

ANNUAL STATEMENT

For the Year Ended December 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

ORGANIZED UNDER THE LAWS OF THE STATE OF OHIO

Made to the

INSURANCE COMMISSIONER OF THE STATE OF OHIO

Pursuant to the Laws thereof

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

OFFICERS

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

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

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

State of Ohio

County of

MAHONING

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



Megan Lewis
Notary Public-State of Ohio
Commission Expires March 3, 2026

Subscribed and sworn to before me, this 20
day of February 24

Megan Lewis
Notary Public

Megan Lewis
President
Christine A. Seifert
Secretary

Signature of Person Preparing Statement

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

2023

ASSETS

		Assets Current Year	Nonadmitted Assets Current Year	Net Admitted Assets Current Year	Net Admitted Assets Prior Year
1	Bonds (Schedule D - Part 1)	0.00	0.00	0.00	
2	Preferred stocks, common stocks and mutual funds (Schedule D - Part 2)	365,667.68	0.00	365,667.68	357,022.42
3	Real estate (less liens, encumbrances) (Schedule A)	43,614.12	0.00	43,614.12	20,872.37
4	Cash (Schedule E)	4,340,062.39	0.00	4,340,062.39	4,256,662.77
5	Short-term investments		0.00	0.00	
6	Aggregate write-ins for invested assets		0.00	0.00	
7	Subtotals, cash and invested assets	4,749,344.19	0.00	4,749,344.19	4,634,557.56
8	Investment income due and accrued	23,346.93	0.00	23,346.93	6,100.20
9.1	Assessments or premiums in the course of collection (including agents balances)		0.00	0.00	
9.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due		0.00	0.00	
9.3	Earned but unbilled premiums (post assessment)	23,409.50	0.00	23,409.50	25,575.00
10.1	Amounts recoverable from reinsurers	4,333.00	0.00	4,333.00	9,454.00
10.2	Funds held by or deposited with reinsured companies		0.00	0.00	
11.1	Current federal income tax recoverable and interest thereon		0.00	0.00	
11.2	Net deferred tax asset		0.00	0.00	
12	Electronic data processing equipment and software		0.00	0.00	
13	Furniture and equipment		0.00	0.00	
14	Receivables from parent, subsidiaries and affiliates		0.00	0.00	
15	Aggregate write-ins for other than invested assets	0.00	0.00	0.00	0.00
16	Total Assets	4,800,433.62	0.00	4,800,433.62	4,675,686.76
	Details of Write-Ins for Assets:				
1501				0.00	
1502				0.00	
1503				0.00	
1598	Summary or remaining write-ins from overflow page	0.00	0.00	0.00	0.00
1599	Total aggregate write-ins	0.00	0.00	0.00	0.00

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

2023

LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Year	Prior Year
1	Unpaid Losses (Underwriting Exhibit - Part 2A)	31,167.00	31,641.00
2	Unpaid loss adjustment expenses (Underwriting Exhibit - Part 2A)	5,000.00	5,000.00
3	Commissions due and payable to agents	20,374.86	20,310.52
4	Other expenses (excluding taxes, licenses and fees)	2,136.04	2,329.61
5	Taxes, licenses and fees (excluding federal income taxes)	808.68	775.00
6	Current federal income taxes (including \$0 on realized capital gains (losses))		0.00
7	Net deferred tax liability		
8	Borrowed money and interest thereon		
9	Unearned assessment/premium reserve	568,749.75	561,857.25
10	Advance premium		
11	Ceded reinsurance premiums payable	35,242.75	33,418.00
12	Funds held by company under reinsurance treaties		
13	Amounts withheld or retained by company for account of others		
14	Provision for unauthorized reinsurance		
15	Payable to parent, subsidiaries and affiliates		
16	Aggregate write-ins for liabilities	0.00	0.00
17	Total liabilities	663,479.08	655,331.38
18	Surplus as regards policyholders	4,136,954.54	4,020,355.38
19	Total liabilities and surplus	4,800,433.62	4,675,686.76
	Details of Write-Ins for Liabilities:		
1601			
1602			
1603			
1698	Summary or remaining write-ins from overflow page	0.00	0.00
1699	Total aggregate write-ins	0.00	0.00

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

2023

		Current Year	Prior Year
UNDERWRITING INCOME			
1.1	Gross Assessments/Premiums earned	1,842,002.35	1,870,760.56
1.2	Less: Return Assessments/Premiums earned	28,901.19	31,286.20
1.3	Direct Assessments/Premiums earned	1,813,101.16	1,839,474.36
1.4	Deduct premiums for reinsurance ceded (Reinsurance Schedule)	828,499.00	822,212.00
1.5	Add premiums received for reinsurance assumed (Reinsurance Schedule)	0.00	
1.6	Net Assessments/Premiums earned	984,602.16	1,017,262.36
DEDUCTIONS			
2	Losses incurred (Underwriting Exhibit - Part 2)	479,160.79	335,272.87
3	Loss expenses incurred (Expense Exhibit)	88,745.55	66,222.34
4	Other underwriting expenses incurred (Expense Exhibit)	442,473.29	420,468.88
5	Aggregate write-ins for underwriting deductions	0.00	0.00
6	Total underwriting deductions	1,010,379.63	821,964.09
7	Net underwriting gain (loss)	-25,777.47	195,298.27
INVESTMENT INCOME			
8	Net investment income earned	107,935.09	22,114.80
9	Net realized capital gains (losses) less capital gains tax	0.00	
10	Net investment gain (loss)	107,935.09	22,114.80
OTHER INCOME			
11	Net gain (loss) from agents' or premium balances charged off	0.00	
12	Finance and service charges not included in premiums	25,394.45	26,493.33
13	Aggregate write-ins for miscellaneous income	29,940.99	43,766.89
14	Total other income	55,335.44	70,260.22
15	Net income, after capital gains tax and before federal income taxes	137,493.06	287,673.29
16	Federal income taxes incurred	29,539.16	84,259.26
17	Net income	107,953.90	203,414.03
SURPLUS ACCOUNT			
18	Surplus as regards policyholders, December 31 prior year	4,020,355.38	3,805,966.68
19	Net income	107,953.90	203,414.03
20	Change in net unrealized capital gains or (losses) less capital gains tax	8,645.26	10,974.67
21	Change in net deferred income tax	0.00	
22	Change in nonadmitted assets (Exhibit of Nonadmitted Assets)	0.00	
23	Change in provision for reinsurance	0.00	
24	Aggregate write-ins for gains and losses in surplus	0.00	0.00
25	Change in surplus as regards policyholders for the year	116,599.16	214,388.70
26	Surplus as regards policyholders, December 31 current year	4,136,954.54	4,020,355.38
DETAILS OF WRITE-INS			
0501		0.00	
0502		0.00	
0503		0.00	
0599	Total Aggregate write-ins for underwriting deductions	0.00	0.00
1301	misc income	5,705.99	22,758.14
1302	mine sub:uoipayments;wm payments	24,235.00	21,008.75
1303		0.00	
1304		0.00	
1399	Total Aggregate write-ins for miscellaneous income	29,940.99	43,766.89
2401		0.00	
2402		0.00	
2499	Total Aggregate write-ins for gains and losses in surplus	0.00	0.00

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

2023

CASH FLOW STATEMENT

		Current Year	Prior Year
Cash from Operations			
1	Premiums/Assessments collected net of reinsurance	1,157,923.07	1,153,131.86
2	Net investment income	90,688.36	19,331.43
3	Miscellaneous income	72,229.39	81,637.71
4	Total	1,320,840.82	1,254,101.00
5	Benefit and loss related payments	581,603.85	414,546.70
6	Commissions, expenses paid and aggregate write-ins for deductions	626,298.19	573,283.60
7	Federal and foreign income taxes paid (recovered)	29,539.16	103,759.26
8	Total	1,237,441.20	1,091,589.56
9	Net cash from operations	83,399.62	162,511.44
Cash from Investments			
10	Proceeds from investments sold, matured or repaid:		
10.1	Bonds	0.00	0.00
10.2	Stocks		
10.3	Real estate	0.00	
10.4	Net gains (losses) on cash, cash equivalents and short- term investments		
10.5	Miscellaneous proceeds		
10.6	Total investment proceeds	0.00	0.00
11	Cost of investments acquired (long-term only):		
11.1	Bonds		
11.2	Stocks		
11.3	Real estate		
11.4	Miscellaneous applications	0.00	
11.5	Total investments acquired	0.00	0.00
11.6	Net cash from investments	0.00	0.00
Cash from Financing and Miscellaneous Sources			
12.1	Borrowed funds (cash provided/applied)		
12.2	Other cash provided (applied)	0.00	
13	Net cash from financing and miscellaneous sources	0.00	0.00
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT- TERM INVESTMENTS			
14	Net change in cash, cash equivalents and short-term investments	83,399.62	162,511.44
15.1	Beginning of year (cash, cash equivalents and short-term investments)	4,256,662.77	4,094,151.33
15.2	End of year (cash, cash equivalents and short-term investments)	4,340,062.39	4,256,662.77

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

2023

EXPENSE EXHIBIT

		Current Year
1.1	Claim Adjusting: Direct	0.00
1.2	Reinsurance assumed	0.00
1.3	Reinsurance ceded excluding contingent (commission and brokerage)	0.00
1.4	Net claim adjusting	0.00
2.1	Commission and Brokerage: Direct commission and brokerage	273,483.68
2.2	Reinsurance assumed excluding contingent	0.00
2.3	Reinsurance ceded excluding contingent (commission and brokerage)	163,344.37
2.4	Contingent - direct (commission and brokerage)	0.00
2.5	Contingent - reinsurance assumed (commission and brokerage)	0.00
2.6	Contingent - reinsurance ceded (commission and brokerage)	0.00
2.7	Policy and membership fees (commission and brokerage)	0.00
2.8	Net commission and brokerage	110,139.31
3	Allowances to managers and agents	0.00
4	Advertising	3,635.41
5	Boards, bureaus and associations	0.00
6	Surveys and underwriting reports	0.00
7	Audit of assureds' records	0.00
8.1	Salary and related items: Salaries	162,800.17
8.2	Payroll taxes	12,936.54
9	Employee relations and welfare	0.00
10	Insurance	0.00
11	Directors' fees	36,350.00
12	Travel and travel items	0.00
13	Rent and rent items	0.00
14	Equipment	0.00
15	Cost or depreciation of EDP equipment and software	19,041.85
16	Printing and stationery	16,997.59
17	Postage, telephone, exchange and express	10,766.80
18	Legal and auditing	4,635.00
19	Loss adjustment expenses	88,745.55
18	Investment expenses	0.00
19	Totals	355,908.91
20.1	Taxes, licenses and fees: State and local insurance taxes	257.34
20.2	Insurance department licenses and fees	3,415.25
20.3	All other (excluding federal income and real estate)	0.00
20.4	Total taxes, licenses and fees	3,672.59
21	Real estate expenses	11,112.85
22	Real estate taxes	2,717.16
23	Aggregate write-ins for miscellaneous expenses	47,668.02
24	Total expenses incurred (a)	531,218.84
25	Less unpaid expenses - current year	0.00
26	Add unpaid expenses - prior year	0.00
27	Total expenses paid	531,218.84
	Details of Write-Ins:	
2301	utilities;security;trash;clen serv';awn serv	15,585.61
2302	E&O;dues/fees;bond;educ	25,491.00
2303	bk fee;relifund;prem ref;dep exp	6,591.41
2304		0.00
2305		0.00
2399	Total Write-ins	47,668.02

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

ANNUAL STATEMENT FOR THE YEAR 2023
SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION

INSURANCE IN FORCE

		Amount (dollars)	Number
1	In force December 31 of previous year (to equal prior year's statement)	269,038,290	2,802
2	Written during the year	38,479,600	252
3	Total	307,517,890	3,054
4	Deduct those expired and cancelled	32,231,350	317
5	In force December 31 of current year	275,286,540	2,737
6	Deduct amount reinsured	125,240,979	XXX
7	Net amount in force	150,045,561	XXX

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

2023

**UNDERWRITING EXHIBIT - PART 2
LOSSES INCURRED**

1 Lines of Business	2 Direct Losses Incurred	3 Losses Incurred on Reinsurance Assumed	4 Deduct: Reinsurance Recovered on Incurred Losses	5 Deduct: Salvage and Subrogation Converted To Cash	6 * Net Losses Incurred Columns 2 and 3 minus Columns 4 and 5
PHYSICAL DAMAGE TO PROPERTY	890,018.73		392,513.43	18,344.51	479,160.79
					-
					-
					-
					-
OVERFLOW AMOUNTS					-
Totals	\$ 890,018.73	\$ -	\$ 392,513.43	\$ 18,344.51	\$ 479,160.79

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

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

1 Lines of Business	2 Direct Unpaid Losses	3 Unpaid Losses on Reinsurance Assumed	4 Deduct: Reinsurance Recoverable on Unpaid Losses	5 ** Unpaid Loss Adjustment Expenses	6 *** Net Unpaid Losses Columns 2 and 3 minus Column 4
PHYSICAL DAMAGE TO PROPERTY	15,500.00		4,333.00	5,000.00	11,167.00
IBNR	20,000.00				20,000.00
					-
					-
					-
OVERFLOW AMOUNTS					-
Totals	\$ 35,500.00	\$ -	\$ 4,333.00	\$ 5,000.00	\$ 31,167.00

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

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

SCHEDULE A

Showing All Real Estate OWNED December 31 of Current Year									
1	2	3	4	5	6	7	8	9	10
Description of Property	Date Acquired	Name of Vendor	Actual Cost	Current Year Acquisitions or Permanent Improvements	Accumulated Depreciation	Amount of Encumbrances	Book Value End of Current Year (Col. 4+5-6-7)*	Gross Income Current Year (Real Estate)	Gross Expenses Current Year (Real Estate)
HOME OFFICE	2/1/1991	SPRINGFIELD TWP MUT	334,931.12	291,317.00	43,614.12				9,118.85
OVERFLOW AMOUNTS									
Totals	XXX	XXX	\$ 334,931.12	\$ -	\$ 291,317.00	\$ -	\$ 43,614.12	\$ -	\$ 9,118.85

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

FURNITURE, FIXTURES and AUTOMOBILES

Showing All Furniture, Fixtures and Automobiles OWNED December 31 of Current Year									
1	2	3	4	5	6	7	8		
Description	Date Acquired	Name of Vendor	Actual Cost	Current Year Acquisitions or Permanent Improvements	Accumulated Depreciation	Amount of Encumbrances	Book Value End of Current Year (Col. 4+5-6-7)		
OFFICE EQUIPMENT	2/1/1991	SPRINGFIELD TWP MUT	25,736.23		25,736.23				
OVERFLOW AMOUNTS									
Totals	XXX	XXX	\$ 25,736.23	\$ -	\$ 25,736.23	\$ -	\$ -		

SCHEDULE D

SCHEDULE D - FANS

REINSURANCE SCHEDULE
Reinsurance Ceded and Reinsurance Assumed

1 Reinsurer or Reinsured	2 Ceded or Assumed	3 Location of Company	4 Total Amount Reinsured	5 Total Premiums Ceded *	6 Total Premiums Assumed **	7 Largest Risk Ceded or Assumed	8 Remarks
RENAISSANCE RE	30.5	DC	38,198,499	252,135.00	-		
EMPLOYERS MUTUAL CAS	21.5	CT	26,926,810	177,735.00	-		
AMERICAN AGRICULTURE	20	CT	25,048,198	165,335.00	-		
FARMERS MUTUAL HAIL	15	NY	18,786,147.00	124,001.00	-		
SWISS RE	8	NY	10,019,278	66,134.00	-		
PARTNER RE	5	NY	6,262,049	41,334.00	-		
					-		
					-		
OVERFLOW AMOUNTS				1,825.00	-		
Totals	XXX	XXX	\$ 125,240,979	\$ 828,499.00	\$ -	XXX	XXX

*Total to agree with Page 4, Line 14, Current Year.

**Total to agree with Page 4, Line 15, Current Year.

COMPENSATION SCHEDULE

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

1 Name of Payee	2 Title	3 Salaries	4 Commissions	5 Claim Adjustment Expenses	6 Directors Fees & Expenses	7 Travel & Travel Items	8 All Other	9 Total
Officers/Employees:								
1) J DANIEL SIMON	PRES/DIRECTOR		15,162.72		11,400.00			\$ 26,562.72
2) LEE F KOHLER	VICE PRES/DIRECTOR				5,400.00			\$ 5,400.00
3) CHRISTINE A SEIFERT	SECY-TREAS	\$1,000.08						\$ 61,000.08
4) MARLENE M WENTZ	ASST SECY-TREAS/UW	50,800.08			5,100.00			\$ 55,900.08
5) CASEY L HARTLEY	CSR/UW	\$1,000.01	1,023.49					\$ 52,023.50
								\$ -
Directors:								
DONALD H SNYDER JR				5,100.00				\$ 5,100.00
MICHAEL W BACON				5,100.00				\$ 5,100.00
WYNNA A COOPER				4,250.00				\$ 4,250.00
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
Totals	XXXX	\$ 162,800.17	\$ 16,186.21	\$ -	\$ 36,350.00	\$ -	\$ -	\$ 215,336.38

GENERAL INTERROGATORIES

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

1. Company's retention: Fire \$40,000 Wind \$40,000 Other \$40,000

1a. Retention before reinsurance applies for: Catastrophe Reinsurance Aggregate excess of loss

2. What is the largest risk assumed and retained: \$40,000

3. What kind of perils are being covered? FIRE & EXTENDED COVERAGE

4. Have the by-laws been amended during the current year? NO If so, were such amendments filed with the Ohio Department of Insurance?

5. In what counties does the Company operate: STATE OF OHIO

6. Name of Principal Officer and amount of bond: CHRISTINE A SEIFERT \$100,000

7. Are all of the persons who handle funds of the Company bonded? Yes X No State the name and amount of each bond on each, except person named in item 6 above: MARLENE M WENTZ \$100,000
CASEY L HARTLEY \$100,000

8. Does the Company have an annual audit conducted by an independent CPA? No

9. State the number of members holding policies in the Company: 2737

10. Was an annual report of the Company made available to each policyholder? YES If so, did such report agree with the annual statement filed with the Ohio Department of Insurance? Yes

11. State as of what date the latest examination of the Company was made by the Ohio Department of Insurance: Mar-21

12. How many assessments were made during the year? Date of last assessment: MONTHLY BILL

13. Did the assessment provide for all losses, expenses and all other liabilities prior to the date of assessment? YES

14. Rate of policy fee: 0

15. State the amount of borrowed money since date of last assessment: 0 interest thereon: 0

16. Does any person, firm, corporation or association have any claim, contingent or otherwise, against this Company which is NOT included in the liabilities on page 2 of this statement? Yes X
If yes, give the amount, terms for payment and reasons why such were not recorded as a liability on page 2 of this statement.

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

2023

SCHEDULE E - CASH or CASH EQUIVALENTS

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

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

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

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

2023

ORGANIZATIONAL CHART

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

SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION
PARENT
OHIO CORPORATION - INSURER

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

Supplement for the year **2023**of the **SPRINGFIELD TOWNSHIP MUTUAL INSURANCE ASSOCIATION****SUPPLEMENTAL COMPENSATION EXHIBIT**

(To be filed by March 1)

PART 1 - INTERROGATORIES

1. The reporting insurer is a member of a group of insurers or other holding company system:

Yes No

If yes, do the above amounts represent

1) total gross compensation paid to each individual by or on behalf of all companies which are part of the group
or 2) allocation to each insurerYes
Yes

2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity?

Yes No

3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement?

Yes
Yes **Part 2 - OFFICERS AND EMPLOYEES COMPENSATION**

1	2	Annual Compensation					
		3	4	5	6		
		Name and Principal Position	Year	Salary	Bonus	All Other Compensation	Totals
1.	J DANIEL SIMON, PRESIDENT	2023			15,163		15,163
	J DANIEL SIMON, PRESIDENT	2022			15,033		15,033
	J DANIEL SIMON, PRESIDENT	2021			16,546		16,546
2.	MARLENE M WENTZ, ASST SEC'Y-TREA	2023	50,800				50,800
	MARLENE M WENTZ, SEC'Y-TREAS	2022	48,000		0		48,000
	MARLENE M WENTZ, SEC'Y-TREAS	2021	52,400		0		52,400
3.	CHRISTINE A SEIFERT, SEC'Y-TREAS	2023	61,000				61,000
	CHRISTINE A SEIFERT, ASST SEC'Y-TRE	2022	58,200				58,200
	CHRISTINE A SEIFERT, ASST SEC'Y-TRE	2021	59,000				59,000
4.	CASEY L HARTLEY, CSR	2023	51,000				51,000
	CASEY L HARTLEY, CSR	2022	48,200				48,200
	CASEY L HARTLEY, CSR	2021	49,000				49,000
5.		2023					0
		2022					0
		2021					0
6.		2023					0
		2022					0
		2021					0
7.		2023					0
		2022					0
		2021					0
8.		2023					0
		2022					0
		2021					0
9.		2023					0
		2022					0
		2021					0
10.		2023					0
		2022					0
		2021					0

PART 3 - DIRECTOR COMPENSATION

1	2	3	4
Name and Principal Position or Occupation	Compensation Paid or Deferred for Services as Director	All other Compensation Paid or Deferred	Totals
1. J DANIEL SIMON, PRESIDENT, DIRECTOR, AGT	11,400	15,163	26,563
2. LEE F KOHLER, VICE PRESIDENT, DIRECTOR	5,400		5,400
3. DONALD H SNYDER, JR., DIRECTOR	5,100		5,100
4. MICHAEL W BACON, DIRECTOR	5,100		5,100
5. MARLENE M WENTZ, DIRECTOR	5,100		5,100
6. WYNN COOPER, DIRECTOR	4,250		4,250
7.			0
8.			0
9.			0
10.			0
11.			0
12.			0
13.			0
14.			0
15.			0
16.			0
17.			0
18.			0
19.			0
20.			0
21.			0
22.			0
23.			0
24.			0
25.			0