

ANNUAL STATEMENT

For the Year Ended

December 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

West and Knox Mutual Insurance Company

ORGANIZED UNDER THE LAWS OF THE STATE OF OHIO

Made to the

INSURANCE COMMISSIONER OF THE STATE OF OHIO

Pursuant to the Laws thereof

NAIC Company Code

10254

Home Office

355 Leatherberry Road
Street and Number

Carrollton 44615
City Zip Code

OH

Mail Address

355 Leatherberry Road
Street and Number

Carrollton 44615
City Zip Code

OH

Main Administrative Office

330-627-0230
Telephone Number

Organized

02-07-1878

Commenced Business

02-07-1878

Annual Statement Contact Person

Joyce Postlewaite

Telephone Number

330-627-0230

Contact Person Email Address

insurance@westandknox.com

OFFICERS

President

Sherman Oyer

Vice President

Charles Kooser

Secretary

Joyce Postlewaite

Treasurer

Joyce Postlewaite

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

Sherman Oyer
Kim W. Lentz

Charles Kooser
Richard Wilson

Donna Detchon
Christopher Tissot

John Capron III

State of Ohio

County of

Carroll

Sherman Oyer

President and

Joyce Postlewaite

Secretary of the

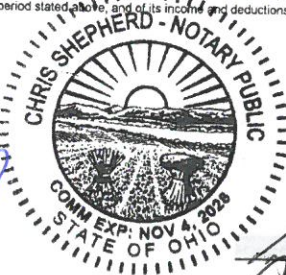
West and Knox Mutual Insurance Company

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

Subscribed and sworn to before me, this

day of March 20 25

Notary Public



Sherman Oyer
Joyce Postlewaite
President
Secretary

Signature of Person Preparing Statement

ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company

2024

ASSETS

| | | Assets Current Year | Nonadmitted Assets Current Year | Net Admitted Assets Current Year | Net Admitted Assets Prior Year |
|------|---|------------------------|---------------------------------------|--|--------------------------------------|
| 1 | Bonds (Schedule D - Part 1) | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | Preferred stocks, common stocks and mutual funds (Schedule D - Part 2) | 69,647.50 | 0.00 | 69,647.50 | 68,140.60 |
| 3 | Real estate (less liens, encumbrances) (Schedule A) | 76,149.36 | 0.00 | 76,149.36 | 79,311.08 |
| 4 | Cash (Schedule E) | 1,037,863.56 | 0.00 | 1,037,863.56 | 957,646.10 |
| 5 | Short-term investments | 0.00 | 0.00 | 0.00 | |
| 6 | Aggregate write-ins for invested assets | 154,723.62 | 83,453.53 | 71,270.09 | 70,101.36 |
| 7 | Subtotals, cash and invested assets | 1,338,384.04 | 83,453.53 | 1,254,930.51 | 1,175,199.14 |
| 8 | Investment income due and accrued | 0.00 | 0.00 | 0.00 | |
| 9.1 | Assessments or premiums in the course of collection (including agents balances) | 5,201.64 | 0.00 | 5,201.64 | 12,635.61 |
| 9.2 | Deferred premiums, agents' balances and installments booked but deferred and not yet due | 0.00 | 0.00 | 0.00 | |
| 9.3 | Earned but unbilled premiums (post assessment) | 0.00 | 0.00 | 0.00 | |
| 10.1 | Amounts recoverable from reinsurers | 0.00 | 0.00 | 0.00 | |
| 10.2 | Funds held by or deposited with reinsured companies | 0.00 | 0.00 | 0.00 | |
| 11.1 | Current federal income tax recoverable and interest thereon | 0.00 | 0.00 | 0.00 | |
| 11.2 | Net deferred tax asset | 0.00 | 0.00 | 0.00 | |
| 12 | Electronic data processing equipment and software | 0.00 | 0.00 | 0.00 | |
| 13 | Furniture and equipment | 0.00 | 0.00 | 0.00 | |
| 14 | Receivables from parent, subsidiaries and affiliates | 6,734.20 | 0.00 | 6,734.20 | |
| 15 | Aggregate write-ins for other than invested assets | 0.00 | 0.00 | 0.00 | 0.00 |
| 16 | Total Assets | 1,350,319.88 | 83,453.53 | 1,266,866.35 | 1,187,834.75 |
| | Details of Write-Ins for Assets: | | | | |
| 1501 | | | | 0.00 | |
| 1502 | | | | 0.00 | |
| 1503 | | | | 0.00 | |
| 1598 | Summary or remaining write-ins from overflow page | 0.00 | 0.00 | 0.00 | 0.00 |
| 1599 | Total aggregate write-ins | 0.00 | 0.00 | 0.00 | 0.00 |

ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company

2024

LIABILITIES, SURPLUS AND OTHER FUNDS

| | | Current Year | Prior Year |
|------|---|--------------|--------------|
| 1 | Unpaid Losses (Underwriting Exhibit - Part 2A) | 5,000.00 | 5,000.00 |
| 2 | Unpaid loss adjustment expenses (Underwriting Exhibit - Part 2A) | 0.00 | 0.00 |
| 3 | Commissions due and payable to agents | 1,207.48 | 1,210.51 |
| 4 | Other expenses (excluding taxes, licenses and fees) | 513.80 | 186.00 |
| 5 | Taxes, licenses and fees (excluding federal income taxes) | 394.34 | 403.66 |
| 6 | Current federal income taxes (including \$0 on realized capital gains (losses)) | 0.00 | |
| 7 | Net deferred tax liability | 0.00 | |
| 8 | Borrowed money and interest thereon | 0.00 | |
| 9 | Unearned assessment/premium reserve | 92,577.22 | 98,736.24 |
| 10 | Advance premium | 0.00 | |
| 11 | Ceded reinsurance premiums payable | 787.47 | 956.00 |
| 12 | Funds held by company under reinsurance treaties | 0.00 | |
| 13 | Amounts withheld or retained by company for account of others | 0.00 | |
| 14 | Provision for unauthorized reinsurance | 0.00 | |
| 15 | Payable to parent, subsidiaries and affiliates | | |
| 16 | Aggregate write-ins for liabilities | 0.00 | 0.00 |
| 17 | Total liabilities | 100,480.31 | 106,492.41 |
| 18 | Surplus as regards policyholders | 1,166,386.04 | 1,081,342.34 |
| 19 | Total liabilities and surplus | 1,266,866.35 | 1,187,834.75 |
| | Details of Write-Ins for Liabilities: | | |
| 1601 | | | |
| 1602 | | | |
| 1603 | | | |
| 1698 | Summary or remaining write-ins from overflow page | 0.00 | 0.00 |
| 1699 | Total aggregate write-ins | 0.00 | 0.00 |

ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company

2024

STATEMENT OF INCOME

| | | Current Year | Prior Year |
|------|---|--------------|--------------|
| | UNDERWRITING INCOME | | |
| 1.1 | Gross Assessments/Premiums earned | 224,969.61 | 281,023.23 |
| 1.2 | Less: Return Assessments/Premiums earned | 5,449.14 | 3,038.74 |
| 1.3 | Direct Assessments/Premiums earned | 219,520.47 | 277,984.49 |
| 1.4 | Deduct premiums for reinsurance ceded (Reinsurance Schedule) | 81,218.38 | 71,768.39 |
| 1.5 | Add premiums received for reinsurance assumed (Reinsurance Schedule) | 0.00 | |
| 1.6 | Net Assessments/Premiums earned | 138,302.09 | 206,216.10 |
| | DEDUCTIONS | | |
| 2 | Losses incurred (Underwriting Exhibit - Part 2) | 10,824.01 | 95,773.03 |
| 3 | Loss expenses incurred (Expense Exhibit) | 4,669.36 | 8,829.32 |
| 4 | Other underwriting expenses incurred (Expense Exhibit) | 99,156.38 | 92,219.65 |
| 5 | Aggregate write-ins for underwriting deductions | 0.00 | 0.00 |
| 6 | Total underwriting deductions | 114,649.75 | 196,822.00 |
| 7 | Net underwriting gain (loss) | 23,652.34 | 9,394.10 |
| | INVESTMENT INCOME | | |
| 8 | Net investment income earned | 38,347.87 | 15,877.83 |
| 9 | Net realized capital gains (losses) less capital gains tax | | 0.00 |
| 10 | Net investment gain (loss) | 38,347.87 | 15,877.83 |
| | OTHER INCOME | | |
| 11 | Net gain (loss) from agents' or premium balances charged off | 0.00 | |
| 12 | Finance and service charges not included in premiums | 2,969.00 | 2,956.00 |
| 13 | Aggregate write-ins for miscellaneous income | 23,581.78 | 14,483.26 |
| 14 | Total other income | 26,550.78 | 17,439.26 |
| 15 | Net income, after capital gains tax and before federal income taxes | 88,550.99 | 42,711.19 |
| 16 | Federal income taxes incurred | 0.00 | |
| 17 | Net income | 88,550.99 | 42,711.19 |
| | SURPLUS ACCOUNT | | |
| 18 | Surplus as regards policyholders, December 31 prior year | 1,081,342.34 | 1,040,947.51 |
| 19 | Net income | 88,550.99 | 42,711.19 |
| 20 | Change in net unrealized capital gains or (losses) less capital gains tax | 1,506.90 | -1,748.81 |
| 21 | Change in net deferred income tax | 0.00 | |
| 22 | Change in nonadmitted assets (Exhibit of Nonadmitted Assets) | -5,014.19 | -567.55 |
| 23 | Change in provision for reinsurance | | |
| 24 | Aggregate write-ins for gains and losses in surplus | 0.00 | 0.00 |
| 25 | Change in surplus as regards policyholders for the year | 85,043.70 | 40,394.83 |
| 26 | Surplus as regards policyholders, December 31 current year | 1,166,386.04 | 1,081,342.34 |
| | DETAILS OF WRITE-INS | | |
| 0501 | | | |
| 0502 | | | |
| 0503 | | | |
| 0599 | Total Aggregate write-ins for underwriting deductions | 0.00 | 0.00 |
| 1301 | Admin Fee, Commission Liability Ins | 13,915.83 | 11,313.16 |
| 1302 | Other Income, SECE Income | 2,931.75 | 3,170.10 |
| 1303 | Agency Management Fee | 6,734.20 | |
| 1304 | | | |
| 1399 | Total Aggregate write-ins for miscellaneous income | 23,581.78 | 14,483.26 |
| 2401 | | | |
| 2402 | | | |
| 2499 | Total Aggregate write-ins for gains and losses in surplus | 0.00 | 0.00 |

ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company

2024

CASH FLOW STATEMENT

| | | Current Year | Prior Year |
|--|---|--------------|------------|
| Cash from Operations | | | |
| 1 | Premiums/Assessments collected net of reinsurance | 139,408.51 | 188,077.50 |
| 2 | Net investment income | 35,201.88 | 13,306.68 |
| 3 | Miscellaneous income | 26,550.78 | 17,439.26 |
| 4 | Total | 201,161.17 | 218,823.44 |
| 5 | Benefit and loss related payments | 10,824.01 | 95,773.03 |
| 6 | Commissions, expenses paid and aggregate write-ins for deductions | 103,510.29 | 101,659.57 |
| 7 | Federal and foreign income taxes paid (recovered) | | |
| 8 | Total | 114,334.30 | 197,432.60 |
| 9 | Net cash from operations | 86,826.87 | 21,390.84 |
| Cash from Investments | | | |
| 10 | Proceeds from investments sold, matured or repaid: | | |
| 10.1 | Bonds | | |
| 10.2 | Stocks | | |
| 10.3 | Real estate | | |
| 10.4 | Net gains (losses) on cash, cash equivalents and short-term investments | | |
| 10.5 | Miscellaneous proceeds | | |
| 10.6 | Total investment proceeds | 0.00 | 0.00 |
| 11 | Cost of investments acquired (long-term only): | | |
| 11.1 | Bonds | | |
| 11.2 | Stocks | | |
| 11.3 | Real estate | | |
| 11.4 | Miscellaneous applications | | -499.88 |
| 11.5 | Total investments acquired | 0.00 | -499.88 |
| 11.6 | Net cash from investments | 0.00 | 499.88 |
| Cash from Financing and Miscellaneous Sources | | | |
| 12.1 | Borrowed funds (cash provided/applied) | | |
| 12.2 | Other cash provided (applied) | -6,609.41 | 3,104.00 |
| 13 | Net cash from financing and miscellaneous sources | -6,609.41 | 3,104.00 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 14 | Net change in cash, cash equivalents and short-term investments | 80,217.46 | 24,994.72 |
| 15.1 | Beginning of year (cash, cash equivalents and short-term investments) | 957,646.10 | 932,651.38 |
| 15.2 | End of year (cash, cash equivalents and short-term investments) | 1,037,863.56 | 957,646.10 |

ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company

2024

EXPENSE EXHIBIT

| | | Current Year |
|------|---|--------------|
| 1.1 | Claim Adjusting: Direct | 0.00 |
| 1.2 | Reinsurance assumed | 0.00 |
| 1.3 | Reinsurance ceded excluding contingent (commission and brokerage) | 0.00 |
| 1.4 | Net claim adjusting | 0.00 |
| 2.1 | Commission and Brokerage: Direct commission and brokerage | 15,112.49 |
| 2.2 | Reinsurance assumed excluding contingent | 0.00 |
| 2.3 | Reinsurance ceded excluding contingent (commission and brokerage) | 0.00 |
| 2.4 | Contingent - direct (commission and brokerage) | 0.00 |
| 2.5 | Contingent - reinsurance assumed (commission and brokerage) | 0.00 |
| 2.6 | Contingent - reinsurance ceded (commission and brokerage) | 0.00 |
| 2.7 | Policy and membership fees (commission and brokerage) | 0.00 |
| 2.8 | Net commission and brokerage | 15,112.49 |
| 3 | Allowances to managers and agents | 1,654.98 |
| 4 | Advertising | |
| 5 | Boards, bureaus and associations | 2,924.18 |
| 6 | Surveys and underwriting reports | 0.00 |
| 7 | Audit of assureds' records | 0.00 |
| 8.1 | Salary and related items: Salaries | 10,695.00 |
| 8.2 | Payroll taxes | 939.53 |
| 9 | Employee relations and welfare | 0.00 |
| 10 | Insurance | 8,819.80 |
| 11 | Directors' fees | 25,800.00 |
| 12 | Travel and travel items | 2,446.54 |
| 13 | Rent and rent items | 0.00 |
| 14 | Equipment | 0.00 |
| 15 | Cost or depreciation of EDP equipment and software | 3,286.51 |
| 16 | Printing and stationery | 2,163.69 |
| 17 | Postage, telephone, exchange and express | 1,255.81 |
| 18 | Legal and auditing | 8,125.00 |
| 19 | Loss adjustment expenses | 4,669.36 |
| 18 | Investment expenses | 0.00 |
| 19 | Totals | 72,780.40 |
| 20.1 | Taxes, licenses and fees: State and local insurance taxes | 250.00 |
| 20.2 | Insurance department licenses and fees | 5,806.75 |
| 20.3 | All other (excluding federal income and real estate) | 0.00 |
| 20.4 | Total taxes, licenses and fees | 6,056.75 |
| 21 | Real estate expenses | |
| 22 | Real estate taxes | 923.20 |
| 23 | Aggregate write-ins for miscellaneous expenses | 8,952.90 |
| 24 | Total expenses incurred (a) | 103,825.74 |
| 25 | Less unpaid expenses - current year | 2,115.62 |
| 26 | Add unpaid expenses - prior year | 1,800.17 |
| 27 | Total expenses paid | 103,510.29 |
| | Details of Write-Ins: | |
| 2301 | Credit Card Processing Fees/Checks | 869.73 |
| 2302 | Computer Maintenance | 2,328.92 |
| 2303 | Miscellaneous, Contributions | 227.49 |
| 2304 | Utilities | 2,823.40 |
| 2305 | Repairs and Maintenance | 2,703.36 |
| 2399 | Total Write-ins | 8,952.90 |

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

ANNUAL STATEMENT FOR THE YEAR 2024
West and Knox Mutual Insurance Company

INSURANCE IN FORCE

| | | Amount (dollars) | Number |
|---|---|-----------------------------|---------------|
| 1 | In force December 31 of previous year (to equal prior year's statement) | 41,147,420 | 227 |
| 2 | Written during the year | 1,097,250 | 6 |
| 3 | Total | 42,244,670 | 233 |
| 4 | Deduct those expired and cancelled | 5,960,500 | 24 |
| 5 | In force December 31 of current year | 36,284,170 | 209 |
| 6 | Deduct amount reinsured | 0 | XXX |
| 7 | Net amount in force | 36,284,170 | XXX |

UNDERWRITING EXHIBIT - PART 2
LOSSES INCURRED

| 1 | 2 | 3 | 4 | 5 | 6 |
|-------------------|------------------------------|--|---|---|--|
| Lines of Business | Direct Losses Incurred | Losses Incurred on Reinsurance Assumed | Deduct: Reinsurance Recovered on Incurred Losses | Deduct: Salvage and Subrogation Converted To Cash | Net Losses Incurred Columns 2 and 3 minus Columns 4 and 5 |
| Property | - | - | - | - | - |
| Wind | 6,318.92 | - | - | - | 6,318.92 |
| Fire | 4,505.09 | - | - | - | 4,505.09 |
| Hail | - | - | - | - | - |
| | - | - | - | - | - |
| | - | - | - | - | - |
| OVERFLOW AMOUNTS | - | - | - | - | - |
| Totals | \$ 10,824.01 | \$ - | \$ - | \$ - | \$ 10,824.01 |

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

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

| 1 | 2 | 3 | 4 | 5 | 6 |
|-------------------|----------------------------|--|---|---|---|
| Lines of Business | Direct Unpaid Losses | Unpaid Losses on Reinsurance Assumed | Deduct: Reinsurance Recoverable on Unpaid Losses | ** Unpaid Loss Adjustment Expenses | *** Net Unpaid Losses Columns 2 and 3 minus Column 4 |
| Wind | 5,000.00 | - | - | - | 5,000.00 |
| | - | - | - | - | - |
| | - | - | - | - | - |
| | - | - | - | - | - |
| | - | - | - | - | - |
| OVERFLOW AMOUNTS | - | - | - | - | - |
| Totals | \$ 5,000.00 | \$ - | \$ - | \$ - | \$ 5,000.00 |

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

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

ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company

2024

EXHIBIT OF NONADMITTED ASSETS

| | | Current Year Total Nonadmitted Assets | Prior Year Total Nonadmitted Assets | Change in Total Nonadmitted Assets |
|------|--|--|--|---|
| 1 | Bonds | | | 0.00 |
| 2 | Preferred and common stocks and mutual funds | | | 0.00 |
| 3 | Real estate (less liens, encumbrances) | | | 0.00 |
| 4 | Cash | | | 0.00 |
| 5 | Short-term investments | | | 0.00 |
| 6 | Aggregate write-ins for invested assets | 83,453.53 | 78,314.55 | -5,138.98 |
| 7 | Subtotals, cash and invested assets | 83,453.53 | 78,314.55 | -5,138.98 |
| 8 | Investment income due and accrued | | | 0.00 |
| 9.1 | Assessments or premiums in the course of collection (including agents balances) | | | 0.00 |
| 9.2 | Premium receivable for advance pay | | | 0.00 |
| 9.3 | Earned but unbilled premiums (post assessment) | | | 0.00 |
| 10.1 | Amounts recoverable from reinsurers | | | 0.00 |
| 10.2 | Funds held by or deposited with reinsured companies | | | 0.00 |
| 11.1 | Current federal income tax recoverable and interest thereon | | | 0.00 |
| 11.2 | Net deferred tax asset | | | 0.00 |
| 12 | Electronic data processing equipment and software | | | 0.00 |
| 13 | Furniture and equipment | | 124.79 | 124.79 |
| 14 | Receivables from parent, subsidiaries and affiliates | | | 0.00 |
| 15 | Aggregate write-ins for other than invested assets | 0.00 | 0.00 | 0.00 |
| 16 | Total Assets | 83,453.53 | 78,439.34 | -5,014.19 |
| | Details of Write-Ins for Assets: | | | |
| 1501 | | 0.00 | 0.00 | 0.00 |
| 1502 | | 0.00 | 0.00 | 0.00 |
| 1503 | | 0.00 | 0.00 | 0.00 |
| 1598 | Summary or remaining write-ins from overflow page | 0.00 | 0.00 | 0.00 |
| 1599 | Total aggregate write-ins | 0.00 | 0.00 | 0.00 |

SCHEDULE A

Showing All Real Estate OWNED December 31 of Current Year

| 1 Description of Property | 2 Date Acquired | 3 Name of Vendor | 4 Actual Cost | 5 Current Year Acquisitions or Permanent Improvements | 6 Accumulated Depreciation | 7 Amount of Encumbrances | 8 Book Value End of Current Year (Col. 4+5-6-7) * | 9 Gross Income Current Year (Real Estate) | 10 Gross Expenses Current Year (Real Estate) |
|--|--------------------|---------------------|------------------|--|-------------------------------|-----------------------------|--|--|---|
| Building -355 Leatherberry Rd Carrollton, OH 44615 | 10/27/2006 | | 58,144.19 | | 27,146.43 | | 30,997.76 | | |
| Land -355 Leatherberry Rd Carrollton, OH 44615 | 10/27/2006 | | 6,460.47 | | | | 6,460.47 | | |
| Building Improvements | 2006-2020 | | 65,546.20 | | 26,855.07 | | 38,691.13 | | |
| OVERFLOW AMOUNTS | | | | | | | | | |
| Totals | XXX | XXX | \$ 130,150.86 | \$ - | \$ 54,001.50 | \$ - | \$ 76,149.36 | \$ - | \$ - |

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

FURNITURE, FIXTURES and AUTOMOBILES

Showing All Furniture, Fixtures and Automobiles OWNED December 31 of Current Year

| 1 Description | 2 Date Acquired | 3 Name of Vendor | 4 Actual Cost | 5 Current Year Acquisitions or Permanent Improvements | 6 Accumulated Depreciation | 7 Amount of Encumbrances | 8 Book Value End of Current Year (Col. 4+5-6-7) |
|--|--------------------|---------------------|------------------|--|-------------------------------|-----------------------------|--|
| Konica Minolta C224e Color Copier | 10/30/2013 | | 7,566.44 | | 7,566.44 | | - |
| 2 Dell OptiPlex Computers | 5/5/2015 | | 2,311.89 | | 2,311.89 | | - |
| HP Pavilion X360 Laptop | 8/30/2014 | Staples | 729.99 | | 729.99 | | - |
| Hardware HP Zton 16 G1g 2-1 Terabit Ha | 3/20/2019 | ServerSim | 2,499.00 | | 2,499.00 | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| OVERFLOW AMOUNTS | | | | | | | - |
| Totals | XXX | XXX | \$ 13,107.32 | \$ - | \$ 13,107.32 | \$ - | \$ - |

SCHEDULE D - PART 1

Showing all BONDS Owned on December 31 of Current Year

[illegible]

SCHEDULE D - PART 4

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

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

| General preferred stocks, common stocks and mutual funds to be grouped separately. | | | | | | | | | | | | | | |
|--|---|-----------|--|------------------------|---|--------------------|---|----------------------------|---|---|----------------|--------------|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Cusip # | Description | Date Sold | Name of Purchaser (if matured or called under redemption option, so state and give price at which called.) | No. of Shares of Stock | Consideration (Excluding Accrued Interest on Bonds) | Par Value of Bonds | Cost to Company (Excluding Accrued Interest on Bonds) | Book Value at Date of Sale | Increase, By Adjustment in Book Value During Year | Decrease, By Adjustment in Book Value During Year | Profit on Sale | Loss on Sale | Interest on Bonds Received During Year (including accrued interest on bonds sold) | Dividends on Stocks Received During Year (including accrued dividends on stocks sold) |
| | Give complete and accurate description of each bond and stock. If bonds are serial issues give amounts maturing each year. Companies may at their option summarize all bonds of the same issue called, matured or redeemed during the year and omit dates under column (3). | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | </ | | | | | | | | | | |

REINSURANCE SCHEDULE
Reinsurance Ceded and Reinsurance Assumed

[illegible]

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

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

COMPENSATION SCHEDULE

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---------------------|----------------------------|--------------|-------------|---------------------------------|---------------------------------|-----------------------------|--------------|--------------|
| Name of Payee | Title | Salaries | Commissions | Claim Adjustment Expenses | Directors Fees & Expenses | Travel & Travel Items | All Other | Total |
| Officers/Employees: | | | | | | | | |
| Joyce Postlewaite | Secretary-Treasurer/Admin. | \$10,695.00 | | | | | | \$ 10,695.00 |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| Directors: | | | | | | | | |
| Sherman Oyer | President | | | | \$7,200 | | | \$ 7,200.00 |
| Charles Kooser | Vice President | | | | \$3,600 | | | \$ 3,600.00 |
| Donna Delchon | Board Member | | | | \$3,000 | | | \$ 3,000.00 |
| John Capron III | Board Member | | | | \$3,000 | | | \$ 3,000.00 |
| Richard Wilson | Board Member | | | | \$3,000 | | | \$ 3,000.00 |
| Christopher Tissot | Board Member | | | | \$3,000 | | | \$ 3,000.00 |
| Kim Lentz | Board Member | | 4,471.67 | | \$3,000 | | | \$ 7,471.67 |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| Totals | XXXX | \$ 10,695.00 | \$ 4,471.67 | \$ - | \$ 25,800.00 | \$ - | \$ - | \$ 40,966.67 |

GENERAL INTERROGATORIES

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

- | | | | | | | |
|---|--|--|------------------------------|--------------------------|-------|-----------|
| Company's retention: | Fire | \$50,000 | Wind | \$50,000 | Other | \$50,000 |
| 1a. Retention before reinsurance applies for: | Catastrophe Reinsurance | | | Aggregate excess of loss | | \$170,000 |
| 2. What is the largest risk assumed and retained: | | \$27,963 | | | | |
| 3. What kind of perils are being covered? | Fire, Wind, Lightning | | | | | |
| | | | | | | |
| 4. Have the by-laws been amended during the current year? | No | If so, were such amendments filed with the Ohio Department of Insurance? | | | | |
| | N/A | | | | | |
| 5. In what counties does the Company operate: | Carroll, Columbiana, Coshocton, Jefferson, Mahoning, Monroe, Stark, Tuscarawas | | | | | |
| | | | | | | |
| 6. Name of Principal Officer and amount of bond. | Sherman Oyer, Pres-No insurance just for him. He's covered with Director/Officers Policy | | | | | |
| 7. Are all of the persons who handle funds of the Company bonded? | Yes | X | No | | | |
| State the name and amount of each bond on each, except person named in Item 6 above. | | | | | | |
| Secretary- | | | | | | |
| Treasurer, Employee employees are covered under Fidelity bond through NAMIC Ins Agency (CUMIS) Single loss limit of liability is \$250,000 | | | | | | |
| 8. Does the Company have an annual audit conducted by an independent CPA? | No | | | | | |
| 9. State the number of members holding policies in the Company. | 209 | | | | | |
| 10. Was an annual report of the Company made available to each policyholder? | Yes | Yes | If so, did such report agree | | | |
| | with the annual statement filed with the Ohio Department of Insurance? | | | | | |
| 11. State as of what date the latest examination of the Company was made by the Ohio Department of Insurance. | 9/1/2020 | | | | | |
| 12. How many assessments were made during the year? | None | Date of last assessment | | | | N/A |
| 13. Did the assessment provide for all losses, expenses and all other liabilities prior to the date of assessment? | N/A | | | | | |
| 14. Rate of policy fee | | | | | | |
| 15. State the amount of borrowed money since date of last assessment | None | interest thereon | | | | N/A |
| 16. Does any person, firm, corporation or association have any claim, contingent or otherwise, against this Company which is NOT included in the liabilities on page 2 of this statement? | Yes | No | X | | | |
| If yes, give the amount, terms for payment and reasons why such were not recorded as a liability on page 2 of this statement. | | | | | | |

2024

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

[illegible]

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

ORGANIZATIONAL CHART

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

West and Knox Mutual Insurance Company NAIC #10254
West and Knox Insurance Agency License #34014

ANNUAL STATEMENT FOR THE YEAR
West and Knox Mutual Insurance Company
Overflow Page for Write-ins

2024

Additional Write-ins for Assets:

| | | Assets Current Year | Nonadmitted Assets Current Year | Net Admitted Assets Current Year | Net Admitted Assets Prior Year |
|------|---|------------------------|---------------------------------------|--|--------------------------------------|
| 1504 | | | | 0.00 | |
| 1505 | | | | 0.00 | |
| 1506 | | | | 0.00 | |
| 1597 | Summary of remaining write-ins for Line 15 page 2 | 0.00 | 0.00 | 0.00 | 0.00 |

Additional Write-ins for Liabilities:

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

Additional Write-ins for Statement of Income:

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

Additional Write-ins for Nonadmitted Assets:

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

Overflow Page for Investments Owned

SCHEDULE D - PART 1

Showing all BONDS Owned on December 31 of Current Year

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

* Annual Statement Value

SCHEDULE D - PART 2

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

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