



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2022  
OF THE CONDITION AND AFFAIRS OF THE

Ohio Mutual Insurance Company

NAIC Group Code

0963  
(Current)

0963  
(Prior)

NAIC Company Code

10202

Employer's ID Number

34-4320350

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  
(Street and Number)

Bucyrus, OH, US 44820-0111  
(City or Town, State, Country and Zip Code)

Main Administrative Office

1725 Hopley Avenue  
(Street and Number)

Bucyrus, OH, US 44820-0111  
(City or Town, State, Country and Zip Code)

419-562-3011  
(Area Code) (Telephone Number)

Mail Address

1725 Hopley Avenue  
(Street and Number or P.O. Box)

Bucyrus, OH, US 44820-0111  
(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  
(City or Town, State, Country and Zip Code)

419-562-3011  
(Area Code) (Telephone Number)

Internet Website Address

www.omig.com

Statutory Statement Contact

Andrew Wallen Mr.  
(Name)

419-563-0810  
(Area Code) (Telephone Number)

awallen@omig.com  
(E-mail Address)

877-753-0580  
(FAX Number)

OFFICERS

President

Mark Clarence Russell, Mr.

Secretary

Thomas Eugene Woolley, Mr. #

Treasurer

David Gary Hendrix, Mr.

OTHER

Todd Marshall Boyer, Mr., Vice President Corporate Communications	Chad Philip Combs, Mr., Vice President Personal Lines Underwriting	John Richard DeLucia, Mr., Vice President Claims
David Alan Grove, Mr., Vice President Product Management	Gary Thomas Johnson, Mr., Vice President Commercial Lines Underwriting	Susan Elizabeth Kent, Mrs., Vice President Business Analytics
James Bradly McCormack, Mr., Vice President Information Systems	Mendi Harris Riddle, Mrs., Vice President Sales	Marcella Slone Smith, Mrs., Chief Administrative Officer

DIRECTORS OR TRUSTEES

Neeru Arora Ms. #	Karen Riley Haefling, Ms.	Albert Michael Heister, Mr.
Dawn Kink Ms. #	Susan Porter, Ms.	John Redon Purse, Mr.
Mark Clarence Russell, Mr.	Charles Self Mr.	Thomas Eugene Woolley, Mr.

State of

Ohio

County of

Crawford

SS

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

Mark Clarence Russell  
President and CEO

David Gary Hendrix  
Treasurer and CFO

Marcella 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 2022 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 2022 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....												
2.1 Allied Lines .....												
2.2 Multiple Peril Crop .....												
2.3 Federal Flood .....												
2.4. Private Crop .....												
2.5 Private Flood .....												
3. Farmowners Multiple Peril .....												
4. Homeowners Multiple Peril .....												
5.1 Commercial Multiple Peril (Non-Liability Portion) .....												
5.2 Commercial Multiple Peril (Liability Portion) .....												
6. Mortgage Guaranty .....												
8. Ocean Marine .....												
9. Inland Marine .....												
10. Financial Guaranty .....												
11.1 Medical Professional Liability - Occurrence .....												
11.2 Medical Professional Liability - Claims-Made .....												
12. Earthquake .....												
13.1 Comprehensive (hospital and medical) ind (b) .....												
13.2 Comprehensive (hospital and medical) group (b) .....												
14. Credit A&H (Group and Individual) .....												
15.1 Vision Only (b).....												
15.2 Dental Only (b) .....												
15.3 Disability Income (b) .....												
15.4 Medicare Supplement (b) .....												
15.5 Medicaid Title XIX (b) .....												
15.6 Medicare Title XVIII (b).....												
15.7 Long-Term Care (b) .....												
15.8 Federal Employees Health Benefits Plan (b) .....												
15.9 Other Health (b) .....												
16. Workers' Compensation .....												
17.1 Other Liability - Occurrence .....												
17.2 Other Liability - Claims-Made .....												
17.3 Excess Workers' Compensation .....												
18.1 Products Liability - Occurrence .....												
18.2 Products Liability - Claims-Made .....												
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 .....												
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....												
35. Total (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) .....												

(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 2022 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 2022 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 .....	963,604	835,120		491,195	704,887	820,995	232,501	10,890	26,834	22,457	174,495	13,875
4. Homeowners Multiple Peril .....	2,162,802	1,436,570		1,256,659	893,259	1,181,937	364,431	42,085	61,262	26,560	430,210	31,143
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 .....												
11.1 Medical Professional Liability - Occurrence .....												
11.2 Medical Professional Liability - Claims-Made .....												
12. Earthquake .....												
13.1 Comprehensive (hospital and medical) ind (b) .....												
13.2 Comprehensive (hospital and medical) group (b) .....												
14. Credit A&H (Group and Individual) .....												
15.1 Vision Only (b).....												
15.2 Dental Only (b) .....												
15.3 Disability Income (b) .....												
15.4 Medicare Supplement (b) .....												
15.5 Medicaid Title XIX (b) .....												
15.6 Medicare Title XVIII (b).....												
15.7 Long-Term Care (b) .....												
15.8 Federal Employees Health Benefits Plan (b) .....												
15.9 Other Health (b) .....												
16. Workers' Compensation .....												
17.1 Other Liability - Occurrence .....												
17.2 Other Liability - Claims-Made .....												
17.3 Excess Workers' Compensation .....												
18.1 Products Liability - Occurrence .....												
18.2 Products Liability - Claims-Made .....												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection) .....												
19.2 Other Private Passenger Auto Liability .....	1,530,536	1,060,076		855,809	569,787	1,281,295	985,924	7,873	54,554	65,691	224,662	22,038
19.3 Commercial Auto No-Fault (Personal Injury Protection) .....												
19.4 Other Commercial Auto Liability .....												
21.1 Private Passenger Auto Physical Damage .....	1,405,598	940,443		804,893	969,220	1,082,195	178,281	428	1,039	1,227	205,933	20,239
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 .....												
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....												
35. Total (a) .....	6,062,540	4,272,209		3,408,556	3,137,153	4,366,422	1,761,137	61,276	143,689	115,935	1,035,300	87,295
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 .....



ANNUAL STATEMENT FOR THE YEAR 2022 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 2022 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....												
2.1 Allied Lines .....												
2.2 Multiple Peril Crop .....												
2.3 Federal Flood .....												
2.4. Private Crop .....												
2.5 Private Flood .....												
3. Farmowners Multiple Peril .....												
4. Homeowners Multiple Peril .....												
5.1 Commercial Multiple Peril (Non-Liability Portion) .....												
5.2 Commercial Multiple Peril (Liability Portion) .....												
6. Mortgage Guaranty .....												
8. Ocean Marine .....												
9. Inland Marine .....												
10. Financial Guaranty .....												
11.1 Medical Professional Liability - Occurrence .....												
11.2 Medical Professional Liability - Claims-Made .....												
12. Earthquake .....												
13.1 Comprehensive (hospital and medical) ind (b) .....												
13.2 Comprehensive (hospital and medical) group (b) .....												
14. Credit A&H (Group and Individual) .....												
15.1 Vision Only (b).....												
15.2 Dental Only (b) .....												
15.3 Disability Income (b) .....												
15.4 Medicare Supplement (b) .....												
15.5 Medicaid Title XIX (b) .....												
15.6 Medicare Title XVIII (b).....												
15.7 Long-Term Care (b) .....												
15.8 Federal Employees Health Benefits Plan (b) .....												
15.9 Other Health (b) .....												
16. Workers' Compensation .....												
17.1 Other Liability - Occurrence .....												
17.2 Other Liability - Claims-Made .....												
17.3 Excess Workers' Compensation .....												
18.1 Products Liability - Occurrence .....												
18.2 Products Liability - Claims-Made .....												
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 .....												
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....												
35. Total (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) .....												

(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 2022 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 2022 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 .....												
11.1 Medical Professional Liability - Occurrence .....												
11.2 Medical Professional Liability - Claims-Made .....												
12. Earthquake .....												
13.1 Comprehensive (hospital and medical) ind (b) .....												
13.2 Comprehensive (hospital and medical) group (b) .....												
14. Credit A&H (Group and Individual) .....												
15.1 Vision Only (b).....												
15.2 Dental Only (b) .....												
15.3 Disability Income (b) .....												
15.4 Medicare Supplement (b) .....												
15.5 Medicaid Title XIX (b) .....												
15.6 Medicare Title XVIII (b).....												
15.7 Long-Term Care (b) .....												
15.8 Federal Employees Health Benefits Plan (b) .....												
15.9 Other Health (b) .....												
16. Workers' Compensation .....												
17.1 Other Liability - Occurrence .....												
17.2 Other Liability - Claims-Made .....												
17.3 Excess Workers' Compensation .....												
18.1 Products Liability - Occurrence .....												
18.2 Products Liability - Claims-Made .....												
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 .....												
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....												
35. Total (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) .....												

(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 2022 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 2022				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										
Fire	2,293,020	2,339,798		1,301,815	914,005	1,361,804	501,616	13,138	26,715	17,622	296,670	33,018
Allied Lines												
Multiple Peril Crop												
Federal Flood												
Private Crop												
Private Flood												
Farmowners Multiple Peril	10,047,860	9,273,162		4,608,273	5,532,986	5,902,416	2,441,775	125,160	227,161	219,021	1,753,284	144,681
Homeowners Multiple Peril	35,493,373	32,364,366		18,680,153	33,065,524	38,829,811	9,224,083	646,989	948,798	661,543	5,602,112	511,074
Commercial Multiple Peril (Non-Liability Portion)												
Commercial Multiple Peril (Liability Portion)												
Mortgage Guaranty												
Ocean Marine												
Inland Marine	15,678	15,962		5,402							2,028	226
Financial Guaranty												
Medical Professional Liability - Occurrence												
Medical Professional Liability - Claims-Made												
Earthquake												
Comprehensive (hospital and medical) ind (b)												
Comprehensive (hospital and medical) group (b)												
Credit A&H (Group and Individual)												
Vision Only (b)												
Dental Only (b)												
Disability Income (b)												
Medicare Supplement (b)												
Medicaid Title XIX (b)												
Medicare Title XVIII (b)												
Long-Term Care (b)												
Federal Employees Health Benefits Plan (b)												
Other Health (b)												
Workers' Compensation												
Other Liability - Occurrence	198,555	204,110		96,291	3,564	(4,010)	8,097	11,103	13,234	7,338	25,744	2,859
Other Liability - Claims-Made												
Excess Workers' Compensation												
Products Liability - Occurrence												
Products Liability - Claims-Made												
Private Passenger Auto No-Fault (Personal Injury Protection)												
Other Private Passenger Auto Liability	31,830,103	30,882,816		14,046,688	19,891,809	24,816,511	24,035,106	786,001	1,054,611	1,607,724	4,242,142	458,327
Commercial Auto No-Fault (Personal Injury Protection)												
Other Commercial Auto Liability												
Private Passenger Auto Physical Damage	36,968,824	33,805,084		16,652,325	27,831,441	29,381,312	4,501,414	83,825	86,884	30,873	4,948,532	532,320
Commercial Auto Physical Damage												
Aircraft (all perils)												
Fidelity												
Surety												
Burglary and Theft	58,130	60,970		28,834	5,233	3,896	1,663				7,529	837
Boiler and Machinery												
Credit												
International												
Warranty												
Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Aggregate Write-Ins for Other Lines of Business												
Total (a)	116,905,543	108,946,268		55,419,781	87,244,562	100,291,740	40,713,754	1,666,216	2,357,403	2,544,121	16,878,041	1,683,342
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page												
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2022 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 2022 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 .....												
11.1 Medical Professional Liability - Occurrence .....												
11.2 Medical Professional Liability - Claims-Made .....												
12. Earthquake .....												
13.1 Comprehensive (hospital and medical) ind (b) .....												
13.2 Comprehensive (hospital and medical) group (b) .....												
14. Credit A&H (Group and Individual) .....												
15.1 Vision Only (b).....												
15.2 Dental Only (b) .....												
15.3 Disability Income (b) .....												
15.4 Medicare Supplement (b) .....												
15.5 Medicaid Title XIX (b) .....												
15.6 Medicare Title XVIII (b).....												
15.7 Long-Term Care (b) .....												
15.8 Federal Employees Health Benefits Plan (b) .....												
15.9 Other Health (b) .....												
16. Workers' Compensation .....												
17.1 Other Liability - Occurrence .....												
17.2 Other Liability - Claims-Made .....												
17.3 Excess Workers' Compensation .....												
18.1 Products Liability - Occurrence .....												
18.2 Products Liability - Claims-Made .....												
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 .....												
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....												
35. Total (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) .....												

(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 2022 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 2022 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....												
2.1 Allied Lines .....												
2.2 Multiple Peril Crop .....												
2.3 Federal Flood .....												
2.4. Private Crop .....												
2.5 Private Flood .....												
3. Farmowners Multiple Peril .....												
4. Homeowners Multiple Peril .....												
5.1 Commercial Multiple Peril (Non-Liability Portion) .....												
5.2 Commercial Multiple Peril (Liability Portion) .....												
6. Mortgage Guaranty .....												
8. Ocean Marine .....												
9. Inland Marine .....												
10. Financial Guaranty .....												
11.1 Medical Professional Liability - Occurrence .....												
11.2 Medical Professional Liability - Claims-Made .....												
12. Earthquake .....												
13.1 Comprehensive (hospital and medical) ind (b) .....												
13.2 Comprehensive (hospital and medical) group (b) .....												
14. Credit A&H (Group and Individual) .....												
15.1 Vision Only (b).....												
15.2 Dental Only (b) .....												
15.3 Disability Income (b) .....												
15.4 Medicare Supplement (b) .....												
15.5 Medicaid Title XIX (b) .....												
15.6 Medicare Title XVIII (b).....												
15.7 Long-Term Care (b) .....												
15.8 Federal Employees Health Benefits Plan (b) .....												
15.9 Other Health (b) .....												
16. Workers' Compensation .....												
17.1 Other Liability - Occurrence .....												
17.2 Other Liability - Claims-Made .....												
17.3 Excess Workers' Compensation .....												
18.1 Products Liability - Occurrence .....												
18.2 Products Liability - Claims-Made .....												
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 .....												
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....												
35. Total (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) .....												

(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 2022 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 2022 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....												
2.1 Allied Lines .....												
2.2 Multiple Peril Crop .....												
2.3 Federal Flood .....												
2.4 Private Crop .....												
2.5 Private Flood .....												
3. Farmowners Multiple Peril .....												
4. Homeowners Multiple Peril .....												
5.1 Commercial Multiple Peril (Non-Liability Portion) .....												
5.2 Commercial Multiple Peril (Liability Portion) .....												
6. Mortgage Guaranty .....												
8. Ocean Marine .....												
9. Inland Marine .....												
10. Financial Guaranty .....												
11.1 Medical Professional Liability - Occurrence .....												
11.2 Medical Professional Liability - Claims-Made .....												
12. Earthquake .....												
13.1 Comprehensive (hospital and medical) ind (b) .....												
13.2 Comprehensive (hospital and medical) group (b) .....												
14. Credit A&H (Group and Individual) .....												
15.1 Vision Only (b).....												
15.2 Dental Only (b) .....												
15.3 Disability Income (b) .....												
15.4 Medicare Supplement (b) .....												
15.5 Medicaid Title XIX (b) .....												
15.6 Medicare Title XVIII (b).....												
15.7 Long-Term Care (b) .....												
15.8 Federal Employees Health Benefits Plan (b) .....												
15.9 Other Health (b) .....												
16. Workers' Compensation .....												
17.1 Other Liability - Occurrence .....												
17.2 Other Liability - Claims-Made .....												
17.3 Excess Workers' Compensation .....												
18.1 Products Liability - Occurrence .....												
18.2 Products Liability - Claims-Made .....												
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 .....												
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....												
35. Total (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) .....												

(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 2022 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 2022 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 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 .....												
11.1 Medical Professional Liability - Occurrence .....												
11.2 Medical Professional Liability - Claims-Made .....												
12. Earthquake .....												
13.1 Comprehensive (hospital and medical) ind (b) .....												
13.2 Comprehensive (hospital and medical) group (b) .....												
14. Credit A&H (Group and Individual) .....												
15.1 Vision Only (b).....												
15.2 Dental Only (b) .....												
15.3 Disability Income (b) .....												
15.4 Medicare Supplement (b) .....												
15.5 Medicaid Title XIX (b) .....												
15.6 Medicare Title XVIII (b).....												
15.7 Long-Term Care (b) .....												
15.8 Federal Employees Health Benefits Plan (b) .....												
15.9 Other Health (b) .....												
16. Workers' Compensation .....												
17.1 Other Liability - Occurrence .....												
17.2 Other Liability - Claims-Made .....												
17.3 Excess Workers' Compensation .....												
18.1 Products Liability - Occurrence .....												
18.2 Products Liability - Claims-Made .....												
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 .....												
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....												
35. Total (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) .....												

(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 2022 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 2022 NAIC Company Code 10202

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....												
2.1 Allied Lines .....												
2.2 Multiple Peril Crop .....												
2.3 Federal Flood .....												
2.4. Private Crop .....												
2.5 Private Flood .....												
3. Farmowners Multiple Peril .....												
4. Homeowners Multiple Peril .....												
5.1 Commercial Multiple Peril (Non-Liability Portion) .....												
5.2 Commercial Multiple Peril (Liability Portion) .....												
6. Mortgage Guaranty .....												
8. Ocean Marine .....												
9. Inland Marine .....												
10. Financial Guaranty .....												
11.1 Medical Professional Liability - Occurrence .....												
11.2 Medical Professional Liability - Claims-Made .....												
12. Earthquake .....												
13.1 Comprehensive (hospital and medical) ind (b) .....												
13.2 Comprehensive (hospital and medical) group (b) .....												
14. Credit A&H (Group and Individual) .....												
15.1 Vision Only (b).....												
15.2 Dental Only (b) .....												
15.3 Disability Income (b) .....												
15.4 Medicare Supplement (b) .....												
15.5 Medicaid Title XIX (b) .....												
15.6 Medicare Title XVIII (b).....												
15.7 Long-Term Care (b) .....												
15.8 Federal Employees Health Benefits Plan (b) .....												
15.9 Other Health (b) .....												
16. Workers' Compensation .....												
17.1 Other Liability - Occurrence .....												
17.2 Other Liability - Claims-Made .....												
17.3 Excess Workers' Compensation .....												
18.1 Products Liability - Occurrence .....												
18.2 Products Liability - Claims-Made .....												
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 .....												
31. Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business .....												
35. Total (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) .....												

(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 2022 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 2022 NAIC Company Code 10202

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire .....	2,293,020	2,339,798		1,301,815	914,005	1,361,804	501,616	13,138	26,715	17,622	296,670	33,018
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 .....	11,011,464	10,108,282		5,099,468	6,237,873	6,723,411	2,674,276	136,050	253,995	241,478	1,927,779	158,556
4.	Homeowners Multiple Peril .....	37,656,175	33,800,936		19,936,812	33,958,783	40,011,748	9,588,514	689,074	1,010,060	688,103	6,032,322	542,217
5.1	Commercial Multiple Peril (Non-Liability Portion) .....												
5.2	Commercial Multiple Peril (Liability Portion) .....												
6.	Mortgage Guaranty .....												
8.	Ocean Marine .....												
9.	Inland Marine .....	15,678	15,962		5,402							2,028	226
10.	Financial Guaranty .....												
11.1	Medical Professional Liability - Occurrence .....												
11.2	Medical Professional Liability - Claims-Made .....												
12.	Earthquake .....												
13.1	Comprehensive (hospital and medical) ind (b) .....												
13.2	Comprehensive (hospital and medical) group (b) .....												
14.	Credit A&H (Group and Individual) .....												
15.1	Vision Only (b).....												
15.2	Dental Only (b) .....												
15.3	Disability Income (b) .....												
15.4	Medicare Supplement (b) .....												
15.5	Medicaid Title XIX (b) .....												
15.6	Medicare Title XVIII (b).....												
15.7	Long-Term Care (b) .....												
15.8	Federal Employees Health Benefits Plan (b) .....												
15.9	Other Health (b) .....												
16.	Workers' Compensation .....												
17.1	Other Liability - Occurrence .....	198,555	204,110		96,291	3,564	(4,010)	8,097	11,103	13,234	7,338	25,744	2,859
17.2	Other Liability - Claims-Made .....												
17.3	Excess Workers' Compensation .....												
18.1	Products Liability - Occurrence .....												
18.2	Products Liability - Claims-Made .....												
19.1	Private Passenger Auto No-Fault (Personal Injury Protection) .....												
19.2	Other Private Passenger Auto Liability .....	33,360,639	31,942,892		14,902,497	20,461,596	26,097,806	25,021,030	793,874	1,109,165	1,673,415	4,466,804	480,365
19.3	Commercial Auto No-Fault (Personal Injury Protection) .....												
19.4	Other Commercial Auto Liability .....												
21.1	Private Passenger Auto Physical Damage .....	38,374,422	34,745,527		17,457,218	28,800,661	30,463,507	4,679,695	84,253	87,923	32,100	5,154,465	552,559
21.2	Commercial Auto Physical Damage .....												
22.	Aircraft (all perils) .....												
23.	Fidelity .....												
24.	Surety .....												
26.	Burglary and Theft .....	58,130	60,970		28,834	5,233	3,896	1,663				7,529	837
27.	Boiler and Machinery .....												
28.	Credit .....												
29.	International .....												
30.	Warranty .....												
31.	Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business .....												
35.	Total (a) .....	122,968,083	113,218,477		58,828,337	90,381,715	104,658,162	42,474,891	1,727,492	2,501,092	2,660,056	17,913,341	1,770,637
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 .....

# ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Ohio Mutual Insurance Company

## SCHEDULE F - PART 1

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

[illegible]

## SCHEDULE F - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Ohio Mutual Insurance Company

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On										16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15	17		18			
ID Number	NAIC Com- pany Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis- sions	Columns 7 through 14 Totals	Amount in Dispute included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	Funds Held by Company Under Reinsurance Treaties	
34-1008736 .. 01-0407315 ..	.13072 . .25950 .	UNITED OHIO INSURANCE COMPANY ..... CASCO INDEMNITY COMPANY .....	OH..... ME.....		201,139 24,756			44,167 5,436		38,980 4,798		99,610 12,260		182,757 22,494				182,757 22,494		
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					225,895			49,603		43,778		111,870		205,251				205,251		
0499999. Total Authorized - Affiliates - U.S. Non-Pool																				
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																				
0899999. Total Authorized - Affiliates					225,895			49,603		43,778		111,870		205,251				205,251		
06-1182357 .. 36-2661954 .. 06-1430254 .. 42-0234980 .. 05-0316605 .. 42-0245840 .. 13-2673100 .. 06-0384680 .. 47-0698507 .. 52-1952955 .. 13-1675535 .. 13-2918573 .. 13-3031176 .. 23-2423138 .. 95-3187355 .. 43-0613000 ..	.22730 . .10103 . .10348 . .21415 . .21482 . .13897 . .22039 . .11452 . .23680 . .10357 . .25364 . .42439 . .38636 . .23850 . .35300 . .23388 .	ALLIED WORLD INSURANCE COMPANY ..... AMERICAN AGRICULTURAL INSURANCE COMPANY .... ARCH REINSURANCE COMPANY ..... EMPLOYERS MUTUAL CASUALTY CO ..... FACTORY MUTUAL INSURANCE COMPANY ..... FARMERS MUTUAL HAIL INSURANCE COMPANY ..... GENERAL REINSURANCE CORPORATION ..... HARTFORD STEAM BOILER INSPECTION & INS ..... ODYSSEY REINSURANCE COMPANY ..... RENAISSANCE REINSURANCE US INC ..... SWISS REINSURANCE AMERICA CORPORATION ..... THE TOA REINSURANCE COMPANY OF AMERICA ..... PARTNER REINSURANCE COMPANY OF THE U.S. .... TOKIO MARINE SPECIALTY INS CO ..... ALLIANZ GLOBAL RISKS US INSURANCE CO. .... SHELTER MUTUAL INSURANCE COMPANY .....	NH..... IN..... DE..... IA..... RI..... IA..... DE..... CT..... CT..... MD..... NY..... DE..... NY..... DE..... IL..... MO.....		372 225 191 84 781 34 817 2 147 88 171 8 12 208 161 110	25 9 21 ..... 48 ..... 402 ..... 10 ..... 8 ..... ..... 1 ..... 14 21	1 ..... 1 ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	13 35 7 35 54 14 62 ..... 5 25 3 5 ..... ..... .....	..... ..... ..... ..... ..... ..... 675 ..... ..... 13 ..... 10 ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....			
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					3,411	558	9	304		779		960		2,610		223			2,387	294
AA-9991222 ..	.32573 .	OHIO FAIR PLAN UNDERWRITING ASSOCIATION ....	OH.....		11							6		6		2			4	
1099999. Total Authorized - Pools - Mandatory Pools					11							6		6		2			4	
AA-9995035 ..	.00000 .	MUTUAL REINSURANCE BUREAU .....	IL.....		307											16			(16)	
1199999. Total Authorized - Pools - Voluntary Pools					307											16			(16)	
AA-1120157 .. AA-1128001 .. AA-1120085 .. AA-1126609 .. AA-1128121 .. AA-1128791 .. AA-1120181 .. AA-1120156 .. AA-1120171 ..	.00000 . .00000 . .00000 . .00000 . .00000 . .00000 . .00000 . .00000 . .00000 .	LLOYD'S SYNDICATE #1729 ..... LLOYD'S SYNDICATE #2001 ..... LLOYD'S SYNDICATE # 1274 ..... LLOYD'S SYNDICATE #0609 ..... LLOYD'S SYNDICATE #2121 ..... LLOYD'S SYNDICATE #2791 ..... LLOYD'S SYNDICATE #5886 ..... LLOYD'S SYNDICATE #1686 ..... LLOYD'S SYNDICATE #1856 .....	GBR..... GBR..... GBR..... GBR..... GBR..... GBR..... GBR..... GBR..... GBR.....		65 77 14 33 12 152 94 74 91	8 10 ..... 4 ..... 11 10 8 16	..... ..... ..... ..... ..... ..... ..... ..... 1	3 3 ..... 1 ..... 3 3 ..... 5	..... ..... ..... ..... ..... ..... ..... ..... .....	7 8 ..... 3 ..... 8 7 12	..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... .....	18 21 ..... 8 ..... 22 21 18 34	..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... .....		
1299999. Total Authorized - Other Non-U.S. Insurers					612	67	1	21		53				142		43			99	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					230,236	625	10	49,928		44,610		112,836		208,009		284			207,725	294
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																				
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																				
2299999. Total Unauthorized - Affiliates																				
AA-1120337 .. AA-3191435 .. AA-3194122 .. ..... AA-1340028 .. AA-3191298 .. AA-3190339 ..	.00000 . .00000 . .00000 . ..... .00000 . .00000 . .00000 .	ASPEN INSURANCE UK LIMITED ..... CONDUIT REINS LTD ..... DAVINCI REINSURANCE LTD ..... DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG ..... ..... ANTARES REINS CO LTD ..... RENAISSANCE REINSURANCE LTD .....	GBR..... BMU..... BMU..... ..... DEU..... BMU..... BMU.....		10 128 176 ..... 73 102 118	..... 70 13 ..... 5 8 8	..... ..... ..... ..... ..... ..... .....	4 5 ..... ..... 3 4 4	..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... .....	

ANNUAL STATEMENT FOR THE YEAR 2022 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 Com- pany Code	3  Name of Reinsurer	4  Domiciliary Jurisdiction	5  Special Code	6  Reinsurance Premiums Ceded	Reinsurance Recoverable On								16  Amount in Dispute included in Column 15	Reinsurance Payable		19  Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20  Funds Held by Company Under Reinsurance Treaties
						7  Paid Losses	8  Paid LAE	9  Known Case Loss Reserves	10  Known Case LAE Reserves	11  IBNR Loss Reserves	12  IBNR LAE Reserves	13  Unearned Premiums	14  Contingent Commis- sions	15  Columns 7 through 14 Totals	17  Ceded Balances Payable	18  Other Amounts Due to Reinsurers		
AA-1340004	.00000	R&V VERSICHERUNG AG	DEU		626	82	3	26		66				177	49		128	
2699999. Total Unauthorized - Other Non-U.S. Insurers					1,233	186	5	52		122		3		368	98		270	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					1,233	186	5	52		122		3		368	98		270	
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		119	11	1	18		9		11		50	9		41	
4099999. Total Certified - Other Non-U.S. Insurers					119	11	1	18		9		11		50	9		41	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					119	11	1	18		9		11		50	9		41	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																		
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																		
5099999. Total Reciprocal Jurisdiction - Affiliates																		
RJ-1120191	.00000	CONVEX INS UK LTD	GBR		382	41	2	13		33				89	27		62	
RJ-3191400	.00000	CONVEX RE LTD	BMU		141	8		4		10				22	8		14	
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers					523	49	2	17		43				111	35		76	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					523	49	2	17		43				111	35		76	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					232,111	871	18	50,015		44,784		112,850		208,538	426		208,112	294
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																		
9999999 Totals					232,111	871	18	50,015		44,784		112,850		208,538	426		208,112	294



ANNUAL STATEMENT FOR THE YEAR 2022 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	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
34-1008736 ..	UNITED OHIO INSURANCE COMPANY .....	.....	.....	.....	.....	.....	182,757	.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
01-0407315 ..	CASCO INDEMNITY COMPANY .....	.....	.....	.....	.....	.....	22,494	.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling				XXX			205,251		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			205,251								XXX		
06-1182357 ..	ALLIED WORLD INSURANCE COMPANY .....	.....	.....	.....	.....	22	48	.....	70	84	22	62	.....	62	3	.....	2
36-2661954 ..	AMERICAN AGRICULTURAL INSURANCE COMPANY .....	.....	.....	.....	.....	13	67	.....	80	96	.....	83	.....	83	3	.....	2
06-1430254 ..	ARCH REINSURANCE COMPANY .....	.....	.....	.....	.....	13	33	.....	46	55	13	42	.....	42	2	.....	1
42-0234980 ..	EMPLOYERS MUTUAL CASUALTY CO .....	.....	.....	.....	.....	5	58	.....	63	76	5	71	.....	71	3	.....	2
05-0316605 ..	FACTORY MUTUAL INSURANCE COMPANY .....	.....	.....	.....	.....	44	451	.....	495	594	44	550	.....	550	2	.....	12
42-0245840 ..	FARMERS MUTUAL HAIL INSURANCE COMPANY .....	.....	.....	.....	.....	2	23	.....	25	30	2	28	.....	28	4	.....	1
13-2673100 ..	GENERAL REINSURANCE CORPORATION .....	.....	.....	.....	.....	358	1,119	.....	1,477	1,772	358	1,414	.....	1,414	1	.....	23
06-0384680 ..	HARTFORD STEAM BOILER INSPECTION & INS .....	.....	.....	.....	.....	1	1	.....	1	1	.....	1	.....	1	1	.....	.....
47-0698507 ..	ODYSSEY REINSURANCE COMPANY .....	.....	.....	.....	.....	9	19	.....	28	34	9	25	.....	25	3	.....	1
52-1952955 ..	RENAISSANCE REINSURANCE US INC .....	.....	.....	.....	.....	6	60	.....	66	79	6	73	.....	73	2	.....	2
13-1675535 ..	SWISS REINSURANCE AMERICA CORPORATION .....	.....	.....	.....	.....	10	49	.....	59	71	10	61	.....	61	2	.....	1
13-2918573 ..	THE TOA REINSURANCE COMPANY OF AMERICA .....	.....	.....	.....	.....	.....	6	.....	6	7	.....	7	.....	7	3	.....	.....
13-3031176 ..	PARTNER REINSURANCE COMPANY OF THE U.S. .....	.....	.....	.....	.....	1	8	.....	9	11	.....	10	.....	10	2	.....	.....
23-2423138 ..	TOKIO MARINE SPECIALTY INS CO .....	.....	.....	.....	.....	15	102	.....	117	140	15	125	.....	125	1	.....	2
95-3187355 ..	ALLIANZ GLOBAL RISKS US INSURANCE CO. ....	.....	.....	.....	.....	10	22	.....	32	38	10	28	.....	28	2	.....	1
43-0613000 ..	SHELTER MUTUAL INSURANCE COMPANY .....	.....	.....	.....	.....	9	27	.....	36	43	9	34	.....	34	3	.....	1
0999999. Total Authorized - Other U.S. Unaffiliated Insurers				XXX		517	2,093		2,610	3,132	517	2,615		2,615	XXX		50
AA-9991222 ..	OHIO FAIR PLAN UNDERWRITING ASSOCIATION .....	.....	.....	.....	.....	2	4	.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999. Total Authorized - Pools - Mandatory Pools				XXX		2	4		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9995035 ..	MUTUAL REINSURANCE BUREAU .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	.....
1199999. Total Authorized - Pools - Voluntary Pools				XXX											XXX		
AA-1120157 ..	LLOYD'S SYNDICATE #1729 .....	.....	.....	.....	.....	5	13	.....	18	22	5	17	.....	17	3	.....	.....
AA-1128001 ..	LLOYD'S SYNDICATE #2001 .....	.....	.....	.....	.....	6	15	.....	21	25	6	19	.....	19	3	.....	1
AA-1120085 ..	LLOYD'S SYNDICATE # 1274 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	.....
AA-1126609 ..	LLOYD'S SYNDICATE #0609 .....	.....	.....	.....	.....	2	6	.....	8	10	2	8	.....	8	3	.....	.....
AA-1128121 ..	LLOYD'S SYNDICATE #2121 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	.....
AA-1128791 ..	LLOYD'S SYNDICATE #2791 .....	.....	.....	.....	.....	7	15	.....	22	26	7	19	.....	19	3	.....	1
AA-1120181 ..	LLOYD'S SYNDICATE #5886 .....	.....	.....	.....	.....	7	14	.....	21	25	7	18	.....	18	3	.....	1
AA-1120156 ..	LLOYD'S SYNDICATE #1686 .....	.....	.....	.....	.....	5	13	.....	18	22	5	17	.....	17	3	.....	.....
AA-1120171 ..	LLOYD'S SYNDICATE #1856 .....	.....	.....	.....	.....	9	25	.....	34	41	9	32	.....	32	3	.....	1
1299999. Total Authorized - Other Non-U.S. Insurers				XXX		41	101		142	170	41	129		129	XXX		4
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX		560	207,449		2,752	3,302	558	2,744		2,744	XXX		53
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX											XXX		

ANNUAL STATEMENT FOR THE YEAR 2022 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	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
2299999. Total Unauthorized - Affiliates				XXX											XXX		
AA-1120337 .. ASPEN INSURANCE UK LIMITED .....		6				7			7	8	1	7	6	1	3		
AA-3191435 .. CONDUIT REINS LTD .....			71	0001		89			89	107	18	89	71	18	4		1
AA-3194122 .. DAVINCI REINSURANCE LTD .....	24					35			35	42	11	31	24	7	3	1	
AA-1340028 .. DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG .....			10	0002		15			15	18	5	13	10	3	2		
AA-3191298 .. ANTARES REINS CO LTD .....			15	0003		22			22	26	7	19	15	4	4		
AA-3190339 .. RENAISSANCE REINSURANCE LTD .....	16					23			23	28	7	21	16	5	2		
AA-1340004 .. R&V VERSICHERUNG AG .....			128	0004		177			177	212	49	163	128	35	3	4	1
2699999. Total Unauthorized - Other Non-U.S. Insurers		46	224	XXX		368			368	442	98	344	270	74	XXX	8	2
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		46	224	XXX		368			368	442	98	344	270	74	XXX	8	2
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX											XXX		
3699999. Total Certified - Affiliates				XXX											XXX		
CR-1340125 .. HANNOVER RUCKVERSICHERUNGS AG .....						9	41		50	60	9	51		51	2		1
4099999. Total Certified - Other Non-U.S. Insurers				XXX		9	41		50	60	9	51		51	XXX		1
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX		9	41		50	60	9	51		51	XXX		1
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non- U.S.)				XXX											XXX		
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX											XXX		
RJ-1120191 .. CONVEX INS UK LTD .....						27	62		89	107	27	80		80	4		3
RJ-3191400 .. CONVEX RE LTD .....						8	14		22	26	8	18		18	4		1
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers				XXX		35	76		111	133	35	98		98	XXX		3
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX		35	76		111	133	35	98		98	XXX		3
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	46	224	XXX			972	207,566		3,281	3,937	700	3,237	270	2,967	XXX	8	60
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 Totals		46	224	XXX		972	207,566		3,281	3,937	700	3,237	270	2,967	XXX	8	60

ANNUAL STATEMENT FOR THE YEAR 2022 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	Overdue					43  Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
			38  1 - 29 Days	39  30 - 90 Days	40  91 - 120 Days	41  Over 120 Days	42  Total Overdue Cols. 38+39 +40+41												
34-1008736 .. 01-0407315 .. 0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling	UNITED OHIO INSURANCE COMPANY ..... CASCO INDEMNITY COMPANY ..... Total Authorized - Affiliates - U.S. Intercompany Pooling																	YES..... YES..... XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool	Total Authorized - Affiliates - U.S. Non-Pool																	XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)	Total Authorized - Affiliates - Other (Non-U.S.)																	XXX	
0899999. Total Authorized - Affiliates	Total Authorized - Affiliates																	XXX	
06-1182357 .. 36-2661954 .. 06-1430254 .. 42-0234980 .. 05-0316605 .. 42-0245840 .. 13-2673100 .. 06-0384680 .. 47-0698507 .. 52-1952955 .. 13-1675535 .. 13-2918573 .. 13-3031176 .. 23-2423138 .. 95-3187355 .. 43-0613000 ..	ALLIED WORLD INSURANCE COMPANY ..... AMERICAN AGRICULTURAL INSURANCE COMPANY ..... ARCH REINSURANCE COMPANY ..... EMPLOYERS MUTUAL CASUALTY CO ..... FACTORY MUTUAL INSURANCE COMPANY ..... FARMERS MUTUAL HAIL INSURANCE COMPANY ..... GENERAL REINSURANCE CORPORATION ..... HARTFORD STEAM BOILER INSPECTION & INS ..... ODYSSEY REINSURANCE COMPANY ..... RENAISSANCE REINSURANCE US INC ..... SWISS REINSURANCE AMERICA CORPORATION ..... THE TOA REINSURANCE COMPANY OF AMERICA ..... PARTNER REINSURANCE COMPANY OF THE U.S. .... TOKIO MARINE SPECIALTY INS CO ..... ALLIANZ GLOBAL RISKS US INSURANCE CO. .... SHELTER MUTUAL INSURANCE COMPANY .....	26..... .9..... 22..... ..... 48..... ..... 407..... ..... 10..... ..... 8..... ..... ..... ..... 15..... 22.....					26..... .9..... 22..... ..... 48..... ..... 407..... ..... 10..... ..... 8..... ..... ..... ..... 15..... 22.....									YES..... YES..... YES..... YES..... YES..... YES..... YES..... YES..... YES..... YES..... YES..... YES..... YES..... YES..... YES..... YES.....			
0999999. Total Authorized - Other U.S. Unaffiliated Insurers	Total Authorized - Other U.S. Unaffiliated Insurers	567						567			567							XXX	
AA-9991222 .. 1099999. Total Authorized - Pools - Mandatory Pools	OHIO FAIR PLAN UNDERWRITING ASSOCIATION ..... Total Authorized - Pools - Mandatory Pools																	YES..... XXX	
AA-9995035 .. 1199999. Total Authorized - Pools - Voluntary Pools	MUTUAL REINSURANCE BUREAU ..... Total Authorized - Pools - Voluntary Pools																	YES..... XXX	
AA-1120157 .. AA-1128001 .. AA-1120085 .. AA-1126609 .. AA-1128121 .. AA-1128791 .. AA-1120181 .. AA-1120156 .. AA-1120171 ..	LLOYD'S SYNDICATE #1729 ..... LLOYD'S SYNDICATE #2001 ..... LLOYD'S SYNDICATE # 1274 ..... LLOYD'S SYNDICATE #0609 ..... LLOYD'S SYNDICATE #2121 ..... LLOYD'S SYNDICATE #2791 ..... LLOYD'S SYNDICATE #5886 ..... LLOYD'S SYNDICATE #1686 ..... LLOYD'S SYNDICATE #1856 .....	8..... 10..... ..... 4..... ..... 11..... 10..... 8..... 17.....					8..... 10..... ..... 4..... ..... 11..... 10..... 8..... 17.....			8..... 10..... ..... 4..... ..... 11..... 10..... 8..... 17.....							YES..... YES..... YES..... YES..... YES..... YES..... YES..... YES..... YES.....		
1299999. Total Authorized - Other Non-U.S. Insurers	Total Authorized - Other Non-U.S. Insurers	68						68			68							XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	635						635			635							XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool	Total Unauthorized - Affiliates - U.S. Non-Pool																	XXX	

ANNUAL STATEMENT FOR THE YEAR 2022 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											
			38	39	40	41	42												
		Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38+39 +40+41	Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																		XXX	
2299999. Total Unauthorized - Affiliates																		XXX	
AA-1120337 ..	ASPEN INSURANCE UK LIMITED .....																	YES.....	
AA-3191435 ..	CONDUIT REINS LTD .....	72						72			72							YES.....	
AA-3194122 ..	DAVINCI REINSURANCE LTD .....	13						13			13							YES.....	
AA-1340028 ..	DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG .....	5						5			5							YES.....	
AA-3191298 ..	ANTARES REINS CO LTD .....	8						8			8							YES.....	
AA-3190339 ..	RENAISSANCE REINSURANCE LTD .....	8						8			8							YES.....	
AA-1340004 ..	R&V VERSICHERUNG AG .....	85						85			85							YES.....	
2699999. Total Unauthorized - Other Non-U.S. Insurers		191						191			191							XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		191						191			191							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 .....	12						12			12							YES.....	
4099999. Total Certified - Other Non-U.S. Insurers		12						12			12							XXX	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		12						12			12							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	
RJ-1120191 ..	CONVEX INS UK LTD .....	43						43			43							YES.....	
RJ-3191400 ..	CONVEX RE LTD .....	8						8			8							YES.....	
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		51						51			51							XXX	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		51						51			51							XXX	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		889						889			889							XXX	
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																		XXX	
9999999 Totals		889						889			889							XXX	

ANNUAL STATEMENT FOR THE YEAR 2022 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 Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
34-1008736 .. 01-0407315 ..	UNITED OHIO INSURANCE COMPANY ..... CASCO INDEMNITY COMPANY .....	XXX .....	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
0499999. Total Authorized - Affiliates - U.S. Non-Pool						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
0899999. Total Authorized - Affiliates						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 .....	XXX .....
36-2661954 ..	AMERICAN AGRICULTURAL INSURANCE COMPANY .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
06-1430254 ..	ARCH REINSURANCE COMPANY .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
42-0234980 ..	EMPLOYERS MUTUAL CASUALTY CO .....	XXX .....	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 .....	XXX .....
42-0245840 ..	FARMERS MUTUAL HAIL INSURANCE COMPANY .....	XXX .....	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 .....	XXX .....
06-0384680 ..	HARTFORD STEAM BOILER INSPECTION & INS .....	XXX .....	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 .....	XXX .....
52-1952955 ..	RENAISSANCE REINSURANCE US INC .....	XXX .....	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 .....	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 .....	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 .....	XXX .....
23-2423138 ..	TOKIO MARINE SPECIALTY INS CO .....	XXX .....	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 .....	XXX .....
43-0613000 ..	SHELTER MUTUAL INSURANCE COMPANY .....	XXX .....	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
AA-9991222 ..	OHIO FAIR PLAN UNDERWRITING ASSOCIATION .....	XXX .....	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
AA-9995035 ..	MUTUAL REINSURANCE BUREAU .....	XXX .....	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
AA-1120157 ..	LLOYD'S SYNDICATE #1729 .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
AA-1128001 ..	LLOYD'S SYNDICATE #2001 .....	XXX .....	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 .....	XXX .....
AA-1126609 ..	LLOYD'S SYNDICATE #0609 .....	XXX .....	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 .....	XXX .....
AA-1128791 ..	LLOYD'S SYNDICATE #2791 .....	XXX .....	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 .....	XXX .....
AA-1120156 ..	LLOYD'S SYNDICATE #1686 .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....
AA-1120171 ..	LLOYD'S SYNDICATE #1856 .....	XXX .....	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
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
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2022 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  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%)	66  Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	67  Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68  20% of Amount in Col. 67			
2299999. Total Unauthorized - Affiliates				XXX	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	XXX	
AA-3191435 ..	CONDUIT REINS LTD .....	XXX	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	XXX	
AA-1340028 ..	DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3191298 ..	ANTARES REINS CO LTD .....	XXX	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	XXX	
AA-1340004 ..	R&V VERSICHERUNG AG .....	XXX	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	XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
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	41						41								
4099999. Total Certified - Other Non-U.S. Insurers				XXX	41			XXX	XXX		41								
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX	41			XXX	XXX		41								
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1120191 ..	CONVEX INS UK LTD .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3191400 ..	CONVEX RE LTD .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)				XXX	41			XXX	XXX		41								
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX				XXX	XXX										
9999999 Totals				XXX	41			XXX	XXX		41								

ANNUAL STATEMENT FOR THE YEAR 2022 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%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
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.....	
06-1430254 ..	ARCH REINSURANCE COMPANY .....		XXX.....	XXX.....				XXX.....	XXX.....	
42-0234980 ..	EMPLOYERS MUTUAL CASUALTY CO .....		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.....	
43-0613000 ..	SHELTER MUTUAL INSURANCE COMPANY .....		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-1120157 ..	LLOYD'S SYNDICATE #1729 .....		XXX.....	XXX.....				XXX.....	XXX.....	
AA-1128001 ..	LLOYD'S SYNDICATE #2001 .....		XXX.....	XXX.....				XXX.....	XXX.....	
AA-1120085 ..	LLOYD'S SYNDICATE # 1274 .....		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-1120171 ..	LLOYD'S SYNDICATE #1856 .....		XXX.....	XXX.....				XXX.....	XXX.....	
1299999. Total Authorized - Other Non-U.S. Insurers			XXX	XXX				XXX	XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	XXX				XXX	XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					XXX	XXX	XXX		XXX	

ANNUAL STATEMENT FOR THE YEAR 2022 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%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
2199999.	Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX		XXX	
2299999.	Total Unauthorized - Affiliates				XXX	XXX	XXX		XXX	
AA-1120337 ..	ASPEN INSURANCE UK LIMITED .....				XXX	XXX	XXX		XXX	
AA-3191435 ..	CONDUIT REINS LTD .....				XXX	XXX	XXX		XXX	
AA-3194122 ..	DAVINCI REINSURANCE LTD .....				XXX	XXX	XXX		XXX	
AA-1340028 ..	DEVK RUCKVERSICHERUNGS UND BETEILIGUNGS AG .....				XXX	XXX	XXX		XXX	
AA-3191298 ..	ANTARES 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		
3599999.	Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3699999.	Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR-1340125 ..	HANNOVER RUCKVERSICHERUNGS AG .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4099999.	Total Certified - Other Non-U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4299999.	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4699999.	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		XXX	XXX				XXX	XXX	
4999999.	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		XXX	XXX				XXX	XXX	
5099999.	Total Reciprocal Jurisdiction - Affiliates		XXX	XXX				XXX	XXX	
RJ-1120191 ..	CONVEX INS UK LTD .....		XXX	XXX				XXX	XXX	
RJ-3191400 ..	CONVEX RE LTD .....		XXX	XXX				XXX	XXX	
5499999.	Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		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 2022 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)

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 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	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
1.	FACTORY MUTUAL INSURANCE COMPANY .....	35.000	781,145
2.	TOKIO MARINE SPECIALTY INS CO .....	30.000	208,040
3.	RENAISSANCE REINSURANCE US INC .....	26.000	87,937
4.	EMPLOYERS MUTUAL CASUALTY CO .....	26.000	83,961
5.	AMERICAN AGRICULTURAL INSURANCE COMPANY .....	26.000	72,583

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

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
6.	GENERAL REINSURANCE CORPORATION .....	1,477,401	817,180	Yes [   ] No [ X ]
7.	FACTORY MUTUAL INSURANCE COMPANY .....	494,765	781,145	Yes [   ] No [ X ]
8.	R&V VERSICHERUNG AG .....	177,689	625,965	Yes [   ] No [ X ]
9.	TOKIO MARINE SPECIALTY INS CO .....	117,063	208,040	Yes [   ] No [ X ]
10.	CONVEX INS UK LTD .....	88,843	382,315	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 2022 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) .....	373,227,542		373,227,542
2. Premiums and considerations (Line 15) .....	21,899,010		21,899,010
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	889,563	(889,563)	
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....	2,402,935		2,402,935
6. Net amount recoverable from reinsurers .....		207,815,422	207,815,422
7. Protected cell assets (Line 27) .....			
8. Totals (Line 28) .....	398,419,050	206,925,859	605,344,909
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	42,054,980	94,798,728	136,853,708
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	2,095,598		2,095,598
11. Unearned premiums (Line 9) .....	41,376,299	112,844,196	154,220,495
12. Advance premiums (Line 10) .....	600,232		600,232
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....	425,576	(423,096)	2,480
15. Funds held by company under reinsurance treaties (Line 13) .....	293,969	(293,969)	
16. Amounts withheld or retained by company for account of others (Line 14) .....			
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....	519,822		519,822
19. Total liabilities excluding protected cell business (Line 26) .....	87,366,476	206,925,859	294,292,335
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37)	311,052,574	XXX	311,052,574
22. Totals (Line 38)	398,419,050	206,925,859	605,344,909

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. ....

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written .....	125	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned .....	155	XXX		XXX		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) .....	20	12.9												
8. Other general insurance expenses .....														
9. Taxes, licenses and fees .....														
10. Total other expenses incurred .....	20	12.9												
11. Aggregate write-ins for deductions .....														
12. Gain from underwriting before dividends or refunds .	135	87.1												
13. Dividends or refunds .....														
14. Gain from underwriting after dividends or refunds	135	87.1												
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)														

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written .....		XXX		XXX		XXX		XXX		XXX	125	XXX
2. Premiums earned .....		XXX		XXX		XXX		XXX		XXX	155	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) .....											20	12.9
8. Other general insurance expenses .....												
9. Taxes, licenses and fees .....												
10. Total other expenses incurred .....											20	12.9
11. Aggregate write-ins for deductions .....												
12. Gain from underwriting before dividends or refunds .											135	87.1
13. Dividends or refunds .....												
14. Gain from underwriting after dividends or refunds											135	87.1
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 2022 OF THE Ohio Mutual Insurance Company

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**

**PART 2. - RESERVES AND LIABILITIES**

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums .....	21												21
2. Advance premiums .....													
3. Reserve for rate credits .....													
4. Total premium reserves, current year .....	21												21
5. Total premium reserves, prior year .....	51												51
6. Increase in total premium reserves .....	(30)												(30)
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	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
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 Lines 1.1 and 2.1 .....													
3.2 Claim reserves and liabilities, December 31, prior year .....													
3.3 Line 3.1 minus Line 3.2 .....													

**PART 4. - REINSURANCE**

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Reinsurance Assumed:													
1. Premiums written .....	464												464
2. Premiums earned .....													
3. Incurred claims .....													
4. Commissions .....													
B. Reinsurance Ceded:													
1. Premiums written .....	339												339
2. Premiums earned .....													
3. Incurred claims .....													
4. Commissions .....													

(a) Includes \$ ..... premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Ohio Mutual Insurance Company

**SCHEDULE H - PART 5 - HEALTH CLAIMS**

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3  Medicare Supplement	4  Vision Only	5  Dental Only	6 Federal Employees Health Benefits Plan	7  Medicare Title XVIII	8  Medicaid Title XIX	9  Credit A&H	10  Disability Income	11  Long-Term Care	12  Other Health	13  Total
A. Direct:													
1. Incurred claims .....													
2. Beginning claim reserves and liabilities .....													
3. Ending claim reserves and liabilities .....													
4. Claims paid .....													
B. Assumed Reinsurance:													
1. Incurred claims .....													
2. Beginning claim reserves and liabilities .....													
3. Ending claim reserves and liabilities .....													
4. Claims paid .....													
C. Ceded Reinsurance:													
1. Incurred claims .....													
2. Beginning claim reserves and liabilities .....													
3. Ending claim reserves and liabilities .....													
4. Claims paid .....													
D. Net:													
1. Incurred claims .....													
2. Beginning claim reserves and liabilities .....													
3. Ending claim reserves and liabilities .....													
4. Claims paid .....													
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses .....													
2. Beginning reserves and liabilities .....													
3. Ending reserves and liabilities .....													
4. Paid claims and cost containment expenses													

NONE

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Ohio Mutual Insurance Company

**SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	20.....	.....	1.....	.....	1.....	.....	1.....	22.....	XXX.....
2. 2013.....	14,164.....	1,243.....	12,921.....	8,388.....	348.....	160.....	1.....	964.....	.....	124.....	9,163.....	1,099.....
3. 2014.....	15,125.....	1,489.....	13,636.....	6,153.....	38.....	114.....	.....	741.....	.....	186.....	6,970.....	787.....
4. 2015.....	15,575.....	1,334.....	14,241.....	5,495.....	48.....	153.....	.....	599.....	.....	112.....	6,199.....	726.....
5. 2016.....	15,883.....	1,362.....	14,521.....	5,760.....	281.....	167.....	1.....	680.....	.....	127.....	6,325.....	686.....
6. 2017.....	16,326.....	1,372.....	14,954.....	8,020.....	469.....	300.....	13.....	786.....	.....	170.....	8,624.....	865.....
7. 2018.....	17,458.....	1,421.....	16,037.....	6,721.....	43.....	214.....	.....	694.....	.....	120.....	7,586.....	769.....
8. 2019.....	19,049.....	1,311.....	17,738.....	9,711.....	319.....	236.....	3.....	809.....	.....	145.....	10,434.....	1,001.....
9. 2020.....	19,984.....	1,370.....	18,614.....	10,048.....	121.....	203.....	.....	890.....	.....	60.....	11,020.....	1,037.....
10. 2021.....	21,213.....	1,487.....	19,726.....	10,871.....	205.....	221.....	1.....	887.....	.....	104.....	11,773.....	735.....
11. 2022.....	23,631.....	2,289.....	21,342.....	16,292.....	2,604.....	297.....	92.....	1,081.....	.....	60.....	14,974.....	134.....
12. Totals.....	XXX.....	XXX.....	XXX.....	87,479.....	4,476.....	2,066.....	111.....	8,132.....	.....	1,209.....	93,090.....	xxx.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	1.....											1.....	1.....
2. 2013.....													
3. 2014.....													
4. 2015.....													
5. 2016.....													
6. 2017.....	76.....	34.....	39.....	17.....			7.....					71.....	2.....
7. 2018.....	14.....		5.....				3.....					22.....	1.....
8. 2019.....	27.....		19.....	1.....			10.....		3.....			58.....	3.....
9. 2020.....	19.....		97.....	5.....			27.....		4.....			142.....	1.....
10. 2021.....	313.....	74.....	294.....	21.....			68.....		34.....			614.....	7.....
11. 2022.....	2,906.....	118.....	1,954.....	241.....			316.....		293.....			5,110.....	134.....
12. Totals.....	3,356.....	226.....	2,408.....	285.....			431.....		334.....			6,018.....	149.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	1.....	.....
2. 2013.....	9,512.....	349.....	9,163.....	67.2.....	28.1.....	70.9.....	.....	.....	27.0.....	.....	.....
3. 2014.....	7,008.....	38.....	6,970.....	46.3.....	2.6.....	51.1.....	.....	.....	27.0.....	.....	.....
4. 2015.....	6,247.....	48.....	6,199.....	40.1.....	3.6.....	43.5.....	.....	.....	27.0.....	.....	.....
5. 2016.....	6,607.....	282.....	6,325.....	41.6.....	20.7.....	43.6.....	.....	.....	27.0.....	.....	.....
6. 2017.....	9,228.....	533.....	8,695.....	56.5.....	38.8.....	58.1.....	.....	.....	27.0.....	64.....	7.....
7. 2018.....	7,651.....	43.....	7,608.....	43.8.....	3.0.....	47.4.....	.....	.....	27.0.....	19.....	3.....
8. 2019.....	10,815.....	323.....	10,492.....	56.8.....	24.6.....	59.1.....	.....	.....	27.0.....	45.....	13.....
9. 2020.....	11,288.....	126.....	11,162.....	56.5.....	9.2.....	60.0.....	.....	.....	27.0.....	111.....	31.....
10. 2021.....	12,688.....	301.....	12,387.....	59.8.....	20.2.....	62.8.....	.....	.....	27.0.....	512.....	102.....
11. 2022.....	23,139.....	3,055.....	20,084.....	97.9.....	133.5.....	94.1.....	.....	.....	27.0.....	4,501.....	609.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	5,253.....	765.....

ANNUAL STATEMENT FOR THE YEAR 2022 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
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	(4).....						4.....	(4).....	XXX.....
2. 2013.....	10,707.....	76.....	10,631.....	6,435.....	18.....	264.....		502.....		217.....	7,183.....	1,025.....
3. 2014.....	11,135.....	54.....	11,081.....	7,352.....		312.....		610.....		248.....	8,274.....	995.....
4. 2015.....	11,569.....	64.....	11,505.....	7,542.....	39.....	291.....		852.....		333.....	8,646.....	973.....
5. 2016.....	12,347.....	65.....	12,282.....	8,138.....	6.....	272.....		889.....		252.....	9,293.....	974.....
6. 2017.....	13,670.....	86.....	13,584.....	8,414.....	15.....	268.....		886.....		314.....	9,553.....	1,018.....
7. 2018.....	15,657.....	74.....	15,583.....	9,619.....		539.....		917.....		332.....	11,075.....	1,224.....
8. 2019.....	17,357.....	69.....	17,288.....	10,546.....		538.....		877.....		263.....	11,961.....	1,271.....
9. 2020.....	16,294.....	32.....	16,262.....	7,245.....	81.....	193.....	1.....	678.....		183.....	8,034.....	877.....
10. 2021.....	16,402.....	99.....	16,303.....	7,318.....	16.....	90.....		655.....		182.....	8,047.....	677.....
11. 2022.....	16,419.....	106.....	16,313.....	4,764.....		19.....		493.....		74.....	5,276.....	348.....
12. Totals.....	XXX.....	XXX.....	XXX.....	77,369.....	175.....	2,786.....	1.....	7,359.....		2,402.....	87,338.....	xxx.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2013.....	1		1									2	1
3. 2014.....	18		9				2		1			30	2
4. 2015.....													
5. 2016.....	48		34				5		4			91	1
6. 2017.....	114		36				12		1			163	4
7. 2018.....	363	1	167				98		11			638	10
8. 2019.....	950		407	1			174		48			1,578	21
9. 2020.....	1,020		443	8			225		50			1,730	32
10. 2021.....	1,559		1,186	58			327		173			3,187	74
11. 2022.....	3,749		3,412	69			335		569			7,996	348
12. Totals.....	7,822	1	5,695	136			1,178		857			15,415	493

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2013.....	7,203.....	18.....	7,185.....	67.3.....	23.7.....	67.6.....			27.0.....	2.....	
3. 2014.....	8,304.....		8,304.....	74.6.....		74.9.....			27.0.....	27.....	3.....
4. 2015.....	8,685.....	39.....	8,646.....	75.1.....	60.9.....	75.1.....			27.0.....		
5. 2016.....	9,390.....	6.....	9,384.....	76.1.....	9.2.....	76.4.....			27.0.....	82.....	9.....
6. 2017.....	9,731.....	15.....	9,716.....	71.2.....	17.4.....	71.5.....			27.0.....	150.....	13.....
7. 2018.....	11,714.....	1.....	11,713.....	74.8.....	1.4.....	75.2.....			27.0.....	529.....	109.....
8. 2019.....	13,540.....	1.....	13,539.....	78.0.....	1.4.....	78.3.....			27.0.....	1,356.....	222.....
9. 2020.....	9,854.....	90.....	9,764.....	60.5.....	281.3.....	60.0.....			27.0.....	1,455.....	275.....
10. 2021.....	11,308.....	74.....	11,234.....	68.9.....	74.7.....	68.9.....			27.0.....	2,687.....	500.....
11. 2022.....	13,341.....	69.....	13,272.....	81.3.....	65.1.....	81.4.....			27.0.....	7,092.....	904.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	13,380.....	2,035.....



ANNUAL STATEMENT FOR THE YEAR 2022 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
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....
2. 2013.....	3,781.....	206.....	3,575.....	2,275.....	149.....	329.....	7.....	244.....		26.....	2,692.....	188.....
3. 2014.....	4,295.....	229.....	4,066.....	3,632.....	339.....	348.....	14.....	346.....		26.....	3,973.....	230.....
4. 2015.....	4,420.....	256.....	4,164.....	2,972.....	422.....	195.....	7.....	261.....		44.....	2,999.....	255.....
5. 2016.....	4,586.....	293.....	4,293.....	2,768.....	308.....	223.....	19.....	260.....		11.....	2,924.....	231.....
6. 2017.....	4,779.....	352.....	4,427.....	2,262.....	4.....	213.....		278.....		54.....	2,749.....	243.....
7. 2018.....	4,986.....	198.....	4,788.....	2,186.....	68.....	137.....	1.....	270.....		25.....	2,524.....	241.....
8. 2019.....	5,177.....	112.....	5,065.....	3,070.....	97.....	168.....	1.....	242.....		40.....	3,382.....	240.....
9. 2020.....	5,472.....	68.....	5,404.....	1,747.....		81.....		197.....		57.....	2,025.....	196.....
10. 2021.....	5,878.....	35.....	5,843.....	1,507.....		31.....		169.....		26.....	1,707.....	149.....
11. 2022.....	6,343.....	41.....	6,302.....	860.....		10.....		110.....		11.....	980.....	49.....
12. Totals.....	XXX.....	XXX.....	XXX.....	23,279.....	1,387.....	1,735.....	49.....	2,377.....		320.....	25,955.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2013.....													
3. 2014.....													
4. 2015.....									6			6	
5. 2016.....	41		20				7					68	1
6. 2017.....	28		38	8			10		6			74	1
7. 2018.....	22		214	29			24		2			233	1
8. 2019.....	280		169	27			65		52			539	4
9. 2020.....	534	150	376	36			144		24			892	7
10. 2021.....	920	44	1,106	126			209		70			2,135	12
11. 2022.....	812		1,557	97			220		237			2,729	49
12. Totals.....	2,637	194	3,480	323			679		397			6,676	75

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2013.....	2,848.....	156.....	2,692.....	75.3.....	75.7.....	75.3.....			27.0.....		
3. 2014.....	4,326.....	353.....	3,973.....	100.7.....	154.1.....	97.7.....			27.0.....		
4. 2015.....	3,434.....	429.....	3,005.....	77.7.....	167.6.....	72.2.....			27.0.....		6.....
5. 2016.....	3,319.....	327.....	2,992.....	72.4.....	111.6.....	69.7.....			27.0.....	61.....	7.....
6. 2017.....	2,835.....	12.....	2,823.....	59.3.....	3.4.....	63.8.....			27.0.....	58.....	16.....
7. 2018.....	2,855.....	98.....	2,757.....	57.3.....	49.5.....	57.6.....			27.0.....	207.....	26.....
8. 2019.....	4,046.....	125.....	3,921.....	78.2.....	111.6.....	77.4.....			27.0.....	422.....	117.....
9. 2020.....	3,103.....	186.....	2,917.....	56.7.....	273.5.....	54.0.....			27.0.....	724.....	168.....
10. 2021.....	4,012.....	170.....	3,842.....	68.3.....	485.7.....	65.8.....			27.0.....	1,856.....	279.....
11. 2022.....	3,806.....	97.....	3,709.....	60.0.....	236.6.....	58.9.....			27.0.....	2,272.....	457.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	5,600.....	1,076.....

ANNUAL STATEMENT FOR THE YEAR 2022 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								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2013.....												
3. 2014.....												
4. 2015.....												
5. 2016.....												
6. 2017.....												
7. 2018.....												
8. 2019.....												
9. 2020.....												
10. 2021.....												
11. 2022.....												
12. 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	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2013.....													
3. 2014.....													
4. 2015.....													
5. 2016.....													
6. 2017.....													
7. 2018.....													
8. 2019.....													
9. 2020.....													
10. 2021.....													
11. 2022.....													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2013.....											
3. 2014.....											
4. 2015.....											
5. 2016.....											
6. 2017.....											
7. 2018.....											
8. 2019.....											
9. 2020.....											
10. 2021.....											
11. 2022.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2022 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								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....			1					1	XXX.....
2. 2013.....	5,720.....	713.....	5,007.....	3,853.....	662.....	620.....	31.....	421.....		33.....	4,201.....	297.....
3. 2014.....	6,675.....	863.....	5,812.....	3,596.....	261.....	649.....	19.....	414.....		35.....	4,379.....	316.....
4. 2015.....	6,939.....	863.....	6,076.....	2,723.....	186.....	734.....	17.....	286.....		49.....	3,540.....	304.....
5. 2016.....	7,318.....	898.....	6,420.....	2,857.....	144.....	632.....		330.....		64.....	3,675.....	279.....
6. 2017.....	7,563.....	915.....	6,648.....	2,818.....	183.....	471.....	1.....	297.....		69.....	3,402.....	266.....
7. 2018.....	7,729.....	748.....	6,981.....	2,548.....	91.....	596.....	13.....	291.....		23.....	3,331.....	245.....
8. 2019.....	8,180.....	706.....	7,474.....	3,344.....	58.....	594.....	1.....	279.....		109.....	4,158.....	259.....
9. 2020.....	8,798.....	807.....	7,991.....	2,937.....	213.....	192.....	13.....	283.....		45.....	3,186.....	243.....
10. 2021.....	9,582.....	787.....	8,795.....	2,321.....	76.....	127.....	3.....	225.....		48.....	2,594.....	163.....
11. 2022.....	10,596.....	970.....	9,626.....	2,704.....	274.....	95.....	11.....	211.....		13.....	2,725.....	59.....
12. Totals.....	XXX.....	XXX.....	XXX.....	29,701.....	2,148.....	4,711.....	109.....	3,037.....		488.....	35,192.....	xxx.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	27											27	
2. 2013.....	12		6				7					25	
3. 2014.....	5		3				4					12	
4. 2015.....	61		31				61		1			154	4
5. 2016.....	78		53	2			98		3			230	4
6. 2017.....	136		65	5			100		6			302	4
7. 2018.....	475	68	258	32			587		11			1,231	7
8. 2019.....	316		224	7			469		29			1,031	13
9. 2020.....	112		566	31			237		30			914	5
10. 2021.....	199		551	55			349		54			1,098	14
11. 2022.....	1,186	209	1,572	184			642		245			3,252	59
12. Totals.....	2,607	277	3,329	316			2,554		379			8,276	110

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	27.....	
2. 2013.....	4,919.....	693.....	4,226.....	86.0.....	97.2.....	84.4.....			27.0.....	18.....	7.....
3. 2014.....	4,671.....	280.....	4,391.....	70.0.....	32.4.....	75.6.....			27.0.....	8.....	4.....
4. 2015.....	3,897.....	203.....	3,694.....	56.2.....	23.5.....	60.8.....			27.0.....	92.....	62.....
5. 2016.....	4,051.....	146.....	3,905.....	55.4.....	16.3.....	60.8.....			27.0.....	129.....	101.....
6. 2017.....	3,893.....	189.....	3,704.....	51.5.....	20.7.....	55.7.....			27.0.....	196.....	106.....
7. 2018.....	4,766.....	204.....	4,562.....	61.7.....	27.3.....	65.3.....			27.0.....	633.....	598.....
8. 2019.....	5,255.....	66.....	5,189.....	64.2.....	9.3.....	69.4.....			27.0.....	533.....	498.....
9. 2020.....	4,357.....	257.....	4,100.....	49.5.....	31.8.....	51.3.....			27.0.....	647.....	267.....
10. 2021.....	3,826.....	134.....	3,692.....	39.9.....	17.0.....	42.0.....			27.0.....	695.....	403.....
11. 2022.....	6,655.....	678.....	5,977.....	62.8.....	69.9.....	62.1.....			27.0.....	2,365.....	887.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	5,343.....	2,933.....

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 2022 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
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....
2. 2013.....	1,888.....	823.....	1,065.....	1,026.....	541.....	106.....		89.....		1.....	680.....	48.....
3. 2014.....	1,952.....	893.....	1,059.....	880.....	622.....	84.....	8.....	114.....		1.....	448.....	45.....
4. 2015.....	1,987.....	890.....	1,097.....	450.....	243.....	27.....		38.....		1.....	272.....	33.....
5. 2016.....	1,849.....	901.....	948.....	534.....	243.....	42.....		39.....			372.....	33.....
6. 2017.....	1,689.....	935.....	754.....	383.....	207.....	30.....		60.....			266.....	19.....
7. 2018.....	1,753.....	1,002.....	751.....	552.....	402.....	75.....	4.....	50.....		1.....	271.....	17.....
8. 2019.....	1,858.....	1,112.....	746.....	614.....	516.....	5.....	2.....	43.....			144.....	14.....
9. 2020.....	1,986.....	720.....	1,266.....	1,363.....	660.....	14.....		56.....			773.....	15.....
10. 2021.....	2,131.....	657.....	1,474.....	343.....	60.....	7.....		35.....			325.....	8.....
11. 2022.....	2,337.....	831.....	1,506.....	33.....		2.....		66.....			101.....	4.....
12. Totals.....	XXX.....	XXX.....	XXX.....	6,178.....	3,494.....	392.....	14.....	590.....		4.....	3,652.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2013.....													
3. 2014.....													
4. 2015.....													
5. 2016.....													
6. 2017.....	61		30				1					92	1
7. 2018.....	28	24	20	15			17		2			28	1
8. 2019.....	43	39	41	25			5		3			28	1
9. 2020.....	328	149	501	455			15		33			273	2
10. 2021.....	35	4	1,206	534			88		21			812	2
11. 2022.....	331	135	810	511			181		58			734	4
12. Totals.....	826	351	2,608	1,540			307		117			1,967	11

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....		
2. 2013.....	1,221.....	541.....	680.....	64.7.....	65.7.....	63.8.....			27.0.....		
3. 2014.....	1,078.....	630.....	448.....	55.2.....	70.5.....	42.3.....			27.0.....		
4. 2015.....	515.....	243.....	272.....	25.9.....	27.3.....	24.8.....			27.0.....		
5. 2016.....	615.....	243.....	372.....	33.3.....	27.0.....	39.2.....			27.0.....		
6. 2017.....	565.....	207.....	358.....	33.5.....	22.1.....	47.5.....			27.0.....	91.....	1.....
7. 2018.....	744.....	445.....	299.....	42.4.....	44.4.....	39.8.....			27.0.....	9.....	19.....
8. 2019.....	754.....	582.....	172.....	40.6.....	52.3.....	23.1.....			27.0.....	20.....	8.....
9. 2020.....	2,310.....	1,264.....	1,046.....	116.3.....	175.6.....	82.6.....			27.0.....	225.....	48.....
10. 2021.....	1,735.....	598.....	1,137.....	81.4.....	91.0.....	77.1.....			27.0.....	703.....	109.....
11. 2022.....	1,481.....	646.....	835.....	63.4.....	77.7.....	55.4.....			27.0.....	495.....	239.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	1,543.....	424.....

ANNUAL STATEMENT FOR THE YEAR 2022 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								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2013.....												
3. 2014.....												
4. 2015.....												
5. 2016.....												
6. 2017.....												
7. 2018.....												
8. 2019.....												
9. 2020.....												
10. 2021.....												
11. 2022.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2013.....													
3. 2014.....													
4. 2015.....													
5. 2016.....													
6. 2017.....													
7. 2018.....													
8. 2019.....													
9. 2020.....													
10. 2021.....													
11. 2022.....													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2013.....											
3. 2014.....											
4. 2015.....											
5. 2016.....											
6. 2017.....											
7. 2018.....											
8. 2019.....											
9. 2020.....											
10. 2021.....											
11. 2022.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2022 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
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	(22)		5		(1)		32	(18)	XXX.....
2. 2021.....	5,655	285	5,370	2,512	37	62		207		59	2,744	XXX.....
3. 2022	5,949	367	5,582	3,437	344	78	18	225		24	3,378	xxx
4. Totals	xxx	xxx	xxx	5,927	381	145	18	431		115	6,104	xxx

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior .....			1				1					2	
2. 2021.....	21		6				5		3			35	1
3. 2022	526	6	134	17			33		33			703	28
4. Totals	547	6	141	17			39		36			740	29

	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. 2021.....	2,816	37	2,779	49.8	13.0	51.8			27.0	27	8
3. 2022	4,466	385	4,081	75.1	104.9	73.1			27.0	637	66
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	665	75

ANNUAL STATEMENT FOR THE YEAR 2022 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
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	6	1	12				100	17	XXX.....
2. 2021.....	17,376	287	17,089	11,495	1	67		1,082		2,414	12,643	2
3. 2022	18,934	405	18,529	13,786	193	53	6	1,036		1,499	14,676	319
4. Totals	XXX	XXX	XXX	25,287	195	132	6	2,118		4,013	27,336	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	10	7	21	2			4					26	3
2. 2021	10	2	27	1			5		13			52	2
3. 2022	1,586	1	1,120	21			22		163			2,869	319
4. Totals	1,606	10	1,168	24			31		176			2,947	324

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	22	4
2. 2021.....	12,699	4	12,695	73.1	1.4	74.3			27.0	34	18
3. 2022	17,766	221	17,545	93.8	54.6	94.7			27.0	2,684	185
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,740	207



ANNUAL STATEMENT FOR THE YEAR 2022 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
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	NONE								XXX.....
2. 2021.....												XXX.....
3. 2022.....												XXX.....
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior											Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
2. 2021													
3. 2022													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2021											
3. 2022											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2022 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
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2021.....												XXX
3. 2022.....												XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2021													
3. 2022													
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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2021.....									27.0		
3. 2022.....									27.0		
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1M - International

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2022 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								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....									XXX.....
2. 2013.....	52.....		52.....	8.....		5.....		2.....			15.....	2.....
3. 2014.....	57.....		57.....	1.....		9.....					10.....	3.....
4. 2015.....	57.....		57.....									1.....
5. 2016.....	52.....		52.....	2.....		1.....					3.....	1.....
6. 2017.....	54.....		54.....	12.....		3.....		1.....			16.....	1.....
7. 2018.....	54.....		54.....	7.....		2.....					9.....	2.....
8. 2019.....	50.....		50.....	1.....		1.....					2.....	
9. 2020.....	51.....		51.....					1.....			1.....	
10. 2021.....	59.....		59.....	5.....		1.....					6.....	1.....
11. 2022.....	65.....		65.....									
12. Totals	XXX	XXX	XXX	36		22		4			62	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2013.....													
3. 2014..... 7												7	1
4. 2015.....													
5. 2016.....													
6. 2017.....													
7. 2018.....													
8. 2019.....													
9. 2020.....													
10. 2021.....			3				1					4	
11. 2022			4						1			5	
12. Totals	7		7				1		1			16	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
	.....	.....	.....	.....	.....	.....	.....	.....		.....	.....
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	.....	.....
2. 2013.....	15.....	.....	15.....	28.8.....	.....	28.8.....	.....	.....	27.0.....	.....	.....
3. 2014.....	17.....	.....	17.....	29.8.....	.....	29.8.....	.....	.....	27.0.....	7.....	.....
4. 2015.....	.....	.....	.....	.....	.....	.....	.....	.....	27.0.....	.....	.....
5. 2016.....	3.....	.....	3.....	5.8.....	.....	5.8.....	.....	.....	27.0.....	.....	.....
6. 2017.....	16.....	.....	16.....	29.6.....	.....	29.6.....	.....	.....	27.0.....	.....	.....
7. 2018.....	9.....	.....	9.....	16.7.....	.....	16.7.....	.....	.....	27.0.....	.....	.....
8. 2019.....	2.....	.....	2.....	4.0.....	.....	4.0.....	.....	.....	27.0.....	.....	.....
9. 2020.....	1.....	.....	1.....	2.0.....	.....	2.0.....	.....	.....	27.0.....	.....	.....
10. 2021.....	10.....	.....	10.....	16.9.....	.....	16.9.....	.....	.....	27.0.....	3.....	1.....
11. 2022.....	5.....	.....	5.....	7.7.....	.....	7.7.....	.....	.....	27.0.....	4.....	1.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	14	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 2022 OF THE Ohio Mutual Insurance Company

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	11 One Year	12 Two Year
1. Prior.....	772	522	543	524	521	494	490	482	480	470	(10)	(12)
2. 2013.....	8,793	8,316	8,198	8,193	8,195	8,197	8,203	8,207	8,207	8,199	(8)	(8)
3. 2014.....	XXX	7,037	6,461	6,303	6,247	6,230	6,235	6,230	6,229	6,229		(1)
4. 2015.....	XXX	XXX	6,028	5,704	5,600	5,674	5,661	5,608	5,600	5,600		(8)
5. 2016.....	XXX	XXX	XXX	6,458	5,861	5,830	5,662	5,663	5,647	5,645	(2)	(18)
6. 2017.....	XXX	XXX	XXX	XXX	8,308	7,922	7,865	7,846	7,854	7,909	55	63
7. 2018.....	XXX	XXX	XXX	XXX	XXX	7,251	6,976	6,929	6,892	6,914	22	(15)
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	9,765	9,568	9,477	9,680	203	112
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,655	10,482	10,268	(214)	(387)
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,662	11,466	(196)	XXX
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,710	XXX	XXX
12. Totals											(150)	(274)

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

1. Prior.....	5,777	4,782	4,451	4,165	4,035	4,016	3,976	3,991	3,979	3,975	(4)	(16)
2. 2013.....	7,358	7,417	7,220	6,842	6,861	6,739	6,703	6,691	6,685	6,683	(2)	(8)
3. 2014.....	XXX	8,102	8,017	7,992	7,765	7,710	7,738	7,717	7,700	7,693	(7)	(24)
4. 2015.....	XXX	XXX	9,156	8,867	8,016	7,854	7,872	7,817	7,787	7,794	7	(23)
5. 2016.....	XXX	XXX	XXX	9,503	8,922	8,560	8,534	8,526	8,547	8,491	(56)	(35)
6. 2017.....	XXX	XXX	XXX	XXX	9,818	9,251	9,171	8,753	8,808	8,829	21	76
7. 2018.....	XXX	XXX	XXX	XXX	XXX	11,533	10,516	10,163	10,731	10,785	54	622
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	11,641	11,576	12,376	12,614	238	1,038
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,164	8,584	9,036	452	(128)
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,873	10,406	533	XXX
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,210	XXX	XXX
12. Totals											1,236	1,502

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

1. Prior.....	1,702	1,503	1,318	1,446	1,225	1,178	1,176	1,178	1,178	1,178		
2. 2013.....	1,999	1,814	1,823	2,326	2,222	2,240	2,491	2,494	2,497	2,448	(49)	(46)
3. 2014.....	XXX	3,317	3,503	3,485	3,614	3,560	3,672	3,626	3,627	3,627		1
4. 2015.....	XXX	XXX	2,813	2,849	2,716	2,606	2,823	2,713	2,733	2,738	5	25
5. 2016.....	XXX	XXX	XXX	2,448	2,592	2,876	2,903	2,823	2,731	2,732	1	(91)
6. 2017.....	XXX	XXX	XXX	XXX	2,793	2,729	2,584	2,836	2,603	2,539	(64)	(297)
7. 2018.....	XXX	XXX	XXX	XXX	XXX	2,721	2,444	2,793	2,759	2,485	(274)	(308)
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	3,598	3,940	3,653	3,627	(26)	(313)
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,469	3,150	2,696	(454)	227
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,221	3,603	382	XXX
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,362	XXX	XXX
12. Totals											(479)	(802)

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

1. Prior.....												
2. 2013.....												
3. 2014.....	XXX											
4. 2015.....	XXX	XXX										
5. 2016.....	XXX	XXX	XXX									
6. 2017.....	XXX	XXX	XXX	XXX	XXX							
7. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	1,195	1,079	1,191	1,374	1,264	1,179	1,130	1,142	1,155	1,124	(31)	(18)
2. 2013.....	3,773	3,942	3,959	3,620	3,609	3,811	3,774	3,839	3,793	3,805	12	(34)
3. 2014.....	XXX	3,240	3,261	3,697	3,623	3,945	3,969	4,035	3,978	3,977	(1)	(58)
4. 2015.....	XXX	XXX	2,986	3,021	3,315	3,622	3,432	3,348	3,308	3,407	99	59
5. 2016.....	XXX	XXX	XXX	3,322	3,370	3,325	3,516	3,633	3,565	3,572	7	(61)
6. 2017.....	XXX	XXX	XXX	XXX	3,617	3,273	3,497	3,346	3,457	3,401	(56)	55
7. 2018.....	XXX	XXX	XXX	XXX	XXX	3,254	3,387	3,705	4,189	4,260	71	555
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	4,238	4,961	4,692	4,881	189	(80)
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,071	3,798	3,787	(11)	(284)
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,150	3,413	(737)	XXX
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,521	XXX	XXX
12. Totals											(458)	134

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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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	11 One Year	12 Two Year
1. Prior.....												
2. 2013.....												
3. 2014.....	XXX											
4. 2015.....	XXX	XXX										
5. 2016.....	XXX	XXX	XXX									
6. 2017.....	XXX	XXX	XXX	XXX								
7. 2018.....	XXX	XXX	XXX	XXX	XXX							
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....												
2. 2013.....												
3. 2014.....	XXX											
4. 2015.....	XXX	XXX										
5. 2016.....	XXX	XXX	XXX									
6. 2017.....	XXX	XXX	XXX	XXX								
7. 2018.....	XXX	XXX	XXX	XXX	XXX							
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....												
2. 2013.....												
3. 2014.....	XXX											
4. 2015.....	XXX	XXX										
5. 2016.....	XXX	XXX	XXX									
6. 2017.....	XXX	XXX	XXX	XXX								
7. 2018.....	XXX	XXX	XXX	XXX	XXX							
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....	595	447	371	374	362	356	351	349	337	337		(12)
2. 2013.....	495	510	655	703	734	610	591	591	591	591		
3. 2014.....	XXX	504	560	392	336	317	338	341	334	334		(7)
4. 2015.....	XXX	XXX	417	374	256	319	239	236	234	234		(2)
5. 2016.....	XXX	XXX	XXX	576	506	463	374	331	334	333	(1)	2
6. 2017.....	XXX	XXX	XXX	XXX	475	351	286	312	308	298	(10)	(14)
7. 2018.....	XXX	XXX	XXX	XXX	XXX	315	326	213	213	247	34	34
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	221	153	186	126	(60)	(27)
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,531	1,564	957	(607)	(574)
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	519	1,081	562	XXX
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	711	XXX	XXX
12. Totals											(82)	(600)

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

1. Prior.....												
2. 2013.....												
3. 2014.....	XXX											
4. 2015.....	XXX	XXX										
5. 2016.....	XXX	XXX	XXX									
6. 2017.....	XXX	XXX	XXX	XXX								
7. 2018.....	XXX	XXX	XXX	XXX	XXX							
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	11 One Year	12 Two Year
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....472	.....359	.....305	.....(54)	.....(167)
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....2,625	.....2,569	.....(56)	XXX.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	3,823	XXX	XXX
4. Totals											(110)	(167)

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

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....1,358	.....499	.....426	.....(73)	.....(932)
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	12,618	11,600	(1,018)	XXX.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	16,346	XXX	XXX
4. Totals											(1,091)	(932)

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

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
4. Totals												

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

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
4. Totals												

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

1. Prior.....												
2. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....
12. Totals												



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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2022 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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022	11 One Year	12 Two Year
1. Prior.....	13											
2. 2013.....	19	20	14	13	13	13	13	13	13	13		
3. 2014.....	XXX	16	29	4	4	4	4	4	4	17	13	13
4. 2015.....	XXX	XXX	1									
5. 2016.....	XXX	XXX	XXX	1	2	2	3	3	3	3		
6. 2017.....	XXX	XXX	XXX	XXX		1	34	15	15	15		
7. 2018.....	XXX	XXX	XXX	XXX	XXX	8	8	9	9	9		
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1	4	4	2	(2)	(2)
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	10	1	XXX
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	XXX	XXX
12. Totals											12	11

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

1. Prior.....												
2. 2013.....												
3. 2014.....	XXX											
4. 2015.....	XXX	XXX										
5. 2016.....	XXX	XXX	XXX									
6. 2017.....	XXX	XXX	XXX	XXX								
7. 2018.....	XXX	XXX	XXX	XXX	XXX							
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2022	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					
2. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2022	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					
2. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

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SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
1. Prior.....	000.....	255.....	317.....	402.....	407.....	421.....	421.....	425.....	448.....	469.....	34.....	.....
2. 2013.....	6,427.....	8,001.....	8,079.....	8,174.....	8,181.....	8,183.....	8,191.....	8,195.....	8,199.....	8,199.....	925.....	174.....
3. 2014.....	XXX.....	5,413.....	6,196.....	6,217.....	6,229.....	6,227.....	6,228.....	6,227.....	6,229.....	6,229.....	644.....	143.....
4. 2015.....	XXX.....	XXX.....	4,257.....	5,315.....	5,445.....	5,508.....	5,513.....	5,585.....	5,600.....	5,600.....	586.....	140.....
5. 2016.....	XXX.....	XXX.....	XXX.....	4,807.....	5,476.....	5,542.....	5,627.....	5,638.....	5,645.....	5,645.....	561.....	125.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	6,135.....	7,540.....	7,684.....	7,769.....	7,819.....	7,838.....	719.....	144.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	5,242.....	6,502.....	6,787.....	6,858.....	6,892.....	635.....	133.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	7,677.....	9,108.....	9,334.....	9,625.....	813.....	185.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	8,404.....	9,799.....	10,130.....	874.....	162.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	9,190.....	10,886.....	666.....	62.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	13,893.....	.....	.....

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

1. Prior.....	000.....	2,331.....	3,441.....	3,764.....	3,915.....	3,955.....	3,950.....	3,983.....	3,979.....	3,975.....	195.....	.....
2. 2013.....	2,653.....	4,904.....	5,907.....	6,451.....	6,572.....	6,640.....	6,683.....	6,684.....	6,683.....	6,681.....	889.....	135.....
3. 2014.....	XXX.....	3,195.....	5,336.....	6,652.....	7,274.....	7,441.....	7,558.....	7,595.....	7,649.....	7,664.....	860.....	133.....
4. 2015.....	XXX.....	XXX.....	3,602.....	5,757.....	6,955.....	7,497.....	7,697.....	7,752.....	7,762.....	7,794.....	827.....	146.....
5. 2016.....	XXX.....	XXX.....	XXX.....	3,580.....	6,207.....	7,330.....	8,069.....	8,201.....	8,294.....	8,404.....	812.....	161.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	3,926.....	6,415.....	7,874.....	8,402.....	8,638.....	8,667.....	848.....	166.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4,459.....	7,242.....	8,724.....	9,774.....	10,158.....	1,023.....	191.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4,728.....	7,965.....	9,684.....	11,084.....	1,059.....	191.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	3,411.....	5,975.....	7,356.....	681.....	164.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	3,987.....	7,392.....	510.....	93.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4,783.....	.....	.....

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

1. Prior.....	000.....	640.....	803.....	1,024.....	1,147.....	1,176.....	1,176.....	1,178.....	1,178.....	1,178.....	34.....	.....
2. 2013.....	606.....	1,110.....	1,288.....	1,564.....	2,046.....	2,092.....	2,467.....	2,494.....	2,497.....	2,448.....	163.....	25.....
3. 2014.....	XXX.....	938.....	1,831.....	2,433.....	3,017.....	3,378.....	3,551.....	3,626.....	3,627.....	3,627.....	208.....	22.....
4. 2015.....	XXX.....	XXX.....	881.....	1,335.....	1,761.....	2,337.....	2,478.....	2,628.....	2,654.....	2,738.....	226.....	29.....
5. 2016.....	XXX.....	XXX.....	XXX.....	771.....	1,447.....	2,104.....	2,225.....	2,482.....	2,661.....	2,664.....	202.....	28.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	832.....	1,489.....	1,896.....	2,300.....	2,381.....	2,471.....	210.....	32.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	807.....	1,327.....	1,841.....	2,210.....	2,254.....	208.....	32.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	995.....	1,775.....	2,377.....	3,140.....	208.....	28.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	713.....	1,472.....	1,828.....	168.....	21.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	841.....	1,538.....	124.....	13.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	870.....	.....	.....

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

1. Prior.....	000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2013.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2014.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2015.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2016.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	000.....	361.....	750.....	967.....	1,119.....	1,090.....	1,095.....	1,095.....	1,096.....	1,097.....	53.....	.....
2. 2013.....	1,563.....	2,392.....	2,726.....	3,268.....	3,419.....	3,506.....	3,604.....	3,663.....	3,768.....	3,780.....	241.....	56.....
3. 2014.....	XXX.....	1,694.....	2,363.....	2,685.....	3,105.....	3,450.....	3,705.....	3,904.....	3,965.....	3,965.....	255.....	61.....
4. 2015.....	XXX.....	XXX.....	1,274.....	1,817.....	2,141.....	2,752.....	3,053.....	3,163.....	3,225.....	3,254.....	247.....	53.....
5. 2016.....	XXX.....	XXX.....	XXX.....	1,674.....	2,371.....	2,595.....	2,904.....	3,065.....	3,286.....	3,345.....	224.....	51.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	1,634.....	2,311.....	2,533.....	2,883.....	2,997.....	3,105.....	211.....	51.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,527.....	2,099.....	2,605.....	2,865.....	3,040.....	198.....	40.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,951.....	3,005.....	3,554.....	3,879.....	209.....	37.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,847.....	2,585.....	2,903.....	202.....	36.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,755.....	2,369.....	131.....	18.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,514.....	.....	.....

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
1. Prior.....	000.....											
2. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		

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

1. Prior.....	000.....											
2. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		

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

1. Prior.....	000.....										XXX.....	XXX.....
2. 2013.....											XXX.....	XXX.....
3. 2014.....	XXX.....										XXX.....	XXX.....
4. 2015.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2016.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

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

1. Prior.....	000.....	98.....	224.....	233.....	258.....	259.....	259.....	317.....	337.....	337.....	12.....	
2. 2013.....	68.....	176.....	256.....	320.....	432.....	591.....	591.....	591.....	591.....	591.....	35.....	13.....
3. 2014.....	XXX.....	88.....	166.....	212.....	243.....	303.....	321.....	334.....	334.....	334.....	33.....	12.....
4. 2015.....	XXX.....	XXX.....	36.....	109.....	191.....	230.....	232.....	234.....	234.....	234.....	23.....	10.....
5. 2016.....	XXX.....	XXX.....	XXX.....	38.....	104.....	282.....	315.....	323.....	333.....	333.....	27.....	6.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	49.....	148.....	181.....	197.....	202.....	206.....	14.....	4.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	27.....	86.....	126.....	167.....	221.....	12.....	4.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	19.....	40.....	53.....	101.....	10.....	3.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	36.....	151.....	717.....	10.....	3.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	28.....	290.....	5.....	1.....
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	35.....		

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

1. Prior.....	000.....											
2. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....	.....320	.....303	XXX.....	XXX.....
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,223.....	2,537.....	XXX.....	XXX.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	3,153.....	XXX.....	XXX.....

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

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....	.....383	.....400	.....	.....
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	10,894.....	11,561.....	.....	.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	13,640.....	.....	.....

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

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....	.....	.....	XXX.....	XXX.....
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	XXX.....
3. 2022.....	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. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	XXX.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	XXX.....	XXX.....

NONE

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

1. Prior.....	000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
2. 2013.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
3. 2014.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
4. 2015.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
5. 2016.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	XXX.....	XXX.....
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	XXX.....	XXX.....
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	XXX.....	XXX.....
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	XXX.....	XXX.....
11. 2022.....	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 2022 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		
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022		
1. Prior.....	000.....										2.....	
2. 2013.....	7.....	7.....	13.....	13.....	13.....	13.....	13.....	13.....	13.....	13.....	2.....	
3. 2014.....	XXX.....	4.....	4.....	4.....	4.....	4.....	4.....	4.....	4.....	10.....	1.....	1.....
4. 2015.....	XXX.....	XXX.....									1.....	
5. 2016.....	XXX.....	XXX.....	XXX.....		2.....	2.....	3.....	3.....	3.....	3.....	1.....	
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....		1.....	1.....	15.....	15.....	15.....	1.....	
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	5.....	5.....	9.....	9.....	9.....	2.....	
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			1.....	2.....		
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4.....	6.....	1.....	
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

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

1. Prior.....	000.....											
2. 2013.....												
3. 2014.....	XXX.....											
4. 2015.....	XXX.....	XXX.....										
5. 2016.....	XXX.....	XXX.....	XXX.....									
6. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
8. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

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

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

**SCHEDULE P - PART 3T - WARRANTY**

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
2. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
3. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

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SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	330	113	72	43	42	21	20	21	12	
2. 2013.....	873	228	42	8	5	5	4	4	3	
3. 2014.....	XXX	806	155	47	6	1	5	1		
4. 2015.....	XXX	XXX	600	156	62	64	51	8		
5. 2016.....	XXX	XXX	XXX	770	173	122	15	11	2	
6. 2017.....	XXX	XXX	XXX	XXX	757	166	98	40	17	29
7. 2018.....	XXX	XXX	XXX	XXX	XXX	775	179	75	19	8
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	842	175	69	28
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,070	327	119
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,190	341
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,029

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

1. Prior.....	2,105	921	449	214	45	31	10	1		
2. 2013.....	1,776	1,086	547	119	111	40	12	2	1	1
3. 2014.....	XXX	1,796	826	496	161	93	70	46	19	11
4. 2015.....	XXX	XXX	2,034	1,066	278	97	74	40	8	
5. 2016.....	XXX	XXX	XXX	2,119	1,004	282	153	108	84	39
6. 2017.....	XXX	XXX	XXX	XXX	2,606	1,060	684	105	50	48
7. 2018.....	XXX	XXX	XXX	XXX	XXX	3,632	1,589	336	366	265
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	3,009	1,332	861	580
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,964	1,172	660
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,200	1,455
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,678

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

1. Prior.....	916	503	217	276	37	1				
2. 2013.....	867	402	189	318	71	45	11			
3. 2014.....	XXX	1,213	753	401	252	59	83			
4. 2015.....	XXX	XXX	1,011	533	339	99	139	25	32	
5. 2016.....	XXX	XXX	XXX	807	597	575	292	131	29	27
6. 2017.....	XXX	XXX	XXX	XXX	1,118	643	401	413	118	40
7. 2018.....	XXX	XXX	XXX	XXX	XXX	1,341	757	761	511	209
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1,442	1,082	592	207
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,110	1,172	484
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,365	1,189
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,680

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

1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX								
5. 2016.....	XXX	XXX	XXX							
6. 2017.....	XXX	XXX	XXX	XXX						
7. 2018.....	XXX	XXX	XXX	XXX	XXX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	713	404	254	270	107	72	16	20	32	
2. 2013.....	1,261	884	653	206	98	132	76	82	13	13
3. 2014.....	XXX	927	422	421	198	256	115	65	7	7
4. 2015.....	XXX	XXX	1,076	656	481	448	246	80	38	92
5. 2016.....	XXX	XXX	XXX	1,013	653	403	320	303	144	149
6. 2017.....	XXX	XXX	XXX	XXX	1,283	659	559	256	241	160
7. 2018.....	XXX	XXX	XXX	XXX	XXX	1,125	882	649	876	813
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1,472	1,423	769	686
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,716	929	772
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,880	845
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,030



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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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX								
5. 2016.....	XXX	XXX	XX							
6. 2017.....	XXX	XXX	XX	XX						
7. 2018.....	XXX	XXX	XX	XXX	XXX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX								
5. 2016.....	XXX	XXX	XXX							
6. 2017.....	XXX	XXX	XX	XX						
7. 2018.....	XXX	XXX	XX	XX	XX					
8. 2019.....	XXX	XXX	XX	XX	XX	XX				
9. 2020.....	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX								
5. 2016.....	XXX	XXX	XXX							
6. 2017.....	XXX	XXX	XX	XX						
7. 2018.....	XXX	XXX	XX	XX	XX					
8. 2019.....	XXX	XXX	XX	XX	XX	XX				
9. 2020.....	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	364	157	57	53	48	42	41	13		
2. 2013.....	330	129	174	144	154	16				
3. 2014.....	XXX	292	299	108	34	4	7	3		
4. 2015.....	XXX	XXX	282	204	58	86	4	2		
5. 2016.....	XXX	XXX	XXX	411	240	141	55	5	1	
6. 2017.....	XXX	XXX	XXX	XXX	292	157	75	74	45	31
7. 2018.....	XXX	XXX	XXX	XXX	XXX	249	223	52	27	22
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	185	83	87	21
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,010	869	61
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424	760
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	480

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

1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX								
5. 2016.....	XXX	XXX	XXX							
6. 2017.....	XXX	XXX	XX	XX						
7. 2018.....	XXX	XXX	XX	XX	XX					
8. 2019.....	XXX	XXX	XX	XX	XX	XX				
9. 2020.....	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	111	16	2
2. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	125	11
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	150

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	629	111	23
2. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	806	31
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,121

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX								
5. 2016.....	XXX	XXX	XXX							
6. 2017.....	XXX	XXX	XXX	XXX						
7. 2018.....	XXX	XXX	XXX	XXX	XXX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	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 2022 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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	9									
2. 2013.....	8	9	1							
3. 2014.....	XXX	7	24							
4. 2015.....	XXX	XXX	1							
5. 2016.....	XXX	XXX	XXX							
6. 2017.....	XXX	XXX	XXX	XXX			12			
7. 2018.....	XXX	XXX	XXX	XXX	XXX	3	3			
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1	3	2	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

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

1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX								
5. 2016.....	XXX	XXX	XXX							
6. 2017.....	XXX	XXX	XXX	XXX						
7. 2018.....	XXX	XXX	XXX	XXX	XXX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4T - WARRANTY**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	150	21	5	5		1	1	1		
2. 2013.....	769	907	917	923	924	924	925	925	925	925
3. 2014.....	XXX	539	628	639	641	642	643	643	644	644
4. 2015.....	XXX	XXX	488	566	579	582	583	585	586	586
5. 2016.....	XXX	XXX	XXX	459	545	554	559	560	561	561
6. 2017.....	XXX	XXX	XXX	XXX	604	701	715	717	719	719
7. 2018.....	XXX	XXX	XXX	XXX	XXX	511	620	633	635	635
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	691	804	813	813
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	776	874	874
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	666	666
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	22	13	8	5	5	3	3	1	1	1
2. 2013.....	114	10	3	2	2	2	1	1		
3. 2014.....	XXX	73	8	3	2	1	1	1		
4. 2015.....	XXX	XXX	77	13	4	2	2			
5. 2016.....	XXX	XXX	XXX	80	11	6	1	1		
6. 2017.....	XXX	XXX	XXX	XXX	88	12	5	5	3	2
7. 2018.....	XXX	XXX	XXX	XXX	XXX	95	10	2	1	1
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	85	11	5	3
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	69	7	1
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70	7
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	134

**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	91	14	1	2		(1)	1	(1)		
2. 2013.....	1,029	1,089	1,094	1,099	1,100	1,100	1,100	1,100	1,099	1,099
3. 2014.....	XXX	737	776	784	786	786	787	787	787	787
4. 2015.....	XXX	XXX	683	715	722	724	725	725	726	726
5. 2016.....	XXX	XXX	XXX	641	678	685	685	686	686	686
6. 2017.....	XXX	XXX	XXX	XXX	815	856	864	866	866	865
7. 2018.....	XXX	XXX	XXX	XXX	XXX	716	762	768	769	769
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	938	999	1,003	1,001
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	993	1,043	1,037
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	798	735
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	134

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

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	414	111	47	21	9	5		1	1	
2. 2013.....	595	805	853	874	882	885	888	889	889	889
3. 2014.....	XXX	514	742	813	841	853	857	859	860	860
4. 2015.....	XXX	XXX	517	721	786	811	820	825	827	827
5. 2016.....	XXX	XXX	XXX	478	720	770	798	806	812	812
6. 2017.....	XXX	XXX	XXX	XXX	545	755	815	838	848	848
7. 2018.....	XXX	XXX	XXX	XXX	XXX	632	920	992	1,023	1,023
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	691	993	1,059	1,059
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	502	681	681
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	510	510
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	172	65	28	9	3	2				
2. 2013.....	343	79	27	8	5	2	1	1	1	1
3. 2014.....	XXX	388	112	33	13	6	3	2	2	2
4. 2015.....	XXX	XXX	398	117	32	11	5	2	1	
5. 2016.....	XXX	XXX	XXX	427	95	36	11	5	3	1
6. 2017.....	XXX	XXX	XXX	XXX	352	94	31	13	5	4
7. 2018.....	XXX	XXX	XXX	XXX	XXX	421	105	43	18	10
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	412	96	44	21
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	278	68	32
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	324	74
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	348

**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	132	18	13	2	3	4	(2)	1	1	
2. 2013.....	1,011	1,007	1,013	1,017	1,022	1,022	1,024	1,025	1,025	1,025
3. 2014.....	XXX	970	974	975	986	992	993	994	995	995
4. 2015.....	XXX	XXX	991	968	960	966	970	973	974	973
5. 2016.....	XXX	XXX	XXX	995	964	966	970	972	976	974
6. 2017.....	XXX	XXX	XXX	XXX	990	1,001	1,010	1,017	1,019	1,018
7. 2018.....	XXX	XXX	XXX	XXX	XXX	1,159	1,203	1,224	1,232	1,224
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1,212	1,274	1,294	1,271
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	894	913	877
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	927	677
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	348

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**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	50	18	7	6	2	1				
2. 2013.....	103	144	151	156	161	162	163	163	163	163
3. 2014.....	XXX	125	178	191	200	205	207	208	208	208
4. 2015.....	XXX	XXX	143	193	211	219	224	225	226	226
5. 2016.....	XXX	XXX	XXX	127	178	195	199	201	202	202
6. 2017.....	XXX	XXX	XXX	XXX	130	187	202	208	210	210
7. 2018.....	XXX	XXX	XXX	XXX	XXX	129	190	202	208	208
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	145	195	208	208
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	117	168	168
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	124	124
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	25	11	5	1	1					
2. 2013.....	48	16	13	8	2	2				
3. 2014.....	XXX	65	25	14	7	3	1			
4. 2015.....	XXX	XXX	73	31	13	6	2	1		
5. 2016.....	XXX	XXX	XXX	64	20	6	4	2	1	1
6. 2017.....	XXX	XXX	XXX	XXX	57	21	6	3	2	1
7. 2018.....	XXX	XXX	XXX	XXX	XXX	55	14	6	2	1
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	49	18	9	4
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	12	7
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	12
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49

**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	14	7	1	2	2					
2. 2013.....	165	183	188	189	188	189	188	188	188	188
3. 2014.....	XXX	203	222	226	229	230	230	230	230	230
4. 2015.....	XXX	XXX	228	249	252	254	255	255	255	255
5. 2016.....	XXX	XXX	XXX	207	225	229	231	231	231	231
6. 2017.....	XXX	XXX	XXX	XXX	206	238	240	243	244	243
7. 2018.....	XXX	XXX	XXX	XXX	XXX	202	234	240	242	241
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	211	240	245	240
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	177	201	196
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	182	149
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49

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**



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**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	74	25	14	9	4	1				
2. 2013.....	153	202	215	228	234	237	239	240	241	241
3. 2014.....	XXX	154	212	228	241	248	251	254	255	255
4. 2015.....	XXX	XXX	143	202	221	232	241	245	247	247
5. 2016.....	XXX	XXX	XXX	137	190	204	215	221	224	224
6. 2017.....	XXX	XXX	XXX	XXX	142	182	196	206	211	211
7. 2018.....	XXX	XXX	XXX	XXX	XXX	128	177	192	198	198
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	144	195	209	209
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	160	202	202
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	131	131
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	36	22	11	8	2	1	1			
2. 2013.....	53	21	19	9	5	3	1	1		
3. 2014.....	XXX	65	31	24	14	7	4	1		
4. 2015.....	XXX	XXX	67	36	26	16	6	2	2	4
5. 2016.....	XXX	XXX	XXX	56	28	19	14	8	6	4
6. 2017.....	XXX	XXX	XXX	XXX	48	23	15	10	8	4
7. 2018.....	XXX	XXX	XXX	XXX	XXX	53	19	14	12	7
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	41	23	19	13
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34	10	5
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38	14
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	59

**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	54	15	4	6	(2)			(1)		
2. 2013.....	239	272	288	292	295	296	296	297	297	297
3. 2014.....	XXX	258	297	310	315	316	316	316	316	316
4. 2015.....	XXX	XXX	239	282	296	300	300	300	302	304
5. 2016.....	XXX	XXX	XXX	225	264	273	280	280	281	279
6. 2017.....	XXX	XXX	XXX	XXX	217	250	260	267	270	266
7. 2018.....	XXX	XXX	XXX	XXX	XXX	204	233	245	250	245
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	209	252	265	259
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	222	248	243
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	187	163
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	59

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**

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**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	18	8	3	1						
2. 2013.....	18	25	30	32	33	35	35	35	35	35
3. 2014.....	XXX	15	23	28	29	30	31	32	33	33
4. 2015.....	XXX	XXX	11	17	21	22	22	22	23	23
5. 2016.....	XXX	XXX	XXX	12	18	24	25	26	27	27
6. 2017.....	XXX	XXX	XXX	XXX	9	11	13	14	14	14
7. 2018.....	XXX	XXX	XXX	XXX	XXX	7	10	11	12	12
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	5	10	10	10
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	10	10
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	5
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	13	4	2							
2. 2013.....	14	9	6		1	1				
3. 2014.....	XXX	17	9	1	3	2	1			
4. 2015.....	XXX	XXX	9		2	1	1			
5. 2016.....	XXX	XXX	XXX	3	9	3	1	1		
6. 2017.....	XXX	XXX	XXX	XXX	4	2	1	1	1	1
7. 2018.....	XXX	XXX	XXX	XXX	XXX	4	2	2	1	1
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	4	2	1	1
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3	2
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	2
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

**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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	5	1	2	(1)						
2. 2013.....	39	45	48	45	47	49	48	48	48	48
3. 2014.....	XXX	37	41	39	43	43	44	44	45	45
4. 2015.....	XXX	XXX	25	25	32	33	33	32	33	33
5. 2016.....	XXX	XXX	XXX	19	33	33	32	33	33	33
6. 2017.....	XXX	XXX	XXX	XXX	15	17	18	19	19	19
7. 2018.....	XXX	XXX	XXX	XXX	XXX	12	15	17	17	17
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	10	14	14	14
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	16	15
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	8
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

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 2022 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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....		2								
2. 2013.....	1	2	2	2	2	2	2	2	2	2
3. 2014.....	XXX		1	1	1	1	1	1	1	1
4. 2015.....	XXX	XXX	1	1	1	1	1	1	1	1
5. 2016.....	XXX	XXX	XXX		1	1	1	1	1	1
6. 2017.....	XXX	XXX	XXX	XXX				1	1	1
7. 2018.....	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	1									
2. 2013.....	1									
3. 2014.....	XXX	1								1
4. 2015.....	XXX	XXX								
5. 2016.....	XXX	XXX	XXX	1						
6. 2017.....	XXX	XXX	XXX	XXX						
7. 2018.....	XXX	XXX	XXX	XXX	XXX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....	1	1								
2. 2013.....	2	2	2	2	2	2	2	2	2	2
3. 2014.....	XXX	1	1	2	2	2	2	2	2	3
4. 2015.....	XXX	XXX	1	1	1	1	1	1	1	1
5. 2016.....	XXX	XXX	XXX	1	1	1	1	1	1	1
6. 2017.....	XXX	XXX	XXX	XXX				1	1	1
7. 2018.....	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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**

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**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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....	3,781	3,781	3,781	3,781	3,781	3,781	3,781	3,781	3,781	3,781	
3. 2014.....	XXX	4,295	4,295	4,295	4,295	4,295	4,295	4,295	4,295	4,295	
4. 2015.....	XXX	XXX	4,420	4,420	4,420	4,420	4,420	4,420	4,420	4,420	
5. 2016.....	XXX	XXX	XXX	4,586	4,586	4,586	4,586	4,586	4,586	4,586	
6. 2017.....	XXX	XXX	XXX	XXX	4,779	4,779	4,779	4,779	4,779	4,779	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	4,986	4,986	4,986	4,986	4,986	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	5,177	5,177	5,177	5,177	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,472	5,472	5,472	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,878	5,878	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,343	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,343
13. Earned Premiums (Sch P-Pt. 1)	3,781	4,295	4,420	4,586	4,779	4,986	5,177	5,472	5,878	6,343	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....	206	206	206	206	206	206	206	206	206	206	
3. 2014.....	XXX	229	229	229	229	229	229	229	229	229	
4. 2015.....	XXX	XXX	256	256	256	256	256	256	256	256	
5. 2016.....	XXX	XXX	XXX	293	293	293	293	293	293	293	
6. 2017.....	XXX	XXX	XXX	XXX	352	352	352	352	352	352	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	198	198	198	198	198	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	112	112	112	112	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68	68	68	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	35	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41
13. Earned Premiums (Sch P-Pt. 1)	206	229	256	293	352	198	112	68	35	41	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....											
3. 2014.....	XXX										
4. 2015.....	XXX	XXX									
5. 2016.....	XXX	XXX									
6. 2017.....	XXX	XXX									
7. 2018.....	XXX	XXX									
8. 2019.....	XXX	XXX									
9. 2020.....	XXX	XXX									
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2022.....	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 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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....											
3. 2014.....	XXX										
4. 2015.....	XXX	XXX									
5. 2016.....	XXX	XXX									
6. 2017.....	XXX	XXX									
7. 2018.....	XXX	XXX									
8. 2019.....	XXX	XXX									
9. 2020.....	XXX	XXX									
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2022.....	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

ANNUAL STATEMENT FOR THE YEAR 2022 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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....	5,720	5,720	5,720	5,720	5,720	5,720	5,720	5,720	5,720	5,720	
3. 2014.....	XXX	6,675	6,675	6,675	6,675	6,675	6,675	6,675	6,675	6,675	
4. 2015.....	XXX	XXX	6,939	6,939	6,939	6,939	6,939	6,939	6,939	6,939	
5. 2016.....	XXX	XXX	XXX	7,318	7,318	7,318	7,318	7,318	7,318	7,318	
6. 2017.....	XXX	XXX	XXX	XXX	7,563	7,563	7,563	7,563	7,563	7,563	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	7,729	7,729	7,729	7,729	7,729	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	8,180	8,180	8,180	8,180	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,798	8,798	8,798	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,582	9,582	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,596	10,596
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,596
13. Earned Premiums (Sch P-Pt. 1)	5,720	6,675	6,939	7,318	7,563	7,729	8,180	8,798	9,582	10,596	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....	713	713	713	713	713	713	713	713	713	713	
3. 2014.....	XXX	863	863	863	863	863	863	863	863	863	
4. 2015.....	XXX	XXX	863	863	863	863	863	863	863	863	
5. 2016.....	XXX	XXX	XXX	898	898	898	898	898	898	898	
6. 2017.....	XXX	XXX	XXX	XXX	915	915	915	915	915	915	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	748	748	748	748	748	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	706	706	706	706	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	807	807	807	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	787	787	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	970	970
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	970
13. Earned Premiums (Sch P-Pt. 1)	713	863	863	898	915	748	706	807	787	970	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....	1,888	1,888	1,888	1,888	1,888	1,888	1,888	1,888	1,888	1,888	
3. 2014.....	XXX	1,952	1,952	1,952	1,952	1,952	1,952	1,952	1,952	1,952	
4. 2015.....	XXX	XXX	1,987	1,987	1,987	1,987	1,987	1,987	1,987	1,987	
5. 2016.....	XXX	XXX	XXX	1,849	1,849	1,849	1,849	1,849	1,849	1,849	
6. 2017.....	XXX	XXX	XXX	XXX	1,689	1,689	1,689	1,689	1,689	1,689	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	1,753	1,753	1,753	1,753	1,753	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1,858	1,858	1,858	1,858	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,986	1,986	1,986	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,131	2,131	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,337	2,337
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,337
13. Earned Premiums (Sch P-Pt. 1)	1,888	1,952	1,987	1,849	1,689	1,753	1,858	1,986	2,131	2,337	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....	823	823	823	823	823	823	823	823	823	823	
3. 2014.....	XXX	893	893	893	893	893	893	893	893	893	
4. 2015.....	XXX	XXX	890	890	890	890	890	890	890	890	
5. 2016.....	XXX	XXX	XXX	901	901	901	901	901	901	901	
6. 2017.....	XXX	XXX	XXX	XXX	935	935	935	935	935	935	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	1,002	1,002	1,002	1,002	1,002	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	1,112	1,112	1,112	1,112	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	720	720	720	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	657	657	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	831	831
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	831
13. Earned Premiums (Sch P-Pt. 1)	823	893	890	901	935	1,002	1,112	720	657	831	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 2022 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	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....	52	52	52	52	52	52	52	52	52	52	
3. 2014.....	XXX	57	57	57	57	57	57	57	57	57	
4. 2015.....	XXX	XXX	57	57	57	57	57	57	57	57	
5. 2016.....	XXX	XXX	XXX	52	52	52	52	52	52	52	
6. 2017.....	XXX	XXX	XXX	XXX	54	54	54	54	54	54	
7. 2018.....	XXX	XXX	XXX	XXX	XXX	54	54	54	54	54	
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	50	50	50	50	
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	51	51	
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	59	59	
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65
13. Earned Premiums (Sch P-Pt. 1)	52	57	57	52	54	54	50	51	59	65	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	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....											
3. 2014.....	XXX										
4. 2015.....	XXX	XXX									
5. 2016.....	XXX	XXX									
6. 2017.....	XXX	XXX									
7. 2018.....	XXX	XXX									
8. 2019.....	XXX	XXX									
9. 2020.....	XXX	XXX									
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2022.....	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	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....											
3. 2014.....	XXX										
4. 2015.....	XXX	XXX									
5. 2016.....	XXX	XXX									
6. 2017.....	XXX	XXX									
7. 2018.....	XXX	XXX									
8. 2019.....	XXX	XXX									
9. 2020.....	XXX	XXX									
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2022.....	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	2	3	4	5	6	7	8	9	10	
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1. Prior.....											
2. 2013.....											
3. 2014.....	XXX										
4. 2015.....	XXX	XXX									
5. 2016.....	XXX	XXX									
6. 2017.....	XXX	XXX									
7. 2018.....	XXX	XXX									
8. 2019.....	XXX	XXX									
9. 2020.....	XXX	XXX									
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2022.....	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 2022 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 .....	6,018			22,876		
2. Private Passenger Auto Liability/Medical .....	15,415			16,670		
3. Commercial Auto/Truck Liability/Medical .....	6,676			6,599		
4. Workers' Compensation .....						
5. Commercial Multiple Peril .....	8,276			10,100		
6. Medical Professional Liability - Occurrence .....						
7. Medical Professional Liability - Claims - Made .....						
8. Special Liability .....						
9. Other Liability - Occurrence .....	1,967			1,537		
10. Other Liability - Claims-Made .....						
11. Special Property .....	740			5,858		
12. Auto Physical Damage .....	2,947			19,839		
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 .....	16			70		
20. Products Liability - Claims-Made .....						
21. Financial Guaranty/Mortgage Guaranty .....						
22. Warranty .....						
23. Totals	42,055			83,550		

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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX								
5. 2016.....	XXX	XXX	XX							
6. 2017.....	XXX	XXX	XX	XX						
7. 2018.....	XXX	XXX	XX	XXX	XX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	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
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX								
5. 2016.....	XXX	XXX	XX							
6. 2017.....	XXX	XXX	XX	XX						
7. 2018.....	XXX	XXX	XX	XXX	XX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	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**

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 [ ☒ ]  
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 [ ☒ ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [    ] No [ ☒ ]
- 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 [ ☒ ]
- 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	2013 .....		
1.603	2014 .....		
1.604	2015 .....		
1.605	2016 .....		
1.606	2017 .....		
1.607	2018 .....		
1.608	2019.....		
1.609	2020.....		
1.610	2021.....		
1.611	2022.....		
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 [ ☒ ]
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 [ ☒ ] 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 [ ☒ ]  
  
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 [ ☒ ] 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					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama .....	AL					
2.	Alaska .....	AK					
3.	Arizona .....	AZ					
4.	Arkansas .....	AR					
5.	California .....	CA					
6.	Colorado .....	CO					
7.	Connecticut .....	CT					
8.	Delaware .....	DE					
9.	District of Columbia .....	DC					
10.	Florida .....	FL					
11.	Georgia .....	GA					
12.	Hawaii .....	HI					
13.	Idaho .....	ID					
14.	Illinois .....	IL					
15.	Indiana .....	IN					
16.	Iowa .....	IA					
17.	Kansas .....	KS					
18.	Kentucky .....	KY					
19.	Louisiana .....	LA					
20.	Maine .....	ME					
21.	Maryland .....	MD					
22.	Massachusetts .....	MA					
23.	Michigan .....	MI					
24.	Minnesota .....	MN					
25.	Mississippi .....	MS					
26.	Missouri .....	MO					
27.	Montana .....	MT					
28.	Nebraska .....	NE					
29.	Nevada .....	NV					
30.	New Hampshire .....	NH					
31.	New Jersey .....	NJ					
32.	New Mexico .....	NM					
33.	New York .....	NY					
34.	North Carolina .....	NC					
35.	North Dakota .....	ND					
36.	Ohio .....	OH					
37.	Oklahoma .....	OK					
38.	Oregon .....	OR					
39.	Pennsylvania .....	PA					
40.	Rhode Island .....	RI					
41.	South Carolina .....	SC					
42.	South Dakota .....	SD					
43.	Tennessee .....	TN					
44.	Texas .....	TX					
45.	Utah .....	UT					
46.	Vermont .....	VT					
47.	Virginia .....	VA					
48.	Washington .....	WA					
49.	West Virginia .....	WV					
50.	Wisconsin .....	WI					
51.	Wyoming .....	WY					
52.	American Samoa .....	AS					
53.	Guam .....	GU					
54.	Puerto Rico .....	PR					
55.	U.S. Virgin Islands .....	VI					
56.	Northern Mariana Islands .....	MP					
57.	Canada .....	CAN					
58.	Aggregate Other Alien .....	OT					
59.	Total						

NONE

# ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Ohio Mutual Insurance Company

## SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

# NONE

Asterisk	



# ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Ohio Mutual Insurance Company

## SCHEDULE Y

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

[illegible]

# ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Ohio Mutual Insurance Company

## SCHEDULE Y

**PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL**

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Ohio Mutual Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

		Responses
MARCH FILING		
1.	Will an actuarial opinion be filed by March 1? .....	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? .....	YES
6.	Will Management’s Discussion and Analysis be filed by April 1? .....	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1? .....	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1? .....	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

SUPPLEMENTAL FILINGS




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		
37.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO

Explanations:

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Bar Codes:

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]	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE Ohio Mutual Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18.	Medicare Part D Coverage Supplement [Document Identifier 365]	<div><div></div><div>102022022365000000</div></div>
21.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	<div><div></div><div>102022022400000000</div></div>
22.	Bail Bond Supplement [Document Identifier 500]	<div><div></div><div>102022022500000000</div></div>
23.	Director and Officer Insurance Coverage Supplement [Document Identifier 505]	<div><div></div><div>102022022505000000</div></div>
24.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	<div><div></div><div>102022022224000000</div></div>
25.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	<div><div></div><div>102022022225000000</div></div>
26.	Relief from the Requirements for Audit Committees [Document Identifier 226]	<div><div></div><div>102022022226000000</div></div>
27.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	<div><div></div><div>102022022555000000</div></div>
28.	Credit Insurance Experience Exhibit [Document Identifier 230]	<div><div></div><div>102022022300000000</div></div>
29.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	<div><div></div><div>102022022306000000</div></div>
31.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	<div><div></div><div>102022022216000000</div></div>
32.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	<div><div></div><div>102022022217000000</div></div>
33.	Cybersecurity and Identity Theft Insurance Coverage Supplement [Document Identifier 550]	<div><div></div><div>102022022550000000</div></div>
34.	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]	<div><div></div><div>102022022280000000</div></div>
35.	Private Flood Insurance Supplement [Document Identifier 560]	<div><div></div><div>102022022560000000</div></div>
36.	Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]	<div><div></div><div>102022022565000000</div></div>
37.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	<div><div></div><div>102022022223000000</div></div>

**NONE**



For The Year Ended December 31, 2022  
To Be Filed by March 1  
(A) Financial Impact

[illegible]

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