)												

NONE

(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

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2021

NAIC Company Code 10202

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	642,167	491,701		362,710	395,892	470,250	116,393	9,224	14,911	6,513	128,546	9,603
4. Homeowners multiple peril	886,393	469,088		530,428	161,672	229,233	75,753	6,305	13,224	7,383	183,927	13,256
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	680,002	412,541		385,349	140,052	358,238	274,417	2,439	17,572	19,011	109,330	10,169
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	591,896	351,521		339,738	261,568	316,036	65,305	860	1,273	616	95,000	8,851
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)	2,800,458	1,724,851		1,618,225	959,184	1,373,757	531,868	18,828	46,980	33,523	516,803	41,879
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 \$12

(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

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2021

NAIC Company Code 10202

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												
35. TOTALS (a)												
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)												

NONE

(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

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Company Code 10202

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												
35. TOTALS (a)												
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)												

NONE

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(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 2021 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Company Code 10202

Table with 12 columns: Line of Business, 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. Rows include Fire, Multiple peril crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Ocean marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit accident and health, Collectively renewable accident and health, Non-cancelable accident and health, Guaranteed renewable accident and health, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other accident and health, Federal employees health benefits plan premium, Workers' compensation, Other Liability - occurrence, Other Liability - claims made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Aggregate write-ins for other lines of business, TOTALS (a), DETAILS OF WRITE-INS, 3401-3403, 3498, 3499.

(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

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2021

NAIC Company Code 10202

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												
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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)												
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)												

NONE

(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

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Company Code 10202

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												
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29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
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)												

NONE

(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

19.TN



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2021

NAIC Company Code 10202

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
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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)												
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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)												
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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)												
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)												

NONE

(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

19.VT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2021

NAIC Company Code 10202

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												
35. TOTALS (a)												
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)												

NONE

(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

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2021

NAIC Company Code 10202

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												
35. TOTALS (a)												
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)												

NONE

19.W1

(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 2021 OF THE Ohio Mutual Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Company Code 10202

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	2,397,091	2,423,223		1,348,593	594,250	496,428	53,817	12,085	14,665	4,045	334,007	35,847
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	8,933,900	8,203,822		4,196,285	4,229,682	3,958,204	2,188,738	70,760	141,194	123,533	1,658,273	133,602
4. Homeowners multiple peril	30,595,014	27,968,927		16,081,574	15,452,345	15,754,605	3,535,549	448,717	613,087	367,118	5,198,956	457,532
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	14,408	14,408		5,687							2,012	215
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	209,228	214,439		101,846	48,996	44,568	15,671	21,885	26,196	5,207	29,183	3,129
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	31,010,150	30,974,585		13,484,750	16,016,787	17,580,483	19,384,820	682,597	777,692	1,358,124	4,456,526	463,740
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	31,608,073	30,470,482		13,828,322	19,943,012	20,908,295	3,016,848	81,360	71,223	28,430	4,554,337	472,681
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	64,040	66,855		31,674	3,403	536	3,000				8,939	958
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	104,831,904	100,336,741		49,078,731	56,288,475	58,743,119	28,198,443	1,317,404	1,644,057	1,886,457	16,242,233	1,567,704
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 \$12

(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

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
34-1008736	13072	UNITED OHIO INSURANCE COMPANY	OH	168,139	39,178	39,178	39,178			80,770				
01-0407315	25950	CASCO INDEMNITY COMPANY	ME	14,651	1,864	1,864	1,864			8,162				
0199999. Affiliates - U.S. Intercompany Pooling				182,790	41,042	41,042				88,932				
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates				182,790	41,042	41,042				88,932				
AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL	72										
1199999. Total Pools, Associations or Other Similar Facilities - Voluntary Pools				72										
1299999. Total - Pools and Associations				72										
9999999 Totals				182,862	41,042	41,042				88,932				

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
NONE					

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
34-1008736	13072	UNITED OHIO INSURANCE COMPANY	OH		184,618			36,379		33,673		89,293		159,345			159,345		
01-0407315	25950	CASCO INDEMNITY COMPANY	ME		22,722			4,477		4,144		10,990		19,611			19,611		
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					207,340		40,856		37,817			100,283		178,956			178,956		
0499999. Total Authorized - Affiliates - U.S. Non-Pool																			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999. Total Authorized - Affiliates					207,340		40,856		37,817			100,283		178,956			178,956		
06-1182357	22730	ALLIED WORLD INSURANCE COMPANY	NH		194											5	(5)		
36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN		128	1		1				16		18		3	15		
47-0574325	32603	BERKLEY INSURANCE COMPANY	DE		1														
42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		54	1		1				18		20		2	18		
22-2005057	26921	EVEREST REINSURANCE COMPANY	DE		17														
05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		613	25		11				308		344		33	311		
42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		24							8		8		1	7		
13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		488	60		260		559		191		1,070		(42)	1,112	175	
06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		1							1		1			1		
47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		79											2	(2)		
52-1952955	10357	RENAISSANCE REINSURANCE US INC	MD		54	1		1				18		20		1	19		
13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY		96			1				16		17		3	14		
13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		4							1		1			1		
13-3031176	38636	PARTNER REINSURANCE COMPANY OF THE U.S.	NY		8							3		3			3		
23-2423138	23850	TOKIO MARINE SPECIALTY INS CO	DE		52							43		43		8	35		
95-3187355	35300	ALLIANZ GLOBAL RISKS US INSURANCE CO.	IL		90											2	(2)		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					1,903	88	275		559			623		1,545		18	1,527	175	
AA-9991222	32573	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH		10							5		5		2	3		
1099999. Total Authorized - Pools - Mandatory Pools					10							5		5		2	3		
AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL		247											5	(5)		
1199999. Total Authorized - Pools - Voluntary Pools					247											5	(5)		
AA-1128003	00000	LLOYD'S SYNDICATE #2003	GBR		198											5	(5)		
AA-1120085	00000	LLOYD'S SYNDICATE # 1274	GBR		12														
AA-1126005	00000	LLOYD'S SYNDICATE #4000	GBR		31											1	(1)		
AA-1126609	00000	LLOYD'S SYNDICATE #0609	GBR		16														
AA-1128121	00000	LLOYD'S SYNDICATE #2121	GBR		10														
AA-1128791	00000	LLOYD'S SYNDICATE #2791	GBR		97											3	(3)		
AA-1120181	00000	LLOYD'S SYNDICATE #5886	GBR		53											1	(1)		
AA-1120156	00000	LLOYD'S SYNDICATE #1686	GBR		28											1	(1)		
AA-1120191	00000	CONVEX INS UK LTD	GBR		198											5	(5)		
AA-3191400	00000	CONVEX RE LTD	BMU		74											2	(2)		
1299999. Total Authorized - Other Non-U.S. Insurers					717											18	(18)		
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					210,217	88	41,131		38,376			100,911		180,506		43	180,463	175	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																			
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																			
2299999. Total Unauthorized - Affiliates																			
43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		59											2	(2)		
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers					59											2	(2)		
AA-1120337	00000	ASPEN INSURANCE UK LIMITED	GBR		7							2		2			2		
AA-3191454	00000	AXA XL REINS LTD	BMU		46											1	(1)		
AA-3191435	00000	CONDUIT REINS LTD	BMU		53											1	(1)		
AA-3194122	00000	DAVINCI REINSURANCE LTD	BMU		99											3	(3)		
AA-3191298	00000	QATAR REINS CO LTD			59											2	(2)		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties		
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers				
AA-3190339	00000	RENAISSANCE REINSURANCE LTD	BMU		99												3		(3)		
AA-1340004	00000	R&V VERSICHERUNG AG	DEU		346												9		(9)		
2699999. Total Unauthorized - Other Non-U.S. Insurers					709								2		2		19		(17)		
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					768										2		21		(19)		
3299999. Total Certified - Affiliates - U.S. Non-Pool																					
3599999. Total Certified - Affiliates - Other (Non-U.S.)																					
3699999. Total Certified - Affiliates																					
CR-1340125	00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		20												7		6		
4099999. Total Certified - Other Non-U.S. Insurers					20												7		6		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					20												7		6		
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)					211,005	88		41,131		38,376			100,920			180,515		65		180,450	175
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																					
9999999 Totals					211,005	88		41,131		38,376			100,920			180,515		65		180,450	175

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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)
34-1008736	UNITED OHIO INSURANCE COMPANY					159,345		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
01-0407315	CASCO INDEMNITY COMPANY					19,611		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX		178,956		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
0799999	Total Authorized - Affiliates - Other (Non-U.S.)			XXX										XXX		
0899999	Total Authorized - Affiliates			XXX		178,956								XXX		
06-1182357	ALLIED WORLD INSURANCE COMPANY														3	
36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY					3	15		18	22	3	19		19		1
47-0574325	BERKLEY INSURANCE COMPANY														2	
42-0234980	EMPLOYERS MUTUAL CASUALTY CO					2	18		20	24	2	22		22		1
22-2005057	EVEREST REINSURANCE COMPANY														2	
05-0316605	FACTORY MUTUAL INSURANCE COMPANY					33	311		344	413	33	380		380		16
42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY					1	7		8	10	1	9		9	4	
13-2673100	GENERAL REINSURANCE CORPORATION					133	937		1,070	1,284	133	1,151		1,151	1	41
06-0384680	HARTFORD STEAM BOILER INSPECTION & INS						1		1	1		1		1		
47-0698507	ODYSSEY REINSURANCE COMPANY														3	
52-1952955	RENAISSANCE REINSURANCE US INC					1	19		20	24	1	23		23		1
13-1675535	SWISS REINSURANCE AMERICA CORPORATION					3	14		17	20	3	17		17	2	1
13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA						1		1	1		1		1	3	
13-3031176	PARTNER REINSURANCE COMPANY OF THE U.S.						3		3	4		4		4	2	
23-2423138	TOKIO MARINE SPECIALTY INS CO					8	35		43	52	8	44		44	1	2
95-3187355	ALLIANZ GLOBAL RISKS US INSURANCE CO.														2	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX		184	1,361		1,545	1,854	184	1,670		1,670	XXX	
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION					2	3		XXX	XXX	XXX	XXX		XXX	XXX	XXX
1099999	Total Authorized - Pools - Mandatory Pools			XXX		2	3		XXX	XXX	XXX	XXX		XXX	XXX	XXX
AA-9995035	MUTUAL REINSURANCE BUREAU														3	
1199999	Total Authorized - Pools - Voluntary Pools			XXX											XXX	
AA-1128003	LLOYD'S SYNDICATE #2003														3	
AA-1120085	LLOYD'S SYNDICATE # 1274														3	
AA-1126005	LLOYD'S SYNDICATE #4000														3	
AA-1126609	LLOYD'S SYNDICATE #0609														3	
AA-1128121	LLOYD'S SYNDICATE #2121														3	
AA-1128791	LLOYD'S SYNDICATE #2791														3	
AA-1120181	LLOYD'S SYNDICATE #5886														3	
AA-1120156	LLOYD'S SYNDICATE #1686														3	
AA-1120191	CONVEX INS UK LTD														4	
AA-3191400	CONVEX RE LTD														4	
1299999	Total Authorized - Other Non-U.S. Insurers			XXX											XXX	
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX		186	180,320		1,545	1,854	184	1,670		1,670	XXX	63
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX		XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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)
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)			XXX												XXX	
2299999	Total Unauthorized - Affiliates			XXX												XXX	
43-0613000	SHELTER MUTUAL INSURANCE COMPANY															3	
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers			XXX												XXX	
AA-1120337	ASPEN INSURANCE UK LIMITED				2	2			2	2		2	2			3	
AA-3191454	AXA XL REINS LTD															2	
AA-3191435	CONDUIT REINS LTD															4	
AA-3194122	DAVINCI REINSURANCE LTD															3	
AA-3191298	QATAR REINS CO LTD															3	
AA-3190339	RENAISSANCE REINSURANCE LTD															2	
AA-1340004	R&V VERSICHERUNG AG															3	
2699999	Total Unauthorized - Other Non-U.S. Insurers			XXX	2	2			2	2		2	2			XXX	
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			XXX	2	2			2	2		2	2			XXX	
3299999	Total Certified - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
3599999	Total Certified - Affiliates - Other (Non-U.S.)			XXX												XXX	
3699999	Total Certified - Affiliates			XXX												XXX	
CR-1340125	HANNOVER RUCKVERSICHERUNGS AG				6	7			7	8	1	7	6	1	2		
4099999	Total Certified - Other Non-U.S. Insurers			XXX	6	7			7	8	1	7	6	1		XXX	
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX	6	7			7	8	1	7	6	1		XXX	
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			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)			XXX	8	195			1,554	1,865	185	1,680	8	1,672		XXX	63
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX					XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
9999999	Totals			XXX	8	195			1,554	1,865	185	1,680	8	1,672		XXX	63

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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	38 Overdue				42 Total Overdue Cols. 38+39 +40+41	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													
34-1008736 ...	UNITED OHIO INSURANCE COMPANY																		
01-0407315 ...	CASCO INDEMNITY COMPANY																		YES
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling																		XXX
0499999	Total Authorized - Affiliates - U.S. Non-Pool																		XXX
0799999	Total Authorized - Affiliates - Other (Non-U.S.)																		XXX
0899999	Total Authorized - Affiliates																		XXX
06-1182357 ...	ALLIED WORLD INSURANCE COMPANY																		YES
36-2661954 ...	AMERICAN AGRICULTURAL INSURANCE COMPANY	1					1			1									YES
47-0574325 ...	BERKLEY INSURANCE COMPANY																		YES
42-0234980 ...	EMPLOYERS MUTUAL CASUALTY CO	1					1			1									YES
22-2005057 ...	EVEREST REINSURANCE COMPANY																		YES
05-0316605 ...	FACTORY MUTUAL INSURANCE COMPANY	25					25			25									YES
42-0245840 ...	FARMERS MUTUAL HAIL INSURANCE COMPANY																		YES
13-2673100 ...	GENERAL REINSURANCE CORPORATION	60					60			60									YES
06-0384680 ...	HARTFORD STEAM BOILER INSPECTION & INS																		YES
47-0698507 ...	ODYSSEY REINSURANCE COMPANY																		YES
52-1952955 ...	RENAISSANCE REINSURANCE US INC	1					1			1									YES
13-1675535 ...	SWISS REINSURANCE AMERICA CORPORATION																		YES
13-2918573 ...	THE TOA REINSURANCE COMPANY OF AMERICA																		YES
13-3031176 ...	PARTNER REINSURANCE COMPANY OF THE U.S.																		YES
23-2423138 ...	TOKIO MARINE SPECIALTY INS CO																		YES
95-3187355 ...	ALLIANZ GLOBAL RISKS US INSURANCE CO.																		YES
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	88					88			88									XXX
AA-9991222 ...	OHIO FAIR PLAN UNDERWRITING ASSOCIATION																		YES
1099999	Total Authorized - Pools - Mandatory Pools																		XXX
AA-9995035 ...	MUTUAL REINSURANCE BUREAU																		YES
1199999	Total Authorized - Pools - Voluntary Pools																		XXX
AA-1128003 ...	LLOYD'S SYNDICATE #2003																		YES
AA-1120085 ...	LLOYD'S SYNDICATE # 1274																		YES
AA-1126005 ...	LLOYD'S SYNDICATE #4000																		YES
AA-1126609 ...	LLOYD'S SYNDICATE #0609																		YES
AA-1128121 ...	LLOYD'S SYNDICATE #2121																		YES
AA-1128791 ...	LLOYD'S SYNDICATE #2791																		YES
AA-1120181 ...	LLOYD'S SYNDICATE #5886																		YES
AA-1120156 ...	LLOYD'S SYNDICATE #1686																		YES
AA-1120191 ...	CONVEX INS UK LTD																		YES
AA-3191400 ...	CONVEX RE LTD																		YES
1299999	Total Authorized - Other Non-U.S. Insurers																		XXX
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	88					88			88									XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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	Overdue				43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
		Current	38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days												42 Total Overdue Cols. 38+39 +40+41
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																	XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																		XXX
2299999. Total Unauthorized - Affiliates																		XXX
43-0613000 SHELTER MUTUAL INSURANCE COMPANY																		YES
2399999. Total Unauthorized - Other U.S. Unaffiliated Insurers																		XXX
AA-1120337 ASPEN INSURANCE UK LIMITED																		YES
AA-3191454 AXA XL REINS LTD																		YES
AA-3191435 CONDUIT REINS LTD																		YES
AA-3194122 DAVINCI REINSURANCE LTD																		YES
AA-3191298 QATAR REINS CO LTD																		YES
AA-3190339 RENAISSANCE REINSURANCE LTD																		YES
AA-1340004 R&V VERSICHERUNG AG																		YES
2699999. Total Unauthorized - Other Non-U.S. Insurers																		XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																		XXX
3299999. Total Certified - Affiliates - U.S. Non-Pool																		XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)																		XXX
3699999. Total Certified - Affiliates																		XXX
CR-1340125 HANNOVER RUCKVERSICHERUNGS AG																		YES
4099999. Total Certified - Other Non-U.S. Insurers																		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)		88						88			88							XXX
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																		XXX
9999999 Totals		88						88			88							XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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 Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + 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		
34-1008736	UNITED OHIO INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
01-0407315	CASCO INDEMNITY 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	
36-2661954	AMERICAN AGRICULTURAL INSURANCE 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 CO	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	
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	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	
06-0384680	HARTFORD STEAM BOILER INSPECTION & INS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0698507	ODYSSEY REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
52-1952955	RENAISSANCE REINSURANCE US INC	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	
13-3031176	PARTNER REINSURANCE COMPANY OF THE U.S.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23-2423138	TOKIO MARINE SPECIALTY INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
95-3187355	ALLIANZ GLOBAL RISKS US INSURANCE CO.	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-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1099999	Total Authorized - Pools - Mandatory Pools			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-9995035	MUTUAL REINSURANCE BUREAU	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1199999	Total Authorized - Pools - Voluntary Pools			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128003	LLOYD'S SYNDICATE #2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120085	LLOYD'S SYNDICATE # 1274	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126005	LLOYD'S SYNDICATE #4000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126609	LLOYD'S SYNDICATE #0609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128121	LLOYD'S SYNDICATE #2121	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128791	LLOYD'S SYNDICATE #2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120181	LLOYD'S SYNDICATE #5886	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120156	LLOYD'S SYNDICATE #1686	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120191	CONVEX INS UK LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3191400	CONVEX RE LTD	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	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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. 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
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
43-0613000	SHELTER MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2399999. Total Unauthorized - 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-3191454	AXA XL REINS LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191435	CONDUIT REINS LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194122	DAVINCI REINSURANCE LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191298	QATAR REINS CO LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190339	RENAISSANCE REINSURANCE LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340004	R&V VERSICHERUNG AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999. Total Unauthorized - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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								
CR-1340125	HANNOVER RUCKVERSICHERUNGS AG	2	07/01/2015	10.0			6	1	100.0	100.0			6				
4099999. Total Certified - Other Non-U.S. Insurers				XXX			6	1	XXX	XXX			6				
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX			6	1	XXX	XXX			6				
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)				XXX			6	1	XXX	XXX			6				
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX			6	1	XXX	XXX			6				
9999999 Totals				XXX			6	1	XXX	XXX			6				

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71 Provision for Unauthorized Reinsurance		73 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		75 Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
34-1008736	UNITED OHIO INSURANCE COMPANY		XXX	XXX				XXX	XXX	
01-0407315	CASCO INDEMNITY 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	
36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY		XXX	XXX				XXX	XXX	
47-0574325	BERKLEY INSURANCE COMPANY		XXX	XXX				XXX	XXX	
42-0234980	EMPLOYERS MUTUAL CASUALTY CO		XXX	XXX				XXX	XXX	
22-2005057	EVEREST REINSURANCE COMPANY		XXX	XXX				XXX	XXX	
05-0316605	FACTORY MUTUAL INSURANCE COMPANY		XXX	XXX				XXX	XXX	
42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY		XXX	XXX				XXX	XXX	
13-2673100	GENERAL REINSURANCE CORPORATION		XXX	XXX				XXX	XXX	
06-0384680	HARTFORD STEAM BOILER INSPECTION & INS		XXX	XXX				XXX	XXX	
47-0698507	ODYSSEY REINSURANCE COMPANY		XXX	XXX				XXX	XXX	
52-1952955	RENAISSANCE REINSURANCE US INC		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	
13-3031176	PARTNER REINSURANCE COMPANY OF THE U.S.		XXX	XXX				XXX	XXX	
23-2423138	TOKIO MARINE SPECIALTY INS CO		XXX	XXX				XXX	XXX	
95-3187355	ALLIANZ GLOBAL RISKS US INSURANCE CO.		XXX	XXX				XXX	XXX	
0999999	Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX				XXX	XXX	
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION		XXX	XXX				XXX	XXX	
1099999	Total Authorized - Pools - Mandatory Pools		XXX	XXX				XXX	XXX	
AA-9995035	MUTUAL REINSURANCE BUREAU		XXX	XXX				XXX	XXX	
1199999	Total Authorized - Pools - Voluntary Pools		XXX	XXX				XXX	XXX	
AA-1128003	LLOYD'S SYNDICATE #2003		XXX	XXX				XXX	XXX	
AA-1120085	LLOYD'S SYNDICATE # 1274		XXX	XXX				XXX	XXX	
AA-1126005	LLOYD'S SYNDICATE #4000		XXX	XXX				XXX	XXX	
AA-1126609	LLOYD'S SYNDICATE #0609		XXX	XXX				XXX	XXX	
AA-1128121	LLOYD'S SYNDICATE #2121		XXX	XXX				XXX	XXX	
AA-1128791	LLOYD'S SYNDICATE #2791		XXX	XXX				XXX	XXX	
AA-1120181	LLOYD'S SYNDICATE #5886		XXX	XXX				XXX	XXX	
AA-1120156	LLOYD'S SYNDICATE #1686		XXX	XXX				XXX	XXX	
AA-1120191	CONVEX INS UK LTD		XXX	XXX				XXX	XXX	
AA-3191400	CONVEX RE LTD		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	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71 Provision for Unauthorized Reinsurance		73 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		75 Total Provision for Reinsurance				
			72 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	74 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)	
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	
43-0613000	SHELTER MUTUAL INSURANCE COMPANY				XXX	XXX	XXX			XXX	
2399999	Total Unauthorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX			XXX	
AA-1120337	ASPEN INSURANCE UK LIMITED				XXX	XXX	XXX			XXX	
AA-3191454	AXA XL REINS LTD				XXX	XXX	XXX			XXX	
AA-3191435	CONDUIT REINS LTD				XXX	XXX	XXX			XXX	
AA-3194122	DAVINCI REINSURANCE LTD				XXX	XXX	XXX			XXX	
AA-3191298	QATAR REINS CO LTD				XXX	XXX	XXX			XXX	
AA-3190339	RENAISSANCE REINSURANCE LTD				XXX	XXX	XXX			XXX	
AA-1340004	R&V VERSICHERUNG AG				XXX	XXX	XXX			XXX	
2699999	Total Unauthorized - Other Non-U.S. Insurers				XXX	XXX	XXX			XXX	
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX			XXX	
3299999	Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3599999	Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3699999	Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR-1340125	HANNOVER RUCKVERSICHERUNGS AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4099999	Total Certified - Other Non-U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
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 2021 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 4

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

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
NONE				
Total				

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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 <u>Name of Reinsurer</u>	2 <u>Commission Rate</u>	3 <u>Ceded Premium</u>
1.	FACTORY MUTUAL INSURANCE COMPANY .....	.35.000	613,263
2.	TOKIO MARINE SPECIALTY INS CO .....	.30.000	52,042
3.	EMPLOYERS MUTUAL CASUALTY CO .....	.26.000	54,457
4.	RENAISSANCE REINSURANCE US INC .....	.26.000	53,912
5.	SWISS REINSURANCE AMERICA CORPORATION .....	.26.000	50,669

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 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <u>Affiliated</u>
6.	GENERAL REINSURANCE CORPORATION	1,070,603	488,203	Yes [] No [X]
7.	FACTORY MUTUAL INSURANCE COMPANY	345,208	613,263	Yes [] No [X]
8.	TOKIO MARINE SPECIALTY INS CO	42,793	52,042	Yes [] No [X]
9.	RENAISSANCE REINSURANCE US INC	19,123	53,912	Yes [] No [X]
10.	EMPLOYERS MUTUAL CASUALTY CO	19,047	54,457	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 2021 OF THE Ohio 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)	396,960,532		396,960,532
2. Premiums and considerations (Line 15)	19,659,349		19,659,349
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	88,587	(88,588)	(1)
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	533,798		533,798
6. Net amount recoverable from reinsurers		180,274,173	180,274,173
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	417,242,266	180,185,585	597,427,851
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	35,903,517	79,508,643	115,412,160
10. Taxes, expenses, and other obligations (Lines 4 through 8)	4,448,341		4,448,341
11. Unearned premiums (Line 9)	37,090,819	100,914,574	138,005,393
12. Advance premiums (Line 10)	642,395		642,395
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	64,867	(62,602)	2,265
15. Funds held by company under reinsurance treaties (Line 13)	175,030	(175,030)	
16. Amounts withheld or retained by company for account of others (Line 14)			
17. Provision for reinsurance (Line 16)			
18. Other liabilities	1,342,503		1,342,503
19. Total liabilities excluding protected cell business (Line 26)	79,667,472	180,185,585	259,853,057
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	337,574,794	XXX	337,574,794
22. Totals (Line 38)	417,242,266	180,185,585	597,427,851

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [X] No []

If yes, give full explanation: Ohio Mutual Insurance Company and its wholly owned subsidiaries, United Ohio Insurance Company and Casco Indemnity Company, entered into a pooling agreement whereby all underwriting results are pooled and then split 27% to Ohio Mutual, 65% to United Ohio, and 8% to Casco Indemnity.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	221	XXX		XXX		XXX		XXX	221	XXX		XXX		XXX		XXX		XXX
2. Premiums earned	333	XXX		XXX		XXX		XXX	333	XXX		XXX		XXX		XXX		XXX
3. Incurred claims																		
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)																		
6. Increase in contract reserves																		
7. Commissions (a)	37	11.1							37	11.1								
8. Other general insurance expenses	31	9.3							31	9.3								
9. Taxes, licenses and fees																		
10. Total other expenses incurred	68	20.4							68	20.4								
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds	265	79.6							265	79.6								
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	265	79.6							265	79.6								
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	51				51				
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	51				51				
5. Total premium reserves, prior year	163				163				
6. Increase in total premium reserves	(112)				(112)				
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year									
2. Total prior year									
3. Increase									

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year									
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year									
3. Test:									
3.1 Line 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year									
3.3 Line 3.1 minus Line 3.2									

NONE

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	817				817				
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	596				596				
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims				
2. Beginning claim reserves and liabilities				
3. Ending claim reserves and liabilities				
4. Claims paid				
B. Assumed Reinsurance:				
5. Incurred Claims				
6. Beginning claim reserves and liabilities				
7. Ending claim reserves and liabilities				
8. Claims paid				
C. Ceded Reinsurance:				
9. Incurred Claims				
10. Beginning claim reserves and liabilities				
11. Ending claim reserves and liabilities				
12. Claims paid				
D. Net:				
13. Incurred Claims				
14. Beginning claim reserves and liabilities				
15. Ending claim reserves and liabilities				
16. Claims paid				
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses				
18. Beginning reserves and liabilities				
19. Ending reserves and liabilities				
20. Paid claims and cost containment expenses				

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1A - HOMEOWNERS/FAROWNERS

(\$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	(4)						4	(4)	XXX
2. 2012.....	13,221	1,667	11,554	13,649	6,617	565	313	1,139		59	8,423	1,796
3. 2013.....	14,164	1,243	12,921	8,388	348	160	1	964		124	9,163	1,099
4. 2014.....	15,125	1,489	13,636	6,153	38	114		741		186	6,970	787
5. 2015.....	15,575	1,334	14,241	5,495	48	153		599		112	6,199	726
6. 2016.....	15,883	1,362	14,521	5,760	281	167	1	680		127	6,325	686
7. 2017.....	16,326	1,372	14,954	8,019	468	278	10	786		170	8,605	866
8. 2018.....	17,458	1,421	16,037	6,692	43	209		693		120	7,551	769
9. 2019.....	19,049	1,311	17,738	9,414	285	207	2	799		97	10,133	1,003
10. 2020.....	19,984	1,370	18,614	9,694	94	199		877		56	10,676	1,043
11. 2021.....	21,213	1,487	19,726	9,141	117	166		763		67	9,953	798
12. Totals	XXX	XXX	XXX	82,401	8,339	2,218	327	8,041		1,122	83,994	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2012.....	20		10				2					32	1
3. 2013.....	5		3									8	
4. 2014.....													
5. 2015.....													
6. 2016.....			2									2	
7. 2017.....	39	21	24	11			4					35	3
8. 2018.....	15		13	1			7		1			35	1
9. 2019.....	74		48	2			23		2			145	5
10. 2020.....	356		261	4			70		26			709	7
11. 2021.....	1,429	147	1,096	51			145		195			2,667	70
12. Totals	1,938	168	1,457	69			251		224			3,633	87

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012.....	15,385	6,930	8,455	116.4	415.7	73.2			27.0	30	2
3. 2013.....	9,520	349	9,171	67.2	28.1	71.0			27.0	8	
4. 2014.....	7,008	38	6,970	46.3	2.6	51.1			27.0		
5. 2015.....	6,247	48	6,199	40.1	3.6	43.5			27.0		
6. 2016.....	6,609	282	6,327	41.6	20.7	43.6			27.0	2	
7. 2017.....	9,150	510	8,640	56.0	37.2	57.8			27.0	31	4
8. 2018.....	7,630	44	7,586	43.7	3.1	47.3			27.0	27	8
9. 2019.....	10,567	289	10,278	55.5	22.0	57.9			27.0	120	25
10. 2020.....	11,483	98	11,385	57.5	7.2	61.2			27.0	613	96
11. 2021.....	12,935	315	12,620	61.0	21.2	64.0			27.0	2,327	340
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3,158	475

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(4)						11	(4)	XXX
2. 2012.....	11,219	104	11,115	7,061	197	410	12	517		339	7,779	1,046
3. 2013.....	10,707	76	10,631	6,437	18	264		502		215	7,185	1,025
4. 2014.....	11,135	54	11,081	7,338		311		610		245	8,259	995
5. 2015.....	11,569	64	11,505	7,513	39	288		851		332	8,613	974
6. 2016.....	12,347	65	12,282	8,030	6	270		885		250	9,179	976
7. 2017.....	13,670	86	13,584	8,398	15	255		885		311	9,523	1,019
8. 2018.....	15,657	74	15,583	9,349		425		908		327	10,682	1,232
9. 2019.....	17,357	69	17,288	9,391		293		838		245	10,522	1,294
10. 2020.....	16,294	32	16,262	5,899		76		635		152	6,610	913
11. 2021.....	16,402	99	16,303	3,961		26		505		108	4,492	927
12. Totals	XXX	XXX	XXX	73,373	275	2,618	12	7,136		2,535	82,840	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2012.....													
3. 2013.....	1		1									2	1
4. 2014.....	32		16				3		3			54	2
5. 2015.....	17		7				1					25	1
6. 2016.....	169		71				13		3			256	3
7. 2017.....	120		32				18		10			180	5
8. 2018.....	592	1	223	1			144		39			996	18
9. 2019.....	1,831		611	22			272		71			2,763	44
10. 2020.....	1,522	85	993	23			202		151			2,760	68
11. 2021.....	2,686		3,210	238			228		546			6,432	324
12. Totals	6,970	86	5,164	284			881		823			13,468	466

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012.....	7,988	209	7,779	71.2	201.0	70.0			27.0		
3. 2013.....	7,205	18	7,187	67.3	23.7	67.6			27.0	2	
4. 2014.....	8,313		8,313	74.7		75.0			27.0	48	6
5. 2015.....	8,677	39	8,638	75.0	60.9	75.1			27.0	24	1
6. 2016.....	9,441	6	9,435	76.5	9.2	76.8			27.0	240	16
7. 2017.....	9,718	15	9,703	71.1	17.4	71.4			27.0	152	28
8. 2018.....	11,680	2	11,678	74.6	2.7	74.9			27.0	813	183
9. 2019.....	13,307	22	13,285	76.7	31.9	76.8			27.0	2,420	343
10. 2020.....	9,478	108	9,370	58.2	337.5	57.6			27.0	2,407	353
11. 2021.....	11,162	238	10,924	68.1	240.4	67.0			27.0	5,658	774
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	11,764	1,704

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2012.....	3,310	196	3,114	1,679	130	127	8	174		18	1,842	179
3. 2013.....	3,781	206	3,575	2,376	179	320	20	246		26	2,743	188
4. 2014.....	4,295	229	4,066	3,632	339	348	14	346		26	3,973	230
5. 2015.....	4,420	256	4,164	2,890	422	193	7	258		44	2,912	255
6. 2016.....	4,586	293	4,293	2,725	267	220	17	260		11	2,921	231
7. 2017.....	4,779	352	4,427	2,187	4	198		275		54	2,656	244
8. 2018.....	4,986	198	4,788	2,155	68	124	1	269		24	2,479	242
9. 2019.....	5,177	112	5,065	2,336	62	104	1	218		26	2,595	245
10. 2020.....	5,472	68	5,404	1,430		42		186		52	1,658	201
11. 2021.....	5,878	35	5,843	834		7		137		12	978	182
12. Totals	XXX	XXX	XXX	22,244	1,471	1,683	68	2,369		293	24,757	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2012.....													
3. 2013.....													
4. 2014.....													
5. 2015.....	47		31	7		8		1			80		
6. 2016.....	68	27	32	13		10		13			83	1	
7. 2017.....	104		90	3		31		4			226	2	
8. 2018.....	38		464	11		58		26			575	2	
9. 2019.....	719	35	503	62		151		44			1,320	9	
10. 2020.....	653	147	983	30		219		79			1,757	12	
11. 2021.....	1,058	43	1,217	95		243		258			2,638	45	
12. Totals	2,687	252	3,320	221		720		425			6,679	71	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012.....	1,980	138	1,842	59.8	70.4	59.2			27.0		
3. 2013.....	2,942	199	2,743	77.8	96.6	76.7			27.0		
4. 2014.....	4,326	353	3,973	100.7	154.1	97.7			27.0		
5. 2015.....	3,428	436	2,992	77.6	170.3	71.9			27.0	71	9
6. 2016.....	3,328	324	3,004	72.6	110.6	70.0			27.0	60	23
7. 2017.....	2,889	7	2,882	60.5	2.0	65.1			27.0	191	35
8. 2018.....	3,134	80	3,054	62.9	40.4	63.8			27.0	491	84
9. 2019.....	4,075	160	3,915	78.7	142.9	77.3			27.0	1,125	195
10. 2020.....	3,592	177	3,415	65.6	260.3	63.2			27.0	1,459	298
11. 2021.....	3,754	138	3,616	63.9	394.3	61.9			27.0	2,137	501
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	5,534	1,145

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

**SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 2012												
3. 2013												
4. 2014												
5. 2015												
6. 2016												
7. 2017												
8. 2018												
9. 2019												
10. 2020												
11. 2021												
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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior													
2. 2012													
3. 2013													
4. 2014													
5. 2015													
6. 2016													
7. 2017													
8. 2018													
9. 2019													
10. 2020													
11. 2021													
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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2012											
3. 2013											
4. 2014											
5. 2015											
6. 2016											
7. 2017											
8. 2018											
9. 2019											
10. 2020											
11. 2021											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 2012.....	4,812	637	4,175	2,683	670	213	27	306		39	2,505	334
3. 2013.....	5,720	713	5,007	3,853	662	608	31	421		33	4,189	297
4. 2014.....	6,675	863	5,812	3,597	261	648	19	414		34	4,379	316
5. 2015.....	6,939	863	6,076	2,717	186	711	17	286		49	3,511	302
6. 2016.....	7,318	898	6,420	2,834	144	596		329		64	3,615	281
7. 2017.....	7,563	915	6,648	2,772	183	409	1	295		68	3,292	270
8. 2018.....	7,729	748	6,981	2,465	91	502	11	288		23	3,153	250
9. 2019.....	8,180	706	7,474	3,173	58	440	1	273		59	3,827	265
10. 2020.....	8,798	807	7,991	2,532	70	123		273		39	2,858	248
11. 2021.....	9,582	787	8,795	1,771	76	61	1	191		20	1,946	187
12. Totals	XXX	XXX	XXX	28,397	2,401	4,311	108	3,076		428	33,275	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....													
2. 2012.....	27		14				18					59	
3. 2013.....	12		6				7		10			35	
4. 2014.....	6		3				4		5			18	
5. 2015.....	45		6	4			36		4			87	2
6. 2016.....	135		38	8			114		13			292	6
7. 2017.....	219		108	2			135		6			466	8
8. 2018.....	516	68	323	34			587		11			1,335	12
9. 2019.....	369		248	16			537		34			1,172	19
10. 2020.....	427	143	593	23			359		68			1,281	10
11. 2021.....	522	7	1,555	191			516		209			2,604	38
12. Totals	2,278	218	2,894	278			2,313		360			7,349	95

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 2012.....	3,261	697	2,564	67.8	109.4	61.4			27.0	41	18
3. 2013.....	4,917	693	4,224	86.0	97.2	84.4			27.0	18	17
4. 2014.....	4,677	280	4,397	70.1	32.4	75.7			27.0	9	9
5. 2015.....	3,805	207	3,598	54.8	24.0	59.2			27.0	47	40
6. 2016.....	4,059	152	3,907	55.5	16.9	60.9			27.0	165	127
7. 2017.....	3,944	186	3,758	52.1	20.3	56.5			27.0	325	141
8. 2018.....	4,692	204	4,488	60.7	27.3	64.3			27.0	737	598
9. 2019.....	5,074	75	4,999	62.0	10.6	66.9			27.0	601	571
10. 2020.....	4,375	236	4,139	49.7	29.2	51.8			27.0	854	427
11. 2021.....	4,825	275	4,550	50.4	34.9	51.7			27.0	1,879	725
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4,676	2,673

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 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed			
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX	XXX	XXX									XXX	
2. 2012.....	1,765	761	1,004	250		23			31		2	304	52
3. 2013.....	1,888	823	1,065	1,026	541	106			89		1	680	48
4. 2014.....	1,952	893	1,059	880	622	84	8		114		1	448	45
5. 2015.....	1,987	890	1,097	450	243	27			38		1	272	33
6. 2016.....	1,849	901	948	534	243	42			39			372	33
7. 2017.....	1,689	935	754	383	207	26			60			262	19
8. 2018.....	1,753	1,002	751	510	402	63	4		47		1	214	17
9. 2019.....	1,858	1,112	746	68	18	4	1		39			92	14
10. 2020.....	1,986	720	1,266	142		9			14			165	16
11. 2021.....	2,131	657	1,474	26		2			9			37	11
12. Totals	XXX	XXX	XXX	4,269	2,276	386	13		480		6	2,846	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2012.....									7			7	
3. 2013.....													
4. 2014.....													
5. 2015.....													
6. 2016.....			1						2			3	
7. 2017.....	61		29				16					106	1
8. 2018.....	43	24	14	12			25		7			53	1
9. 2019.....	413	367	208	187			66		5			138	1
10. 2020.....	1,260	716	884	223			208		46			1,459	3
11. 2021.....	71	4	298	12			138		69			560	5
12. Totals	1,848	1,111	1,434	434			453		136			2,326	11

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2012.....	311		311	17.6		31.0			27.0		7
3. 2013.....	1,221	541	680	64.7	65.7	63.8			27.0		
4. 2014.....	1,078	630	448	55.2	70.5	42.3			27.0		
5. 2015.....	515	243	272	25.9	27.3	24.8			27.0		
6. 2016.....	618	243	375	33.4	27.0	39.6			27.0	1	2
7. 2017.....	575	207	368	34.0	22.1	48.8			27.0	90	16
8. 2018.....	709	442	267	40.4	44.1	35.6			27.0	21	32
9. 2019.....	803	573	230	43.2	51.5	30.8			27.0	67	71
10. 2020.....	2,563	939	1,624	129.1	130.4	128.3			27.0	1,205	254
11. 2021.....	613	16	597	28.8	2.4	40.5			27.0	353	207
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,737	589

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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				
				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. 2012												
3. 2013												
4. 2014												
5. 2015												
6. 2016												
7. 2017												
8. 2018												
9. 2019												
10. 2020												
11. 2021												
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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior...													
2. 2012													
3. 2013													
4. 2014													
5. 2015													
6. 2016													
7. 2017													
8. 2018													
9. 2019													
10. 2020													
11. 2021													
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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior...	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2012											
3. 2013											
4. 2014											
5. 2015											
6. 2016											
7. 2017											
8. 2018											
9. 2019											
10. 2020											
11. 2021											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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 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	9		6				12	15	XXX
2. 2020	5,510	259	5,251	2,370		51		206		47	2,627	XXX
3. 2021	5,655	285	5,370	2,217	37	43		184		31	2,407	XXX
4. Totals	XXX	XXX	XXX	4,596	37	100		390		90	5,049	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior			1				1					2	
2. 2020	23		10				4		3			40	1
3. 2021	277		118	20			27		23			425	14
4. Totals	300		129	20			32		26			467	15

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1	1
2. 2020	2,667		2,667	48.4		50.8			27.0	33	7
3. 2021	2,889	57	2,832	51.1	20.0	52.7			27.0	375	50
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	409	58

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	(76)	3	9		(2)		95	(72)	XXX
2. 2020	16,125	230	15,895	9,385		86		990		1,745	10,461	3
3. 2021	17,376	287	17,089	10,845		49		1,001		1,382	11,895	237
4. Totals	XXX	XXX	XXX	20,154	3	144		1,989		3,222	22,284	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	6		72				4					82	2
2. 2020	8	9	32	2			5		9			43	3
3. 2021	920	2	801	11			16		124			1,848	237
4. Totals	934	11	905	13			25		133			1,973	242

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX				XXX	78	4
2. 2020	10,515	11	10,504	65.2	4.8	66.1			27.0	29	14
3. 2021	13,756	13	13,743	79.2	4.5	80.4			27.0	1,708	140
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,815	158

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1K - FIDELITY/SURETY
(\$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			
	NONE											
1. Prior	XXX	XXX	XXX									XXX
2. 2020												XXX
3. 2021												XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
	NONE												
1. Prior													
2. 2020													
3. 2021													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid	
	NONE											
	NONE											
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX			
2. 2020												
3. 2021												
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2020.....	1		1									XXX
3. 2021.....												XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2020.....													
3. 2021.....													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2020.....									27.0		
3. 2021.....									27.0		
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1M - International

NONE

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

NONE

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

NONE

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	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					
				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. 2012.....	49		49	6					1			7	1
3. 2013.....	52		52	8		5			2			15	2
4. 2014.....	57		57	1		3						4	2
5. 2015.....	57		57										1
6. 2016.....	52		52	2		1						3	1
7. 2017.....	54		54	12		3			1			16	1
8. 2018.....	54		54	7		2						9	2
9. 2019.....	50		50			1						1	
10. 2020.....	51		51						1			1	
11. 2021.....	59		59	3		1						4	1
12. Totals	XXX	XXX	XXX	39		16			5			60	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....													
2. 2012.....													
3. 2013.....													
4. 2014.....													
5. 2015.....													
6. 2016.....													
7. 2017.....													
8. 2018.....													
9. 2019.....	1		1					1				3	
10. 2020.....													
11. 2021.....	1		3					1				5	
12. Totals	2		4					2				8	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012.....	7		7	14.3		14.3			27.0		
3. 2013.....	15		15	28.8		28.8			27.0		
4. 2014.....	4		4	7.0		7.0			27.0		
5. 2015.....									27.0		
6. 2016.....	3		3	5.8		5.8			27.0		
7. 2017.....	16		16	29.6		29.6			27.0		
8. 2018.....	9		9	16.7		16.7			27.0		
9. 2019.....	4		4	8.0		8.0			27.0	2	1
10. 2020.....	1		1	2.0		2.0			27.0		
11. 2021.....	9		9	15.3		15.3			27.0	4	1
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	6	2

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 2021 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 2A - HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT		
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year	
1. Prior.....	777	578	366	362	370	371	364	364	346	342	(4)	(22)	
2. 2012.....	7,589	7,372	7,334	7,359	7,332	7,328	7,308	7,304	7,314	7,316	2	12	
3. 2013.....	XXX	8,793	8,316	8,198	8,193	8,195	8,197	8,203	8,207	8,207		4	
4. 2014.....	XXX	XXX	7,037	6,461	6,303	6,247	6,230	6,235	6,230	6,229	(1)	(6)	
5. 2015.....	XXX	XXX	XXX	6,028	5,704	5,600	5,674	5,661	5,608	5,600	(8)	(61)	
6. 2016.....	XXX	XXX	XXX	XXX	6,458	5,861	5,830	5,662	5,663	5,647	(16)	(15)	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	8,308	7,922	7,865	7,846	7,854	8	(11)	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	7,251	6,976	6,929	6,892	(37)	(84)	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,765	9,568	9,477	(91)	(288)	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,655	10,482	(173)	XXX	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,662	XXX	XXX	
											12. Totals	(320)	(471)

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

1. Prior.....	5,333	4,708	4,136	3,884	3,783	3,673	3,673	3,653	3,677	3,665	(12)	12	
2. 2012.....	8,379	8,017	7,594	7,515	7,330	7,310	7,291	7,271	7,262	7,262		(9)	
3. 2013.....	XXX	7,358	7,417	7,220	6,842	6,861	6,739	6,703	6,691	6,685	(6)	(18)	
4. 2014.....	XXX	XXX	8,102	8,017	7,992	7,765	7,710	7,738	7,717	7,700	(17)	(38)	
5. 2015.....	XXX	XXX	XXX	9,156	8,867	8,016	7,854	7,872	7,817	7,787	(30)	(85)	
6. 2016.....	XXX	XXX	XXX	XXX	9,503	8,922	8,560	8,534	8,526	8,547	21	13	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	9,818	9,251	9,171	8,753	8,808	55	(363)	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	11,533	10,516	10,163	10,731	568	215	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,641	11,576	12,376	800	735	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,164	8,584	(580)	XXX	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,873	XXX	XXX	
											12. Totals	799	462

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

1. Prior.....	1,626	1,174	957	869	1,120	854	848	848	850	850		2	
2. 2012.....	1,832	1,868	1,886	1,789	1,666	1,711	1,670	1,668	1,668	1,668			
3. 2013.....	XXX	1,999	1,814	1,823	2,326	2,222	2,240	2,491	2,494	2,497	3	6	
4. 2014.....	XXX	XXX	3,317	3,503	3,485	3,614	3,560	3,672	3,626	3,627	1	(45)	
5. 2015.....	XXX	XXX	XXX	2,813	2,849	2,716	2,606	2,823	2,713	2,733	20	(90)	
6. 2016.....	XXX	XXX	XXX	XXX	2,448	2,592	2,876	2,903	2,823	2,731	(92)	(172)	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	2,793	2,729	2,584	2,836	2,603	(233)	19	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	2,721	2,444	2,793	2,759	(34)	315	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,598	3,940	3,653	(287)	55	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,469	3,150	681	XXX	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,221	XXX	XXX	
											12. Totals	59	90

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

1. Prior.....													
2. 2012.....													
3. 2013.....	XXX												
4. 2014.....	XXX	XXX											
5. 2015.....	XXX	XXX	XXX										
6. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
7. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
											12. Totals	XXX	XXX

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	1,453	1,104	1,153	1,247	1,367	1,317	1,229	1,236	1,208	1,208		(28)	
2. 2012.....	2,910	2,402	2,237	2,255	2,318	2,258	2,261	2,205	2,245	2,258	13	53	
3. 2013.....	XXX	3,773	3,942	3,959	3,620	3,609	3,811	3,774	3,839	3,793	(46)	19	
4. 2014.....	XXX	XXX	3,240	3,261	3,697	3,623	3,945	3,969	4,035	3,978	(57)	9	
5. 2015.....	XXX	XXX	XXX	2,986	3,021	3,315	3,622	3,432	3,348	3,308	(40)	(124)	
6. 2016.....	XXX	XXX	XXX	XXX	3,322	3,370	3,325	3,516	3,633	3,565	(68)	49	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	3,617	3,273	3,497	3,346	3,457	111	(40)	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	3,254	3,387	3,705	4,189	484	802	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,238	4,961	4,692	(269)	454	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,071	3,798	(273)	XXX	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,150	XXX	XXX	
											12. Totals	(145)	1,194

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

1. Prior	648	631	584	487	482	468	468	464	464	464		
2. 2012	279	364	263	284	292	294	288	287	285	273	(12)	(14)
3. 2013	XXX	495	510	655	703	734	610	591	591	591		
4. 2014	XXX	XXX	504	560	392	336	317	338	341	334	(7)	(4)
5. 2015	XXX	XXX	XXX	417	374	256	319	239	236	234	(2)	(5)
6. 2016	XXX	XXX	XXX	XXX	576	506	463	374	331	334	3	(40)
7. 2017	XXX	XXX	XXX	XXX	XXX	475	351	286	312	308	(4)	22
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	315	326	213	213		(113)
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	221	153	186	33	(35)
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,531	1,564	33	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	519	XXX	XXX
12. Totals											44	(189)

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

1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	435	243	251	8	(184)
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,579	2,458	(121)	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,625	XXX	XXX
4. Totals											(113)	(184)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,360	454	423	(31)	(937)
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,333	9,505	(828)	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,618	XXX	XXX
4. Totals											(859)	(937)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

NONE

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. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

NONE

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....												
2. 2012.....												
3. 2013.....	XXX											
4. 2014.....	XXX	XXX										
5. 2015.....	XXX	XXX	XXX									
6. 2016.....	XXX	XXX	XXX	XXX								
7. 2017.....	XXX	XXX	XXX	XXX	XXX							
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS 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 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	11 One Year	12 Two Year
1. Prior	17	13	6	6	6	6	6	6	6	6		
2. 2012	13	12	6	6	6	6	6	6	6	6		
3. 2013	XXX	19	20	14	13	13	13	13	13	13		
4. 2014	XXX	XXX	16	29	4	4	4	4	4	4		
5. 2015	XXX	XXX	XXX	1								
6. 2016	XXX	XXX	XXX	XXX	1	2	2	3	3	3		
7. 2017	XXX	XXX	XXX	XXX	XXX		1	34	15	15		(19)
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	8	8	9	9		1
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	4	4		3
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	XXX	XXX
12. Totals												(15)

SCHEDULE P - PART 2R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior												
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

SCHEDULE P - PART 2T - WARRANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4. Totals												

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS

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		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior	.000	257	306	314	338	341	342	342	346	342	30	
2. 2012	5,927	6,921	7,127	7,181	7,242	7,244	7,257	7,257	7,257	7,284	1,614	181
3. 2013	XXX	6,427	8,001	8,079	8,174	8,181	8,183	8,191	8,195	8,199	925	174
4. 2014	XXX	XXX	5,413	6,196	6,217	6,229	6,227	6,228	6,227	6,229	644	143
5. 2015	XXX	XXX	XXX	4,257	5,315	5,445	5,508	5,513	5,585	5,600	586	140
6. 2016	XXX	XXX	XXX	XXX	4,807	5,476	5,542	5,627	5,638	5,645	561	125
7. 2017	XXX	XXX	XXX	XXX	XXX	6,135	7,540	7,684	7,769	7,819	719	144
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	5,242	6,502	6,787	6,858	635	133
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,677	9,108	9,334	813	185
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,404	9,799	874	162
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,190	666	62

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

1. Prior	.000	1,849	2,957	3,424	3,593	3,628	3,638	3,633	3,669	3,665	239	
2. 2012	3,065	5,099	6,322	6,965	7,119	7,235	7,265	7,265	7,262	7,262	891	155
3. 2013	XXX	2,653	4,904	5,907	6,451	6,572	6,640	6,683	6,684	6,683	889	135
4. 2014	XXX	XXX	3,195	5,336	6,652	7,274	7,441	7,558	7,595	7,649	860	133
5. 2015	XXX	XXX	XXX	3,602	5,757	6,955	7,497	7,697	7,752	7,762	827	146
6. 2016	XXX	XXX	XXX	XXX	3,580	6,207	7,330	8,069	8,201	8,294	812	161
7. 2017	XXX	XXX	XXX	XXX	XXX	3,926	6,415	7,874	8,402	8,638	848	166
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	4,459	7,242	8,724	9,774	1,023	191
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,728	7,965	9,684	1,059	191
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,411	5,975	681	164
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,987	510	93

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

1. Prior	.000	504	674	743	822	848	848	848	850	850	27	
2. 2012	524	836	1,306	1,400	1,542	1,639	1,668	1,668	1,668	1,668	149	30
3. 2013	XXX	606	1,110	1,288	1,564	2,046	2,092	2,467	2,494	2,497	163	25
4. 2014	XXX	XXX	938	1,831	2,433	3,017	3,378	3,551	3,626	3,627	208	22
5. 2015	XXX	XXX	XXX	881	1,335	1,761	2,337	2,478	2,628	2,654	226	29
6. 2016	XXX	XXX	XXX	XXX	771	1,447	2,104	2,225	2,482	2,661	202	28
7. 2017	XXX	XXX	XXX	XXX	XXX	832	1,489	1,896	2,300	2,381	210	32
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	807	1,327	1,841	2,210	208	32
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	995	1,775	2,377	208	28
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	713	1,472	168	21
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	841	124	13

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

1. Prior	.000											
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	351	644	918	1,107	1,246	1,207	1,210	1,208	1,208	50	
2. 2012	1,460	1,960	2,028	2,143	2,171	2,184	2,194	2,196	2,198	2,199	276	58
3. 2013	XXX	1,563	2,392	2,726	3,268	3,419	3,506	3,604	3,663	3,768	241	56
4. 2014	XXX	XXX	1,694	2,363	2,685	3,105	3,450	3,705	3,904	3,965	255	61
5. 2015	XXX	XXX	XXX	1,274	1,817	2,141	2,752	3,053	3,163	3,225	247	53
6. 2016	XXX	XXX	XXX	XXX	1,674	2,371	2,595	2,904	3,065	3,286	224	51
7. 2017	XXX	XXX	XXX	XXX	XXX	1,634	2,311	2,533	2,883	2,997	211	51
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,527	2,099	2,605	2,865	198	40
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,951	3,005	3,554	209	37
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,847	2,585	202	36
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,755	131	18

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021			
1. Prior	.000												
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

1. Prior	.000												
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

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

1. Prior	.000											XXX	XXX
2. 2012												XXX	XXX
3. 2013	XXX											XXX	XXX
4. 2014	XXX	XXX										XXX	XXX
5. 2015	XXX	XXX	XXX									XXX	XXX
6. 2016	XXX	XXX	XXX	XXX								XXX	XXX
7. 2017	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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

1. Prior	.000	237	310	432	439	464	464	464	464	464	13	
2. 2012	89	163	188	192	194	194	195	195	253	273	38	14
3. 2013	XXX	68	176	256	320	432	591	591	591	591	35	13
4. 2014	XXX	XXX	88	166	212	243	303	321	334	334	33	12
5. 2015	XXX	XXX	XXX	36	109	191	230	232	234	234	23	10
6. 2016	XXX	XXX	XXX	XXX	38	104	282	315	323	333	27	6
7. 2017	XXX	XXX	XXX	XXX	XXX	49	148	181	197	202	14	4
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	27	86	126	167	12	4
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	40	53	10	3
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36	151	10	3
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	5	1

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

1. Prior	.000											
2. 2012												
3. 2013	XXX											
4. 2014	XXX	XXX										
5. 2015	XXX	XXX	XXX									
6. 2016	XXX	XXX	XXX	XXX								
7. 2017	XXX	XXX	XXX	XXX	XXX							
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

NONE

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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		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	234	249	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,116	2,421	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,223	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	411	341		
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,018	9,471		
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,894		

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2021.....	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. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	.000										XXX	XXX
2. 2012.....											XXX	XXX
3. 2013.....	XXX										XXX	XXX
4. 2014.....	XXX	XXX									XXX	XXX
5. 2015.....	XXX	XXX	XXX								XXX	XXX
6. 2016.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2017.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2021.....	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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS 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		
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021		
1. Prior.....	.000	6	6	6	6	6	6	6	6	6	1	
2. 2012.....	2	6	6	6	6	6	6	6	6	6	1	
3. 2013.....	XXX	7	7	13	13	13	13	13	13	13	2	
4. 2014.....	XXX	XXX	4	4	4	4	4	4	4	4	1	1
5. 2015.....	XXX	XXX	XXX								1	
6. 2016.....	XXX	XXX	XXX	XXX		2	2	3	3	3	1	
7. 2017.....	XXX	XXX	XXX	XXX	XXX		1	1	15	15	1	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	5	5	9	9	2	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1		
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	1	

SCHEDULE P - PART 3R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior.....	.000											
2. 2012.....												
3. 2013.....	XXX											
4. 2014.....	XXX	XXX										
5. 2015.....	XXX	XXX	XXX									
6. 2016.....	XXX	XXX	XXX	XXX								
7. 2017.....	XXX	XXX	XXX	XXX	XXX							
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

SCHEDULE P - PART 3T - WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

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SCHEDULE P - PART 4A - HOMEOWNERS/FAROWNERS

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	433	169	26	15	11	11	3	3		
2. 2012	777	161	87	57	32	31	18	17	21	12
3. 2013	XXX	873	228	42	8	5	5	4	4	3
4. 2014	XXX	XXX	806	155	47	6	1	5	1	
5. 2015	XXX	XXX	XXX	600	156	62	64	51	8	
6. 2016	XXX	XXX	XXX	XXX	770	173	122	15	11	2
7. 2017	XXX	XXX	XXX	XXX	XXX	757	166	98	40	17
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	775	179	75	19
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	842	175	69
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,070	327
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,190

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

1. Prior	1,970	1,132	467	209	101	10	10	7	1	
2. 2012	2,036	973	454	240	113	35	21	3		
3. 2013	XXX	1,776	1,086	547	119	111	40	12	2	1
4. 2014	XXX	XXX	1,796	826	496	161	93	70	46	19
5. 2015	XXX	XXX	XXX	2,034	1,066	278	97	74	40	8
6. 2016	XXX	XXX	XXX	XXX	2,119	1,004	282	153	108	84
7. 2017	XXX	XXX	XXX	XXX	XXX	2,606	1,060	684	105	50
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	3,632	1,589	336	366
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,009	1,332	861
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,964	1,172
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,200

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

1. Prior	1,089	403	161	46	237	6				
2. 2012	777	513	342	171	39	31	1			
3. 2013	XXX	867	402	189	318	71	45	11		
4. 2014	XXX	XXX	1,213	753	401	252	59	83		
5. 2015	XXX	XXX	XXX	1,011	533	339	99	139	25	32
6. 2016	XXX	XXX	XXX	XXX	807	597	575	292	131	29
7. 2017	XXX	XXX	XXX	XXX	XXX	1,118	643	401	413	118
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,341	757	761	511
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,442	1,082	592
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,110	1,172
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,365

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

1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior	1,043	401	289	182	144	59	10	12		
2. 2012	1,007	312	115	72	126	48	62	4	20	32
3. 2013	XXX	1,261	884	653	206	98	132	76	82	13
4. 2014	XXX	XXX	927	422	421	198	256	115	65	7
5. 2015	XXX	XXX	XXX	1,076	656	481	448	246	80	38
6. 2016	XXX	XXX	XXX	XXX	1,013	653	403	320	303	144
7. 2017	XXX	XXX	XXX	XXX	XXX	1,283	659	559	256	241
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,125	882	649	876
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,472	1,423	769
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,716	929
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,880

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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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XX							
6. 2016	XXX	XXX	XX	XX						
7. 2017	XXX	XXX	XX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XX	XX						
7. 2017	XXX	XXX	XX	XX	XX					
8. 2018	XXX	XXX	XX	XX	XX	XX				
9. 2019	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XX	XX						
7. 2017	XXX	XXX	XX	XX	XX					
8. 2018	XXX	XXX	XX	XX	XX	XX				
9. 2019	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior	298	205	122	18	7					
2. 2012	126	159	35	39	46	48	42	41	13	
3. 2013	XXX	330	129	174	144	154	16			
4. 2014	XXX	XXX	292	299	108	34	4	7	3	
5. 2015	XXX	XXX	XXX	282	204	58	86	4	2	
6. 2016	XXX	XXX	XXX	XXX	411	240	141	55	5	1
7. 2017	XXX	XXX	XXX	XXX	XXX	292	157	75	74	45
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	249	223	52	27
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	185	83	87
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,010	869
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424

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

1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XX	XX						
7. 2017	XXX	XXX	XX	XX	XX					
8. 2018	XXX	XXX	XX	XX	XX	XX				
9. 2019	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	185	4	2
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	107	14
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	125

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	612	30	76
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	599	35
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	806

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021	XXX	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	XXX	XXX	XXX
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS 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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	15	3								
2. 2012	5	6								
3. 2013	XXX	8	9	1						
4. 2014	XXX	XXX	7	24						
5. 2015	XXX	XXX	XXX	1						
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX			12		
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	3	3		
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	3	2
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

SCHEDULE P - PART 4R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4T - WARRANTY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	169	16	11	1	1				1	
2. 2012	1,460	1,594	1,604	1,608	1,612	1,612	1,613	1,614	1,614	1,614
3. 2013	XXX	769	907	917	923	924	924	925	925	925
4. 2014	XXX	XXX	539	628	639	641	642	643	643	644
5. 2015	XXX	XXX	XXX	488	566	579	582	583	585	586
6. 2016	XXX	XXX	XXX	XXX	459	545	554	559	560	561
7. 2017	XXX	XXX	XXX	XXX	XXX	604	701	715	717	719
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	511	620	633	635
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	691	804	813
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	776	874
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	666

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	17	7	4	2	2	2	2	2		
2. 2012	92	15	9	6	3	3	1	1	1	1
3. 2013	XXX	114	10	3	2	2	2	1	1	
4. 2014	XXX	XXX	73	8	3	2	1	1	1	
5. 2015	XXX	XXX	XXX	77	13	4	2	2		
6. 2016	XXX	XXX	XXX	XXX	80	11	6	1	1	
7. 2017	XXX	XXX	XXX	XXX	XXX	88	12	5	5	3
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	95	10	2	1
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	85	11	5
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	69	7
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	95	9	8		1				(1)	
2. 2012	1,706	1,788	1,794	1,795	1,796	1,796	1,795	1,796	1,796	1,796
3. 2013	XXX	1,029	1,089	1,094	1,099	1,100	1,100	1,100	1,100	1,099
4. 2014	XXX	XXX	737	776	784	786	786	787	787	787
5. 2015	XXX	XXX	XXX	683	715	722	724	725	725	726
6. 2016	XXX	XXX	XXX	XXX	641	678	685	685	686	686
7. 2017	XXX	XXX	XXX	XXX	XXX	815	856	864	866	866
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	716	762	768	769
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	938	999	1,003
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	993	1,043
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	798

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	367	143	55	25	9	5	2			
2. 2012	521	792	848	870	882	886	889	889	890	891
3. 2013	XXX	595	805	853	874	882	885	888	889	889
4. 2014	XXX	XXX	514	742	813	841	853	857	859	860
5. 2015	XXX	XXX	XXX	517	721	786	811	820	825	827
6. 2016	XXX	XXX	XXX	XXX	478	720	770	798	806	812
7. 2017	XXX	XXX	XXX	XXX	XXX	545	755	815	838	848
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	632	920	992	1,023
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	691	993	1,059
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	502	681
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	510

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	171	67	30	14	4	1	1			
2. 2012	363	105	35	14	5	2	1			
3. 2013	XXX	343	79	27	8	5	2	1	1	1
4. 2014	XXX	XXX	388	112	33	13	6	3	2	2
5. 2015	XXX	XXX	XXX	398	117	32	11	5	2	1
6. 2016	XXX	XXX	XXX	XXX	427	95	36	11	5	3
7. 2017	XXX	XXX	XXX	XXX	XXX	352	94	31	13	5
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	421	105	43	18
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	412	96	44
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	278	68
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	324

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	(4)	59	21	10	(1)	2	2	(1)		
2. 2012	966	1,039	1,036	1,039	1,042	1,043	1,045	1,044	1,045	1,046
3. 2013	XXX	1,011	1,007	1,013	1,017	1,022	1,022	1,024	1,025	1,025
4. 2014	XXX	XXX	970	974	975	986	992	993	994	995
5. 2015	XXX	XXX	XXX	991	968	960	966	970	973	974
6. 2016	XXX	XXX	XXX	XXX	995	964	966	970	972	976
7. 2017	XXX	XXX	XXX	XXX	XXX	990	1,001	1,010	1,017	1,019
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,159	1,203	1,224	1,232
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,212	1,274	1,294
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	894	913
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	927

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK 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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	50	14	7	3	3					
2. 2012	92	128	139	143	146	148	149	149	149	149
3. 2013	XXX	103	144	151	156	161	162	163	163	163
4. 2014	XXX	XXX	125	178	191	200	205	207	208	208
5. 2015	XXX	XXX	XXX	143	193	211	219	224	225	226
6. 2016	XXX	XXX	XXX	XXX	127	178	195	199	201	202
7. 2017	XXX	XXX	XXX	XXX	XXX	130	187	202	208	210
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	129	190	202	208
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	145	195	208
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	117	168
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	124

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	21	8	4	2						
2. 2012	51	17	7	3	1	1				
3. 2013	XXX	48	16	13	8	2	2			
4. 2014	XXX	XXX	65	25	14	7	3	1		
5. 2015	XXX	XXX	XXX	73	31	13	6	2	1	
6. 2016	XXX	XXX	XXX	XXX	64	20	6	4	2	1
7. 2017	XXX	XXX	XXX	XXX	XXX	57	21	6	3	2
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	55	14	6	2
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	18	9
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	12
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	19	2	4	1	1					
2. 2012	161	173	176	176	177	179	179	179	179	179
3. 2013	XXX	165	183	188	189	188	189	188	188	188
4. 2014	XXX	XXX	203	222	226	229	230	230	230	230
5. 2015	XXX	XXX	XXX	228	249	252	254	255	255	255
6. 2016	XXX	XXX	XXX	XXX	207	225	229	231	231	231
7. 2017	XXX	XXX	XXX	XXX	XXX	206	238	240	243	244
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	202	234	240	242
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	211	240	245
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	177	201
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	182

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	80	18	14	9	6	3				
2. 2012	199	255	266	271	274	275	276	276	276	276
3. 2013	XXX	153	202	215	228	234	237	239	240	241
4. 2014	XXX	XXX	154	212	228	241	248	251	254	255
5. 2015	XXX	XXX	XXX	143	202	221	232	241	245	247
6. 2016	XXX	XXX	XXX	XXX	137	190	204	215	221	224
7. 2017	XXX	XXX	XXX	XXX	XXX	142	182	196	206	211
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	128	177	192	198
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	144	195	209
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	160	202
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	131

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	31	23	15	8	6	1	1	1		
2. 2012	45	13	7	3	2	1				
3. 2013	XXX	53	21	19	9	5	3	1	1	
4. 2014	XXX	XXX	65	31	24	14	7	4	1	
5. 2015	XXX	XXX	XXX	67	36	26	16	6	2	2
6. 2016	XXX	XXX	XXX	XXX	56	28	19	14	8	6
7. 2017	XXX	XXX	XXX	XXX	XXX	48	23	15	10	8
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	53	19	14	12
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41	23	19
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34	10
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	57	14	7	2	4	(2)			(1)	
2. 2012	282	322	330	332	334	334	334	334	334	334
3. 2013	XXX	239	272	288	292	295	296	296	297	297
4. 2014	XXX	XXX	258	297	310	315	316	316	316	316
5. 2015	XXX	XXX	XXX	239	282	296	300	300	300	302
6. 2016	XXX	XXX	XXX	XXX	225	264	273	280	280	281
7. 2017	XXX	XXX	XXX	XXX	XXX	217	250	260	267	270
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	204	233	245	250
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	209	252	265
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	222	248
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	187

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 2021 OF THE Ohio 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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	14	6	5	2						
2. 2012	21	33	36	37	38	38	38	38	38	38
3. 2013	XXX	18	25	30	32	33	35	35	35	35
4. 2014	XXX	XXX	15	23	28	29	30	31	32	33
5. 2015	XXX	XXX	XXX	11	17	21	22	22	22	23
6. 2016	XXX	XXX	XXX	XXX	12	18	24	25	26	27
7. 2017	XXX	XXX	XXX	XXX	XXX	9	11	13	14	14
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	7	10	11	12
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	10	10
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	10
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	13	7	2	1						
2. 2012	16	6	2	1						
3. 2013	XXX	14	9	6		1	1			
4. 2014	XXX	XXX	17	9	1	3	2	1		
5. 2015	XXX	XXX	XXX	9		2	1	1		
6. 2016	XXX	XXX	XXX	XXX	3	9	3	1	1	
7. 2017	XXX	XXX	XXX	XXX	XXX	4	2	1	1	1
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	4	2	2	1
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	2	1
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	9		1	1	(1)					
2. 2012	46	51	51	52	52	52	52	52	52	52
3. 2013	XXX	39	45	48	45	47	49	48	48	48
4. 2014	XXX	XXX	37	41	39	43	43	44	44	45
5. 2015	XXX	XXX	XXX	25	25	32	33	33	32	33
6. 2016	XXX	XXX	XXX	XXX	19	33	33	32	33	33
7. 2017	XXX	XXX	XXX	XXX	XXX	15	17	18	19	19
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	12	15	17	17
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	14	14
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	16
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 5R - PRODUCTS 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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	2		1							
2. 2012			1	1	1	1	1	1	1	1
3. 2013	XXX	1	2	2	2	2	2	2	2	2
4. 2014	XXX	XXX		1	1	1	1	1	1	1
5. 2015	XXX	XXX	XXX	1	1	1	1	1	1	1
6. 2016	XXX	XXX	XXX	XXX		1	1	1	1	1
7. 2017	XXX	XXX	XXX	XXX	XXX				1	1
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior		1								
2. 2012										
3. 2013	XXX	1								
4. 2014	XXX	XXX	1							
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX	1					
7. 2017	XXX	XXX	XXX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	1	1								
2. 2012			1	1	1	1	1	1	1	1
3. 2013	XXX	2	2	2	2	2	2	2	2	2
4. 2014	XXX	XXX	1	1	2	2	2	2	2	2
5. 2015	XXX	XXX	XXX	1	1	1	1	1	1	1
6. 2016	XXX	XXX	XXX	XXX	1	1	1	1	1	1
7. 2017	XXX	XXX	XXX	XXX	XXX				1	1
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	3,310	3,310	3,310	3,310	3,310	3,310	3,310	3,310	3,310	3,310	
3. 2013.....	XXX	3,781	3,781	3,781	3,781	3,781	3,781	3,781	3,781	3,781	
4. 2014.....	XXX	XXX	4,295	4,295	4,295	4,295	4,295	4,295	4,295	4,295	
5. 2015.....	XXX	XXX	XXX	4,420	4,420	4,420	4,420	4,420	4,420	4,420	
6. 2016.....	XXX	XXX	XXX	XXX	4,586	4,586	4,586	4,586	4,586	4,586	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	4,779	4,779	4,779	4,779	4,779	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	4,986	4,986	4,986	4,986	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,177	5,177	5,177	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,472	5,472	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,878	5,878
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,878
13. Earned Premiums (Sch P-Pt. 1)	3,310	3,781	4,295	4,420	4,586	4,779	4,986	5,177	5,472	5,878	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	196	196	196	196	196	196	196	196	196	196	
3. 2013.....	XXX	206	206	206	206	206	206	206	206	206	
4. 2014.....	XXX	XXX	229	229	229	229	229	229	229	229	
5. 2015.....	XXX	XXX	XXX	256	256	256	256	256	256	256	
6. 2016.....	XXX	XXX	XXX	XXX	293	293	293	293	293	293	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	352	352	352	352	352	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	198	198	198	198	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	112	112	112	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68	68	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	35
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35
13. Earned Premiums (Sch P-Pt. 1)	196	206	229	256	293	352	198	112	68	35	XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)
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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX									
11. 2021.....	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX									
11. 2021.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	4,812	4,812	4,812	4,812	4,812	4,812	4,812	4,812	4,812	4,812	
3. 2013.....	XXX	5,720	5,720	5,720	5,720	5,720	5,720	5,720	5,720	5,720	
4. 2014.....	XXX	XXX	6,675	6,675	6,675	6,675	6,675	6,675	6,675	6,675	
5. 2015.....	XXX	XXX	XXX	6,939	6,939	6,939	6,939	6,939	6,939	6,939	
6. 2016.....	XXX	XXX	XXX	XXX	7,318	7,318	7,318	7,318	7,318	7,318	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	7,563	7,563	7,563	7,563	7,563	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	7,729	7,729	7,729	7,729	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,180	8,180	8,180	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,798	8,798	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,582	9,582
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,582
13. Earned Premiums (Sch P-Pt. 1)	4,812	5,720	6,675	6,939	7,318	7,563	7,729	8,180	8,798	9,582	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	637	637	637	637	637	637	637	637	637	637	
3. 2013.....	XXX	713	713	713	713	713	713	713	713	713	
4. 2014.....	XXX	XXX	863	863	863	863	863	863	863	863	
5. 2015.....	XXX	XXX	XXX	863	863	863	863	863	863	863	
6. 2016.....	XXX	XXX	XXX	XXX	898	898	898	898	898	898	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	915	915	915	915	915	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	748	748	748	748	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	706	706	706	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	807	807	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	787	787
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	787
13. Earned Premiums (Sch P-Pt. 1)	637	713	863	863	898	915	748	706	807	787	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	1,765	1,765	1,765	1,765	1,765	1,765	1,765	1,765	1,765	1,765	
3. 2013.....	XXX	1,888	1,888	1,888	1,888	1,888	1,888	1,888	1,888	1,888	
4. 2014.....	XXX	XXX	1,952	1,952	1,952	1,952	1,952	1,952	1,952	1,952	
5. 2015.....	XXX	XXX	XXX	1,987	1,987	1,987	1,987	1,987	1,987	1,987	
6. 2016.....	XXX	XXX	XXX	XXX	1,849	1,849	1,849	1,849	1,849	1,849	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	1,689	1,689	1,689	1,689	1,689	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	1,753	1,753	1,753	1,753	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,858	1,858	1,858	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,986	1,986	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,131	2,131
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,131
13. Earned Premiums (Sch P-Pt. 1)	1,765	1,888	1,952	1,987	1,849	1,689	1,753	1,858	1,986	2,131	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	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	761	761	761	761	761	761	761	761	761	761	
3. 2013.....	XXX	823	823	823	823	823	823	823	823	823	
4. 2014.....	XXX	XXX	893	893	893	893	893	893	893	893	
5. 2015.....	XXX	XXX	XXX	890	890	890	890	890	890	890	
6. 2016.....	XXX	XXX	XXX	XXX	901	901	901	901	901	901	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	935	935	935	935	935	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	1,002	1,002	1,002	1,002	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,112	1,112	1,112	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	720	720	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	657	657
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	657
13. Earned Premiums (Sch P-Pt. 1)	761	823	893	890	901	935	1,002	1,112	720	657	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

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SCHEDULE P - PART 6R - PRODUCTS 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 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....	49										
3. 2013.....	XXX	49									
4. 2014.....	XXX	52									
5. 2015.....	XXX	XXX	57								
6. 2016.....	XXX	XXX	XXX	57							
7. 2017.....	XXX	XXX	XXX	XXX	52						
8. 2018.....	XXX	XXX	XXX	XXX	52	54					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	54				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	59	59
13. Earned Premiums (Sch P-Pt. 1)	49	52	57	57	52	54	54	50	51	59	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 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX	XXX								
6. 2016.....	XXX	XXX	XXX	XXX							
7. 2017.....	XXX	XXX	XXX	XXX	XXX						
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE
SECTION 1B

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 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX	XXX								
6. 2016.....	XXX	XXX	XXX	XXX							
7. 2017.....	XXX	XXX	XXX	XXX	XXX						
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

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 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX	XXX								
6. 2016.....	XXX	XXX	XXX	XXX							
7. 2017.....	XXX	XXX	XXX	XXX	XXX						
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

N O N E

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 2021 OF THE Ohio 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	3,633			20,663		
2. Private Passenger Auto Liability/Medical	13,468			16,136		
3. Commercial Auto/Truck Liability/Medical	6,679			6,092		
4. Workers' Compensation						
5. Commercial Multiple Peril	7,349			9,235		
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	2,326			1,513		
10. Other Liability - Claims-Made						
11. Special Property	467			5,465		
12. Auto Physical Damage	1,973			17,521		
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	8			63		
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	35,903			76,688		

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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....										
2. 2012.....										
3. 2013.....	XXX									
4. 2014.....	XXX	XXX								
5. 2015.....	XXX	XXX	XX							
6. 2016.....	XXX	XXX	XX	XX						
7. 2017.....	XXX	XXX	XX	XXX	XX					
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021.....	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
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior.....										
2. 2012.....										
3. 2013.....	XXX									
4. 2014.....	XXX	XXX								
5. 2015.....	XXX	XXX	XX							
6. 2016.....	XXX	XXX	XX	XX						
7. 2017.....	XXX	XXX	XX	XXX	XX					
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021.....	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 2021 OF THE Ohio 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	2012		
1.603	2013		
1.604	2014		
1.605	2015		
1.606	2016		
1.607	2017		
1.608	2018		
1.609	2019		
1.610	2020		
1.611	2021		
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 [] No [X]
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 claim.....
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 [X] No []

7.2 (An extended statement may be attached.)
Effective January 1, 2006, Ohio Mutual Insurance Company and its wholly-owned subsidiary, United Ohio Insurance Company entered into a pooling agreement whereby all underwriting results are pooled together and then split out proportionally with 25% going to Ohio Mutual and 75% going to United Ohio. As the pooling agreement was effective for all losses, the loss and LAE reserves, paid losses and paid LAE for the prior years were reallocated on Schedule P to resemble this pooling agreement. Effective January 1, 2011, Ohio Mutual purchased 100% of the shares of Casco Indemnity Company. At that time, Casco was added to the pool with Ohio Mutual and United Ohio. Casco was provided 8% of the pool with United Ohio holding 65% and Ohio Mutual retaining 27% of the pool. For 2011, the history presented on the Schedule P was reallocated once again to resemble this revised pooling agreement.

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
			86-1575957				Ohio Mutual Insurance Group, Inc.	OH	DIP	Ohio Mutual Insurance Group, Inc.	Board		Ohio Mutual Insurance Group, Inc.	NO	
			86-1550946				OMIG Holdings, Inc.	OH	UDP	Ohio Mutual Insurance Group, Inc.	Ownership	100.000	Ohio Mutual Insurance Group, Inc.	NO	
.0963	Ohio Mutual Insurance Group	.10202	34-4320350				Ohio Mutual Insurance Company	OH		Ohio Mutual Insurance Company	Management	100.000	Ohio Mutual Insurance Group, Inc.	NO	
.0963	Ohio Mutual Insurance Group	.13072	34-1008736				United Ohio Insurance Company	OH	DS	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	
.0963	Ohio Mutual Insurance Group		34-1018102				United Premium Budget Service, Inc.	OH	DS	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	
.0963	Ohio Mutual Insurance Group		34-1115309				Centurion Financial, Inc.	DE	DS	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	
.0963	Ohio Mutual Insurance Group		34-1026454				Ohio United Agency, Inc.	OH	DS	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	
.0963	Ohio Mutual Insurance Group	.25950	01-0407315				Casco Indemnity Company	ME	DS	Ohio Mutual Insurance Company	Ownership	100.000	Ohio Mutual Insurance Company	NO	

NONE

Asterisk	
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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
10202	34-4320350	Ohio Mutual Insurance Company					320,485				320,485	(9,645,000)
13072	34-1008736	United Ohio Insurance Company					(352,100)				(352,100)	3,730,000
25950	01-0407315	Casco Indemnity Company					31,615				31,615	5,915,000
9999999 Control Totals												
									XXX			

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio 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.

MARCH FILING

- | | Responses |
|-----------------------------------------------------------------------------------------------------------------------|-----------|
| 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

- | | |
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| 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 |

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

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? | NO |
| 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? | NO |
| 15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? | NO |
| 17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? | YES |
| 18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? | YES |
| 20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? | YES |
| 21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? | NO |
| 22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 24. 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 |
| 25. 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 |
| 26. 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 |
| 27. 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

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| 29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 30. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| 31. 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 |
| 32. 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 |
| 33. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? | NO |
| 34. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? | NO |
| 35. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? | NO |
| 36. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |








AUGUST FILING

- | | |
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| 37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | NO |
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Explanations:

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Bar Codes:

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| 11. SIS Stockholder Information Supplement [Document Identifier 420] |  |
| 12. Financial Guaranty Insurance Exhibit [Document Identifier 240] |  |
| 13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360] |  |
| 14. Supplement A to Schedule T [Document Identifier 455] |  |
| 15. Trusteed Surplus Statement [Document Identifier 490] |  |
| 16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385] |  |
| 18. Medicare Part D Coverage Supplement [Document Identifier 365] |  |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Ohio Mutual Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 21. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400] 
- 22. Bail Bond Supplement [Document Identifier 500] 
- 23. Director and Officer Insurance Coverage Supplement [Document Identifier 505] 
- 24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224] 
- 25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225] 
- 26. Relief from the Requirements for Audit Committees [Document Identifier 226] 
- 27. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555] 
- 28. Credit Insurance Experience Exhibit [Document Identifier 230] 
- 29. Long-Term Care Experience Reporting Forms [Document Identifier 306] 
- 31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216] 
- 32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217] 
- 33. Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550] 
- 34. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290] 
- 35. Private Flood Insurance Supplement [Document Identifier 560] 
- 36. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565] 
- 37. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223] 

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NONE

