

QUARTERLY STATEMENT

AS OF JUNE 30, 2023
OF THE CONDITION AND AFFAIRS OF THE

Miami Mutual Insurance Company

NAIC Group Code 0035 (Current) NAIC Company Code 16764 Employer's ID Number 31-0617569
Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Incorporated/Organized 08/10/1877 Commenced Business 12/31/1877

Statutory Home Office 1 Insurance Square (Street and Number) Celina, OH, US 458221690 (City or Town, State, Country and Zip Code)

Main Administrative Office 1 Insurance Square (Street and Number) 419-588-5181 (Area Code) (Telephone Number)

Mail Address 1 Insurance Square (Street and Number or P.O. Box) Celina, OH, US 45822-1690 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1 Insurance Square (Street and Number) 419-588-5181-8238 (Area Code) (Telephone Number)

Internet Website Address www.celinainurance.com

Statutory Statement Contact Suzanne Lynn Wells (Name) 419-588-5181-7137 (Area Code) (Telephone Number) suzanne.wells@celinainurance.com 419-588-6068 (E-mail Address) (FAX Number)

OFFICERS

President William West Montgomery Treasurer Michael Stanley Kleinhenz
Secretary Suzanne Lynn Wells

OTHER

Robert Mark Shoerfelt, Sr. VP - CIO Theodore Joseph Wissman, Sr. VP - COO Scott William Montgomery, VP - Distribution & Assistant
Trisha Michelle Harlamert #, VP - Underwriting Corporate Secretary

DIRECTORS OR TRUSTEES

William West Montgomery - Chairman Philip Marion Fullenkamp Nancy Montgomery Goldberg - Vice Chairman
David Thomas Mellin Wesley Moore Jetter John Michael Lazarich
Collin Jay Bryan John Richard Gregg

State of Ohio SS:
County of Mercer

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.

William West Montgomery 7.11.23 Suzanne L. Wells Michael Stanley Kleinhenz
Chairman, President, Chief Executive and General Manager Secretary Sr. VP - CFO and Treasurer

Subscribed and sworn to before me this day of July 2023

Kristi Huelsman
Executive Assistant
April 5, 2026

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



Kristi Huelsman
Notary Public • State of Ohio
My Commission Expires:
April 5, 2026
Recorded in Mercer County