

MUTUAL PROTECTIVE ANNUAL STATEMENT INSTRUCTIONS

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

BONDS

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

STOCKS

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

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

The Schedule D (Pg 19) and E (Pg 20) overflow pages are now unprotected. This allows for the e larger portfolios without restriction. Please ensure that the totals are properly carried over to the respective schedule summary page (e.g. ensure Pg 19 overflow totals agree to the overflow tota pages 11 and 12. Adjust formulas as necessary.

ANNUAL STATEMENT

For the Year Ended

December 31, 2023

OF THE CONDITION AND AFFAIRS OF THE

Mennonite Mutual Aid Society

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	10279		
Home Office	1000 South Main Street Street and Number	Orrville City	44667 Zip Code
Mail Address	PO Box 300 Street and Number	Orrville City	44667 Zip Code
Main Administrative Office	(330) 682-2986 Telephone Number		
Organized	April 10, 1907	Commenced Business	June 5, 1905
Annual Statement Contact Person	Scott Ezzo	Telephone Number	(330) 684-4118
Contact Person Email Address	sezzo@mennonitemutual.com		

OFFICERS

President	Thomas Troyer	Vice President	
Secretary	George Bixler, Jr	Treasurer	George Bixler, Jr

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

Robert Eugene Aschliman	George Bixler, Jr	Paul Bontrager	Tyson L Stuckey
Morris Stutzman	Patrick Helmuth	Donald Dravenstott	James Peter Suter

State of Ohio

County of

Wayne

Subscribed and sworn to before me, this _____

day of _____ 20____

Notary Public

President

Secretary

Mennonite Mutual Aid Society**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)	0.00	0.00	0.00	0.00
3	Real estate (less liens, encumbrances) (Schedule A)	0.00	0.00	0.00	0.00
4	Cash (Schedule E)	138,873.26	0.00	138,873.26	154,724.05
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	138,873.26	0.00	138,873.26	154,724.05
8	Investment income due and accrued		0.00	0.00	
9.1	Assessments or premiums in the course of collection (including agents balances)	0.00	0.00	0.00	453.00
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)		0.00	0.00	
10.1	Amounts recoverable from reinsurers		0.00	0.00	
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	138,873.26	0.00	138,873.26	155,177.05
	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

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Mennonite Mutual Aid Society

LIABILITIES, SURPLUS AND OTHER FUNDS

		Current Year	Prior Year
1	Unpaid Losses (Underwriting Exhibit - Part 2A)	0.00	0.00
2	Unpaid loss adjustment expenses (Underwriting Exhibit - Part 2A)	0.00	0.00
3	Commissions due and payable to agents		
4	Other expenses (excluding taxes, licenses and fees)	0.00	0.00
5	Taxes, licenses and fees (excluding federal income taxes)		
6	Current federal income taxes (including \$0 on realized capital gains (losses))		
7	Net deferred tax liability		
8	Borrowed money and interest thereon		
9	Unearned assessment/premium reserve	22.00	86.60
10	Advance premium		
11	Ceded reinsurance premiums payable	2,000.00	6,362.40
12	Funds held by company under reinsurance treaties		
13	Amounts withheld or retained by company for account of others	0.00	0.00
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	2,022.00	6,449.00
18	Surplus as regards policyholders	136,851.26	148,728.05
19	Total liabilities and surplus	138,873.26	155,177.05
	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

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Mennonite Mutual Aid Society

STATEMENT OF INCOME

		Current Year	Prior Year	
	UNDERWRITING INCOME			
1.1	Gross Assessments/Premiums earned	323.00	456.00	
1.2	Less: Return Assessments/Premiums earned			
1.3	Direct Assessments/Premiums earned	323.00	456.00	
1.4	Deduct premiums for reinsurance ceded (Reinsurance Schedule)	258.40	364.80	
1.5	Add premiums received for reinsurance assumed (Reinsurance Schedule)	0.00	0.00	
1.6	Net Assessments/Premiums earned	64.60	91.20	
	DEDUCTIONS			
2	Losses incurred (Underwriting Exhibit - Part 2)	0.00	0.00	
3	Loss expenses incurred (Expense Exhibit)	0.00	0.00	
4	Other underwriting expenses incurred (Expense Exhibit)	11,915.55	484,279.90	
5	Aggregate write-ins for underwriting deductions	0.00	0.00	
6	Total underwriting deductions	11,915.55	484,279.90	
7	Net underwriting gain (loss)	-11,850.95	-484,188.70	
	INVESTMENT INCOME			
8	Net investment income earned	427.16	1,504.08	
9	Net realized capital gains (losses) less capital gains tax	0.00	-10,000.00	
10	Net investment gain (loss)	427.16	-8,495.92	
	OTHER INCOME			
11	Net gain (loss) from agents' or premium balances charged off	-453.00	-2,198.00	
12	Finance and service charges not included in premiums			
13	Aggregate write-ins for miscellaneous income	0.00	0.00	
14	Total other income	-453.00	-2,198.00	
15	Net income, after capital gains tax and before federal income taxes	-11,876.79	-494,882.62	
16	Federal income taxes incurred			
17	Net income	-11,876.79	-494,882.62	
	SURPLUS ACCOUNT			
18	Surplus as regards policyholders, December 31 prior year	148,728.05	567,734.47	
19	Net income	-11,876.79	-494,882.62	
20	Change in net unrealized capital gains or (losses) less capital gains tax	0.00	10,080.00	
21	Change in net deferred income tax			
22	Change in nonadmitted assets (Exhibit of Nonadmitted Assets)	0.00	65,796.20	
23	Change in provision for reinsurance			
24	Aggregate write-ins for gains and losses in surplus	0.00	0.00	
25	Change in surplus as regards policyholders for the year	-11,876.79	-419,006.42	
26	Surplus as regards policyholders, December 31 current year	136,851.26	148,728.05	
	DETAILS OF WRITE-INS			
0501				
0502				
0503				
0599	Total Aggregate write-ins for underwriting deductions	0.00	0.00	
1301				
1302				
1303				
1304				
1399	Total Aggregate write-ins for miscellaneous income	0.00	0.00	
2401				
2402				
2499	Total Aggregate write-ins for gains and losses in surplus	0.00	0.00	

ANNUAL STATEMENT FOR THE YEAR

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Mennonite Mutual Aid Society

CASH FLOW STATEMENT

		Current Year	Prior Year
Cash from Operations			
1	Premiums/Assessments collected net of reinsurance	-3,909.40	-1,649.80
2	Net investment income	-25.84	-10,693.92
3	Miscellaneous income	0.00	0.00
4	Total	-3,935.24	-12,343.72
5	Benefit and loss related payments	0.00	0.00
6	Commissions, expenses paid and aggregate write-ins for deductions	11,915.55	484,279.90
7	Federal and foreign income taxes paid (recovered)		
8	Total	11,915.55	484,279.90
9	Net cash from operations	-15,850.79	-496,623.62
Cash from Investments			
10	Proceeds from investments sold, matured or repaid:		
10.1	Bonds		
10.2	Stocks	0.00	19,259.18
10.3	Real estate	0.00	0.00
10.4	Net gains (losses) on cash, cash equivalents and short- term investments		
10.5	Miscellaneous proceeds	0.00	0.00
10.6	Total investment proceeds	0.00	19,259.18
11	Cost of investments acquired (long-term only):		
11.1	Bonds		
11.2	Stocks		
11.3	Real estate		
11.4	Miscellaneous applications		
11.5	Total investments acquired	0.00	0.00
11.6	Net cash from investments	0.00	19,259.18
Cash from Financing and Miscellaneous Sources			
12.1	Borrowed funds (cash provided/applied)		
12.2	Other cash provided (applied)	0.00	75,876.20
13	Net cash from financing and miscellaneous sources	0.00	75,876.20
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT- TERM INVESTMENTS			
14	Net change in cash, cash equivalents and short-term investments	-15,850.79	-401,488.24
15.1	Beginning of year (cash, cash equivalents and short-term investments)	154,724.05	556,212.29
15.2	End of year (cash, cash equivalents and short-term investments)	138,873.26	154,724.05

ANNUAL STATEMENT FOR THE YEAR
Mennonite Mutual Aid Society

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EXPENSE EXHIBIT

		Current Year
	Claim Adjusting:	
1.1	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
	Commission and Brokerage:	
2.1	Direct commission and brokerage	0.00
2.2	Reinsurance assumed excluding contingent	0.00
2.3	Reinsurance ceded excluding contingent (commission and brokerage)	0.00
2.4	Contingent - direct (commission and brokerage)	0.00
2.5	Contingent - reinsurance assumed (commission and brokerage)	0.00
2.6	Contingent - reinsurance ceded (commission and brokerage)	0.00
2.7	Policy and membership fees (commission and brokerage)	0.00
2.8	Net commission and brokerage	0.00
3	Allowances to managers and agents	0.00
4	Advertising	0.00
5	Boards, bureaus and associations	0.00
6	Surveys and underwriting reports	0.00
7	Audit of assureds' records	0.00
	Salary and related items:	
8.1	Salaries	0.00
8.2	Payroll taxes	0.00
9	Employee relations and welfare	0.00
10	Insurance	0.00
11	Directors' fees	8,000.00
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	0.00
16	Printing and stationery	1,000.00
17	Postage, telephone, exchange and express	0.00
18	Legal and auditing	1,800.00
19	Loss adjustment expenses	0.00
18	Investment expenses	0.00
19	Totals	10,800.00
	Taxes, licenses and fees:	
20.1	State and local insurance taxes	250.00
20.2	Insurance department licenses and fees	865.25
20.3	All other (excluding federal income and real estate)	0.00
20.4	Total taxes, licenses and fees	1,115.25
21	Real estate expenses	0.00
22	Real estate taxes	0.00
23	Aggregate write-ins for miscellaneous expenses	0.30
24	Total expenses incurred (a)	11,915.55
25	Less unpaid expenses - current year	0.00
26	Add unpaid expenses - prior year	0.00
27	Total expenses paid	11,915.55
	Details of Write-Ins:	
2301	Bank Service Charge	0.30
2302		0.00
2303		0.00
2304		0.00
2305		0.00
2399	Total Write-ins	0.30

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

**ANNUAL STATEMENT FOR THE YEAR
Mennonite Mutual Aid Society**

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INSURANCE IN FORCE

		Amount (dollars)	Number
1	In force December 31 of previous year (to equal prior year's statement)	85,000	10
2	Written during the year	0	0
3	Total	85,000	10
4	Deduct those expired and cancelled		
5	In force December 31 of current year	85,000	10
6	Deduct amount reinsured	68,000	XXX
7	Net amount in force	17,000	XXX

**ANNUAL STATEMENT FOR THE YEAR
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**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
Fire	-		-		-
					-
					-
					-
					-
OVERFLOW AMOUNTS					
Totals	\$ -	\$ -	\$ -	\$ -	\$ -

* 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
Fire	-		-		-
					-
					-
					-
					-
OVERFLOW AMOUNTS					
Totals	\$ -	\$ -	\$ -	\$ -	\$ -

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

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

**ANNUAL STATEMENT FOR THE YEAR
Mennonite Mutual Aid Society**

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EXHIBIT OF NONADMITTED ASSETS

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

SCHEDULE AShowing All Real Estate **OWNED** December 31 of Current Year

1 Description of Property	2 Date Acquired	3 Name of Vendor	4 Actual Cost	5 Current Year Acquisitions or Permanent Improvements	6 Accumulated Depreciation	7 Amount of Encumbrances	8 Book Value End of Current Year (Col. 4+5-6-7) *	9 Gross Income Current Year (Real Estate)	10 Gross Expenses Current Year (Real Estate)
OVERFLOW AMOUNTS							-		
Totals	XXX	XXX	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

FURNITURE, FIXTURES and AUTOMOBILESShowing All Furniture, Fixtures and Automobiles **OWNED** December 31 of Current Year

1 Description	2 Date Acquired	3 Name of Vendor	4 Actual Cost	5 Current Year Acquisitions or Permanent Improvements	6 Accumulated Depreciation	7 Amount of Encumbrances	8 Book Value End of Current Year (Col. 4+5-6-7)
OVERFLOW AMOUNTS							-
Totals	XXX	XXX	\$ -	\$ -	\$ -	\$ -	\$ -

SCHEDULE D - PART 1

* Annual Statement Value

SCHEDULE D - PART 2

Showing all Preferred & Common Stocks and Mutual Funds Owned December 31 of Current Year

SCHEDULE D - PART 3

Showing all Bonds and Preferred & Common Stocks **ACQUIRED** During the Current Year

Bonds, preferred stocks, common stocks and mutual funds to be grouped separately.

*The items with reference to each issue of bonds or stocks acquired at public offerings may be totaled in one line and the word "various" inserted in Columns 2 and 3.

SCHEDULE D - PART 4

Showing all Bonds and Preferred & Common Stocks **SOLD, REDEEMED** OR Otherwise **DISPOSED OF** During the Current Year

Bonds, preferred stocks, common stocks and mutual funds to be grouped separately.

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
Mennonite Mutual Insurance	Ceded	Orrville, Oh		258.40			
OVERFLOW AMOUNTS							
Totals	XXX	XXX	\$ -	\$ 258.40	\$ -	XXX	XXX

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

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

COMPENSATION SCHEDULE

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

1 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:								
Thomas Troyer	President & CEO				-			\$ -
George Bixler, JR	Secretary/Treasurer				1,000.00			\$ 1,000.00
								\$ -
								\$ -
								\$ -
								\$ -
Directors:								
Morris Stutzman	Chairman of Board				1,000.00			\$ 1,000.00
Paul Bontrager	Vice-Chairman of Board				1,000.00			\$ 1,000.00
Robert E Aschliman	Director				1,000.00			\$ 1,000.00
Patrick Helmuth	Director				1,000.00			\$ 1,000.00
Donald Dravenstott	Director				1,000.00			\$ 1,000.00
Tyson Stuckey	Director				1,000.00			\$ 1,000.00
James Peter Suter	Director				1,000.00			\$ 1,000.00
								\$ -
								\$ -
								\$ -
								\$ -
Totals	XXXX	\$ -	\$ -	\$ -	\$ 8,000.00	\$ -	\$ -	\$ 8,000.00

GENERAL INTERROGATORIES

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

1. Company's retention: Fire 20% Wind 20% Other 20%

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

2. What is the largest risk assumed and retained: Fire

3. What kind of perils are being covered? Wind,Fire,Lightning, Extended Coverages

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: Allen, Hancock, Hardin, Putnam

6. Name of Principal Officer and amount of bond. Thomas Troyer 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. Melanie Alger 100,000

8. Does the Company have an annual audit conducted by an independent CPA? Yes

9. State the number of members holding policies in the Company. 10

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. 31-Dec

12. How many assessments were made during the year? 0 Date of last assessment 9/1/2013

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

14. Rate of policy fee Various

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 No

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 Mennonite Mutual Aid Society

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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.

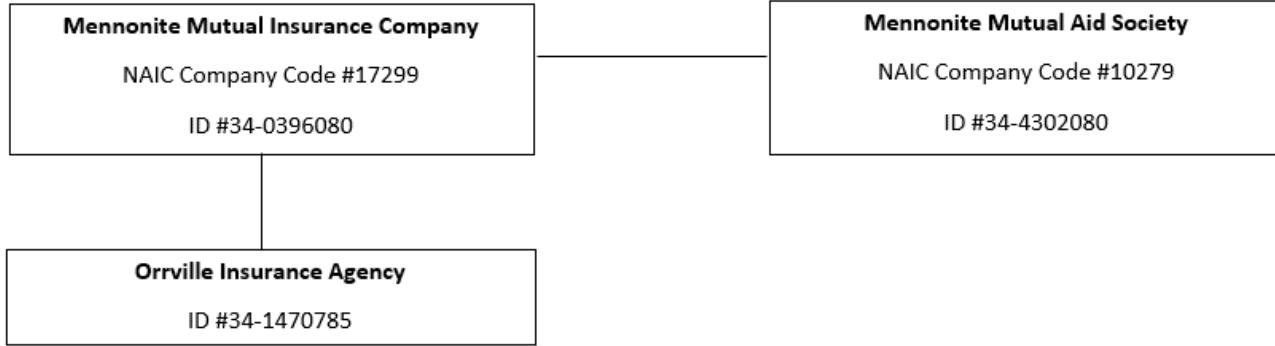
**ANNUAL STATEMENT FOR THE YEAR
Mennonite Mutual Aid Society**

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ORGANIZATIONAL CHART

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

**MENNONTIE MUTUAL GROUP
ORGANIZATIONAL CHART
NAIC Group Code #4780**



1. All companies and agencies are controlled by a common board of directors and officers.

ANNUAL STATEMENT FOR THE YEAR
Mennonite Mutual Aid Society
Overflow Page for Write-ins

2023

Additional Write-ins for Assets:

		Assets Current Year	Nonadmitted Assets Current Year	Net Admitted Assets Current Year	Net Admitted Assets Prior Year
1504	None			0.00	
1505				0.00	
1506				0.00	
1597	Summary of remaining write-ins for Line 15 page 2	0.00	0.00	0.00	0.00

Additional Write-ins for Liabilities:

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

Additional Write-ins for Statement of Income:

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

Additional Write-ins for Nonadmitted Assets:

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

Overflow Page for Investments Owned

SCHEDULE D - PART 1

Showing all **BONDS** Owned on December 31 of Current Year

1 Cusip #	2 Description Give complete and accurate description of all bonds owned.	3 From Whom Acquired	4 Date Acquired	5 Par Value	6 Actual Cost	7 Book Value / Amortized Value*	8 Market Value December 31 of Current Year	Interest			12 Increase by Adjustment, in Book Value Received During Year	13 Decrease by Adjustment, in Book Value During Year	14 Amount of Interest due and accrued Dec. 31. Current year, on bonds in default as to principal or interest	15 Maturity Date	16 NAIC Designation
								9 Rate (%)	10 Amount Due and Accrued Dec. 31 of Current Year on bonds not in default	11 Gross Am't Received During Year					
XXX	Totals to Page 11	XXX	XXX	\$ -	\$ -	\$ -	\$ -	XXX	\$ -	\$ -	\$ -	\$ -	\$ -	XXX	XXX

* Annual Statement Value

SCHEDULE D - PART 2
Showing all Preferred & Common Stocks and Mutual Funds Owned December 31 of Current Year

1 Cusip #	2 Description Give complete and accurate description of all stocks and mutual funds owned.	3 From Whom Acquired	4 Date Acquired	5 No. of Shares	6 Par Value Per Share (Preferred Stocks)	7 Book Value	8 Rate Per Share Used To Obtain Market Value	9 Market Value/ Fair Value December 31 of Current Year	10 Actual Cost	Dividends		13 Increase, by Adjustment, in Book Value During Year	14 Decrease, by Adjustment in Book Value During Year	
										11 Received During Year	12 Dividends Amount Due and Accrued Dec. 31			
XXX	Totals to Page 12	XXX	XXX	XXX	XXX	\$ -	XXX	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	XXX

ANNUAL STATEMENT FOR THE YEAR

2023

Mennonite Mutual Aid Society

OVERFLOW PAGE FOR SCHEDULE E

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.