



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2023
OF THE CONDITION AND AFFAIRS OF THE

BUCKEYE STATE MUTUAL INSURANCE COMPANY

NAIC Group Code

0046

0046

NAIC Company Code

16713

Employer's ID Number

31-6035649

(Current)

(Prior)

Organized under the Laws of

Ohio

State of Domicile or Port of Entry

OH

Country of Domicile

United States of America

Incorporated/Organized

01/28/1897

Commenced Business

04/30/1879

Statutory Home Office

One Heritage Place

Piqua, OH, US 45356-4888

(Street and Number)

(City or Town, State, Country and Zip Code)

Main Administrative Office

One Heritage Place

Piqua, OH, US 45356

(Street and Number)

(City or Town, State, Country and Zip Code)

937-778-5000

(Area Code) (Telephone Number)

Mail Address

One Heritage Place

Piqua, OH, US 45356

(Street and Number or P.O. Box)

(City or Town, State, Country and Zip Code)

Primary Location of Books and Records

One Heritage Place

Piqua, OH, US 45356

(Street and Number)

(City or Town, State, Country and Zip Code)

937-778-5000

(Area Code) (Telephone Number)

Internet Website Address

http://www.buckeye-ins.com

Statutory Statement Contact

Craig A. Curcio

937-778-5000

(Name)

(Area Code) (Telephone Number)

craig.curcio@buckeye-ins.com

937-778-5019

(E-mail Address)

(FAX Number)

OFFICERS

President

John Michael Brooks

Treasurer

Jerry Christopher Collins

Secretary

Lisa Lyn Wesner

Chief Underwriting Officer

Robert Edward Bornhorst

OTHER

Jon Allen DeHass, VP - Claims

DIRECTORS OR TRUSTEES

William L. Sweet Jr.

Zahid Afzal

Julie A. Covault

Tim Hein

Jean M. Bratton

Oyauma M. Garrison

Joe W. Dickerson

State of

Ohio

County of

Miami

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.

John Michael Brooks

Lisa Lyn Wesner

Jerry Christopher Collins

President & CEO

VP & Secretary

CFO & Treasurer

Subscribed and sworn to before me this

day of

a. Is this an original filing?

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

Yes [X] No []



ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2023 NAIC Company Code 16713

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	0	0	0	0	0	0	0	0	0	0	0	1,530
35. Total (a)	0	0	0	0	0	0	0	0	0	0	0	1,530
DETAILS OF WRITE-INS												
3401. State Fee												1,530
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	1,530

(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046		BUSINESS IN THE STATE OF Colorado				DURING THE YEAR 2023				NAIC Company Code 16713		
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												
Marine												
Multiple Peril Crop												
Federal Flood												
Private Crop												
Private Flood												
Farmowners Multiple Peril												
Homeowners Multiple Peril												
Commercial Multiple Peril (Non-Liability Portion)												
Commercial Multiple Peril (Liability Portion)												
Mortgage Guaranty												
Ocean Marine												
Inland Marine												
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												
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												
Commercial Auto No-Fault (Personal Injury Protection)												
Other Commercial Auto Liability												
Private Passenger Auto Physical Damage					(1,952)	(1,952)	0	0	0	100		
Commercial Auto Physical Damage												
Aircraft (all perils)												
Fidelity												
Surety												
Burglary and Theft												
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	0	0	0	0	0	0	0	0	0	0	0	1,395
Total (a)	0	0	0	0	(1,952)	(1,952)	0	0	0	100	0	1,395
DETAILS OF WRITE-INS												
State Fee												1,395
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	1,395

(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046		BUSINESS IN THE STATE OF Georgia				DURING THE YEAR 2023				NAIC Company Code 16713		
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												
Allied Lines												
Multiple Peril Crop												
Federal Flood												
Private Crop												
Private Flood												
Farmowners Multiple Peril												
Homeowners Multiple Peril												
Commercial Multiple Peril (Non-Liability Portion)												
Commercial Multiple Peril (Liability Portion)												
Mortgage Guaranty												
Ocean Marine												
Inland Marine												
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												
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					(360)	(360)						
Commercial Auto No-Fault (Personal Injury Protection)												
Other Commercial Auto Liability												
Private Passenger Auto Physical Damage												
Commercial Auto Physical Damage												
Aircraft (all perils)												
Fidelity												
Surety												
Burglary and Theft												
Boiler and Machinery												
Credit												
International												
Warranty												
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	0	0	0	0	0	0	0	0	0	0	0	849
Total (a)	0	0	0	0	(360)	(360)	0	0	0	0	0	849
DETAILS OF WRITE-INS												
State Fee												849
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	849

(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046		BUSINESS IN THE STATE OF Illinois				DURING THE YEAR 2023				NAIC Company Code 16713		
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												
Marine												
Multiple Peril Crop												
Federal Flood												
Private Crop												
Private Flood												
Farmowners Multiple Peril												
Homeowners Multiple Peril												
Commercial Multiple Peril (Non-Liability Portion)												
Commercial Multiple Peril (Liability Portion)												
Mortgage Guaranty												
Ocean Marine												
Inland Marine												
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												
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												
Commercial Auto No-Fault (Personal Injury Protection)												
Other Commercial Auto Liability												
Private Passenger Auto Physical Damage												
Commercial Auto Physical Damage												
Aircraft (all perils)												
Fidelity												
Surety												
Burglary and Theft												
Boiler and Machinery												
Credit												
International												
Warranty												
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	0	0	0	0	0	0	0	0	0	0	0	1,459
Total (a)	0	0	0	0	0	0	0	0	0	0	0	1,459
DETAILS OF WRITE-INS												
State Fee												1,459
Summary of remaining write-ins for Line 34 from overflow page												
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	1,459

(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2023 NAIC Company Code 16713

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	0	0	0	0	0	0	0	0	0	0	0	420
35. Total (a)	0	0	0	0	0	0	0	0	0	0	0	420
DETAILS OF WRITE-INS												
3401. State Fee												420
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	420

(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046		BUSINESS IN THE STATE OF Kansas				DURING THE YEAR 2023				NAIC Company Code 16713			
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													
Allied Lines													
Multiple Peril Crop													
Federal Flood													
Private Crop													
Private Flood	1,570	1,537	0	789	0	0	0	0	0	0	269	34	
Farmowners Multiple Peril	4,203,802	4,009,455	0	2,061,304	4,313,300	4,194,601	309,660	548	(16,022)	93,773	721,486	90,003	
Homeowners Multiple Peril	2,791,875	2,605,766	0	1,396,416	1,423,014	1,475,421	316,177	900	45,616	76,690	479,161	59,774	
Commercial Multiple Peril (Non-Liability Portion)													
Commercial Multiple Peril (Liability Portion)													
Mortgage Guaranty													
Ocean Marine													
Inland Marine	46,136	48,363	0	21,361	4,545	4,545	4,279	0	0	0	7,918	988	
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	158,187	146,477	0	77,547	0	3,000	85,394	0	0	0	27,149	3,387	
Other Liability - Claims-Made													
Excess Workers' Compensation													
Products Liability - Occurrence													
Products Liability - Claims-Made													
Private Passenger Auto No-Fault (Personal Injury Protection)	251,778	236,967	0	123,944	37,758	69,297	114,872	0	(8,929)	25,458	43,212	5,391	
Other Private Passenger Auto Liability	1,353,730	1,299,557	0	654,951	610,618	137,078	126,204	582	(4,418)	0	232,337	28,983	
Commercial Auto No-Fault (Personal Injury Protection)													
Other Commercial Auto Liability													
Private Passenger Auto Physical Damage	2,068,181	1,914,127	0	1,000,903	1,286,351	1,228,601	60,466	1,557	(24,469)	33,215	354,956	44,279	
Commercial Auto Physical Damage													
Aircraft (all perils)													
Fidelity													
Surety													
Burglary and Theft													
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	0	0	0	0	0	0	0	0	0	0	0	0	
Total (a)	10,875,259	10,262,249	0	5,337,215	7,675,586	7,112,543	1,017,052	3,587	(8,222)	229,136	1,866,488	232,839	
DETAILS OF WRITE-INS													
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Finance and service charges not included in Lines 1 to 35 \$ 21,096
(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2023 NAIC Company Code 16713

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	0	0	0	0	0	0	0	0	0	0	0	915
35. Total (a)	0	0	0	0	0	0	0	0	0	0	0	915
DETAILS OF WRITE-INS												
3401. State Fee												915
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	915

(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046		BUSINESS IN THE STATE OF Minnesota				DURING THE YEAR 2023				NAIC Company Code 16713		
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												
Allied Lines												
Multiple Peril Crop												
Federal Flood												
Private Crop												
Private Flood												
Farmowners Multiple Peril												
Homeowners Multiple Peril												
Commercial Multiple Peril (Non-Liability Portion)												
Commercial Multiple Peril (Liability Portion)												
Mortgage Guaranty												
Ocean Marine												
Inland Marine												
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												
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												
Commercial Auto No-Fault (Personal Injury Protection)												
Other Commercial Auto Liability												
Private Passenger Auto Physical Damage												
Commercial Auto Physical Damage												
Aircraft (all perils)												
Fidelity												
Surety												
Burglary and Theft												
Boiler and Machinery												
Credit												
International												
Warranty												
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	0	0	0	0	0	0	0	0	0	0	0	1,117
Total (a)	0	0	0	0	0	0	0	0	0	0	0	1,117
DETAILS OF WRITE-INS												
State Fee												1,117
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	1,117

(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2023 NAIC Company Code 16713

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	0	0	0	0	0	0	0	0	0	0	0	680
35. Total (a)	0	0	0	0	0	0	0	0	0	0	0	680
DETAILS OF WRITE-INS												
3401. State Fee												680
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	680

(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2023 NAIC Company Code 16713

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	0	0	0	0	0	0	0	0	0	0	0	1,505
35. Total (a)	0	0	0	0	0	0	0	0	0	0	0	1,505
DETAILS OF WRITE-INS												
3401. State Fee												1,505
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	1,505

(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046 BUSINESS IN THE STATE OF North Dakota DURING THE YEAR 2023 NAIC Company Code 16713

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	0	0	0	0	0	0	0	0	0	0	0	967
35. Total (a)	0	0	0	0	0	0	0	0	0	0	0	967
DETAILS OF WRITE-INS												
3401. State Fee												967
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	967

(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046		BUSINESS IN THE STATE OF Ohio				DURING THE YEAR 2023				NAIC Company Code 16713			
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	1,508,671	1,544,343	0	748,444	972,257	695,129	38,913	8,803	8,371	6,748	239,209	24,062	
Allied Lines													
Multiple Peril Crop													
Federal Flood													
Private Crop													
Private Flood	2,453	2,308	0	1,295	0	0	0	0	0	0	389	39	
Farmowners Multiple Peril	5,173,355	4,994,384	0	2,566,066	3,882,093	3,418,043	396,977	15,785	(10,479)	35,682	820,268	82,510	
Homeowners Multiple Peril	6,373,113	5,819,104	0	3,308,419	4,576,997	4,624,171	848,145	30,713	55,798	41,803	1,010,498	101,645	
Commercial Multiple Peril (Non-Liability Portion)													
Commercial Multiple Peril (Liability Portion)													
Mortgage Guaranty													
Ocean Marine													
Inland Marine	135,854	136,440	0	64,805	7,280	(1,099)	0	0	0	0	21,541	2,167	
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	447,398	433,882	0	204,415	0	425,000	773,871	0	3,848	13,969	70,938	7,136	
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	5,276,449	5,106,067	0	2,617,664	2,430,132	2,419,251	1,769,397	25,899	91,306	356,357	836,614	84,154	
Commercial Auto No-Fault (Personal Injury Protection)													
Other Commercial Auto Liability													
Private Passenger Auto Physical Damage	6,101,920	5,344,051	0	3,061,421	4,238,465	4,166,507	(31,398)	13,890	16,336	15,694	967,498	97,320	
Commercial Auto Physical Damage													
Aircraft (all perils)													
Fidelity													
Surety													
Burglary and Theft													
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	0	0	0	0	0	0	0	0	0	0	0	0	
Total (a)	25,019,213	23,380,579	0	12,572,529	16,107,224	15,747,002	3,795,905	95,090	165,180	470,253	3,966,855	399,033	
DETAILS OF WRITE-INS													
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Finance and service charges not included in Lines 1 to 35 \$ 151,461
(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046		BUSINESS IN THE STATE OF South Dakota				DURING THE YEAR 2023				NAIC Company Code 16713			
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													
Allied Lines													
Multiple Peril Crop													
Federal Flood													
Private Crop													
Private Flood													
Farmowners Multiple Peril													
Homeowners Multiple Peril													
Commercial Multiple Peril (Non-Liability Portion)													
Commercial Multiple Peril (Liability Portion)													
Mortgage Guaranty													
Ocean Marine													
Inland Marine													
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													
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													
Commercial Auto No-Fault (Personal Injury Protection)													
Other Commercial Auto Liability													
Private Passenger Auto Physical Damage					(2,355)	(2,355)							
Commercial Auto Physical Damage													
Aircraft (all perils)													
Fidelity													
Surety													
Burglary and Theft													
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	0	0	0	0	0	0	0	0	0	0	0	1,115	
Total (a)	0	0	0	0	(2,355)	(2,355)	0	0	0	0	0	1,115	
DETAILS OF WRITE-INS													
State Fee												1,115	
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	1,115	

(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2023 NAIC Company Code 16713

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	0	0	0	0	0	0	0	0	0	0	0	600
35. Total (a)	0	0	0	0	0	0	0	0	0	0	0	600
DETAILS OF WRITE-INS												
3401. State Fee												600
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	600

(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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR 2023					NAIC Company Code 16713	
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	2,134,668	2,182,941	0	1,069,387	1,499,871	1,212,607	44,837	21,456	20,865	9,581	337,442	34,518
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
Private Flood	4,773	4,741	0	2,414	0	0	0	0	0	0	776	86
Farmowners Multiple Peril	11,879,110	11,462,400	0	5,793,688	10,367,549	9,469,256	843,040	63,583	2,340	143,008	1,934,367	214,304
Homeowners Multiple Peril	10,846,510	10,103,541	0	5,588,254	7,192,357	6,931,395	1,363,175	35,488	105,913	137,920	1,753,528	189,506
Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
Inland Marine	237,219	241,916	0	112,904	18,807	5,613	4,279	0	0	0	38,126	4,078
Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
Vision Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
Medicare Title XVIII (b)	0	0	0	0	0	0	0	0	0	0	0	0
Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Occurrence	714,947	690,267	0	330,719	0	1,430,000	1,959,870	50,361	66,575	30,924	115,248	12,350
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto No-Fault (Personal Injury Protection)	251,778	236,967	0	123,944	37,758	69,297	114,872	0	(8,929)	25,458	43,212	5,391
Other Private Passenger Auto Liability	8,268,576	8,041,412	0	4,093,874	4,025,064	3,426,402	2,973,313	91,057	154,274	606,734	1,326,052	140,504
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
Private Passenger Auto Physical Damage	9,862,149	8,914,105	0	4,905,888	6,436,268	6,331,560	141,794	17,064	(7,122)	55,802	1,587,974	169,862
Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
Surety	0	0	0	0	0	0	0	0	0	0	0	0
Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
Credit	0	0	0	0	0	0	0	0	0	0	0	0
International	0	0	0	0	0	0	0	0	0	0	0	0
Warranty	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0	0	12,552
Total (a)	44,199,730	41,878,290	0	22,021,072	29,577,674	28,876,130	7,445,180	279,009	333,916	1,009,427	7,136,725	783,151
DETAILS OF WRITE-INS												
State Fee	0	0	0	0	0	0	0	0	0	0	0	12,552
Summary of remaining write-ins for Line 34 from overflow page												
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	12,552

(a) Finance and service charges not included in Lines 1 to 35 \$ 214,566
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

SCHEDULE F - PART 1

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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	Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]			Funds Held by Company Under Reinsurance Treaties
ID Number	NAIC Company 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			
35-1630739 ..	17639 ..	Home and Farm Insurance Company	OH.....		1,931	322	22	151	6	109	51	1,019		1,680		465	34	1,181	2,000	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					1,931	322	22	151	6	109	51	1,019	0	1,680	0	465	34	1,181	2,000	
0499999. Total Authorized - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0899999. Total Authorized - Affiliates					1,931	322	22	151	6	109	51	1,019	0	1,680	0	465	34	1,181	2,000	
13-1675535 ..	25364 ..	Swiss Reinsurance America Corporation	NY.....		765	36	18	11		114	16	205		400		82		318		
31-4259550 ..	14621 ..	Motorists Mutual Insurance Company	OH.....		92	1	0	0		31	5	39		76		28		48		
Farm Bureau Mutual Insurance Company of																				
38-1316179 ..	21555 ..	Michigan	MI.....		92	2	0	0		31	5	39		77		28		49		
39-0712210 ..	18767 ..	Church Mutual Insurance Company	WI.....		92	2	0	0		31	5	39		77		28		49		
52-1952955 ..	10357 ..	Renaissance Reinsurance U.S. Inc.	MD.....		498	4	1	2		132	24	223		386		160		226		
Kentucky Farm Bureau Mutual Insurance																				
61-0392792 ..	22993 ..	Company	KY.....		92	2	0	0		31	5	39		77		28		49		
95-3187355 ..	35300 ..	Allianz Global Risks US Insurance Company	IL.....		189	9	7	4		189	4			20				20		
42-0234980 ..	21415 ..	Employers Mutual Casualty Company	IA.....		433	6	7	120	2	86	15	198		434		108		326		
36-2661954 ..	10103 ..	American Agricultural Insurance Company ...	IN.....		354	1	0	1		80	15	161		258		102		156		
47-0574325 ..	32603 ..	Berkley Insurance Company	DE.....		27							13		13		(1)		14		
35-2293075 ..	11551 ..	Endurance Assurance Corporation	DE.....		34							16		16		5		11		
06-1481194 ..	10829 ..	Markel Global Reinsurance Company	DE.....		27							13		13		4		9		
13-3031176 ..	38636 ..	Partner Reinsurance Company of the U.S. ...	NY.....		126	1	0	0		21	4	58		84		33		51		
Farmers Mutual Hail Insurance Company Of																				
42-0245840 ..	13897 ..	Iowa	IA.....		214	1	0	1		53	10	97		162		66		96		
42-0245990 ..	14117 ..	Grinnell Mutual Reinsurance Company	IA.....		811	(41)	12	10		230	39	291		541		209		332		
04-1543470 ..	23043 ..	Liberty Mutual Insurance Company	MA.....		999	24	18	174	3	258	44	329		850		237		613		
05-0316605 ..	21482 ..	Factory Mutual Insurance Company	RI.....		460							234		234		68		166		
13-4924125 ..	10227 ..	Munich Reinsurance America, Inc.	DE.....		4	8		3				2		13		0		13		
13-2673100 ..	22039 ..	General Reinsurance Corporation	DE.....				12	214	4					230				230		
23-2153760 ..	39675 ..	PMA Capital	PA.....											0		33		(33)		
13-2918573 ..	42439 ..	The Toa Reinsurance Company Of America	DE.....											0		28		(28)		
13-5616275 ..	19453 ..	Transatlantic Reinsurance Company	NY.....		26	3	17	216	4					240		(6)		246		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					5,335	59	92	756	13	1,098	187	1,996	0	4,201	0	1,240	0	2,961	0	
AA-1340125 ..	.....	Hannover Rück SE	DEU.....		1,473	44	35	205	3	376	64	510		1,237		351		886	
AA-1120337 ..	.....	Aspen Insurance UK Limited	GBR.....			5				46	6			57		(2)		59	
1299999. Total Authorized - Other Non-U.S. Insurers					1,473	49	35	205	3	422	70	510	0	1,294	0	349	0	945	0	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					8,739	430	149	1,112	22	1,629	308	3,525	0	7,175	0	2,054	34	5,087	2,000	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2299999. Total Unauthorized - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-1340028 ..	.....	DEVK Rückversicherungs-und Beteiligungs-AG	DEU.....		101	3	4	3						10				10	
AA-1560350 ..	.....	Farm Mutual Reinsurance Plan Inc.	CAN.....		157	5	4	2						11				11	34
Helvetia Schweizerische																				
AA-1460080 ..	.....	Versicherungsgesellschaft	CHE.....		123	11	9	51	1	15	2			89				89	34
AA-5324100 ..	.....	Taiping Reinsurance Company Limited	HKG.....		36	2	4	2						8				8	
2699999. Total Unauthorized - Other Non-U.S. Insurers					417	21	21	58	1	15	2	0	0	118	0	0	0	118	68	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					417	21	21	58	1	15	2	0	0	118	0	0	0	118	68	
3299999. Total Certified - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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
3599999. Total Certified - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3699999. Total Certified - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					0	0	0	0	0	0	0	0	0	0	0	0	0		
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0		
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0		
5099999. Total Reciprocal Jurisdiction - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0		
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					0	0	0	0	0	0	0	0	0	0	0	0	0		
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					9,156	451	170	1,170	23	1,644	310	3,525	0	7,293	0	2,054	34	5,205	2,068
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9999999 Totals					9,156	451	170	1,170	23	1,644	310	3,525	0	7,293	0	2,054	34	5,205	2,068

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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)
35-1630739 ..	Home and Farm Insurance Company					1,680	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling		0	0	XXX	0	1,680	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
0899999. Total Authorized - Affiliates		0	0	XXX	0	1,680	0	0	0	0	0	0	0	0	XXX	0	0
13-1675535 ..	Swiss Reinsurance America Corporation					82	318	0	400	480	82	398	0	398	2	0	8
31-4259550 ..	Motorists Mutual Insurance Company					28	48	0	76	91	28	63	0	63	3	0	2
38-1316179 ..	Farm Bureau Mutual Insurance Company of Michigan					28	49	0	77	92	28	64	0	64	5	0	3
39-0712210 ..	Church Mutual Insurance Company					28	49	0	77	92	28	64	0	64	3	0	2
52-1952955 ..	Renaissance Reinsurance U.S. Inc.					160	226	0	386	463	160	303	0	303	3	0	8
61-0392792 ..	Kentucky Farm Bureau Mutual Insurance Company					28	49	0	77	92	28	64	0	64	3	0	2
95-3187355 ..	Allianz Global Risks US Insurance Company					0	20	0	20	24	0	24	0	24	4	0	1
42-0234980 ..	Employers Mutual Casualty Company					108	326	0	434	521	108	413	0	413	3	0	12
36-2661954 ..	American Agricultural Insurance Company					102	156	0	258	310	102	208	0	208	4	0	7
47-0574325 ..	Berkley Insurance Company					(1)	14	0	13	16	(1)	17	0	17	2	0	0
35-2293075 ..	Endurance Assurance Corporation					5	11	0	16	19	5	14	0	14	3	0	0
06-1481194 ..	Markel Global Reinsurance Company					4	9	0	13	16	4	12	0	12	3	0	0
13-3031176 ..	Partner Reinsurance Company of the U.S.					33	51	0	84	101	33	68	0	68	3	0	2
42-0245840 ..	Farmers Mutual Hail Insurance Company Of Iowa					66	96	0	162	194	66	128	0	128	4	0	4
42-0245990 ..	Grinnell Mutual Reinsurance Company					209	332	0	541	649	209	440	0	440	3	0	12
04-1543470 ..	Liberty Mutual Insurance Company					237	613	0	850	1,020	237	783	0	783	3	0	22
05-0316605 ..	Factory Mutual Insurance Company					68	166	0	234	281	68	213	0	213	2	0	4
13-4924125 ..	Munich Reinsurance America, Inc.					0	13	0	13	16	0	16	0	16	2	0	0
13-2673100 ..	General Reinsurance Corporation					0	230	0	230	276	0	276	0	276	1	0	4
23-2153760 ..	PMA Capital					0	0	0	0	0	0	0	0	0	3	0	0
13-2918573 ..	The Toa Reinsurance Company Of America					0	0	0	0	0	0	0	0	0	3	0	0
13-5616275 ..	Transatlantic Reinsurance Company					(6)	246	0	240	288	(6)	294	0	294	2	0	6
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		0	0	XXX	0	1,179	3,022	0	4,201	5,041	1,179	3,862	0	3,862	XXX	0	102
AA-1340125 ..	Hannover Rück SE					351	886	0	1,237	1,484	351	1,133	0	1,133	2	0	24
AA-1120337 ..	Aspen Insurance UK Limited					(2)	59	0	57	68	(2)	70	0	70	3	0	2
1299999. Total Authorized - Other Non-U.S. Insurers		0	0	XXX	0	349	945	0	1,294	1,553	349	1,204	0	1,204	XXX	0	26
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	XXX	0	3,208	3,967	0	5,495	6,594	1,528	5,066	0	5,066	XXX	0	127
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2299999. Total Unauthorized - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
AA-1340028 ..	DEVK Rückversicherungs-und Beteiligungs-AG		34	0001		10	0	0	10	12	0	12	12	0	3	0	0
AA-1560350 ..	Farm Mutual Reinsurance Plan Inc.					11	0	0	11	13	13	0	0	0	4	0	0
AA-1460080 ..	Helvetia Schweizerische Versicherungsgesellschaft		180	0002		89	0	0	89	107	34	73	73	0	2	2	0
AA-5324100 ..	Taiping Reinsurance Company Limited		104	0003		8	0	0	8	10	0	10	10	0	3	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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)
2699999. Total Unauthorized - Other Non-U.S. Insurers		0	318	XXX	0	118	0	0	118	142	47	94	94	0	XXX	2	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	318	XXX	0	118	0	0	118	142	47	94	94	0	XXX	2	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3699999. Total Certified - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	318	XXX	0	3,326	3,967	0	5,613	6,736	1,575	5,160	94	5,066	XXX	2	127
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 Totals		0	318	XXX	0	3,326	3,967	0	5,613	6,736	1,575	5,160	94	5,066	XXX	2	127

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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
35-1630739 ..	Home and Farm Insurance Company	344					0	344		344	0	0.0	0.0	0.0	0.0	0.0	YES	0
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling		344	0	0	0	0	0	344	0	344	0	0	0.0	0.0	0.0	0.0	XXX	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0899999. Total Authorized - Affiliates		344	0	0	0	0	0	344	0	344	0	0	0.0	0.0	0.0	0.0	XXX	0
13-1675535 ..	Swiss Reinsurance America Corporation	54					0	54		54	0	0.0	0.0	0.0	0.0	0.0	YES	0
31-4259550 ..	Motorists Mutual Insurance Company	1					0	1		1	0	0.0	0.0	0.0	0.0	0.0	YES	0
38-1316179 ..	Farm Bureau Mutual Insurance Company of Michigan	2					0	2		2	0	0.0	0.0	0.0	0.0	0.0	YES	0
39-0712210 ..	Church Mutual Insurance Company	2					0	2		2	0	0.0	0.0	0.0	0.0	0.0	YES	0
52-1952955 ..	Renaissance Reinsurance U.S. Inc.	5					0	5		5	0	0.0	0.0	0.0	0.0	0.0	YES	0
61-0392792 ..	Kentucky Farm Bureau Mutual Insurance Company	2					0	2		2	0	0.0	0.0	0.0	0.0	0.0	YES	0
95-3187355 ..	Allianz Global Risks US Insurance Company	16					0	16		16	0	0.0	0.0	0.0	0.0	0.0	YES	0
42-0234980 ..	Employers Mutual Casualty Company	13					0	13		13	0	0.0	0.0	0.0	0.0	0.0	YES	0
36-2661954 ..	American Agricultural Insurance Company	1					0	1		1	0	0.0	0.0	0.0	0.0	0.0	YES	0
47-0574325 ..	Berkley Insurance Company						0	0		0	0	0.0	0.0	0.0	0.0	0.0	YES	0
35-2293075 ..	Endurance Assurance Corporation						0	0		0	0	0.0	0.0	0.0	0.0	0.0	YES	0
06-1481194 ..	Markel Global Reinsurance Company						0	0		0	0	0.0	0.0	0.0	0.0	0.0	YES	0
13-3031176 ..	Partner Reinsurance Company of the U.S.	1					0	1		1	0	0.0	0.0	0.0	0.0	0.0	YES	0
42-0245840 ..	Farmers Mutual Hail Insurance Company Of Iowa	1					0	1		1	0	0.0	0.0	0.0	0.0	0.0	YES	0
42-0245990 ..	Grinnell Mutual Reinsurance Company	(29)					0	(29)		(29)	0	0.0	0.0	0.0	0.0	0.0	YES	0
04-1543470 ..	Liberty Mutual Insurance Company	42					0	42		42	0	0.0	0.0	0.0	0.0	0.0	YES	0
05-0316605 ..	Factory Mutual Insurance Company						0	0		0	0	0.0	0.0	0.0	0.0	0.0	YES	0
13-4924125 ..	Munich Reinsurance America, Inc.	8					0	8		8	0	0.0	0.0	0.0	0.0	0.0	YES	0
13-2673100 ..	General Reinsurance Corporation	12					0	12		12	0	0.0	0.0	0.0	0.0	0.0	YES	0
23-2153760 ..	PMA Capital						0	0		0	0	0.0	0.0	0.0	0.0	0.0	YES	0
13-2918573 ..	The Toa Reinsurance Company Of America						0	0		0	0	0.0	0.0	0.0	0.0	0.0	YES	0
13-5616275 ..	Transatlantic Reinsurance Company	20					0	20		20	0	0.0	0.0	0.0	0.0	0.0	YES	0
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		151	0	0	0	0	0	151	0	151	0	0	0.0	0.0	0.0	0.0	XXX	0
AA-1340125 ..	Hannover Rück SE	79					0	79		79	0	0.0	0.0	0.0	0.0	0.0	YES	0
AA-1120337 ..	Aspen Insurance UK Limited	5					0	5		5	0	0.0	0.0	0.0	0.0	0.0	YES	0
1299999. Total Authorized - Other Non-U.S. Insurers		84	0	0	0	0	0	84	0	84	0	0	0.0	0.0	0.0	0.0	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		579	0	0	0	0	0	579	0	579	0	0	0.0	0.0	0.0	0.0	XXX	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
AA-1340028 ..	DEVK Rückversicherungs-und Beteiligungs-AG	7					0	7		7	0	0.0	0.0	0.0	0.0	0.0	YES	0
AA-1560350 ..	Farm Mutual Reinsurance Plan Inc.	9					0	9		9	0	0.0	0.0	0.0	0.0	0.0	YES	0
AA-1460080 ..	Helvetia Schweizerische Versicherungsgesellschaft	20					0	20		20	0	0.0	0.0	0.0	0.0	0.0	YES	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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 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
AA-5324100 ...	Taiping Reinsurance Company Limited	6					0	6		6	0		0.0	0.0	0.0	YES	0
2699999. Total Unauthorized - Other Non-U.S. Insurers		42	0	0	0	0	0	42	0	0	42	0	0.0	0.0	0.0	XXX	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		42	0	0	0	0	0	42	0	0	42	0	0.0	0.0	0.0	XXX	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
3699999. Total Certified - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		621	0	0	0	0	0	621	0	0	621	0	0.0	0.0	0.0	XXX	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
9999999 Totals		621	0	0	0	0	0	621	0	0	621	0	0.0	0.0	0.0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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	
35-1630739	Home and Farm Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999	Total Authorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999	Total Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999	Total Authorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-1675535	Swiss Reinsurance America Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
31-4259550	Motorists Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38-1316179	Farm Bureau Mutual Insurance Company of Michigan	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39-0712210	Church Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
52-1952955	Renaissance Reinsurance U.S. Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
61-0392792	Kentucky Farm Bureau Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
95-3187355	Allianz Global Risks US Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0234980	Employers Mutual Casualty Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36-2661954	American Agricultural Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47-0574325	Berkley Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35-2293075	Endurance Assurance Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1481194	Markel Global Reinsurance Company	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
42-0245840	Farmers Mutual Hail Insurance Company Of Iowa	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0245990	Grinnell Mutual Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
04-1543470	Liberty Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
05-0316605	Factory Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-4924125	Munich Reinsurance America, Inc.	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
23-2153760	PMA Capital	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-2918573	The Toa Reinsurance Company Of America	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-5616275	Transatlantic Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	Hannover Rück SE	XXX	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
1299999	Total Authorized - Other Non-U.S. Insurers			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2299999	Total Unauthorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340028	DEVK Rückversicherungs-und Beteiligungs-AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1560350	Farm Mutual Reinsurance Plan Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460080	Helvetia Schweizerische Versicherungsgesellschaft	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5324100	Taiping Reinsurance Company Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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															
		54 Certified Reinsurer Rating (1 through 6)	55 Effective Date of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catastrophe Recoverables Qualifying for Collateral Deferral	58 Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
														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	
2699999. Total Unauthorized - Other Non-U.S. Insurers				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	
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	
3699999. Total Certified - Affiliates				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				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	
5099999. Total Reciprocal Jurisdiction - Affiliates				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	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	
9999999 Totals				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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)
35-1630739	Home and Farm Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling	0	XXX	XXX	0	0	0	XXX	XXX	0
0499999	Total Authorized - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	XXX	XXX	0
0799999	Total Authorized - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
0899999	Total Authorized - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
13-1675535	Swiss Reinsurance America Corporation	0	XXX	XXX	0	0	0	XXX	XXX	0
31-4259550	Motorists Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
38-1316179	Farm Bureau Mutual Insurance Company of Michigan	0	XXX	XXX	0	0	0	XXX	XXX	0
39-0712210	Church Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
52-1952955	Renaissance Reinsurance U.S. Inc.	0	XXX	XXX	0	0	0	XXX	XXX	0
61-0392792	Kentucky Farm Bureau Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
95-3187355	Allianz Global Risks US Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
42-0234980	Employers Mutual Casualty Company	0	XXX	XXX	0	0	0	XXX	XXX	0
36-2661954	American Agricultural Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
47-0574325	Berkley Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
35-2293075	Endurance Assurance Corporation	0	XXX	XXX	0	0	0	XXX	XXX	0
06-1481194	Markel Global Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
13-3031176	Partner Reinsurance Company of the U.S.	0	XXX	XXX	0	0	0	XXX	XXX	0
42-0245840	Farmers Mutual Hail Insurance Company Of Iowa	0	XXX	XXX	0	0	0	XXX	XXX	0
42-0245990	Grinnell Mutual Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
04-1543470	Liberty Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
05-0316605	Factory Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
13-4924125	Munich Reinsurance America, Inc.	0	XXX	XXX	0	0	0	XXX	XXX	0
13-2673100	General Reinsurance Corporation	0	XXX	XXX	0	0	0	XXX	XXX	0
23-2153760	PMA Capital	0	XXX	XXX	0	0	0	XXX	XXX	0
13-2918573	The Toa Reinsurance Company Of America	0	XXX	XXX	0	0	0	XXX	XXX	0
13-5616275	Transatlantic Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1340125	Hannover Rück SE	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120337	Aspen Insurance UK Limited	0	XXX	XXX	0	0	0	XXX	XXX	0
1299999	Total Authorized - Other Non-U.S. Insurers	0	XXX	XXX	0	0	0	XXX	XXX	0
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	XXX	XXX	0	0	0	XXX	XXX	0
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool	0	0	0	XXX	XXX	XXX	0	XXX	0
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)	0	0	0	XXX	XXX	XXX	0	XXX	0
2299999	Total Unauthorized - Affiliates	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-1340028	DEVK Rückversicherungs-und Beteiligungs-AG	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-1560350	Farm Mutual Reinsurance Plan Inc.	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-1460080	Helvetia Schweizerische Versicherungsgesellschaft	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-5324100	Taiping Reinsurance Company Limited	0	0	0	XXX	XXX	XXX	0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75	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)			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)
2699999. Total Unauthorized - Other Non-U.S. Insurers		0	0	0	XXX	XXX	XXX	0	XXX	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	XXX	XXX	XXX	0	XXX	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999. Total Certified - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	0	XXX	XXX	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	0	XXX	XXX	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	XXX	XXX	0	0	0	XXX	XXX	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	XXX	XXX	0	0	0	XXX	XXX	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	0	0	0	0	0	0	0	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	0	0	0	0	0	0	0
9999999 Totals		0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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 2023 OF THE BUCKEYE STATE 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	460
2.	Hannover Rück SE	25.000	1,473
3.	Grinnel Mutual Reinsurance Corporation	25.000	811
4.	Swiss Reinsurance America Corporation	25.000	765
5.	Renaissance Reinsurance U.S. Inc.	25.000	498

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.	Home and Farm Insurance Company	1,680	1,931	Yes [X] No []
7.	Hannover Rück SE	1,237	1,473	Yes [] No [X]
8.	Liberty Mutual Insurance Company	850	999	Yes [] No [X]
9.	Grinnel Mutual Reinsurance Corporation	541	811	Yes [] No [X]
10.	Employers Mutual Casualty Company	434	433	Yes [] No [X]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

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)	42,554,146	(2,067,928)	40,486,218
2. Premiums and considerations (Line 15)	10,173,218		10,173,218
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	621,245	(621,245)	0
4. Funds held by or deposited with reinsured companies (Line 16.2)	300,000	(300,000)	0
5. Other assets	1,107,514	(559,596)	547,918
6. Net amount recoverable from reinsurers		6,150,939	6,150,939
7. Protected cell assets (Line 27)	0		0
8. Totals (Line 28)	54,756,123	2,602,170	57,358,293
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	6,393,177	3,148,921	9,542,098
10. Taxes, expenses, and other obligations (Lines 4 through 8)	3,007,316	179,415	3,186,731
11. Unearned premiums (Line 9)	19,354,850	3,523,125	22,877,975
12. Advance premiums (Line 10)	457,938		457,938
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	2,053,470	(2,053,470)	0
15. Funds held by company under reinsurance treaties (Line 13)	2,067,928	(2,067,928)	0
16. Amounts withheld or retained by company for account of others (Line 14)			0
17. Provision for reinsurance (Line 16)	0		0
18. Other liabilities	589,928	(127,893)	462,035
19. Total liabilities excluding protected cell business (Line 26)	33,924,607	2,602,170	36,526,777
20. Protected cell liabilities (Line 27)			0
21. Surplus as regards policyholders (Line 37)	20,831,516	XXX	20,831,516
22. Totals (Line 38)	54,756,123	2,602,170	57,358,293

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

If yes, give full explanation:

Schedule H - Part 1 - Analysis of Underwriting Operations

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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.....	0	0	0	0	3	0	0	3	XXX.....
2. 2014.....	28,300	9,516	18,784	20,787	8,315	183	67	1,083	175	76	13,496	3,777
3. 2015.....	27,004	8,704	18,300	14,943	4,942	169	55	798	134	126	10,779	2,473
4. 2016.....	25,892	6,529	19,363	17,132	4,015	247	91	943	42	73	14,174	2,860
5. 2017.....	23,699	4,654	19,045	17,208	4,922	112	31	702	14	22	13,055	2,652
6. 2018.....	19,248	4,442	14,806	9,898	586	68	16	524	10	54	9,878	1,722
7. 2019.....	18,780	4,303	14,477	12,067	3,052	102	34	617	29	273	9,671	2,056
8. 2020.....	19,059	3,743	15,316	9,455	764	41	9	560	24	95	9,259	1,258
9. 2021.....	19,217	3,393	15,824	13,825	3,415	64	14	789	8	305	11,241	1,426
10. 2022.....	19,902	3,559	16,343	13,297	2,932	98	31	617	8	213	11,041	1,271
11. 2023	21,607	4,430	17,177	14,636	2,921	47	21	612	55	18	12,298	1,383
12. Totals	XXX	XXX	XXX	143,248	35,864	1,131	369	7,248	499	1,255	114,895	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.....	0	0	0	0	0	0	0	0	1	0	0	1	1
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	0	0	0	0	0	0	0	0	0	0	1	0	0
4. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2018.....	(1)	0	0	0	0	0	0	0	0	0	1	(1)	0
7. 2019.....	65	0	0	0	1	0	0	0	2	0	7	68	1
8. 2020.....	6	0	0	0	0	0	0	0	1	0	3	7	2
9. 2021.....	1	14	151	45	0	0	13	5	2	0	12	103	2
10. 2022.....	68	1	302	89	4	0	38	12	10	0	58	320	9
11. 2023	445	50	1,169	377	6	0	198	60	130	0	124	1,461	90
12. Totals	584	65	1,622	511	11	0	249	77	146	0	206	1,959	105

	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.....	0	0	XXX.....	0	1
2. 2014.....	22,053	8,557	13,496	77.9	89.9	71.8	0	0	0.0	0	0
3. 2015.....	15,910	5,131	10,779	58.9	58.9	58.9	0	0	0.0	0	0
4. 2016.....	18,322	4,148	14,174	70.8	63.5	73.2	0	0	0.0	0	0
5. 2017.....	18,022	4,967	13,055	76.0	106.7	68.5	0	0	0.0	0	0
6. 2018.....	10,489	612	9,877	54.5	13.8	66.7	0	0	0.0	(1)	0
7. 2019.....	12,854	3,115	9,739	68.4	72.4	67.3	0	0	0.0	65	3
8. 2020.....	10,063	797	9,266	52.8	21.3	60.5	0	0	0.0	6	1
9. 2021.....	14,845	3,501	11,344	77.2	103.2	71.7	0	0	0.0	93	10
10. 2022.....	14,434	3,073	11,361	72.5	86.3	69.5	0	0	0.0	280	40
11. 2023	17,243	3,484	13,759	79.8	78.6	80.1	0	0	0.0	1,187	274
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1,630	329

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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.....	(5).....	0.....	0.....	0.....	0.....	0.....	5.....	(5).....	XXX.....
2. 2014.....	12,113.....	3,735.....	8,378.....	7,681.....	2,061.....	228.....	41.....	680.....	33.....	291.....	6,454.....	2,853.....
3. 2015.....	11,833.....	3,364.....	8,469.....	8,721.....	2,459.....	355.....	67.....	724.....	53.....	310.....	7,221.....	2,550.....
4. 2016.....	11,541.....	2,436.....	9,105.....	7,638.....	1,455.....	280.....	60.....	684.....	(10).....	222.....	7,097.....	2,465.....
5. 2017.....	10,779.....	1,088.....	9,691.....	7,581.....	626.....	365.....	85.....	621.....	17.....	185.....	7,839.....	2,068.....
6. 2018.....	8,755.....	981.....	7,774.....	4,577.....	273.....	206.....	59.....	505.....	(59).....	236.....	5,015.....	1,533.....
7. 2019.....	8,439.....	979.....	7,460.....	5,459.....	1,003.....	112.....	36.....	499.....	(11).....	175.....	5,042.....	1,493.....
8. 2020.....	8,168.....	780.....	7,388.....	3,703.....	518.....	108.....	26.....	556.....	(21).....	111.....	3,844.....	1,088.....
9. 2021.....	7,774.....	772.....	7,002.....	3,987.....	374.....	58.....	8.....	502.....	3.....	97.....	4,162.....	1,135.....
10. 2022.....	7,701.....	747.....	6,954.....	2,987.....	0.....	15.....	0.....	597.....	0.....	103.....	3,599.....	1,186.....
11. 2023.....	8,126.....	789.....	7,337.....	2,286.....	0.....	8.....	0.....	520.....	0.....	31.....	2,814.....	1,043.....
12. Totals.....	XXX.....	XXX.....	XXX.....	54,615.....	8,769.....	1,735.....	382.....	5,888.....	5.....	1,766.....	53,082.....	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2014.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	1.....	2.....
3. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	0.....	1.....	2.....	1.....
4. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....	1.....	1.....	0.....
5. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	0.....	0.....
6. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	3.....	0.....	0.....
7. 2019.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	0.....	3.....	2.....	0.....
8. 2020.....	162.....	0.....	0.....	0.....	21.....	0.....	0.....	0.....	8.....	0.....	5.....	191.....	5.....
9. 2021.....	365.....	0.....	57.....	17.....	65.....	0.....	30.....	10.....	31.....	0.....	15.....	521.....	11.....
10. 2022.....	687.....	0.....	113.....	35.....	10.....	0.....	63.....	20.....	30.....	0.....	74.....	848.....	23.....
11. 2023.....	1,275.....	0.....	495.....	131.....	15.....	0.....	381.....	115.....	130.....	0.....	82.....	2,050.....	98.....
12. Totals.....	2,490.....	0.....	665.....	183.....	111.....	0.....	474.....	145.....	204.....	0.....	187.....	3,616.....	140.....

	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.....	0.....	0.....	XXX.....	0.....	0.....
2. 2014.....	8,590.....	2,135.....	6,455.....	70.9.....	57.2.....	77.0.....	0.....	0.....	0.0.....	1.....	0.....
3. 2015.....	9,802.....	2,579.....	7,223.....	82.8.....	76.7.....	85.3.....	0.....	0.....	0.0.....	0.....	2.....
4. 2016.....	8,603.....	1,505.....	7,098.....	74.5.....	61.8.....	78.0.....	0.....	0.....	0.0.....	0.....	1.....
5. 2017.....	8,567.....	728.....	7,839.....	79.5.....	66.9.....	80.9.....	0.....	0.....	0.0.....	0.....	0.....
6. 2018.....	5,288.....	273.....	5,015.....	60.4.....	27.8.....	64.5.....	0.....	0.....	0.0.....	0.....	0.....
7. 2019.....	6,072.....	1,028.....	5,044.....	72.0.....	105.0.....	67.6.....	0.....	0.....	0.0.....	0.....	2.....
8. 2020.....	4,558.....	523.....	4,035.....	55.8.....	67.1.....	54.6.....	0.....	0.....	0.0.....	162.....	29.....
9. 2021.....	5,095.....	412.....	4,683.....	65.5.....	53.4.....	66.9.....	0.....	0.....	0.0.....	405.....	116.....
10. 2022.....	4,502.....	55.....	4,447.....	58.5.....	7.4.....	63.9.....	0.....	0.....	0.0.....	765.....	83.....
11. 2023.....	5,110.....	246.....	4,864.....	62.9.....	31.2.....	66.3.....	0.....	0.....	0.0.....	1,639.....	411.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	2,972.....	644.....

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

N O N E

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 1E - Commercial Multiple Peril

N O N E

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 2023 OF THE BUCKEYE STATE 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.....	0	0	0	0	0	0	0	0	XXX.....
2. 2014.....	1,128.....	743.....	385.....	802	640	0	0	15	0	0	177	21
3. 2015.....	1,149.....	732.....	417.....	125	41	16	13	19	0	0	106	17
4. 2016.....	1,162.....	703.....	459.....	59	0	16	0	21	0	0	96	13
5. 2017.....	1,062.....	666.....	396.....	942	857	0	0	15	0	0	100	17
6. 2018.....	795.....	555.....	240.....	295	147	6	2	10	0	0	162	8
7. 2019.....	536.....	506.....	30.....	1,385	1,338	0	0	6	0	0	53	1
8. 2020.....	563.....	540.....	23.....	0	0	64	53	4	0	0	15	2
9. 2021.....	609.....	585.....	24.....	1,900	1,853	0	0	3	0	0	50	1
10. 2022.....	622.....	597.....	25.....	0	0	0	0	0	0	0	0	0
11. 2023.....	656.....	629.....	27.....	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	5,508	4,876	102	68	93	0	0	759	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2020.....	974	903	0	0	17	17	0	0	0	0	0	71	2
9. 2021.....	0	0	89	83	0	0	1	0	1	0	0	8	0
10. 2022.....	0	0	178	167	0	0	2	1	0	0	0	12	0
11. 2023.....	0	0	622	584	0	0	11	3	0	0	0	46	0
12. Totals	974	903	889	834	17	17	14	4	1	0	0	137	2

	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.....	0	0	XXX.....	0	0
2. 2014.....	817.....	640.....	177.....	72.4	86.1	46.0	0	0	0.0	0	0
3. 2015.....	160.....	54.....	106.....	13.9	7.4	25.4	0	0	0.0	0	0
4. 2016.....	96.....	0.....	96.....	8.3	0.0	20.9	0	0	0.0	0	0
5. 2017.....	957.....	857.....	100.....	90.1	128.7	25.3	0	0	0.0	0	0
6. 2018.....	311.....	149.....	162.....	39.1	26.8	67.5	0	0	0.0	0	0
7. 2019.....	1,391.....	1,338.....	53.....	259.5	264.4	176.7	0	0	0.0	0	0
8. 2020.....	1,059.....	973.....	86.....	188.1	180.2	373.9	0	0	0.0	71	0
9. 2021.....	1,994.....	1,936.....	58.....	327.4	330.9	241.7	0	0	0.0	6	2
10. 2022.....	180.....	168.....	12.....	28.9	28.1	48.0	0	0	0.0	11	1
11. 2023.....	633.....	587.....	46.....	96.5	93.3	170.4	0	0	0.0	38	8
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	126	11

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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 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. 2014.....												
3. 2015.....												
4. 2016.....												
5. 2017.....												
6. 2018.....												
7. 2019.....												
8. 2020.....												
9. 2021.....												
10. 2022.....												
11. 2023.....												
12. Totals	XXX	XXX	XXX									XXX

NONE

	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. 2014.....													
3. 2015.....													
4. 2016.....													
5. 2017.....													
6. 2018.....													
7. 2019.....													
8. 2020.....													
9. 2021.....													
10. 2022.....													
11. 2023.....													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	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. 2014.....											
3. 2015.....											
4. 2016.....											
5. 2017.....											
6. 2018.....											
7. 2019.....											
8. 2020.....											
9. 2021.....											
10. 2022.....											
11. 2023.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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.....	..... 7	..... 11	..... 9	..... 3	..... 0	..... (3)	..... 0	..... 5	XXX.....
2. 2022.....	2,331	451	1,880	1,393	149	5	0	60	0	201	1,309	XXX.....
3. 2023	2,316	354	1,962	1,322	223	11	4	54	6	0	1,154	XXX
4. Totals	XXX	XXX	XXX	2,722	383	25	7	114	3	201	2,468	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	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	0	0	1	0	0	0	1	0	0	0	0	2	0
2. 2022	0	0	2	1	0	0	1	0	1	0	0	3	0
3. 2023	39	0	6	3	0	0	8	2	11	0	10	59	4
4. Totals	39	0	9	4	0	0	10	2	12	0	10	64	4

	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.....	0	0	XXX.....	1	1
2. 2022.....	1,462	150	1,312	62.7	33.3	69.8	0	0	0.0	1	2
3. 2023	1,451	238	1,213	62.7	67.2	61.8	0	0	0.0	42	17
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	44	20

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	(46).....	40.....	0.....	0.....	6.....	0.....	52.....	(80).....	XXX.....
2. 2022.....	7,384.....	659.....	6,725.....	5,764.....	618.....	15.....	0.....	382.....	0.....	651.....	5,543.....	1,622.....
3. 2023.....	8,754.....	512.....	8,242.....	6,033.....	34.....	14.....	0.....	383.....	0.....	319.....	6,396.....	1,588.....
4. Totals.....	XXX.....	XXX.....	XXX.....	11,751.....	692.....	29.....	0.....	771.....	0.....	1,022.....	11,859.....	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior	(56)	0	41	0	0	0	3	1	2	0	74	(11)	2
2. 2022	(41)	0	83	0	0	0	8	3	0	0	41	47	0
3. 2023	(154)	0	290	0	0	0	44	13	45	0	338	212	32
4. Totals	(251)	0	414	0	0	0	55	17	47	0	453	248	34

	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.....	0.....	0.....	XXX.....	(15).....	4.....
2. 2022.....	6,211.....	621.....	5,590.....	84.1.....	94.2.....	83.1.....	0.....	0.....	0.0.....	42.....	5.....
3. 2023.....	6,655.....	47.....	6,608.....	76.0.....	9.2.....	80.2.....	0.....	0.....	0.0.....	136.....	76.....
4. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	163.....	85.....

Schedule P - Part 1K - Fidelity/Surety
N O N E

Schedule P - Part 1L - Other (Including Credit, Accident and Health)
N O N E

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

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence
N O N E

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 2023 OF THE BUCKEYE STATE 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 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior.....	517	727	614	861	767	753	517	466	418	418	0	(48)
2. 2014.....	12,864	12,464	12,507	12,550	12,589	12,589	12,588	12,588	12,588	12,588	0	0
3. 2015.....	XXX	10,399	9,961	10,160	10,112	10,113	10,112	10,116	10,115	10,115	0	(1)
4. 2016.....	XXX	XXX	13,169	13,173	13,496	13,251	13,186	13,274	13,274	13,273	(1)	(1)
5. 2017.....	XXX	XXX	XXX	12,598	12,528	12,638	12,377	12,361	12,367	12,367	0	6
6. 2018.....	XXX	XXX	XXX	XXX	9,456	9,349	9,408	9,300	9,336	9,363	27	63
7. 2019.....	XXX	XXX	XXX	XXX	XXX	9,357	9,413	9,203	9,132	9,149	17	(54)
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	9,279	8,880	8,818	8,729	(89)	(151)
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,061	10,509	10,561	52	(500)
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,767	10,742	(25)	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,072	XXX	XXX
12. Totals											(19)	(686)

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

1. Prior.....	3,316	2,581	2,395	2,387	2,393	2,391	2,365	2,251	2,249	2,244	(5)	(7)
2. 2014.....	5,584	6,248	5,812	5,796	5,843	5,813	5,812	5,810	5,808	5,808	0	(2)
3. 2015.....	XXX	5,436	6,496	6,709	6,621	6,579	6,556	6,552	6,550	6,550	0	(2)
4. 2016.....	XXX	XXX	5,664	7,004	6,716	6,452	6,422	6,422	6,406	6,403	(3)	(19)
5. 2017.....	XXX	XXX	XXX	6,554	7,768	7,526	7,231	7,235	7,235	7,235	0	0
6. 2018.....	XXX	XXX	XXX	XXX	5,144	4,802	4,594	4,481	4,536	4,451	(85)	(30)
7. 2019.....	XXX	XXX	XXX	XXX	XXX	5,294	4,925	4,783	4,521	4,532	11	(251)
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	4,087	3,797	3,543	3,450	(93)	(347)
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,517	4,109	4,153	44	(364)
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,307	3,820	(487)	XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,214	XXX	XXX
12. Totals											(618)	(1,022)

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

1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	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. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	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. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....	86	23	0	0	0	0	0	0	0	0	0	0
2. 2014.....	313	242	187	162	162	162	162	162	162	162	0	0
3. 2015.....	XXX	181	165	113	87	87	87	87	87	87	0	0
4. 2016.....	XXX	XXX	185	342	291	74	75	75	75	75	0	0
5. 2017.....	XXX	XXX	XXX	203	179	87	85	85	85	85	0	0
6. 2018.....	XXX	XXX	XXX	XXX	338	156	157	152	152	152	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	16	53	50	47	47	0	(3)
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	24	8	6	82	76	74
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70	54	54	0	(16)
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	12	(14)	XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46	XXX	XXX
12. Totals											62	55

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

1. Prior.....												
2. 2014.....												
3. 2015.....	XXX											
4. 2016.....	XXX	XXX										
5. 2017.....	XXX	XXX	XXX									
6. 2018.....	XXX	XXX	XXX	XXX								
7. 2019.....	XXX	XXX	XXX	XXX	XXX							
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023	11 One Year	12 Two Year
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....214	.....148	.....139	.....(9)	.....(75)
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....1,171	.....1,251	.....80	.....XXX.....
3. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,154	XXX	XXX
4. Totals											71	(75)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....244	.....201	.....45	.....(156)	.....(199)
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....5,402	.....5,208	.....(194)	.....XXX.....
3. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	6,180	XXX	XXX
4. Totals											(350)	(199)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
3. 2023.....	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. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
3. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
4. Totals												

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....												
2. 2014.....												
3. 2015.....	XXX.....											
4. 2016.....	XXX.....	XXX.....										
5. 2017.....	XXX.....	XXX.....	XXX.....									
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....
11. 2023.....	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

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 2T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior.....	000.....	372.....	435.....	835.....	767.....	753.....	517.....	466.....	418.....	418.....	150.....	.....
2. 2014.....	10,790.....	11,895.....	12,363.....	12,412.....	12,589.....	12,589.....	12,588.....	12,588.....	12,588.....	12,588.....	2,151.....	1,626.....
3. 2015.....	XXX.....	8,054.....	9,623.....	9,801.....	10,112.....	10,113.....	10,112.....	10,116.....	10,115.....	10,115.....	1,399.....	1,074.....
4. 2016.....	XXX.....	XXX.....	10,920.....	12,865.....	12,996.....	13,061.....	13,157.....	13,274.....	13,274.....	13,273.....	1,502.....	1,358.....
5. 2017.....	XXX.....	XXX.....	XXX.....	10,981.....	12,138.....	12,427.....	12,377.....	12,361.....	12,367.....	12,367.....	1,527.....	1,125.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	8,317.....	9,122.....	9,253.....	9,278.....	9,304.....	9,364.....	1,005.....	717.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	7,904.....	8,905.....	9,051.....	9,083.....	9,083.....	1,171.....	884.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	7,595.....	8,541.....	8,715.....	8,723.....	1,003.....	253.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	8,275.....	10,383.....	10,460.....	1,132.....	292.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	10,130.....	10,432.....	1,003.....	259.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	11,741.....	1,055.....	238.....

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

1. Prior.....	000.....	1,493.....	2,119.....	2,267.....	2,359.....	2,359.....	2,365.....	2,251.....	2,249.....	2,244.....	66.....	.....
2. 2014.....	2,918.....	4,627.....	5,281.....	5,662.....	5,780.....	5,812.....	5,811.....	5,807.....	5,807.....	5,807.....	1,498.....	1,353.....
3. 2015.....	XXX.....	2,672.....	4,539.....	6,126.....	6,468.....	6,537.....	6,552.....	6,551.....	6,550.....	6,550.....	1,260.....	1,289.....
4. 2016.....	XXX.....	XXX.....	3,074.....	5,190.....	5,965.....	6,337.....	6,385.....	6,386.....	6,406.....	6,403.....	1,148.....	1,317.....
5. 2017.....	XXX.....	XXX.....	XXX.....	3,402.....	5,781.....	6,941.....	7,175.....	7,235.....	7,235.....	7,235.....	1,010.....	1,058.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	2,589.....	3,979.....	4,210.....	4,266.....	4,362.....	4,451.....	782.....	751.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,387.....	3,900.....	4,506.....	4,521.....	4,532.....	812.....	681.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,583.....	2,698.....	3,154.....	3,267.....	887.....	196.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,882.....	3,074.....	3,663.....	953.....	171.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,149.....	3,002.....	981.....	182.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,294.....	784.....	161.....

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

1. Prior.....	000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2014.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2015.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2016.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2017.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....

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

1. Prior.....	000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2014.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2015.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2016.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2017.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	000.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2014.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2015.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. 2016.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5. 2017.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....	.....	.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....	.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior.....	000.....											
2. 2014.....												
3. 2015.....	XXX.....											
4. 2016.....	XXX.....	XXX.....										
5. 2017.....	XXX.....	XXX.....	XXX.....									
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

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

1. Prior.....	000.....											
2. 2014.....												
3. 2015.....	XXX.....											
4. 2016.....	XXX.....	XXX.....										
5. 2017.....	XXX.....	XXX.....	XXX.....									
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2023.....	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. 2014.....											XXX.....	XXX.....
3. 2015.....	XXX.....										XXX.....	XXX.....
4. 2016.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2017.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

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

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2014.....	137.....	137.....	162.....	162.....	162.....	162.....	162.....	162.....	162.....	162.....	16.....	5.....
3. 2015.....	XXX.....	32.....	85.....	85.....	87.....	87.....	87.....	87.....	87.....	87.....	14.....	3.....
4. 2016.....	XXX.....	XXX.....	21.....	21.....	24.....	74.....	75.....	75.....	75.....	75.....	11.....	2.....
5. 2017.....	XXX.....	XXX.....	XXX.....	27.....	39.....	85.....	85.....	85.....	85.....	85.....	16.....	1.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	3.....	10.....	152.....	152.....	152.....	152.....	4.....	4.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	47.....	47.....	47.....	47.....	1.....	0.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	1.....	11.....	0.....	0.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	47.....	47.....	47.....	1.....	0.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....

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

1. Prior.....	000.....											
2. 2014.....												
3. 2015.....	XXX.....											
4. 2016.....	XXX.....	XXX.....										
5. 2017.....	XXX.....	XXX.....	XXX.....									
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			
11. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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		
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023		
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....	135.....	137.....	XXX.....	XXX.....
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,163.....	1,249.....	XXX.....	XXX.....
3. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,106.....	XXX.....	XXX.....

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....	144.....	58.....		
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	5,434.....	5,161.....	1,434.....	188.....
3. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	6,013.....	1,354.....	202.....

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....			XXX.....	XXX.....
2. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
3. 2023.....	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. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
3. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

NONE

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	000.....										XXX.....	XXX.....
2. 2014.....											XXX.....	XXX.....
3. 2015.....	XXX.....										XXX.....	XXX.....
4. 2016.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2017.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
8. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
9. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
10. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
11. 2023.....	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

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

N O N E

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

N O N E

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 3T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	396	175	0	0	0	0	0	0	0	0
2. 2014.....	807	281	100	0	0	0	0	0	0	0
3. 2015.....	XXX	1,079	211	87	0	0	0	0	0	0
4. 2016.....	XXX	XXX	887	199	82	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	884	161	92	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	666	194	95	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	739	200	87	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	772	184	92	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	887	190	114
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	758	239
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	930

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

1. Prior.....	1,265	228	0	0	0	0	0	0	0	0
2. 2014.....	1,217	665	174	0	0	0	0	0	0	0
3. 2015.....	XXX	1,059	654	174	0	0	0	0	0	0
4. 2016.....	XXX	XXX	1,113	721	224	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	1,330	811	194	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	1,322	393	179	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1,502	363	147	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1,393	299	113	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,247	229	60
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,007	121
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	630

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

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XXX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XXX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XXX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XXX	XX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XX	XX					
8. 2020.....	XXX	XXX	XX	XX	XX	XX				
9. 2021.....	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	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. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XX	XX					
8. 2020.....	XXX	XXX	XX	XX	XX	XX				
9. 2021.....	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	86	23	0	0	0	0	0	0	0	0
2. 2014.....	127	69	25	0	0	0	0	0	0	0
3. 2015.....	XXX	138	76	28	0	0	0	0	0	0
4. 2016.....	XXX	XXX	153	84	31	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	169	93	2	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	185	4	3	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	16	6	3	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	24	7	4	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	7	7
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	12
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46

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

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XX	XX					
8. 2020.....	XXX	XXX	XX	XX	XX	XX				
9. 2021.....	XXX	XXX	XX	XXX	XX	XX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	7	2
2. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	2
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	593	134	43
2. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	330	88
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	321

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2023	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. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XXX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	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

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 4T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	436	96	20	25	3	5	1	0	0	0
2. 2014.....	1,729	2,108	2,126	2,139	2,144	2,144	2,151	2,151	2,151	2,151
3. 2015.....	XXX	1,070	1,369	1,386	1,393	1,396	1,398	1,399	1,399	1,399
4. 2016.....	XXX	XXX	1,171	1,475	1,486	1,493	1,501	1,502	1,502	1,502
5. 2017.....	XXX	XXX	XXX	1,261	1,501	1,514	1,520	1,526	1,527	1,527
6. 2018.....	XXX	XXX	XXX	XXX	871	987	998	1,003	1,004	1,005
7. 2019.....	XXX	XXX	XXX	XXX	XXX	930	1,151	1,168	1,171	1,171
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	850	989	1,003	1,003
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	717	1,120	1,132
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	828	1,003
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,055

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	18	25	21	8	7	7	1	1	1	1
2. 2014.....	501	28	16	1	0	0	0	0	0	0
3. 2015.....	XXX	338	13	4	0	0	0	0	0	0
4. 2016.....	XXX	XXX	367	10	10	5	1	0	0	0
5. 2017.....	XXX	XXX	XXX	257	8	5	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	105	7	6	2	1	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	155	13	2	1	1
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	105	10	2	2
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	274	6	2
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	128	9
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	313	129	25	23	5	5	(5)	0	0	0
2. 2014.....	3,565	3,742	3,755	3,761	3,770	3,770	3,777	3,777	3,777	3,777
3. 2015.....	XXX	2,264	2,446	2,460	2,467	2,470	2,472	2,473	2,473	2,473
4. 2016.....	XXX	XXX	2,650	2,830	2,849	2,852	2,860	2,860	2,860	2,860
5. 2017.....	XXX	XXX	XXX	2,476	2,623	2,639	2,642	2,651	2,652	2,652
6. 2018.....	XXX	XXX	XXX	XXX	1,614	1,707	1,719	1,721	1,722	1,722
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1,938	2,043	2,055	2,056	2,056
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	1,193	1,250	1,258	1,258
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,221	1,423	1,426
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,205	1,271
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,383

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	382	35	16	10	2	1	2	0	0	0
2. 2014.....	1,238	1,462	1,480	1,491	1,495	1,497	1,498	1,498	1,498	1,498
3. 2015.....	XXX	949	1,200	1,242	1,257	1,259	1,260	1,260	1,260	1,260
4. 2016.....	XXX	XXX	843	1,088	1,130	1,142	1,146	1,146	1,148	1,148
5. 2017.....	XXX	XXX	XXX	775	970	999	1,005	1,010	1,010	1,010
6. 2018.....	XXX	XXX	XXX	XXX	618	753	775	778	781	782
7. 2019.....	XXX	XXX	XXX	XXX	XXX	609	788	809	811	812
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	702	864	884	887
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	752	929	953
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	800	981
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	784

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	97	43	23	7	8	7	0	0	0	0
2. 2014.....	357	79	29	10	5	3	2	2	2	2
3. 2015.....	XXX	417	98	23	8	3	1	1	1	1
4. 2016.....	XXX	XXX	374	73	17	4	1	1	0	0
5. 2017.....	XXX	XXX	XXX	275	55	18	5	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	162	24	8	4	2	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	144	19	4	1	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	112	28	9	5
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	133	27	11
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	129	23
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	98

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	353	24	17	10	6	1	(5)	0	0	0
2. 2014.....	2,650	2,831	2,846	2,851	2,853	2,853	2,853	2,853	2,853	2,853
3. 2015.....	XXX	2,344	2,514	2,540	2,548	2,550	2,550	2,550	2,550	2,550
4. 2016.....	XXX	XXX	2,220	2,435	2,454	2,463	2,465	2,465	2,465	2,465
5. 2017.....	XXX	XXX	XXX	1,889	2,044	2,067	2,068	2,068	2,068	2,068
6. 2018.....	XXX	XXX	XXX	XXX	1,404	1,519	1,532	1,532	1,533	1,533
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1,390	1,487	1,493	1,493	1,493
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	969	1,082	1,086	1,088
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,034	1,129	1,135
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,093	1,186
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,043

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1
N O N E

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2
N O N E

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3
N O N E

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

Schedule P - Part 5E - Commercial Multiple Peril - Section 1
N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 2
N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 3
N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A
N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A
N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A
N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B
N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B
N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	11	0	0	0	0	0	0	0	0	0
2. 2014.....	15	15	16	16	16	16	16	16	16	16
3. 2015.....	XXX	11	13	13	14	14	14	14	14	14
4. 2016.....	XXX	XXX	8	8	9	10	11	11	11	11
5. 2017.....	XXX	XXX	XXX	12	15	16	16	16	16	16
6. 2018.....	XXX	XXX	XXX	XXX	2	3	4	4	4	4
7. 2019.....	XXX	XXX	XXX	XXX	XXX	0	1	1	1	1
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2014.....	5	1	0	0	0	0	0	0	0	0
3. 2015.....	XXX	3	1	1	0	0	0	0	0	0
4. 2016.....	XXX	XXX	3	1	1	0	0	0	0	0
5. 2017.....	XXX	XXX	XXX	3	1	0	0	0	0	0
6. 2018.....	XXX	XXX	XXX	XXX	3	1	1	0	0	0
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1	2
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....	5	0	0	0	0	0	0	0	0	0
2. 2014.....	21	21	21	21	21	21	21	21	21	21
3. 2015.....	XXX	16	16	17	17	17	17	17	17	17
4. 2016.....	XXX	XXX	11	11	12	12	13	13	13	13
5. 2017.....	XXX	XXX	XXX	16	17	17	17	17	17	17
6. 2018.....	XXX	XXX	XXX	XXX	6	7	8	8	8	8
7. 2019.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1	2
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

N O N E

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

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

N O N E

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

N O N E

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

N O N E

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	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	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....											
2. 2014.....											
3. 2015.....	XXX										
4. 2016.....	XXX	XXX									
5. 2017.....	XXX	XXX									
6. 2018.....	XXX	XXX									
7. 2019.....	XXX	XXX									
8. 2020.....	XXX	XXX									
9. 2021.....	XXX	XXX									
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2023.....	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 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	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2014.....	1,128	1,128	1,128	1,128	1,128	1,128	1,128	1,128	1,128	1,128	
3. 2015.....	XXX	1,149	1,149	1,149	1,149	1,149	1,149	1,149	1,149	1,149	
4. 2016.....	XXX	XXX	1,162	1,162	1,162	1,162	1,162	1,162	1,162	1,162	
5. 2017.....	XXX	XXX	XXX	1,062	1,062	1,062	1,062	1,062	1,062	1,062	
6. 2018.....	XXX	XXX	XXX	XXX	795	795	795	795	795	795	
7. 2019.....	XXX	XXX	XXX	XXX	XXX	536	536	536	536	536	
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	563	563	563	563	
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	609	609	609	
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	622	622	
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	656	656
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	656
13. Earned Premiums (Sch P-Pt. 1)	1,128	1,149	1,162	1,062	795	536	563	609	622	656	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	
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2014.....	743	743	743	743	743	743	743	743	743	743	
3. 2015.....	XXX	732	732	732	732	732	732	732	732	732	
4. 2016.....	XXX	XXX	703	703	703	703	703	703	703	703	
5. 2017.....	XXX	XXX	XXX	666	666	666	666	666	666	666	
6. 2018.....	XXX	XXX	XXX	XXX	555	555	555	555	555	555	
7. 2019.....	XXX	XXX	XXX	XXX	XXX	506	506	506	506	506	
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	540	540	540	540	
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	585	585	585	
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	597	597	
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	629	629
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	629
13. Earned Premiums (Sch P-Pt. 1)	743	732	703	666	555	506	540	585	597	629	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

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A
N O N E

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A
N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B
N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B
N O N E

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

SECTION 1

Schedule P - Part 1		1	2	3	4	5	6
		Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
1.	Homeowners/Farmowners	1,959		0.0	17,899		0.0
2.	Private Passenger Auto Liability/ Medical	3,616		0.0	7,607		0.0
3.	Commercial Auto/Truck Liability/ Medical			0.0	0		0.0
4.	Workers' Compensation			0.0	0		0.0
5.	Commercial Multiple Peril			0.0	0		0.0
6.	Medical Professional Liability - Occurrence			0.0	0		0.0
7.	Medical Professional Liability - Claims - Made			0.0	0		0.0
8.	Special Liability			0.0	0		0.0
9.	Other Liability - Occurrence	137		0.0	27		0.0
10.	Other Liability - Claims-Made			0.0	0		0.0
11.	Special Property	64		0.0	2,007		0.0
12.	Auto Physical Damage	248		0.0	9,143		0.0
13.	Fidelity/Surety			0.0	0		0.0
14.	Other			0.0	0		0.0
15.	International			0.0	0		0.0
16.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX	XXX	XXX
17.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX	XXX	XXX
18.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX	XXX	XXX
19.	Products Liability - Occurrence			0.0	0		0.0
20.	Products Liability - Claims-Made			0.0	0		0.0
21.	Financial Guaranty/Mortgage Guaranty			0.0	0		0.0
22.	Warranty			0.0	0		0.0
23.	Totals	6,024	0	0.0	36,683	0	0.0

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XXX	XX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XXX	XX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (Continued)

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XX							
6. 2018.....	XXX	XXX	XX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XX							
6. 2018.....	XXX	XXX	XX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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	1,959		0.0	17,899		0.0
2.	Private Passenger Auto Liability/Medical	3,616		0.0	7,607		0.0
3.	Commercial Auto/Truck Liability/Medical			0.0	0		0.0
4.	Workers' Compensation			0.0	0		0.0
5.	Commercial Multiple Peril			0.0	0		0.0
6.	Medical Professional Liability - Occurrence			0.0	0		0.0
7.	Medical Professional Liability - Claims - Made			0.0	0		0.0
8.	Special Liability			0.0	0		0.0
9.	Other Liability - Occurrence	137		0.0	27		0.0
10.	Other Liability - Claims-Made			0.0	0		0.0
11.	Special Property	64		0.0	2,007		0.0
12.	Auto Physical Damage	248		0.0	9,143		0.0
13.	Fidelity/Surety			0.0	0		0.0
14.	Other			0.0	0		0.0
15.	International			0.0	0		0.0
16.	Reinsurance - Nonproportional Assumed Property			0.0	0		0.0
17.	Reinsurance - Nonproportional Assumed Liability			0.0	0		0.0
18.	Reinsurance - Nonproportional Assumed Financial Lines			0.0	0		0.0
19.	Products Liability - Occurrence			0.0	0		0.0
20.	Products Liability - Claims-Made			0.0	0		0.0
21.	Financial Guaranty/Mortgage Guaranty			0.0	0		0.0
22.	Warranty			0.0	0		0.0
23.	Totals	6,024	0	0.0	36,683	0	0.0

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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XXX	XX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	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
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XXX	XX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (Continued)

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	.XXX									
4. 2016.....	.XXX	.XXX								
5. 2017.....	.XXX	.XXX	.XX							
6. 2018.....	.XXX	.XXX	.XX	.XX						
7. 2019.....	.XXX	.XXX	.XX	.XXX	.XX					
8. 2020.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2021.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2022.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2023.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	.XXX									
4. 2016.....	.XXX	.XXX								
5. 2017.....	.XXX	.XXX	.XX							
6. 2018.....	.XXX	.XXX	.XX	.XX						
7. 2019.....	.XXX	.XXX	.XX	.XXX	.XX					
8. 2020.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2021.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2022.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2023.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 6

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	.XXX									
4. 2016.....	.XXX	.XXX								
5. 2017.....	.XXX	.XXX	.XX							
6. 2018.....	.XXX	.XXX	.XX	.XX						
7. 2019.....	.XXX	.XXX	.XX	.XXX	.XX					
8. 2020.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2021.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2022.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2023.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

SECTION 7

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1. Prior.....										
2. 2014.....										
3. 2015.....	.XXX									
4. 2016.....	.XXX	.XXX								
5. 2017.....	.XXX	.XXX	.XX							
6. 2018.....	.XXX	.XXX	.XX	.XX						
7. 2019.....	.XXX	.XXX	.XX	.XXX	.XX					
8. 2020.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2021.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2022.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2023.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or “ERE”) benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?\$
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A [X]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior		
1.602	2014		
1.603	2015		
1.604	2016		
1.605	2017		
1.606	2018		
1.607	2019		
1.608	2020.....		
1.609	2021.....		
1.610	2022.....		
1.611	2023.....		
1.612	Totals	0	0

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 [X] 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 [X] No []
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]
- If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
- Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:
(in thousands of dollars)
- 5.1 Fidelity
5.2 Surety
6. Claim count information is reported per claim or per claimant (Indicate which)per claimant.....
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 [X]
- 7.2 (An extended statement may be attached.)
.....

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

Allocated by States and Territories

			Direct Business Only			
			1	2	3	4
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)
			5			6
			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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

SCHEDULE Y

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE 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 2023 OF THE BUCKEYE STATE 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? ...	NO
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
28.	Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?	YES
29.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?.....	YES
APRIL FILING		
30.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
33.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
35.	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
36.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	YES
37.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
38.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:		
11.		
12.		
13.		
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38.		

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 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

17.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	 1 6 7 1 3 2 0 2 3 4 0 1 0 0 0 0 0
18.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 6 7 1 3 2 0 2 3 3 6 5 0 0 0 0 0
21.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 6 7 1 3 2 0 2 3 4 0 0 0 0 0 0 0
22.	Bail Bond Supplement [Document Identifier 500]	 1 6 7 1 3 2 0 2 3 5 0 0 0 0 0 0 0
23.	Director and Officer Insurance Coverage Supplement [Document Identifier 505]	 1 6 7 1 3 2 0 2 3 5 0 5 0 0 0 0 0
24.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 6 7 1 3 2 0 2 3 2 2 4 0 0 0 0 0
25.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 6 7 1 3 2 0 2 3 2 2 5 0 0 0 0 0
26.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 6 7 1 3 2 0 2 3 2 2 6 0 0 0 0 0
27.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 1 6 7 1 3 2 0 2 3 5 5 5 0 0 0 0 0
30.	Credit Insurance Experience Exhibit [Document Identifier 230]	 1 6 7 1 3 2 0 2 3 2 3 0 0 0 0 0 0
31.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 6 7 1 3 2 0 2 3 3 0 6 0 0 0 0 0
32.	Accident and Health Policy Experience Exhibit [Document Identifier 210]	 1 6 7 1 3 2 0 2 3 2 1 0 0 0 0 0 0
33.	Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]	 1 6 7 1 3 2 0 2 3 2 1 6 0 0 0 0 0
35.	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]	 1 6 7 1 3 2 0 2 3 2 9 0 0 0 0 0 0
37.	Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]	 1 6 7 1 3 2 0 2 3 5 6 5 0 0 0 0 0
38.	Management’s Report of Internal Control Over Financial Reporting [Document Identifier 223]	 1 6 7 1 3 2 0 2 3 2 2 3 0 0 0 0 0

NONE



SUPPLEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS
AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES
(To Be Filed by March 1)

NAIC Group Code 0046

NAIC Company Code 16713

	Direct Business Only			
	Prior Year	Current Year		
	1	2	3	4
	Written Premium	Written Premium	Losses Paid (deducting salvage)	Losses Unpaid (Case Base)
1. Completed operations				
2. Errors & omissions (E&O)				
3. Directors & officers (D&O)				
4. Environmental liability				
5. Excess workers' compensation				
6. Commercial excess & umbrella				
7. Personal umbrella	660,569	714,947	0	1,025,000
8. Employment liability				
9. Aggregate write-ins for facilities & premises (CGL)	0	0	0	0
10. Internet & cyber liability				
11. Aggregate write-ins for other	0	0	0	0
12. Total ASL 17 - other liability (sum of Lines 1 through 11)	660,569	714,947	0	1,025,000
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0	0
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0



SUPPLEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Indiana

NAIC Group Code 0046

NAIC Company Code 16713

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	
2. Health	
3. Homeowners	YES
4. Individual Annuity	
5. Individual Life	
6. Lender-Placed Home and Auto	
7. Long-Term Care	
8. Other Health	
9. Private Flood	
10. Private Passenger Auto	YES
11. Short-Term Limited Duration Health Plans	
12. Travel	



SUPPLEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Kansas

NAIC Group Code 0046

NAIC Company Code 16713

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	
2. Health	
3. Homeowners	YES
4. Individual Annuity	
5. Individual Life	
6. Lender-Placed Home and Auto	
7. Long-Term Care	
8. Other Health	
9. Private Flood	
10. Private Passenger Auto	YES
11. Short-Term Limited Duration Health Plans	
12. Travel	



SUPPLEMENT FOR THE YEAR 2023 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023
(To Be Filed by March 1)

FOR THE STATE OF: Ohio

NAIC Group Code 0046

NAIC Company Code 16713

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability Income	
2. Health	
3. Homeowners	YES
4. Individual Annuity	
5. Individual Life	
6. Lender-Placed Home and Auto	
7. Long-Term Care	
8. Other Health	
9. Private Flood	
10. Private Passenger Auto	YES
11. Short-Term Limited Duration Health Plans	
12. Travel	