



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

IOWA MUTUAL INSURANCE COMPANY

NAIC Group Code 0291 0291 NAIC Company Code 14338 Employer's ID Number 42-0333120
(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 03/12/1900 Commenced Business 03/12/1900

Statutory Home Office 471 EAST BROAD STREET, COLUMBUS, OH, US 43215
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 471 EAST BROAD STREET
(Street and Number)
COLUMBUS, OH, US 43215 614-225-8211
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 471 EAST BROAD STREET, COLUMBUS, OH, US 43215
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 471 EAST BROAD STREET
(Street and Number)
COLUMBUS, OH, US 43215 614-225-8211
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address ENCOVA.COM

Statutory Statement Contact AMY E KUHLMAN, 614-225-8285
(Name) (Area Code) (Telephone Number)
ACCOUNTING@ENCOVA.COM 614-225-8330
(E-mail Address) (FAX Number)

OFFICERS

PRESIDENT & CHIEF EXECUTIVE OFFICER THOMAS JOSEPH OBROKTA JR. TREASURER JAMES CHRISTOPHER HOWAT
SECRETARY WILLIAM JOSEPH MCGEE JR.

OTHER

DIRECTORS OR TRUSTEES

JEFFREY LEIGH BENINTENDI GRADY BRENDAN CAMPBELL JAMES CHRISTOPHER HOWAT
THOMAS JOSEPH OBROKTA JR. MATTHEW CARL WILCOX

State of OH SS
County of FRANKLIN

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.

THOMAS JOSEPH OBROKTA JR.
PRESIDENT & CHIEF EXECUTIVE OFFICER

WILLIAM JOSEPH MCGEE JR.
SECRETARY

JAMES CHRISTOPHER HOWAT
TREASURER

Subscribed and sworn to before me this 3rd day of February 2025

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



Christine Lynn Yonut
Notary Public, State of Ohio
My Comm. Expires 01/16/2030



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2024

NAIC Company Code 14338

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) of 1,575.

(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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2024

NAIC Company Code 14338

Table with 12 columns: Line of Business, 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. Rows include various insurance lines like Fire, Auto, Life, etc., ending with a Total (a) row.

(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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2024

NAIC Company Code 14338

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	(264)	.840	0	0	39	(2,476)	344	0	(438)	25	15	(1)
2.1 Allied Lines	(569)	1,819	0	0	16	16	0	0	0	0	31	(3)
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril	(195)	78,564	0	0	63,173	29,412	10,422	(23,957)	(24,852)	1,039	969	8,035
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion)	0	0	0	0	40,000	269,450	229,450	3,835	3,835	0	0	0
6. Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.1 Inland Marine	0	153	0	0	0	0	0	0	0	0	1	108
9.2 Pet Insurance Plans												
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake	0	319	0	0	0	0	0	0	0	0	5	0
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	0	0	0	0	32,906	(223,722)	633,624	24,600	(44,315)	7,290	0	0
17.1 Other Liability - Occurrence	(48)	1,234	0	0	0	(520,747)	290,615	30,900	(27,090)	17,670	18	139
17.2 Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability	(804)	34,495	0	0	2,352	279,525	320,028	2,146	6,438	5,641	442	3,193
19.3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability	0	0	0	0	0	3,815	11,235	0	823	1,509	0	0
21.1 Private Passenger Auto Physical Damage	(126)	34,027	0	0	(23,748)	(27,085)	1,241	804	(2,420)	261	397	4,213
21.2 Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
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	0
35. Total (a)	(2,007)	151,451	0	0	114,738	(191,812)	1,496,959	38,327	(88,020)	33,435	1,877	15,685
DETAILS OF WRITE-INS												
3401.												
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 through 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 \$
 (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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2024

NAIC Company Code 14338

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	(228)	17,041	0	0	0	(12,021)	19,608	402	(4,275)	1,277	112	(9)
2.1 Allied Lines	(874)	52,960	0	0	0	0	0	1,313	1,313	0	327	(27)
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood	157	163	0	121	0	0	0	0	0	0	24	3
3. Farmowners Multiple Peril			0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril	4,586,286	4,567,571	0	2,398,832	1,627,756	1,462,233	1,011,289	118,152	151,694	96,260	677,754	87,030
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	(34)	(31)	3	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	25,000	25,000	0	0	0	0	0
6. Mortgage Guaranty												
8. Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.1 Inland Marine	61,391	55,446	0	31,610	3,117	3,117	0	1,330	1,330	0	9,205	1,165
9.2 Pet Insurance Plans												
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake	112	1,952	0	90	0	0	0	0	0	0	46	2
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	0	0	0	0	74,730	(67,105)	1,072,209	24,950	(3,969)	104,286	0	0
17.1 Other Liability - Occurrence	79,308	87,850	0	38,960	15,503	(131,665)	597,211	7,372	125,422	228,981	11,874	1,504
17.2 Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability	1,823,183	1,920,216	0	901,597	750,725	779,896	1,533,662	116,127	138,889	88,598	287,148	34,583
19.3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability	0	0	0	0	0	2,842	8,480	0	574	1,103	0	0
21.1 Private Passenger Auto Physical Damage	2,404,355	2,514,140	0	1,197,366	954,151	988,802	105,952	61,272	31,634	20,838	376,166	45,625
21.2 Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
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	0
35. Total (a)	8,953,690	9,217,339	0	4,568,577	3,425,946	3,051,067	4,373,415	330,919	442,613	541,343	1,362,657	169,876
DETAILS OF WRITE-INS												
3401.												
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 through 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 \$ 103,385

(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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2024

NAIC Company Code 14338

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Auto, Life, etc., ending with a Total (a) row showing 609.

(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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2024

NAIC Company Code 14338

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row showing 309.

(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

19 KY



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2024

NAIC Company Code 14338

Table with 12 columns: Line of Business, 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. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a total row at the bottom.

(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

19 MN



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2024

NAIC Company Code 14338

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) of 2,415.

(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

19 MO



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2024

NAIC Company Code 14338

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) of 1,915.

(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

19 MT



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2024

NAIC Company Code 14338

Table with 12 columns: Line of Business, 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. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a 'Total (a)' row.

(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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2024

NAIC Company Code 14338

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row.

(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

19 NC



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2024

NAIC Company Code 14338

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row.

(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

19 IND



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2024

NAIC Company Code 14338

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	0	0	0	0	0	0	0	0	0	0	0	(1)
2.1 Allied Lines	0	0	0	0	0	0	0	0	0	0	0	(2)
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	6,998
5.1 Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage Guaranty												
8. Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.1 Inland Marine	0	0	0	0	0	0	0	0	0	0	0	94
9.2 Pet Insurance Plans												
10. Financial Guaranty												
11.1 Medical Professional Liability - Occurrence												
11.2 Medical Professional Liability - Claims-Made												
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	121
17.2 Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess Workers' Compensation												
18.1 Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2 Products Liability - Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	2,781
19.3 Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	3,669
21.2 Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
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	0
35. Total (a)	0	0	0	0	0	0	0	0	0	0	0	13,660
DETAILS OF WRITE-INS												
3401.												
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 through 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 \$

(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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2024

NAIC Company Code 14338

Table with 12 columns: Line of Business, 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. Rows include various insurance categories like Fire, Multiple Peril Crop, Federal Flood, etc., ending with a Total (a) row.

(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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2024

NAIC Company Code 14338

Table with 12 columns: Line of Business, 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. Rows include various insurance lines like Fire, Multiple Peril Crop, Federal Flood, etc., and a total row at the bottom.

19.WI

(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 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0291

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2024

NAIC Company Code 14338

Table with 12 columns: Line of Business, 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. Rows include various insurance lines like Fire, Auto, Life, etc., and a total row at the bottom.

(a) Finance and service charges not included in Lines 1 to 35 \$ 103,385

(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

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SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
NONE					

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company 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			
31-4259550	14621	Motorists Mutual Insurance Company	OH		8,745	933	0	7,443	147	2,188	939	4,556	76	16,283	0	544	0	15,739	3,109	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					8,745	933	0	7,443	147	2,188	939	4,556	76	16,283	0	544	0	15,739	3,109	
0499999. Total Authorized - Affiliates - U.S. Non-Pool					0	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	0
0899999. Total Authorized - Affiliates					8,745	933	0	7,443	147	2,188	939	4,556	76	16,283	0	544	0	15,739	3,109	
38-3207001	10166	Accident Fund Insurance Company Of America	MI		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
06-1182357	22730	Allied World Insurance Company	NH		11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
36-2661954	10103	American Agricultural Insurance Company	IN		4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
06-1430254	10348	Arch Reinsurance Company	DE		14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
51-0434766	20370	Axis Reinsurance Company	NY		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
47-0574325	32603	Berkley Insurance Company	DE		23	0	0	0	0	0	0	11	0	11	1	0	0	10	0	
36-2994662	36552	Coliseum Reinsurance Company	DE		0	0	0	204	0	0	0	0	0	204	0	0	0	204	0	
36-2114545	20443	Continental Casualty Company	IL		0	0	0	146	0	0	0	0	0	146	0	0	0	146	0	
38-2145898	33499	Dorinco Reinsurance Company	MI		0	0	0	68	0	0	0	0	0	68	0	0	0	68	0	
42-0234980	21415	Employers Mutual Casualty Company	IA		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
22-2005057	26921	Everest Reinsurance Company	DE		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
06-0383750	19682	Hartford Fire Insurance Company	CT		0	0	0	45	0	0	0	0	0	45	0	0	0	45	0	
13-4924125	10227	Munich Reinsurance America, Inc	DE		4	2	0	2,164	0	0	0	0	0	2,166	0	779	0	1,387	0	
31-4177100	23787	Nationwide Mutual Insurance Company	OH		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13-3531373	10006	PartnerRe Insurance Company Of NY	NY		0	0	0	45	0	0	0	0	0	45	0	0	0	45	0	
52-1952955	10357	Renaissance Reinsurance US, Inc	MD		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
43-0613000	23388	Shelter Mutual Insurance Company	MO		2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13-1675535	25364	Swiss Reinsurance America Corporation	NY		12	0	0	146	0	0	0	0	0	146	0	0	0	146	0	
06-0566050	25658	Travelers Indemnity Company	CT		3	0	0	0	0	0	0	2	0	2	0	0	0	1	0	
13-3088732	40517	WCF National Insurance Company	UT		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					75	2	0	2,818	0	0	0	12	0	2,833	0	780	0	2,053	0	
AA-9991500	00000	Illinois Mine Subsidence Insurance Fund	IL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1099999. Total Authorized - Pools - Mandatory Pools					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-9995035	00000	Mutual Reinsurance Bureau	IL		17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1199999. Total Authorized - Pools - Voluntary Pools					17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-1340125	00000	Hannover Ruckversicherungs AG	DEU		3	0	0	91	0	0	0	0	0	91	0	0	0	91	0	
AA-1126033	00000	Lloyd's Syndicate Number 0033	GBR		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-1126609	00000	Lloyd's Syndicate Number 0609	GBR		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-1126623	00000	Lloyd's Syndicate Number 0623	GBR		3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-1127414	00000	Lloyd's Syndicate Number 1414	GBR		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-1120157	00000	Lloyd's Syndicate Number 1729	GBR		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-1120171	00000	Lloyd's Syndicate Number 1856	GBR		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-1128010	00000	Lloyd's Syndicate Number 2010	GBR		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-1128623	00000	Lloyd's Syndicate Number 2623	GBR		8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-1128987	00000	Lloyd's Syndicate Number 2987	GBR		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-1129000	00000	Lloyd's Syndicate Number 3000	GBR		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-1120181	00000	Lloyd's Syndicate Number 5886	GBR		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-3190829	00000	Markel Bermuda Ltd	BMU		4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1299999. Total Authorized - Other Non-U.S. Insurers					20	0	0	91	0	0	0	0	0	91	0	0	0	91	0	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					8,857	935	0	10,352	147	2,188	939	4,569	76	19,206	0	1,323	0	17,883	3,109	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					0	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	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company 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 Commissions	15 Columns 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers					
2299999. Total Unauthorized - Affiliates						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
AA-3191298	.00000	Antares Reinsurance Company Ltd	BMU		10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
AA-3190932	.00000	Argo Re Ltd	BMU		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9		
AA-1340028	.00000	Devk Ruckversicherungs und Beteiligungs AG	DEU		7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
AA-1340004	.00000	R+V Versicherung AG	DEU		14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
AA-3190757	.00000	XL Re Ltd	BMU		6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
2699999. Total Unauthorized - Other Non-U.S. Insurers						38	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)						38	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	
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
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
3699999. Total Certified - Affiliates						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CR-3194130	.00000	Endurance Specialty Insurance Ltd	BMU		6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
CR-1340125	.00000	Hannover Ruckversicherungs AG	DEU		9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
4099999. Total Certified - Other Non-U.S. Insurers						15	0	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)						15	0	0	0	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	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	0	0	0	0
5099999. Total Reciprocal Jurisdiction - Affiliates						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RJ-3194126	.00000	Arch Reinsurance Ltd	BMU		2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
RJ-3191352	.00000	Ascot Reinsurance Company Ltd	BMU		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
RJ-3191454	.00000	AXA XL Reinsurance Ltd	BMU		4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
RJ-3190770	.00000	Chubb Tempest Reinsurance Ltd	BMU		4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
RJ-1120191	.00000	Convex Insurance UK Ltd	GBR		6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
RJ-3194122	.00000	DaVinci Reinsurance Ltd	BMU		8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
RJ-3191190	.00000	Hamilton Re Ltd	BMU		2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
RJ-3190875	.00000	Hiscox Insurance Company (Bermuda) Ltd	BMU		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
RJ-1460019	.00000	MS Amlin AG	CHE		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
RJ-3190339	.00000	Renaissance Reinsurance Ltd	BMU		12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
RJ-3191388	.00000	Vermeer Reinsurance Ltd	BMU		2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers						41	0	0	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)						41	0	0	0	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)						8,951	935	0	10,352	147	2,188	939	4,569	76	19,206	0	1,323	0	17,883	3,117	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
9999999 Totals						8,951	935	0	10,352	147	2,188	939	4,569	76	19,206	0	1,323	0	17,883	3,117	0	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
31-4259550	Motorists Mutual Insurance Company					3,652	12,630	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling	0	0	XXX	0	3,652	12,630	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	3,652	12,630	0	0	0	0	0	0	0	0	XXX	0
38-3207001	Accident Fund Insurance Company Of America					0	0	0	0	0	0	0	0	0	0	3	0
06-1182357	Allied World Insurance Company					0	0	0	0	0	0	0	0	0	0	3	0
36-2661954	American Agricultural Insurance Company					0	0	0	0	0	0	0	0	0	0	3	0
06-1430254	Arch Reinsurance Company					0	0	0	0	0	0	0	0	0	0	2	0
51-0434766	Axis Reinsurance Company					0	0	0	0	0	0	0	0	0	0	3	0
47-0574325	Berkley Insurance Company					1	10	0	11	13	1	12	0	12	0	2	0
36-2994662	Coliseum Reinsurance Company					0	204	0	204	245	0	245	0	245	0	6	29
36-2114545	Continental Casualty Company					0	146	0	146	175	0	175	0	175	0	3	5
38-2145898	Dorinco Reinsurance Company					0	68	0	68	82	0	82	0	82	0	3	2
42-0234980	Employers Mutual Casualty Company					0	0	0	0	0	0	0	0	0	0	3	0
22-2005057	Everest Reinsurance Company					0	0	0	0	0	0	0	0	0	0	2	0
06-0383750	Hartford Fire Insurance Company					0	45	0	45	54	0	54	0	54	0	2	1
13-4924125	Munich Reinsurance America, Inc					779	1,387	0	2,166	2,599	779	1,821	0	1,821	0	2	38
31-4177100	Nationwide Mutual Insurance Company					0	0	0	0	0	0	0	0	0	0	2	0
13-3531373	PartnerRe Insurance Company Of NY					0	45	0	45	54	0	54	0	54	0	4	2
52-1952955	Renaissance Reinsurance US, Inc					0	0	0	0	0	0	0	0	0	0	2	0
43-0613000	Shelter Mutual Insurance Company					0	0	0	0	0	0	0	0	0	0	3	0
13-1675535	Swiss Reinsurance America Corporation					0	146	0	146	175	0	175	0	175	0	2	4
06-0566050	Travelers Indemnity Company					0	1	0	2	2	0	2	0	2	0	1	0
13-3088732	WCF National Insurance Company					0	0	0	0	0	0	0	0	0	0	3	0
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	0	0	XXX	0	780	2,053	0	2,833	3,399	780	2,620	0	2,620	XXX	XXX	82
AA-9991500	Illinois Mine Subsidence Insurance Fund					0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999	Total Authorized - Pools - Mandatory Pools	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9995035	Mutual Reinsurance Bureau					0	0	0	0	0	0	0	0	0	6	0	0
1199999	Total Authorized - Pools - Voluntary Pools	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
AA-1340125	Hannover Ruckversicherungs AG					0	91	0	91	109	0	109	0	109	2	0	2
AA-1126033	Lloyd's Syndicate Number 0033					0	0	0	0	0	0	0	0	0	6	0	0
AA-1126609	Lloyd's Syndicate Number 0609					0	0	0	0	0	0	0	0	0	6	0	0
AA-1126623	Lloyd's Syndicate Number 0623					0	0	0	0	0	0	0	0	0	6	0	0
AA-1127414	Lloyd's Syndicate Number 1414					0	0	0	0	0	0	0	0	0	6	0	0
AA-1120157	Lloyd's Syndicate Number 1729					0	0	0	0	0	0	0	0	0	6	0	0
AA-1120171	Lloyd's Syndicate Number 1856					0	0	0	0	0	0	0	0	0	6	0	0
AA-1128010	Lloyd's Syndicate Number 2010					0	0	0	0	0	0	0	0	0	6	0	0
AA-1128623	Lloyd's Syndicate Number 2623					0	0	0	0	0	0	0	0	0	6	0	0
AA-1128987	Lloyd's Syndicate Number 2987					0	0	0	0	0	0	0	0	0	6	0	0
AA-1129000	Lloyd's Syndicate Number 3000					0	0	0	0	0	0	0	0	0	6	0	0
AA-1120181	Lloyd's Syndicate Number 5886					0	0	0	0	0	0	0	0	0	6	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
AA-3190829	Markei Bermuda Ltd					0	0	0	0	0	0	0	0	0	6	0	0
1299999	Total Authorized - Other Non-U.S. Insurers	0	0	XXX	0	0	91	0	91	109	0	109	0	109	XXX	0	2
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	0	XXX	0	4,432	14,774	0	2,924	3,508	780	2,729	0	2,729	XXX	0	84
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-3191298	Antares Reinsurance Company Ltd					0	0	0	0	0	0	0	0	0	6	0	0
AA-3190932	Argo Re Ltd					0	0	0	0	0	0	0	0	0	6	0	0
AA-1340028	Devk Ruckversicherungs und Beteiligungs AG					0	0	0	0	0	0	0	0	0	6	0	0
AA-1340004	R+V Versicherung AG					0	0	0	0	0	0	0	0	0	6	0	0
AA-3190757	XL Re Ltd					0	0	0	0	0	0	0	0	0	6	0	0
2699999	Total Unauthorized - Other Non-U.S. Insurers	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	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
CR-3194130	Endurance Specialty Insurance Ltd					0	0	0	0	0	0	0	0	0	3	0	0
CR-1340125	Hannover Ruckversicherungs AG					0	0	0	0	0	0	0	0	0	2	0	0
4099999	Total Certified - Other Non-U.S. Insurers	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
RJ-3194126	Arch Reinsurance Ltd					0	0	0	0	0	0	0	0	0	2	0	0
RJ-3191352	Ascot Reinsurance Company Ltd					0	0	0	0	0	0	0	0	0	6	0	0
RJ-3191454	AXA XL Reinsurance Ltd					0	0	0	0	0	0	0	0	0	2	0	0
RJ-3190770	Chubb Tempest Reinsurance Ltd					0	0	0	0	0	0	0	0	0	6	0	0
RJ-1120191	Convex Insurance UK Ltd					0	0	0	0	0	0	0	0	0	6	0	0
RJ-3194122	DaVinci Reinsurance Ltd					0	0	0	0	0	0	0	0	0	6	0	0
RJ-3191190	Hamilton Re Ltd					0	0	0	0	0	0	0	0	0	6	0	0
RJ-3190875	Hiscox Insurance Company (Bermuda) Ltd					0	0	0	0	0	0	0	0	0	3	0	0
RJ-1460019	MS Amlin AG					0	0	0	0	0	0	0	0	0	6	0	0
RJ-3190339	Renaissance Reinsurance Ltd					0	0	0	0	0	0	0	0	0	6	0	0
RJ-3191388	Vermeer Reinsurance Ltd					0	0	0	0	0	0	0	0	0	6	0	0
5499999	Total Reciprocal Jurisdiction - Other Non-U.S. Insurers	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
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	0	XXX	0	4,432	14,774	0	2,924	3,508	780	2,729	0	2,729	XXX	0	84
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	0	XXX	0	4,432	14,774	0	2,924	3,508	780	2,729	0	2,729	XXX	0	84

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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	Overdue				43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)										
		Current	38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days												42 Total Overdue Cols. 38+39 +40+41
31-4259550	Motorists Mutual Insurance Company	933					933			933			0.0	0.0	0.0	XXX	0
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling	933	0	0	0	0	933	0	0	933	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	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	XXX	0
0899999	Total Authorized - Affiliates	933	0	0	0	0	933	0	0	933	0	0	0.0	0.0	0.0	XXX	0
38-3207001	Accident Fund Insurance Company Of America						0			0			0.0	0.0	0.0	YES	0
06-1182357	Allied World Insurance Company						0			0			0.0	0.0	0.0	YES	0
36-2661954	American Agricultural Insurance Company						0			0			0.0	0.0	0.0	YES	0
06-1430254	Arch Reinsurance Company						0			0			0.0	0.0	0.0	YES	0
51-0434766	Axis Reinsurance Company						0			0			0.0	0.0	0.0	YES	0
47-0574325	Berkley Insurance Company						0			0			0.0	0.0	0.0	YES	0
36-2994662	Coliseum Reinsurance Company						0			0			0.0	0.0	0.0	YES	0
36-2114545	Continental Casualty Company						0			0			0.0	0.0	0.0	YES	0
38-2145898	Dorinco Reinsurance Company						0			0			0.0	0.0	0.0	YES	0
42-0234980	Employers Mutual Casualty Company						0			0			0.0	0.0	0.0	YES	0
22-2005057	Everest Reinsurance Company						0			0			0.0	0.0	0.0	YES	0
06-0383750	Hartford Fire Insurance Company						0			0			0.0	0.0	0.0	YES	0
13-4924125	Munich Reinsurance America, Inc	2					2			2			0.0	0.0	0.0	YES	0
31-4177100	Nationwide Mutual Insurance Company						0			0			0.0	0.0	0.0	YES	0
13-3531373	PartnerRe Insurance Company Of NY						0			0			0.0	0.0	0.0	YES	0
52-1952955	Renaissance Reinsurance US, Inc						0			0			0.0	0.0	0.0	YES	0
43-0613000	Shelter Mutual Insurance Company						0			0			0.0	0.0	0.0	YES	0
13-1675535	Swiss Reinsurance America Corporation						0			0			0.0	0.0	0.0	YES	0
06-0566050	Travelers Indemnity Company						0			0			0.0	0.0	0.0	YES	0
13-3088732	WCF National Insurance Company						0			0			0.0	0.0	0.0	YES	0
0999999	Total Authorized - Other U.S. Unaffiliated Insurers	2	0	0	0	0	2	0	0	2	0	0	0.0	0.0	0.0	XXX	0
AA-9991500	Illinois Mine Subsidence Insurance Fund						0			0			0.0	0.0	0.0	YES	0
1099999	Total Authorized - Pools - Mandatory Pools	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
AA-9995035	Mutual Reinsurance Bureau						0			0			0.0	0.0	0.0	YES	0
1199999	Total Authorized - Pools - Voluntary Pools	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0
AA-1340125	Hannover Ruckversicherungs AG						0			0			0.0	0.0	0.0	YES	0
AA-1126033	Lloyd's Syndicate Number 0033						0			0			0.0	0.0	0.0	YES	0
AA-1126609	Lloyd's Syndicate Number 0609						0			0			0.0	0.0	0.0	YES	0
AA-1126623	Lloyd's Syndicate Number 0623						0			0			0.0	0.0	0.0	YES	0
AA-1127414	Lloyd's Syndicate Number 1414						0			0			0.0	0.0	0.0	YES	0
AA-1120157	Lloyd's Syndicate Number 1729						0			0			0.0	0.0	0.0	YES	0
AA-1120171	Lloyd's Syndicate Number 1856						0			0			0.0	0.0	0.0	YES	0
AA-1128010	Lloyd's Syndicate Number 2010						0			0			0.0	0.0	0.0	YES	0
AA-1128623	Lloyd's Syndicate Number 2623						0			0			0.0	0.0	0.0	YES	0
AA-1128987	Lloyd's Syndicate Number 2987						0			0			0.0	0.0	0.0	YES	0
AA-1129000	Lloyd's Syndicate Number 3000						0			0			0.0	0.0	0.0	YES	0
AA-1120181	Lloyd's Syndicate Number 5886						0			0			0.0	0.0	0.0	YES	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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	Overdue				43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)												
		Current	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-3190829	Markel Bermuda Ltd																		
1299999	Total Authorized - Other Non-U.S. Insurers	0	0	0	0	0	0	0	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)	935	0	0	0	0	0	935	0	0	935	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	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	XXX	0		
2299999	Total Unauthorized - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0		
AA-3191298	Antares Reinsurance Company Ltd																YES	0	
AA-3190932	Argo Re Ltd																YES	0	
AA-1340028	Devk Ruckversicherungs und Beteiligungs AG																YES	0	
AA-1340004	R+V Versicherung AG																YES	0	
AA-3190757	XL Re Ltd																YES	0	
2699999	Total Unauthorized - Other Non-U.S. Insurers	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0		
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	0	0	0	0	0	0	0	0	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		
CR-3194130	Endurance Specialty Insurance Ltd																YES	0	
CR-1340125	Hannover Ruckversicherungs AG																YES	0	
4099999	Total Certified - Other Non-U.S. Insurers	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		
RJ-3194126	Arch Reinsurance Ltd																YES	0	
RJ-3191352	Ascot Reinsurance Company Ltd																YES	0	
RJ-3191454	AXA XL Reinsurance Ltd																YES	0	
RJ-3190770	Chubb Tempest Reinsurance Ltd																YES	0	
RJ-1120191	Convex Insurance UK Ltd																YES	0	
RJ-3194122	DaVinci Reinsurance Ltd																YES	0	
RJ-3191190	Hamilton Re Ltd																YES	0	
RJ-3190875	Hiscox Insurance Company (Bermuda) Ltd																YES	0	
RJ-1460019	MS Amlin AG																YES	0	
RJ-3190339	Renaissance Reinsurance Ltd																YES	0	
RJ-3191388	Vermeer Reinsurance Ltd																YES	0	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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	Overdue				43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)										
		Current	38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days												42 Total Overdue Cols. 38+39 +40+41
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		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	XXX	0	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		935	0	0	0	0	935	0	0	935	0	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	XXX	0	
9999999 Totals		935	0	0	0	0	935	0	0	935	0	0	0.0	0.0	0.0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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		
31-4259550	Motorists Mutual 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	
38-3207001	Accident Fund Insurance Company Of America	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
06-1182357	Allied World Insurance 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	
06-1430254	Arch Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
51-0434766	Axis Reinsurance 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	
36-2994662	Coliseum Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36-2114545	Continental Casualty Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38-2145898	Dorinco Reinsurance 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	
22-2005057	Everest Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
06-0383750	Hartford Fire 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	
31-4177100	Nationwide Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-3531373	PartnerRe Insurance Company Of NY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
52-1952955	Renaissance Reinsurance US, Inc	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43-0613000	Shelter Mutual Insurance Company	XXX	XXX	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	
06-0566050	Travelers Indemnity Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-3088732	WCF National Insurance 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-9991500	Illinois Mine Subsidence Insurance Fund	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1099999	Total Authorized - Pools - Mandatory Pools			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-9995035	Mutual Reinsurance Bureau	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1199999	Total Authorized - Pools - Voluntary Pools			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1340125	Hannover Ruckversicherungs AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126033	Lloyd's Syndicate Number 0033	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126609	Lloyd's Syndicate Number 0609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126623	Lloyd's Syndicate Number 0623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1127414	Lloyd's Syndicate Number 1414	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120157	Lloyd's Syndicate Number 1729	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120171	Lloyd's Syndicate Number 1856	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128010	Lloyd's Syndicate Number 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128623	Lloyd's Syndicate Number 2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128987	Lloyd's Syndicate Number 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1129000	Lloyd's Syndicate Number 3000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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. 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. 22 + Col. 24, not to Exceed Col. 63)	Net Unrecoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
AA-1120181	Lloyd's Syndicate Number 5886	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3190829	Markel Bermuda Ltd	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-3191298	Antares Reinsurance Company Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3190932	Argo Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1340028	Devk Ruckversicherungs und Beteiligungs AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1340004	R+V Versicherung AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3190757	XL Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2699999. Total Unauthorized - Other Non-U.S. Insurers				XXX	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	XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX	0	0	0	XXX	XXX	0	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	0	
3699999. Total Certified - Affiliates				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
CR-3194130	Endurance Specialty Insurance Ltd	3	07/01/2016	20.0		0	0	0.0	0.0	0	0	0	0	0	0	0	0	
CR-1340125	Hannover Ruckversicherungs AG	2	09/23/2014	10.0		0	0	0.0	0.0	0	0	0	0	0	0	0	0	
4099999. Total Certified - Other Non-U.S. Insurers				XXX	0	0	0	XXX	XXX	0	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	0	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX	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	XXX	
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3194126	Arch Reinsurance Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3191352	Ascot Reinsurance Company Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3191454	AXA XL Reinsurance Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3190770	Chubb Tempest Reinsurance Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1120191	Convex Insurance UK Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3194122	DaVinci Reinsurance Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3191190	Hamilton Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3190875	Hiscox Insurance Company (Bermuda) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1460019	MS Amlin AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3190339	Renaissance Reinsurance Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3191388	Vermeer Reinsurance Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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		
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	XXX	XXX	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	
9999999 Totals		XXX	0	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	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 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
31-4259550	Motorists Mutual 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
38-3207001	Accident Fund Insurance Company Of America	0	XXX	XXX	0	0	0	XXX	XXX	0
06-1182357	Allied World Insurance 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
06-1430254	Arch Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
51-0434766	Axis Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
47-0574325	Berkley Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
36-2994662	Coliseum Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
36-2114545	Continental Casualty Company	0	XXX	XXX	0	0	0	XXX	XXX	0
38-2145898	Dorinco Reinsurance 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
22-2005057	Everest Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
06-0383750	Hartford Fire 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
31-4177100	Nationwide Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
13-3531373	PartnerRe Insurance Company Of NY	0	XXX	XXX	0	0	0	XXX	XXX	0
52-1952955	Renaissance Reinsurance US, Inc	0	XXX	XXX	0	0	0	XXX	XXX	0
43-0613000	Shelter Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
13-1675535	Swiss Reinsurance America Corporation	0	XXX	XXX	0	0	0	XXX	XXX	0
06-0566050	Travelers Indemnity Company	0	XXX	XXX	0	0	0	XXX	XXX	0
13-3088732	WCF National Insurance 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-9991500	Illinois Mine Subsidence Insurance Fund	0	XXX	XXX	0	0	0	XXX	XXX	0
1099999	Total Authorized - Pools - Mandatory Pools	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-9995035	Mutual Reinsurance Bureau	0	XXX	XXX	0	0	0	XXX	XXX	0
1199999	Total Authorized - Pools - Voluntary Pools	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1340125	Hannover Ruckversicherungs AG	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126033	Lloyd's Syndicate Number 0033	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126609	Lloyd's Syndicate Number 0609	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126623	Lloyd's Syndicate Number 0623	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1127414	Lloyd's Syndicate Number 1414	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120157	Lloyd's Syndicate Number 1729	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120171	Lloyd's Syndicate Number 1856	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128010	Lloyd's Syndicate Number 2010	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128623	Lloyd's Syndicate Number 2623	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128987	Lloyd's Syndicate Number 2987	0	XXX	XXX	0	0	0	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	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 Provision for Amounts Ceded to Authorized and Reciprocal Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)	
AA-1129000 ..	Lloyd's Syndicate Number 3000	0	XXX	XXX	0	0	0	0	XXX	XXX	0
AA-1120181 ..	Lloyd's Syndicate Number 5886	0	XXX	XXX	0	0	0	0	XXX	XXX	0
AA-3190829 ..	Markef Bermuda Ltd	0	XXX	XXX	0	0	0	0	XXX	XXX	0
1299999.	Total Authorized - Other Non-U.S. Insurers	0	XXX	XXX	0	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	0	XXX	XXX	0
1899999.	Total Unauthorized - Affiliates - U.S. Non-Pool	0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
2199999.	Total Unauthorized - Affiliates - Other (Non-U.S.)	0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
2299999.	Total Unauthorized - Affiliates	0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
AA-3191298 ..	Antares Reinsurance Company Ltd	0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
AA-3190932 ..	Argo Re Ltd	0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
AA-1340028 ..	Devk Ruckversicherungs und Beteiligungs AG	0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
AA-1340004 ..	R+V Versicherung AG	0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
AA-3190757 ..	XL Re Ltd	0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
2699999.	Total Unauthorized - Other Non-U.S. Insurers	0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
2899999.	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	0	XXX	XXX	XXX	0	XXX	XXX	0
3299999.	Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999.	Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999.	Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
CR-3194130 ..	Endurance Specialty Insurance Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
CR-1340125 ..	Hannover Ruckversicherungs AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4099999.	Total Certified - Other Non-U.S. Insurers	XXX	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	XXX	0	0
4699999.	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool	0	XXX	XXX	0	0	0	0	XXX	XXX	0
4999999.	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)	0	XXX	XXX	0	0	0	0	XXX	XXX	0
5099999.	Total Reciprocal Jurisdiction - Affiliates	0	XXX	XXX	0	0	0	0	XXX	XXX	0
RJ-3194126 ..	Arch Reinsurance Ltd	0	XXX	XXX	0	0	0	0	XXX	XXX	0
RJ-3191352 ..	Ascot Reinsurance Company Ltd	0	XXX	XXX	0	0	0	0	XXX	XXX	0
RJ-3191454 ..	AXA XL Reinsurance Ltd	0	XXX	XXX	0	0	0	0	XXX	XXX	0
RJ-3190770 ..	Chubb Tempest Reinsurance Ltd	0	XXX	XXX	0	0	0	0	XXX	XXX	0
RJ-1120191 ..	Convex Insurance UK Ltd	0	XXX	XXX	0	0	0	0	XXX	XXX	0
RJ-3194122 ..	DaVinci Reinsurance Ltd	0	XXX	XXX	0	0	0	0	XXX	XXX	0
RJ-3191190 ..	Hamilton Re Ltd	0	XXX	XXX	0	0	0	0	XXX	XXX	0
RJ-3190875 ..	Hiscox Insurance Company (Bermuda) Ltd	0	XXX	XXX	0	0	0	0	XXX	XXX	0
RJ-1460019 ..	MS Amlin AG	0	XXX	XXX	0	0	0	0	XXX	XXX	0
RJ-3190339 ..	Renaissance Reinsurance Ltd	0	XXX	XXX	0	0	0	0	XXX	XXX	0
RJ-3191388 ..	Vermeer Reinsurance Ltd	0	XXX	XXX	0	0	0	0	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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%)	71 Provision for Unauthorized Reinsurance		72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)		73 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		74 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		75 Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	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 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)				
5499999. Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		0	XXX	XXX	0	0	0	0	0	XXX	XXX	0	0	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	XXX	XXX	0	0	0	0	0	XXX	XXX	0	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	0	0	0	
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	0	0	0	0	0	0	0	0	0	0	
9999999 Totals		0	0	0	0	0	0	0	0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
NONE				
Total				

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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 <u>Name of Reinsurer</u>	2 <u>Commission Rate</u>	3 <u>Ceded Premium</u>
1.
2.
3.
4.
5.

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 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <u>Affiliated</u>
6.	Motorists Mutual Insurance Company	16,283	8,745	Yes [X] No []
7.	Munich Reinsurance America, Inc	2,166	4	Yes [] No [X]
8.	Coliseum Reinsurance Company	204	0	Yes [] No [X]
9.	Continental Casualty Company	146	0	Yes [] No [X]
10.	Swiss Reinsurance America Corporation	146	12	Yes [] No [X]

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

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)	90,851,707		90,851,707
2. Premiums and considerations (Line 15)	5,130,010		5,130,010
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	935,332	(935,332)	0
4. Funds held by or deposited with reinsured companies (Line 16.2)	9,995,427		9,995,427
5. Other assets	1,421,335	(1,940,647)	(519,312)
6. Net amount recoverable from reinsurers		19,851,184	19,851,184
7. Protected cell assets (Line 27)	0		0
8. Totals (Line 28)	108,333,811	16,975,205	125,309,016
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	44,200,022	13,626,533	57,826,554
10. Taxes, expenses, and other obligations (Lines 4 through 8)	3,616,420	149,011	3,765,431
11. Unearned premiums (Line 9)	12,147,202	4,568,577	16,715,779
12. Advance premiums (Line 10)	97,642		97,642
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	1,323,405	(1,323,405)	0
15. Funds held by company under reinsurance treaties (Line 13)	3,117,468	(3,117,468)	0
16. Amounts withheld or retained by company for account of others (Line 14)	0		0
17. Provision for reinsurance (Line 16)	0		0
18. Other liabilities	185,825	3,071,958	3,257,783
19. Total liabilities excluding protected cell business (Line 26)	64,687,984	16,975,205	81,663,189
20. Protected cell liabilities (Line 27)			0
21. Surplus as regards policyholders (Line 37)	43,645,826	XXX	43,645,826
22. Totals (Line 38)	108,333,810	16,975,205	125,309,015

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

If yes, give full explanation: The company cedes to its affiliate, Motorists Mutual Insurance Company, through a 100% intercompany pooling arrangement. Refer to Note 26 in the Notes to Financial Statements for more information.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX
2. Premiums earned	0	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims	(360)	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
4. Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	(360)	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a)	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
8. Other general insurance expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
9. Taxes, licenses and fees	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
10. Total other expenses incurred	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	360	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	360	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS														
1101.														
1102.														
1103.														
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX	0	XXX
2. Premiums earned		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(360)	0.0
4. Cost containment expenses		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(360)	0.0
6. Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a)		0.0		0.0		0.0		0.0		0.0		0.0
8. Other general insurance expenses		0.0		0.0		0.0		0.0		0.0		0.0
9. Taxes, licenses and fees		0.0		0.0		0.0		0.0		0.0		0.0
10. Total other expenses incurred	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	360	0.0
13. Dividends or refunds		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	360	0.0
DETAILS OF WRITE-INS												
1101.												
1102.												
1103.												
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Advance premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Reserve for rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Total premium reserves, current year	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Total premium reserves, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Increase in total premium reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Contract Reserves:													
1. Additional reserves (a)	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Total contract reserves, current year	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Increase in contract reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:													
1. Total current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Total prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Increase	0	0	0	0	0	0	0	0	0	0	0	0	0

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	(360)	0	0	0	0	0	0	0	0	0	0	0	(360)
1.2 On claims incurred during current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	0	0	0	0	0	0	0	0	0	0	0	0	0
2.2 On claims incurred during current year	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Test:													
3.1 Lines 1.1 and 2.1	(360)	0	0	0	0	0	0	0	0	0	0	0	(360)
3.2 Claim reserves and liabilities, December 31, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Line 3.1 minus Line 3.2	(360)	0	0	0	0	0	0	0	0	0	0	0	(360)

PART 4. - REINSURANCE

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Reinsurance Assumed:													
1. Premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred claims	(360)	0	0	0	0	0	0	0	0	0	0	0	(360)
4. Commissions	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Reinsurance Ceded:													
1. Premiums written	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Premiums earned	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Incurred claims	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Commissions	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	0	0
B. Assumed Reinsurance:													
1. Incurred claims												(360)	(360)
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid											0	(360)	(360)
C. Ceded Reinsurance:													
1. Incurred claims													0
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid												0	0
D. Net:													
1. Incurred claims	0	0	0	0	0	0	0	0	0	0	0	(360)	(360)
2. Beginning claim reserves and liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Ending claim reserves and liabilities	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	(360)	(360)
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	0	0	0	0	0	0	0	0	0	0	0	(360)	(360)
2. Beginning reserves and liabilities													0
3. Ending reserves and liabilities													0
4. Paid claims and cost containment expenses	0	0	0	0	0	0	0	0	0	0	0	(360)	(360)

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	16	0	0	0	0	0	(16)	XXX
2. 2015.....	2,709	166	2,543	1,274	3	31	0	187	0	24	1,489	161
3. 2016.....	2,466	123	2,343	1,132	0	20	0	157	0	15	1,309	139
4. 2017.....	2,221	69	2,152	1,610	98	26	0	233	0	13	1,771	166
5. 2018.....	2,061	76	1,985	1,007	0	20	0	174	0	18	1,202	174
6. 2019.....	1,885	68	1,817	1,109	20	41	0	176	0	15	1,305	193
7. 2020.....	1,686	76	1,611	1,209	64	4	0	220	0	17	1,369	118
8. 2021.....	1,545	74	1,471	720	0	7	0	212	0	19	939	68
9. 2022.....	1,433	65	1,368	853	1	47	0	210	0	3	1,109	81
10. 2023.....	1,406	70	1,336	927	2	44	0	114	0	3	1,083	112
11. 2024.....	1,888	57	1,831	672	4	25	0	75	0	1	769	60
12. Totals	XXX	XXX	XXX	10,513	209	266	0	1,759	0	128	12,329	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	3	0	0	0	0	0	0	0	0	0	0	3	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	4	0	0	0	0	0	0	0	0	0	0	4	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	1	0
7. 2020.....	5	0	1	0	0	0	0	0	1	0	0	7	0
8. 2021.....	7	0	2	0	0	0	1	0	2	0	0	11	0
9. 2022.....	15	0	3	0	0	0	1	0	3	0	0	22	1
10. 2023.....	51	0	5	0	0	0	4	0	8	0	0	68	5
11. 2024.....	205	0	135	0	0	0	26	0	59	0	0	426	11
12. Totals	289	0	146	0	0	0	33	0	73	0	0	540	18

	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	3	0
2. 2015.....	1,492	3	1,489	55.1	2.0	58.6	0	0	1.9	0	0
3. 2016.....	1,309	0	1,309	53.1	0.0	55.9	0	0	1.9	0	0
4. 2017.....	1,869	98	1,771	84.1	141.3	82.3	0	0	1.9	0	0
5. 2018.....	1,205	0	1,205	58.5	0.0	60.7	0	0	1.9	4	0
6. 2019.....	1,326	20	1,306	70.3	30.0	71.9	0	0	1.9	0	0
7. 2020.....	1,440	64	1,376	85.4	85.3	85.4	0	0	1.9	6	1
8. 2021.....	950	0	950	61.5	0.1	64.6	0	0	1.9	8	2
9. 2022.....	1,132	1	1,130	78.9	1.9	82.6	0	0	1.9	17	4
10. 2023.....	1,153	2	1,151	82.0	2.9	86.2	0	0	1.9	56	12
11. 2024.....	1,199	4	1,195	63.5	6.6	65.3	0	0	1.9	340	85
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	435	105

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
	1. Prior.....	XXX.....	XXX.....	XXX.....	43.....	76.....	0.....	0.....	0.....			
2. 2015.....	2,305.....	37.....	2,268.....	1,376.....	0.....	77.....	0.....	265.....	0.....	48.....	1,718.....	311.....
3. 2016.....	1,990.....	26.....	1,964.....	1,160.....	0.....	67.....	0.....	236.....	0.....	43.....	1,463.....	254.....
4. 2017.....	1,719.....	0.....	1,720.....	967.....	0.....	47.....	0.....	141.....	0.....	32.....	1,155.....	207.....
5. 2018.....	1,472.....	0.....	1,472.....	844.....	0.....	44.....	0.....	129.....	0.....	29.....	1,018.....	334.....
6. 2019.....	1,294.....	0.....	1,294.....	729.....	1.....	57.....	0.....	147.....	0.....	24.....	932.....	270.....
7. 2020.....	1,091.....	0.....	1,091.....	482.....	(1).....	17.....	0.....	138.....	0.....	18.....	638.....	77.....
8. 2021.....	935.....	0.....	935.....	513.....	0.....	21.....	0.....	118.....	0.....	13.....	652.....	42.....
9. 2022.....	893.....	1.....	892.....	441.....	0.....	42.....	0.....	132.....	0.....	12.....	615.....	49.....
10. 2023.....	978.....	1.....	976.....	437.....	0.....	32.....	0.....	77.....	0.....	14.....	546.....	61.....
11. 2024.....	1,323.....	1.....	1,323.....	338.....	0.....	19.....	0.....	38.....	0.....	8.....	395.....	69.....
12. Totals	XXX	XXX	XXX	7,332	76	423	0	1,420	0	242	9,100	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
	1. Prior.....	544.....	441.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2016.....	5.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	6.....	0.....
4. 2017.....	1.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	0.....
5. 2018.....	4.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	5.....	0.....
6. 2019.....	5.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	6.....	0.....
7. 2020.....	15.....	0.....	1.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....	0.....	17.....	1.....
8. 2021.....	23.....	0.....	3.....	0.....	0.....	1.....	0.....	2.....	0.....	0.....	0.....	29.....	1.....
9. 2022.....	68.....	0.....	9.....	0.....	0.....	3.....	0.....	5.....	0.....	0.....	0.....	86.....	3.....
10. 2023.....	174.....	0.....	26.....	0.....	0.....	9.....	0.....	16.....	0.....	0.....	0.....	225.....	7.....
11. 2024.....	462.....	0.....	142.....	0.....	0.....	68.....	0.....	61.....	0.....	0.....	0.....	733.....	25.....
12. Totals	1,301	441	185	0	0	82	0	85	0	0	0	1,212	39

	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.....	103.....	0.....
2. 2015.....	1,718.....	0.....	1,718.....	74.6.....	0.0.....	75.8.....	0.....	0.....	1.9.....	0.....	0.....
3. 2016.....	1,469.....	0.....	1,469.....	73.8.....	0.0.....	74.8.....	0.....	0.....	1.9.....	6.....	0.....
4. 2017.....	1,157.....	0.....	1,157.....	67.3.....	0.0.....	67.3.....	0.....	0.....	1.9.....	2.....	0.....
5. 2018.....	1,023.....	0.....	1,023.....	69.5.....	0.0.....	69.5.....	0.....	0.....	1.9.....	4.....	0.....
6. 2019.....	940.....	1.....	938.....	72.6.....	0.0.....	72.5.....	0.....	0.....	1.9.....	6.....	1.....
7. 2020.....	654.....	(1).....	656.....	60.0.....	0.0.....	60.1.....	0.....	0.....	1.9.....	16.....	1.....
8. 2021.....	681.....	0.....	681.....	72.8.....	0.0.....	72.8.....	0.....	0.....	1.9.....	26.....	3.....
9. 2022.....	700.....	0.....	700.....	78.5.....	0.0.....	78.6.....	0.....	0.....	1.9.....	78.....	8.....
10. 2023.....	771.....	0.....	771.....	78.9.....	0.0.....	79.0.....	0.....	0.....	1.9.....	201.....	25.....
11. 2024.....	1,128.....	0.....	1,128.....	85.2.....	0.0.....	85.3.....	0.....	0.....	1.9.....	604.....	129.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1,045	167

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	1.....	52.....	2.....	0.....	5.....	0.....	1.....	(45).....	XXX.....
2. 2015.....	1,591.....	30.....	1,561.....	1,135.....	8.....	112.....	0.....	143.....	0.....	11.....	1,381.....	138.....
3. 2016.....	1,769.....	28.....	1,741.....	1,246.....	33.....	105.....	3.....	172.....	0.....	15.....	1,486.....	153.....
4. 2017.....	1,939.....	1.....	1,938.....	1,299.....	38.....	146.....	16.....	171.....	0.....	14.....	1,561.....	160.....
5. 2018.....	2,060.....	0.....	2,059.....	1,507.....	39.....	153.....	7.....	180.....	0.....	24.....	1,794.....	886.....
6. 2019.....	2,143.....	1.....	2,142.....	1,398.....	32.....	173.....	1.....	196.....	0.....	24.....	1,734.....	853.....
7. 2020.....	2,311.....	5.....	2,306.....	1,148.....	16.....	105.....	1.....	238.....	1.....	21.....	1,473.....	54.....
8. 2021.....	2,481.....	80.....	2,402.....	1,009.....	64.....	94.....	8.....	257.....	0.....	23.....	1,287.....	121.....
9. 2022.....	2,450.....	190.....	2,260.....	873.....	40.....	108.....	1.....	286.....	0.....	20.....	1,227.....	112.....
10. 2023.....	2,464.....	154.....	2,311.....	555.....	10.....	72.....	0.....	132.....	0.....	17.....	749.....	102.....
11. 2024.....	2,469.....	80.....	2,389.....	248.....	0.....	36.....	0.....	80.....	0.....	10.....	364.....	56.....
12. Totals	XXX	XXX	XXX	10,419	333	1,105	38	1,860	1	179	13,012	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	9.....	4.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	6.....	0.....
2. 2015.....	9.....	(1).....	1.....	0.....	2.....	0.....	0.....	0.....	1.....	0.....	0.....	14.....	0.....
3. 2016.....	46.....	40.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	7.....	0.....
4. 2017.....	11.....	0.....	1.....	0.....	1.....	0.....	1.....	0.....	1.....	0.....	0.....	15.....	0.....
5. 2018.....	23.....	0.....	3.....	0.....	2.....	0.....	2.....	0.....	2.....	0.....	0.....	32.....	0.....
6. 2019.....	131.....	0.....	13.....	0.....	4.....	0.....	9.....	0.....	3.....	0.....	0.....	160.....	0.....
7. 2020.....	365.....	253.....	11.....	0.....	1.....	0.....	7.....	0.....	1.....	0.....	0.....	133.....	1.....
8. 2021.....	245.....	11.....	46.....	0.....	0.....	0.....	28.....	0.....	24.....	0.....	0.....	331.....	2.....
9. 2022.....	442.....	26.....	85.....	0.....	1.....	0.....	60.....	0.....	39.....	0.....	0.....	601.....	4.....
10. 2023.....	726.....	4.....	220.....	0.....	1.....	0.....	144.....	0.....	81.....	0.....	0.....	1,167.....	8.....
11. 2024.....	802.....	0.....	712.....	0.....	0.....	0.....	207.....	0.....	128.....	0.....	0.....	1,849.....	18.....
12. Totals	2,811	337	1,092	0	12	0	457	0	281	0	0	4,315	33

	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.....	6.....	0.....
2. 2015.....	1,402.....	8.....	1,395.....	88.1.....	24.9.....	89.4.....	0.....	0.....	1.9.....	11.....	3.....
3. 2016.....	1,570.....	77.....	1,494.....	88.8.....	272.0.....	85.8.....	0.....	0.....	1.9.....	6.....	1.....
4. 2017.....	1,631.....	55.....	1,576.....	84.1.....	5,690.3.....	81.3.....	0.....	0.....	1.9.....	12.....	3.....
5. 2018.....	1,872.....	46.....	1,826.....	90.9.....	12,867.1.....	88.7.....	0.....	0.....	1.9.....	26.....	6.....
6. 2019.....	1,928.....	34.....	1,894.....	90.0.....	4,784.3.....	88.4.....	0.....	0.....	1.9.....	144.....	16.....
7. 2020.....	1,876.....	270.....	1,606.....	81.2.....	5,895.9.....	69.6.....	0.....	0.....	1.9.....	124.....	9.....
8. 2021.....	1,703.....	84.....	1,618.....	68.6.....	105.6.....	67.4.....	0.....	0.....	1.9.....	279.....	52.....
9. 2022.....	1,894.....	66.....	1,828.....	77.3.....	34.8.....	80.9.....	0.....	0.....	1.9.....	502.....	99.....
10. 2023.....	1,929.....	14.....	1,915.....	78.3.....	9.1.....	82.9.....	0.....	0.....	1.9.....	941.....	226.....
11. 2024.....	2,213.....	0.....	2,213.....	89.6.....	0.0.....	92.6.....	0.....	0.....	1.9.....	1,514.....	335.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	3,565	750

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	358	7	37	1	11	0	7	398	XXX
2. 2015.....	8,394	2,226	6,167	3,737	1,022	666	221	591	94	43	3,658	314
3. 2016.....	8,910	1,748	7,162	3,510	684	615	119	678	101	53	3,900	362
4. 2017.....	9,495	1,023	8,472	3,431	172	565	30	792	87	46	4,498	364
5. 2018.....	8,388	91	8,297	3,445	0	481	0	625	0	63	4,551	1,603
6. 2019.....	8,563	77	8,486	3,360	0	541	0	796	0	50	4,698	2,770
7. 2020.....	8,904	82	8,822	3,479	(1)	394	0	1,142	0	52	5,016	284
8. 2021.....	9,180	132	9,048	3,856	0	439	0	1,177	0	63	5,473	323
9. 2022.....	10,163	74	10,089	3,301	0	694	0	1,144	0	51	5,139	344
10. 2023.....	11,152	101	11,051	3,020	0	406	0	371	(1)	12	3,799	418
11. 2024.....	11,736	146	11,590	1,504	0	148	0	174	0	1	1,827	406
12. Totals	XXX	XXX	XXX	33,002	1,884	4,987	370	7,502	282	441	42,956	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
									13	14			
1. Prior.....	4,554	245	2,807	1,167	130	4	286	167	193	0	0	6,387	25
2. 2015.....	607	5	657	80	26	1	69	11	33	0	0	1,296	22
3. 2016.....	371	1	641	0	12	0	73	0	40	0	0	1,136	20
4. 2017.....	420	0	614	0	15	0	64	0	38	0	0	1,151	23
5. 2018.....	388	40	647	0	22	0	65	0	39	0	0	1,121	29
6. 2019.....	395	11	617	0	14	0	73	0	42	0	0	1,130	28
7. 2020.....	507	0	641	0	23	0	81	0	65	0	0	1,317	29
8. 2021.....	759	0	629	0	35	0	88	0	86	0	0	1,597	35
9. 2022.....	790	0	789	0	57	0	106	0	96	0	0	1,838	35
10. 2023.....	1,706	0	1,294	0	132	0	189	0	188	0	0	3,510	47
11. 2024.....	2,740	38	2,659	0	241	0	498	0	324	0	0	6,424	107
12. Totals	13,237	341	11,996	1,247	708	5	1,594	178	1,144	0	0	26,907	402

	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		
												26	27	28	29	30	31
							26	27		28	29	30	31
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	5,949	438		
2. 2015.....	6,388	1,433	4,954	76.1	64.4	80.3	0	0	1.9	1,179	117		
3. 2016.....	5,941	905	5,036	66.7	51.8	70.3	0	0	1.9	1,011	125		
4. 2017.....	5,939	290	5,649	62.5	28.4	66.7	0	0	1.9	1,033	117		
5. 2018.....	5,712	40	5,672	68.1	44.4	68.4	0	0	1.9	995	126		
6. 2019.....	5,839	11	5,828	68.2	14.9	68.7	0	0	1.9	1,000	130		
7. 2020.....	6,331	(1)	6,332	71.1	(1.4)	71.8	0	0	1.9	1,148	169		
8. 2021.....	7,070	0	7,070	77.0	0.0	78.1	0	0	1.9	1,388	209		
9. 2022.....	6,977	0	6,977	68.7	0.0	69.2	0	0	1.9	1,579	259		
10. 2023.....	7,308	(1)	7,309	65.5	(0.9)	66.1	0	0	1.9	3,001	510		
11. 2024.....	8,289	38	8,250	70.6	26.2	71.2	0	0	1.9	5,362	1,062		
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	23,645	3,262		

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	13.....	0.....	10.....	0.....	11.....	0.....	0.....	35.....	XXX.....
2. 2015.....	1,621.....	178.....	1,443.....	1,035.....	247.....	19.....	0.....	69.....	2.....	34.....	874.....	59.....
3. 2016.....	1,689.....	108.....	1,581.....	725.....	18.....	27.....	0.....	80.....	0.....	44.....	814.....	58.....
4. 2017.....	1,708.....	78.....	1,630.....	880.....	63.....	22.....	0.....	164.....	0.....	44.....	1,003.....	65.....
5. 2018.....	1,734.....	68.....	1,666.....	896.....	77.....	31.....	0.....	130.....	0.....	40.....	979.....	109.....
6. 2019.....	2,050.....	99.....	1,951.....	1,412.....	133.....	98.....	1.....	90.....	0.....	35.....	1,467.....	128.....
7. 2020.....	2,899.....	144.....	2,755.....	1,559.....	76.....	141.....	2.....	311.....	0.....	41.....	1,932.....	39.....
8. 2021.....	3,475.....	212.....	3,263.....	1,369.....	77.....	170.....	1.....	365.....	1.....	58.....	1,827.....	73.....
9. 2022.....	3,579.....	270.....	3,309.....	1,702.....	3.....	246.....	0.....	460.....	0.....	53.....	2,404.....	79.....
10. 2023.....	4,042.....	273.....	3,768.....	1,331.....	49.....	137.....	0.....	282.....	0.....	40.....	1,701.....	67.....
11. 2024.....	4,821.....	226.....	4,595.....	1,125.....	33.....	89.....	0.....	213.....	0.....	11.....	1,394.....	50.....
12. Totals	XXX	XXX	XXX	12,047	775	991	3	2,175	4	401	14,430	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	6.....	0.....	15.....	0.....	0.....	0.....	4.....	0.....	8.....	0.....	0.....	33.....	0.....
2. 2015.....	10.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	10.....	0.....
3. 2016.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....
4. 2017.....	7.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	7.....	0.....
5. 2018.....	11.....	(9).....	0.....	0.....	1.....	0.....	1.....	0.....	2.....	0.....	0.....	23.....	0.....
6. 2019.....	84.....	17.....	0.....	0.....	1.....	0.....	3.....	0.....	6.....	0.....	0.....	75.....	1.....
7. 2020.....	193.....	(3).....	0.....	0.....	0.....	0.....	8.....	0.....	18.....	0.....	0.....	223.....	2.....
8. 2021.....	355.....	5.....	26.....	0.....	0.....	0.....	24.....	0.....	35.....	0.....	0.....	435.....	4.....
9. 2022.....	675.....	11.....	55.....	0.....	0.....	0.....	35.....	0.....	54.....	0.....	0.....	808.....	8.....
10. 2023.....	774.....	10.....	403.....	0.....	0.....	0.....	194.....	0.....	171.....	0.....	0.....	1,533.....	8.....
11. 2024.....	1,228.....	51.....	686.....	0.....	0.....	0.....	331.....	0.....	261.....	0.....	0.....	2,455.....	17.....
12. Totals	3,343	83	1,186	0	2	0	600	0	556	0	0	5,603	41

	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.....	21.....	12.....
2. 2015.....	1,132.....	249.....	883.....	69.8.....	139.5.....	61.2.....	0.....	0.....	1.9.....	10.....	0.....
3. 2016.....	833.....	18.....	815.....	49.3.....	16.7.....	51.6.....	0.....	0.....	1.9.....	1.....	0.....
4. 2017.....	1,073.....	63.....	1,010.....	62.8.....	80.7.....	61.9.....	0.....	0.....	1.9.....	7.....	0.....
5. 2018.....	1,071.....	68.....	1,003.....	61.8.....	100.9.....	60.2.....	0.....	0.....	1.9.....	20.....	3.....
6. 2019.....	1,694.....	151.....	1,543.....	82.6.....	151.8.....	79.1.....	0.....	0.....	1.9.....	66.....	9.....
7. 2020.....	2,230.....	75.....	2,155.....	76.9.....	52.1.....	78.2.....	0.....	0.....	1.9.....	196.....	26.....
8. 2021.....	2,345.....	83.....	2,262.....	67.5.....	39.2.....	69.3.....	0.....	0.....	1.9.....	375.....	60.....
9. 2022.....	3,226.....	14.....	3,212.....	90.1.....	5.3.....	97.1.....	0.....	0.....	1.9.....	718.....	89.....
10. 2023.....	3,293.....	59.....	3,234.....	81.5.....	21.5.....	85.8.....	0.....	0.....	1.9.....	1,168.....	365.....
11. 2024.....	3,934.....	85.....	3,849.....	81.6.....	37.7.....	83.8.....	0.....	0.....	1.9.....	1,863.....	592.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	4,446	1,157

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed	
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments					
	Direct and Assumed	Ceded	Net (1 - 2)	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	0	XXX
2. 2015.....	86	62	25	25	21	0	0	1	0	0	0	0	6
3. 2016.....	94	68	26	31	26	1	0	1	0	0	0	0	6
4. 2017.....	100	74	26	33	30	1	0	8	0	0	0	0	12
5. 2018.....	103	77	25	26	24	0	0	7	0	0	0	0	10
6. 2019.....	100	79	21	23	21	1	0	3	0	0	2	0	5
7. 2020.....	106	88	18	25	22	0	0	9	0	0	0	0	12
8. 2021.....	107	97	10	33	30	1	0	9	0	0	0	0	13
9. 2022.....	105	101	4	36	39	2	0	10	0	0	0	0	8
10. 2023.....	115	114	1	95	91	3	0	8	0	0	0	0	15
11. 2024.....	126	130	(4)	20	17	3	0	7	0	0	0	0	14
12. Totals	XXX	XXX	XXX	347	321	12	0	64	0	0	2	0	102

	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2023.....	23	23	0	0	0	0	0	0	0	0	0	0	0
11. 2024.....	6	0	1	0	0	0	0	0	0	0	0	0	7
12. Totals	29	23	1	0	0	0	0	0	0	0	0	0	7

	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. 2015.....	27	21	6	31.0	34.2	23.3	0	0	1.9	0	0
3. 2016.....	32	26	6	34.4	38.8	22.8	0	0	1.9	0	0
4. 2017.....	42	30	12	42.4	40.6	47.5	0	0	1.9	0	0
5. 2018.....	33	24	10	32.6	31.0	37.7	0	0	1.9	0	0
6. 2019.....	27	21	5	26.5	26.8	25.4	0	0	1.9	0	0
7. 2020.....	34	22	12	32.3	25.5	64.4	0	0	1.9	0	0
8. 2021.....	43	30	13	40.4	31.1	126.6	0	0	1.9	0	0
9. 2022.....	48	39	8	45.2	38.9	191.3	0	0	1.9	0	0
10. 2023.....	129	114	15	112.9	100.6	1,716.8	0	0	1.9	0	0
11. 2024.....	37	17	21	29.8	12.7	(494.0)	0	0	1.9	6	1
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	6	1

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	31	0	9	(2)	4	0	0	46	XXX
2. 2015.....	1,571	83	1,488	752	103	214	4	98	0	4	956	55
3. 2016.....	1,798	168	1,629	792	57	256	12	125	0	4	1,104	59
4. 2017.....	1,953	171	1,782	1,102	277	245	4	130	0	5	1,195	65
5. 2018.....	1,947	151	1,797	1,164	255	180	5	111	0	5	1,195	544
6. 2019.....	1,723	157	1,565	1,096	408	147	7	71	0	7	898	496
7. 2020.....	1,100	107	993	203	38	28	1	108	0	1	300	10
8. 2021.....	937	65	872	487	125	9	1	91	0	0	461	2
9. 2022.....	980	24	956	236	51	33	0	122	0	0	340	2
10. 2023.....	1,107	29	1,079	68	0	25	0	58	0	0	150	1
11. 2024.....	1,216	22	1,193	4	0	9	0	22	0	0	36	1
12. Totals	XXX	XXX	XXX	5,934	1,314	1,156	32	939	0	26	6,682	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	80	15	107	0	11	0	5	0	21	0	0	208	0
2. 2015.....	16	0	3	0	2	0	1	0	2	0	0	23	0
3. 2016.....	81	1	6	0	3	0	2	0	6	0	0	96	0
4. 2017.....	109	0	11	0	9	0	3	0	12	0	0	144	0
5. 2018.....	118	0	30	0	12	0	7	0	13	0	0	181	0
6. 2019.....	65	0	29	0	11	0	6	0	5	0	0	116	0
7. 2020.....	7	1	12	0	1	0	4	0	2	0	0	26	0
8. 2021.....	159	42	31	0	1	0	12	0	6	0	0	167	0
9. 2022.....	343	118	44	0	1	0	18	0	10	0	0	298	0
10. 2023.....	343	0	162	0	1	0	51	0	29	0	0	586	0
11. 2024.....	278	0	366	0	1	0	62	0	39	0	0	746	0
12. Totals	1,599	178	802	0	52	0	170	0	145	0	0	2,591	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 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	172	37
2. 2015.....	1,087	107	980	69.2	129.8	65.8	0	0	1.9	19	4
3. 2016.....	1,270	70	1,200	70.7	41.8	73.6	0	0	1.9	85	11
4. 2017.....	1,621	282	1,339	83.0	164.3	75.1	0	0	1.9	120	24
5. 2018.....	1,636	260	1,376	84.0	172.6	76.6	0	0	1.9	148	32
6. 2019.....	1,430	416	1,014	83.0	264.4	64.8	0	0	1.9	93	22
7. 2020.....	366	40	326	33.3	36.9	32.9	0	0	1.9	19	7
8. 2021.....	795	168	628	84.9	258.2	72.0	0	0	1.9	148	19
9. 2022.....	807	169	638	82.3	694.5	66.7	0	0	1.9	269	29
10. 2023.....	736	0	736	66.5	0.5	68.3	0	0	1.9	505	81
11. 2024.....	782	0	782	64.3	0.0	65.5	0	0	1.9	645	101
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	2,223	368

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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	1				0	0	1	XXX
2. 2015.....	9	0	9	2	0	1	0	0	0	0	2	0
3. 2016.....	5	0	5	1	0	0	0	0	0	0	1	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	3	0	3	3	0	0	0	0	0	0	3	1
6. 2019.....	20	3	17	2	0	0	0	0	0	0	3	7
7. 2020.....	71	32	39	14	0	2	0	6	0	0	22	1
8. 2021.....	93	58	35	9	0	2	0	10	0	0	22	1
9. 2022.....	90	13	78	14	0	4	0	11	0	0	30	0
10. 2023.....	83	13	70	11	0	3	0	3	0	0	18	1
11. 2024.....	80	6	73	1	0	1	0	1	0	0	3	0
12. Totals	XXX	XXX	XXX	58	0	15	0	33	0	0	106	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
	1. Prior.....	0	0	0	0	0	0	0	0	0			
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	6	0	1	0	0	0	0	0	0	0	0	7	0
8. 2021.....	4	0	1	0	0	0	0	0	0	0	0	5	0
9. 2022.....	2	0	2	0	0	0	0	0	0	0	0	4	0
10. 2023.....	12	0	11	0	0	0	3	0	1	0	0	28	0
11. 2024.....	11	0	24	0	0	0	3	0	2	0	0	40	0
12. Totals	35	0	39	0	0	0	6	0	4	0	0	84	1

	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	0	0
2. 2015.....	2	0	2	25.4	0.0	25.4	0	0	1.9	0	0
3. 2016.....	1	0	1	25.9	0.0	25.9	0	0	1.9	0	0
4. 2017.....	0	0	0	35.3	0.0	35.3	0	0	1.9	0	0
5. 2018.....	3	0	3	80.1	0.0	80.1	0	0	1.9	0	0
6. 2019.....	3	0	3	13.2	1.5	14.9	0	0	1.9	0	0
7. 2020.....	30	0	30	41.6	0.0	76.1	0	0	1.9	7	0
8. 2021.....	27	0	27	29.3	0.0	78.0	0	0	1.9	5	1
9. 2022.....	34	0	34	37.6	0.0	43.8	0	0	1.9	4	0
10. 2023.....	45	0	45	54.6	0.0	64.7	0	0	1.9	23	4
11. 2024.....	43	0	43	53.9	0.0	58.6	0	0	1.9	35	4
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	74	10

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	(1)	20	2	0	4	0	1	(14)	XXX
2. 2015	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2016	7	0	6	2	(4)	0	0	0	0	0	7	XXX
4. 2017	7	0	6	7	6	2	0	1	0	0	3	XXX
5. 2018	7	0	6	(2)	(2)	0	0	1	0	5	2	XXX
6. 2019	707	19	688	307	46	8	0	35	0	18	303	XXX
7. 2020	624	18	606	266	3	1	0	58	0	6	322	XXX
8. 2021	561	16	546	222	1	2	0	56	0	23	279	XXX
9. 2022	574	24	550	337	59	12	0	56	0	5	346	XXX
10. 2023	589	30	559	182	0	14	0	34	0	15	229	XXX
11. 2024	630	23	607	124	0	11	0	27	0	1	161	XXX
12. Totals	XXX	XXX	XXX	1,444	129	51	0	272	0	75	1,638	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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2015	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018	1	0	0	0	0	0	0	0	0	0	0	1	0
6. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020	3	0	2	0	0	0	0	0	1	0	0	5	0
8. 2021	0	1	1	0	0	0	0	0	0	0	0	0	0
9. 2022	1	4	1	0	0	0	0	0	0	0	0	(1)	0
10. 2023	1	0	1	0	0	0	0	0	0	0	0	3	1
11. 2024	28	0	51	0	0	0	5	0	11	0	0	94	2
12. Totals	35	5	55	0	0	0	5	0	12	0	0	103	3

	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. 2015	0	0	0	0.0	0.0	0.0	0	0	1.9	0	0
3. 2016	3	(4)	7	42.5	(1,035.0)	107.0	0	0	1.9	0	0
4. 2017	9	6	3	132.8	3,070.0	47.0	0	0	1.9	0	0
5. 2018	1	(2)	3	14.2	(981.8)	46.8	0	0	1.9	1	0
6. 2019	349	46	303	49.4	246.5	44.0	0	0	1.9	0	0
7. 2020	331	3	328	53.1	19.2	54.1	0	0	1.9	5	1
8. 2021	280	2	279	49.9	9.7	51.1	0	0	1.9	0	0
9. 2022	408	63	345	71.0	264.0	62.6	0	0	1.9	(1)	0
10. 2023	233	0	233	39.5	0.6	41.6	0	0	1.9	3	1
11. 2024	255	0	255	40.5	1.4	42.0	0	0	1.9	78	16
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	85	17

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	(2).....	105.....	4.....	0.....	(3).....	0.....	1.....	(106).....	XXX.....
2. 2015.....	0.....	0.....	0.....	(3).....	0.....	0.....	0.....	0.....	0.....	2.....	(2).....	0.....
3. 2016.....	0.....	0.....	0.....	(2).....	0.....	0.....	0.....	0.....	0.....	2.....	(2).....	1.....
4. 2017.....	0.....	0.....	0.....	(2).....	0.....	1.....	0.....	1.....	0.....	2.....	0.....	1.....
5. 2018.....	0.....	0.....	0.....	0.....	0.....	3.....	0.....	1.....	0.....	6.....	5.....	1.....
6. 2019.....	2,153.....	47.....	2,106.....	1,333.....	59.....	45.....	0.....	204.....	0.....	212.....	1,522.....	4.....
7. 2020.....	1,892.....	80.....	1,811.....	998.....	42.....	6.....	0.....	213.....	0.....	183.....	1,175.....	393.....
8. 2021.....	1,693.....	50.....	1,644.....	961.....	2.....	7.....	0.....	183.....	0.....	230.....	1,149.....	304.....
9. 2022.....	1,633.....	29.....	1,604.....	1,123.....	1.....	42.....	0.....	195.....	0.....	224.....	1,359.....	311.....
10. 2023.....	1,742.....	26.....	1,716.....	1,104.....	0.....	57.....	0.....	143.....	0.....	193.....	1,305.....	345.....
11. 2024.....	2,255.....	15.....	2,240.....	1,175.....	3.....	52.....	0.....	128.....	0.....	133.....	1,352.....	278.....
12. Totals	XXX.....	XXX.....	XXX.....	6,685.....	212.....	218.....	0.....	1,065.....	0.....	1,188.....	7,756.....	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....
4. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2019.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2020.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	1.....
8. 2021.....	4.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	4.....	1.....
9. 2022.....	3.....	0.....	2.....	0.....	0.....	0.....	1.....	0.....	2.....	0.....	0.....	8.....	2.....
10. 2023.....	5.....	0.....	2.....	0.....	0.....	0.....	1.....	0.....	3.....	0.....	0.....	11.....	9.....
11. 2024.....	79.....	0.....	65.....	0.....	0.....	0.....	22.....	0.....	50.....	0.....	0.....	214.....	55.....
12. Totals	93.....	0.....	68.....	0.....	0.....	0.....	24.....	0.....	55.....	0.....	0.....	240.....	70.....

	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.....	0.....	0.....
2. 2015.....	(2).....	0.....	(2).....	0.0.....	0.0.....	0.0.....	0.....	0.....	1.9.....	0.....	0.....
3. 2016.....	(2).....	0.....	(2).....	0.0.....	0.0.....	0.0.....	0.....	0.....	1.9.....	0.....	0.....
4. 2017.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	1.9.....	0.....	0.....
5. 2018.....	5.....	0.....	5.....	0.0.....	0.0.....	0.0.....	0.....	0.....	1.9.....	0.....	0.....
6. 2019.....	1,582.....	59.....	1,522.....	73.4.....	126.4.....	72.3.....	0.....	0.....	1.9.....	0.....	0.....
7. 2020.....	1,218.....	42.....	1,176.....	64.4.....	52.3.....	64.9.....	0.....	0.....	1.9.....	1.....	0.....
8. 2021.....	1,156.....	2.....	1,153.....	68.3.....	4.8.....	70.2.....	0.....	0.....	1.9.....	4.....	0.....
9. 2022.....	1,368.....	1.....	1,367.....	83.8.....	2.5.....	85.2.....	0.....	0.....	1.9.....	5.....	3.....
10. 2023.....	1,316.....	0.....	1,316.....	75.5.....	0.0.....	76.7.....	0.....	0.....	1.9.....	7.....	4.....
11. 2024.....	1,569.....	3.....	1,566.....	69.6.....	18.3.....	69.9.....	0.....	0.....	1.9.....	143.....	71.....
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	161.....	79.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 1K - FIDELITY/SURETY
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2015.....	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2019.....	16	0	16	5	0	0	0	0	0	0	0	XXX
7. 2020.....	5	0	5	6	0	0	0	0	0	0	0	XXX
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2023.....	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2024.....	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	11	0	0	0	1	0	0	0	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2024.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	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	0	0
2. 2015.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2016.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2017.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2018.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2019.....	6	0	6	35.5	0.0	35.5	0	0	0.0	0	0
7. 2020.....	6	0	6	130.0	0.0	130.0	0	0	0.0	0	0
8. 2021.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2022.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2023.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2024.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2015.....	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2020.....	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2023.....	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2024.....	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2024.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	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	0	0
2. 2015.....	0	0	0	0.0	0.0	0.0	0	0	1.9	0	0
3. 2016.....	0	0	0	0.0	0.0	0.0	0	0	1.9	0	0
4. 2017.....	0	0	0	0.0	0.0	0.0	0	0	1.9	0	0
5. 2018.....	0	0	0	0.0	0.0	0.0	0	0	1.9	0	0
6. 2019.....	0	0	0	0.0	0.0	0.0	0	0	1.9	0	0
7. 2020.....	0	0	0	0.0	0.0	0.0	0	0	1.9	0	0
8. 2021.....	0	0	0	0.0	0.0	0.0	0	0	1.9	0	0
9. 2022.....	0	0	0	0.0	0.0	0.0	0	0	1.9	0	0
10. 2023.....	0	0	0	0.0	0.0	0.0	0	0	1.9	0	0
11. 2024.....	0	0	0	0.0	0.0	0.0	0	0	1.9	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 1M - INTERNATIONAL
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2015.....												XXX
3. 2016.....												XXX
4. 2017.....												XXX
5. 2018.....												XXX
6. 2019.....												XXX
7. 2020.....												XXX
8. 2021.....												XXX
9. 2022.....												XXX
10. 2023.....												XXX
11. 2024.....												XXX
12. Totals	XXX	XXX	XXX									XXX

NONE

	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		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2015.....													
3. 2016.....													
4. 2017.....													
5. 2018.....													
6. 2019.....													
7. 2020.....													
8. 2021.....													
9. 2022.....													
10. 2023.....													
11. 2024.....													
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 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				XXX
2. 2015.....											
3. 2016.....											
4. 2017.....											
5. 2018.....											
6. 2019.....											
7. 2020.....											
8. 2021.....											
9. 2022.....											
10. 2023.....											
11. 2024.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 1N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	1	0	0	0	0	0	0	1	XXX
2. 2015.....	112	0	112	45	0	3	0	0	0	0	48	XXX
3. 2016.....	108	0	108	74	0	4	0	0	0	0	78	XXX
4. 2017.....	90	0	90	59	0	3	0	1	0	0	64	XXX
5. 2018.....	86	0	86	117	0	3	0	1	0	0	121	XXX
6. 2019.....	114	0	114	97	0	1	0	2	0	0	99	XXX
7. 2020.....	128	0	128	145	0	0	0	3	0	0	148	XXX
8. 2021.....	152	0	152	103	0	0	0	3	0	0	106	XXX
9. 2022.....	167	0	167	184	0	0	0	4	0	0	188	XXX
10. 2023.....	173	0	173	72	0	0	0	2	0	0	74	XXX
11. 2024.....	167	0	167	24	0	0	0	1	0	0	25	XXX
12. Totals	XXX	XXX	XXX	921	0	14	0	16	0	0	951	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	4	2	26	16	0	0	0	0	0	0	0	12	XXX
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2017.....	1	0	0	0	0	0	0	0	0	0	0	1	XXX
5. 2018.....	8	0	0	0	1	0	0	0	0	0	0	9	XXX
6. 2019.....	2	0	1	0	0	0	0	0	0	0	0	3	XXX
7. 2020.....	3	0	1	0	0	0	0	0	0	0	0	4	XXX
8. 2021.....	6	0	2	0	0	0	0	0	0	0	0	9	XXX
9. 2022.....	7	0	2	0	1	0	0	0	0	0	0	10	XXX
10. 2023.....	16	0	5	0	1	0	0	0	0	0	0	22	XXX
11. 2024.....	46	0	38	0	1	0	0	0	0	0	0	85	XXX
12. Totals	94	2	75	16	4	0	0	0	0	0	0	155	XXX

	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	12	0
2. 2015.....	48	0	48	43.3	0.0	43.3	0	0	1.9	0	0
3. 2016.....	78	0	78	71.8	0.0	71.8	0	0	1.9	0	0
4. 2017.....	65	0	65	72.9	0.0	72.9	0	0	1.9	1	0
5. 2018.....	131	0	131	152.3	0.0	152.3	0	0	1.9	8	1
6. 2019.....	103	0	103	90.2	0.0	90.2	0	0	1.9	3	0
7. 2020.....	152	0	152	118.1	0.0	118.1	0	0	1.9	4	0
8. 2021.....	114	0	114	75.1	0.0	75.1	0	0	1.9	8	0
9. 2022.....	198	0	198	118.3	0.0	118.3	0	0	1.9	10	1
10. 2023.....	96	0	96	55.5	0.0	55.5	0	0	1.9	21	1
11. 2024.....	109	0	109	65.5	0.0	65.5	0	0	1.9	84	1
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	151	4

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 10 - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	4	0	0	0	0	0	0	5	XXX
2. 2015.....	28	0	28	10	0	2	0	1	0	0	13	XXX
3. 2016.....	36	0	36	41	0	3	0	1	0	0	45	XXX
4. 2017.....	50	0	50	34	0	2	0	9	0	0	46	XXX
5. 2018.....	70	0	70	46	0	1	0	6	0	0	52	XXX
6. 2019.....	136	0	136	87	0	0	0	18	0	0	106	XXX
7. 2020.....	176	0	176	86	0	0	0	12	0	0	98	XXX
8. 2021.....	223	0	223	107	0	0	0	11	0	0	117	XXX
9. 2022.....	248	0	248	74	0	0	0	5	0	0	79	XXX
10. 2023.....	240	0	240	26	0	0	0	2	0	0	27	XXX
11. 2024.....	178	0	178	2	0	0	0	0	0	0	2	XXX
12. Totals	XXX	XXX	XXX	516	0	7	0	66	0	0	590	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	35	0	30	0	2	0	0	0	0	0	0	67	XXX
2. 2015.....	0	0	2	0	0	0	0	0	0	0	0	2	XXX
3. 2016.....	7	0	3	0	0	0	0	0	0	0	0	10	XXX
4. 2017.....	10	0	10	0	1	0	0	0	0	0	0	21	XXX
5. 2018.....	19	0	11	0	3	0	0	0	0	0	0	33	XXX
6. 2019.....	20	0	23	0	3	0	0	0	0	0	0	45	XXX
7. 2020.....	24	0	41	0	3	0	0	0	0	0	0	68	XXX
8. 2021.....	47	0	77	0	6	0	0	0	0	0	0	130	XXX
9. 2022.....	101	0	109	0	5	0	0	0	0	0	0	215	XXX
10. 2023.....	55	0	113	0	2	0	0	0	0	0	0	170	XXX
11. 2024.....	34	0	116	0	1	0	0	0	0	0	0	151	XXX
12. Totals	353	0	534	0	27	0	0	0	0	0	0	913	XXX

	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	65	2
2. 2015.....	15	0	15	51.3	0.0	51.3	0	0	1.9	2	0
3. 2016.....	54	0	54	151.7	0.0	151.7	0	0	1.9	10	0
4. 2017.....	67	0	67	134.2	0.0	134.2	0	0	1.9	20	1
5. 2018.....	85	0	85	121.7	0.0	121.7	0	0	1.9	30	3
6. 2019.....	151	0	151	111.6	0.0	111.6	0	0	1.9	43	3
7. 2020.....	166	0	166	94.5	0.0	94.5	0	0	1.9	65	3
8. 2021.....	248	0	248	111.3	0.0	111.3	0	0	1.9	124	6
9. 2022.....	294	0	294	118.6	0.0	118.6	0	0	1.9	210	5
10. 2023.....	198	0	198	82.2	0.0	82.2	0	0	1.9	168	2
11. 2024.....	153	0	153	85.7	0.0	85.7	0	0	1.9	150	1
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	887	27

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 1P - REINSURANCE - NONPROPORTIONAL ASSUMED FINANCIAL LINES
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2015.....												XXX
3. 2016.....												XXX
4. 2017.....												XXX
5. 2018.....												XXX
6. 2019.....												XXX
7. 2020.....												XXX
8. 2021.....												XXX
9. 2022.....												XXX
10. 2023.....												XXX
11. 2024.....												XXX
12. Totals	XXX	XXX	XXX									XXX

NONE

	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		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													XXX
2. 2015.....													XXX
3. 2016.....													XXX
4. 2017.....													XXX
5. 2018.....													XXX
6. 2019.....													XXX
7. 2020.....													XXX
8. 2021.....													XXX
9. 2022.....													XXX
10. 2023.....													XXX
11. 2024.....													XXX
12. Totals													XXX

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 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				XXX
2. 2015.....											
3. 2016.....											
4. 2017.....											
5. 2018.....											
6. 2019.....											
7. 2020.....											
8. 2021.....											
9. 2022.....											
10. 2023.....											
11. 2024.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2015.....	120	2	118	46	0	22	0	9	0	0	0	77
3. 2016.....	132	2	130	13	0	21	0	8	0	0	0	42
4. 2017.....	140	0	140	34	0	18	0	10	0	0	0	62
5. 2018.....	138	0	138	49	0	23	0	12	0	0	0	84
6. 2019.....	95	1	93	14	0	39	0	9	0	0	0	63
7. 2020.....	33	0	33	3	0	3	0	2	0	0	0	8
8. 2021.....	8	0	8	3	0	0	0	5	0	0	0	8
9. 2022.....	11	0	11	3	0	2	0	0	0	0	0	5
10. 2023.....	12	0	12	19	0	1	0	0	0	0	0	20
11. 2024.....	16	0	16	1	0	0	0	0	0	0	0	1
12. Totals	XXX	XXX	XXX	185	0	131	0	55	0	1	370	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		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	1	0	0	0	0	0	0	0	0	1	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	1	0	0	0	0	0	0	0	0	2	0
6. 2019.....	2	0	0	0	0	0	0	0	0	0	0	3	0
7. 2020.....	3	0	0	0	0	0	0	0	0	0	0	3	0
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	1	0
9. 2022.....	9	0	1	0	0	0	0	0	0	0	0	11	0
10. 2023.....	0	0	2	0	0	0	0	0	0	0	0	3	0
11. 2024.....	1	0	4	0	0	0	0	0	0	0	0	7	0
12. Totals	16	0	11	0	0	0	1	0	2	0	0	30	0

	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	0	0
2. 2015.....	78	0	78	65.0	0.0	66.3	0	0	1.9	1	0
3. 2016.....	42	0	42	31.7	0.0	32.2	0	0	1.9	0	0
4. 2017.....	63	0	63	44.7	0.0	44.7	0	0	1.9	0	0
5. 2018.....	86	0	86	62.3	0.0	62.3	0	0	1.9	1	0
6. 2019.....	65	0	65	68.8	0.0	69.9	0	0	1.9	3	0
7. 2020.....	11	0	11	32.2	0.0	32.5	0	0	1.9	3	0
8. 2021.....	9	0	9	106.0	0.0	106.5	0	0	1.9	1	0
9. 2022.....	17	0	17	150.9	0.0	152.4	0	0	1.9	11	1
10. 2023.....	23	0	23	183.6	0.0	185.6	0	0	1.9	2	0
11. 2024.....	7	0	7	46.8	0.0	47.1	0	0	1.9	6	1
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	27	3

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

Schedule P - Part 1U - Pet Insurance Plans

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 2A - HOMEOWNERS/FAROWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....	48	99	105	88	93	146	145	150	150	134	(16)	(16)
2. 2015.....	1,273	1,288	1,312	1,303	1,301	1,302	1,303	1,304	1,305	1,301	(4)	(2)
3. 2016.....	XXX	1,146	1,186	1,159	1,155	1,158	1,152	1,153	1,153	1,152	(1)	(1)
4. 2017.....	XXX	XXX	1,604	1,555	1,541	1,528	1,530	1,530	1,540	1,539	(1)	9
5. 2018.....	XXX	XXX	XXX	1,027	1,023	1,024	1,019	1,024	1,031	1,031	1	7
6. 2019.....	XXX	XXX	XXX	XXX	1,188	1,144	1,132	1,133	1,131	1,130	(1)	(3)
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1,123	1,157	1,154	1,152	1,154	2	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	716	746	737	736	(1)	(10)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	858	923	918	(6)	60
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,010	1,029	19	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,060	XXX	XXX
12. Totals											(8)	44

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

1. Prior.....	803	845	838	796	778	823	840	838	836	893	57	55
2. 2015.....	1,537	1,475	1,476	1,449	1,452	1,446	1,450	1,450	1,457	1,453	(3)	3
3. 2016.....	XXX	1,399	1,330	1,278	1,252	1,237	1,238	1,234	1,233	1,233	0	(2)
4. 2017.....	XXX	XXX	1,144	1,086	1,065	1,029	1,022	1,032	1,022	1,016	(6)	(16)
5. 2018.....	XXX	XXX	XXX	915	903	904	896	893	894	893	(1)	0
6. 2019.....	XXX	XXX	XXX	XXX	807	805	800	795	798	791	(7)	(4)
7. 2020.....	XXX	XXX	XXX	XXX	XXX	572	551	521	517	517	0	(4)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	557	546	572	561	(11)	16
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	559	582	563	(19)	4
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	685	678	(6)	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,029	XXX	XXX
12. Totals											3	53

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

1. Prior.....	949	1,022	1,136	1,106	1,140	1,175	1,172	1,176	1,179	1,120	(60)	(56)
2. 2015.....	1,083	1,095	1,256	1,256	1,232	1,233	1,253	1,253	1,248	1,251	3	(2)
3. 2016.....	XXX	1,113	1,382	1,404	1,393	1,382	1,349	1,328	1,322	1,321	(1)	(7)
4. 2017.....	XXX	XXX	1,586	1,533	1,466	1,430	1,379	1,388	1,432	1,404	(28)	16
5. 2018.....	XXX	XXX	XXX	1,728	1,777	1,758	1,635	1,672	1,643	1,644	1	(28)
6. 2019.....	XXX	XXX	XXX	XXX	1,869	1,765	1,621	1,622	1,647	1,695	48	72
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1,514	1,383	1,322	1,360	1,368	7	46
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,638	1,424	1,477	1,337	(140)	(87)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,503	1,569	1,503	(66)	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,584	1,703	118	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,005	XXX	XXX
12. Totals											(116)	(45)

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

1. Prior.....	16,968	15,495	13,201	13,205	12,397	12,466	11,805	11,793	12,032	12,076	44	283
2. 2015.....	5,190	5,194	4,802	4,525	4,307	4,255	4,307	4,150	4,290	4,424	133	273
3. 2016.....	XXX	5,797	5,785	5,098	4,677	4,290	4,257	4,317	4,311	4,418	107	101
4. 2017.....	XXX	XXX	7,659	6,422	6,110	5,270	4,819	4,903	4,785	4,906	121	3
5. 2018.....	XXX	XXX	XXX	6,385	6,906	6,002	5,180	5,072	4,928	5,008	80	(64)
6. 2019.....	XXX	XXX	XXX	XXX	6,590	6,716	5,341	5,098	5,004	4,989	(14)	(108)
7. 2020.....	XXX	XXX	XXX	XXX	XXX	6,259	6,238	5,716	5,331	5,126	(205)	(590)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	7,587	6,548	6,107	5,807	(299)	(741)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,856	6,322	5,737	(585)	(1,118)
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,475	6,749	(726)	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,752	XXX	XXX
12. Totals											(1,343)	(1,961)

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	323	304	311	286	299	295	220	202	173	182	9	(20)
2. 2015.....	850	782	813	811	806	806	806	806	806	816	10	10
3. 2016.....	XXX	736	754	741	728	722	722	721	721	735	14	14
4. 2017.....	XXX	XXX	866	847	840	837	838	838	843	847	4	9
5. 2018.....	XXX	XXX	XXX	851	841	840	849	887	878	871	(7)	(16)
6. 2019.....	XXX	XXX	XXX	XXX	1,263	1,271	1,302	1,364	1,458	1,447	(11)	83
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1,702	1,702	1,739	1,798	1,826	28	87
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,840	1,869	1,871	1,862	(10)	(7)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,120	2,451	2,698	247	578
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,734	2,781	47	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,375	XXX	XXX
12. Totals											332	738

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....	0	0	0	13	12	12	12	12	12	12	0	0
2. 2015.....	5	2	2	5	5	5	5	5	5	5	0	0
3. 2016.....	XXX	8	3	5	5	5	5	5	5	5	0	0
4. 2017.....	XXX	XXX	10	4	4	4	4	4	4	4	0	0
5. 2018.....	XXX	XXX	XXX	11	6	3	3	3	3	3	0	0
6. 2019.....	XXX	XXX	XXX	XXX	8	3	2	2	2	2	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	3	3	3	3	3	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	7	3	4	4	0	1
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	(2)	(2)	0	(9)
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	7	(11)	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	XXX	XXX
12. Totals											(10)	(8)

SCHEDULE P - PART 2H - SECTION 1 - OTHER 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....	1,294	1,369	1,484	1,598	1,597	1,636	1,774	1,769	1,818	1,867	49	98
2. 2015.....	759	783	804	827	866	864	847	881	894	881	(13)	0
3. 2016.....	XXX	787	893	952	978	991	968	1,031	1,048	1,069	21	37
4. 2017.....	XXX	XXX	966	1,025	1,018	1,054	1,024	1,086	1,125	1,198	73	112
5. 2018.....	XXX	XXX	XXX	1,063	1,097	1,178	1,169	1,227	1,263	1,252	(11)	25
6. 2019.....	XXX	XXX	XXX	XXX	918	959	913	916	942	938	(4)	21
7. 2020.....	XXX	XXX	XXX	XXX	XXX	633	503	290	288	217	(71)	(73)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	610	636	620	531	(89)	(105)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	601	504	506	2	(96)
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	507	649	142	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	721	XXX	XXX
12. Totals											97	19

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	1	2	2	2	2	2	2	2	2	2	0	0
3. 2016.....	XXX	1	1	1	1	1	1	1	1	1	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	5	5	8	5	3	3	3	0	(1)
6. 2019.....	XXX	XXX	XXX	XXX	12	12	4	4	3	3	0	(2)
7. 2020.....	XXX	XXX	XXX	XXX	XXX	44	39	33	29	23	(6)	(10)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	60	20	22	17	(5)	(3)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	36	22	(13)	(4)
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	41	(2)	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40	XXX	XXX
12. Totals											(26)	(19)

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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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....	(4)	(319)	(319)	(319)	(319)	(319)	(319)	(320)	(321)	(339)	(19)	(19)
2. 2015.....	0	0	0	0	0	(4)	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	304	6	6	6	6	0	0
4. 2017.....	XXX	XXX	0	0	0	448	2	3	2	2	0	(1)
5. 2018.....	XXX	XXX	XXX	0	0	307	3	1	2	2	0	1
6. 2019.....	XXX	XXX	XXX	XXX	279	277	270	270	270	268	(2)	(2)
7. 2020.....	XXX	XXX	XXX	XXX	XXX	258	263	264	266	269	3	5
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	243	233	223	223	0	(10)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	280	286	289	3	9
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	221	198	(23)	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	217	XXX	XXX
12. Totals											(37)	(18)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	(39)	(1,571)	(1,571)	(1,571)	(1,571)	(1,571)	(1,575)	(1,578)	(1,582)	(1,685)	(103)	(107)
2. 2015.....	0	0	0	0	0	(4)	(1)	(2)	(2)	(2)	0	(1)
3. 2016.....	XXX	0	0	0	0	1,293	(1)	(1)	(2)	(2)	0	(1)
4. 2017.....	XXX	XXX	0	0	0	1,297	0	(1)	(1)	(1)	0	0
5. 2018.....	XXX	XXX	XXX	0	0	1,242	1	1	4	3	0	2
6. 2019.....	XXX	XXX	XXX	XXX	1,389	1,328	1,323	1,320	1,319	1,319	0	(1)
7. 2020.....	XXX	XXX	XXX	XXX	XXX	996	969	963	962	963	1	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	995	983	967	970	3	(12)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,176	1,188	1,170	(18)	(6)
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,208	1,170	(38)	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,389	XXX	XXX
12. Totals											(156)	(126)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	0	(1)	(1)	(1)	(1)	(1)	(1)	(2)	(2)	(2)	0	0
2. 2015.....	0	0	0	0	0	13	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	7	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	1	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	2	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	7	5	5	5	5	5	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	6	6	6	6	6	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	0	0	0	0	0	0	0	0	0	(1)	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX											
10. 2023.....	XXX				XXX							
11. 2024.....	XXX		XXX	XXX								
12. Totals												

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**SCHEDULE P - PART 2N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....	88	68	62	49	54	52	29	51	48	48	0	(3)
2. 2015.....	54	57	53	53	54	50	50	49	48	48	0	(1)
3. 2016.....	XXX	85	86	80	79	77	78	77	78	78	0	0
4. 2017.....	XXX	XXX	63	80	76	74	72	70	63	64	1	(6)
5. 2018.....	XXX	XXX	XXX	102	127	124	123	121	126	129	3	8
6. 2019.....	XXX	XXX	XXX	XXX	85	105	102	102	102	101	(1)	(1)
7. 2020.....	XXX	XXX	XXX	XXX	XXX	137	147	144	145	149	4	5
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	121	123	121	111	(10)	(12)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	193	197	194	(3)	1
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	113	94	(19)	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109	XXX	XXX
12. Totals											(24)	(9)

**SCHEDULE P - PART 2O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior.....	391	346	336	312	293	293	292	264	243	202	(41)	(62)
2. 2015.....	24	24	23	21	22	20	20	18	18	13	(5)	(4)
3. 2016.....	XXX	38	41	45	56	55	54	54	53	53	0	(1)
4. 2017.....	XXX	XXX	52	55	60	61	60	59	58	58	0	(1)
5. 2018.....	XXX	XXX	XXX	69	71	73	68	65	71	80	8	15
6. 2019.....	XXX	XXX	XXX	XXX	91	89	90	95	114	133	19	38
7. 2020.....	XXX	XXX	XXX	XXX	XXX	119	118	115	124	154	30	38
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	179	196	202	237	35	40
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	206	223	289	66	83
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	189	196	7	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	153	XXX	XXX
12. Totals											119	146

**SCHEDULE P - PART 2P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX											
10. 2023.....	XXX				XXX							
11. 2024	XXX		XXX	XXX								
12. Totals												

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....	313	357	438	268	302	305	250	287	189	186	(3)	(101)
2. 2015.....	49	57	99	71	67	75	76	74	70	69	(1)	(5)
3. 2016.....	XXX	55	123	62	53	40	36	38	34	34	0	(4)
4. 2017.....	XXX	XXX	159	79	79	56	70	63	54	53	(1)	(10)
5. 2018.....	XXX	XXX	XXX	87	86	75	82	94	75	73	(1)	(20)
6. 2019.....	XXX	XXX	XXX	XXX	68	52	62	78	59	56	(2)	(21)
7. 2020.....	XXX	XXX	XXX	XXX	XXX	19	16	14	12	9	(4)	(5)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	9	4	5	4	(1)	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	11	16	6	12
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	23	(2)	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	XXX	XXX
12. Totals											(11)	(156)

SCHEDULE P - PART 2R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX									
8. 2021.....	XXX	XXX	XXX									
9. 2022.....	XXX	XXX	XXX									
10. 2023.....	XXX			XXX								
11. 2024.....	XXX											
12. Totals											XXX	XXX

SCHEDULE P - PART 2S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX									
8. 2021.....	XXX	XXX	XXX									
9. 2022.....	XXX	XXX	XXX									
10. 2023.....	XXX			XXX								
11. 2024.....	XXX											
12. Totals											XXX	XXX

SCHEDULE P - PART 2T - WARRANTY

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX									
8. 2021.....	XXX	XXX	XXX									
9. 2022.....	XXX	XXX	XXX									
10. 2023.....	XXX			XXX								
11. 2024.....	XXX											
12. Totals											XXX	XXX

SCHEDULE P - PART 2U - PET INSURANCE PLANS

1. Prior.....												
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX									
8. 2021.....	XXX	XXX	XXX									
9. 2022.....	XXX	XXX	XXX									
10. 2023.....	XXX			XXX								
11. 2024.....	XXX											
12. Totals											XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS

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		
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024		
1. Prior.....	000.....	76.....	98.....	120.....	138.....	140.....	144.....	144.....	147.....	131.....	5.....	0.....
2. 2015.....	964.....	1,234.....	1,279.....	1,288.....	1,292.....	1,295.....	1,298.....	1,299.....	1,301.....	1,301.....	118.....	43.....
3. 2016.....	XXX.....	889.....	1,112.....	1,141.....	1,148.....	1,149.....	1,149.....	1,150.....	1,152.....	1,152.....	102.....	36.....
4. 2017.....	XXX.....	XXX.....	1,301.....	1,501.....	1,510.....	1,517.....	1,523.....	1,524.....	1,536.....	1,539.....	125.....	40.....
5. 2018.....	XXX.....	XXX.....	XXX.....	785.....	972.....	996.....	1,005.....	1,010.....	1,015.....	1,027.....	87.....	88.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	950.....	1,103.....	1,117.....	1,131.....	1,129.....	1,130.....	88.....	106.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	933.....	1,104.....	1,144.....	1,144.....	1,148.....	91.....	27.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	525.....	716.....	722.....	727.....	49.....	18.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	647.....	875.....	899.....	61.....	18.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	801.....	969.....	80.....	27.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	694.....	30.....	19.....

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

1. Prior.....	000.....	433.....	664.....	750.....	781.....	801.....	815.....	821.....	822.....	789.....	31.....	0.....
2. 2015.....	658.....	1,075.....	1,282.....	1,352.....	1,389.....	1,421.....	1,439.....	1,446.....	1,450.....	1,453.....	236.....	76.....
3. 2016.....	XXX.....	559.....	933.....	1,100.....	1,165.....	1,199.....	1,212.....	1,225.....	1,227.....	1,227.....	189.....	64.....
4. 2017.....	XXX.....	XXX.....	457.....	765.....	899.....	962.....	989.....	1,002.....	1,011.....	1,014.....	157.....	50.....
5. 2018.....	XXX.....	XXX.....	XXX.....	387.....	645.....	781.....	828.....	857.....	878.....	889.....	139.....	195.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	370.....	593.....	680.....	726.....	783.....	785.....	110.....	159.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	215.....	345.....	439.....	490.....	501.....	62.....	15.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	223.....	377.....	478.....	534.....	28.....	13.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	239.....	407.....	483.....	34.....	12.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	266.....	469.....	41.....	13.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	357.....	37.....	8.....

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

1. Prior.....	000.....	508.....	822.....	983.....	1,077.....	1,139.....	1,146.....	1,160.....	1,163.....	1,113.....	19.....	0.....
2. 2015.....	295.....	575.....	894.....	1,073.....	1,137.....	1,152.....	1,195.....	1,213.....	1,223.....	1,238.....	102.....	36.....
3. 2016.....	XXX.....	302.....	601.....	920.....	1,100.....	1,213.....	1,288.....	1,298.....	1,312.....	1,314.....	111.....	42.....
4. 2017.....	XXX.....	XXX.....	310.....	630.....	918.....	1,050.....	1,200.....	1,255.....	1,357.....	1,390.....	118.....	42.....
5. 2018.....	XXX.....	XXX.....	XXX.....	405.....	773.....	1,096.....	1,271.....	1,458.....	1,562.....	1,614.....	211.....	675.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	441.....	772.....	1,020.....	1,263.....	1,441.....	1,538.....	90.....	763.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	257.....	578.....	868.....	1,090.....	1,236.....	31.....	22.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	313.....	561.....	911.....	1,030.....	70.....	49.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	317.....	692.....	941.....	79.....	30.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	292.....	617.....	64.....	29.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	284.....	23.....	15.....

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

1. Prior.....	000.....	1,577.....	2,610.....	3,254.....	3,867.....	4,313.....	4,732.....	5,109.....	5,495.....	5,882.....	549.....	0.....
2. 2015.....	966.....	1,930.....	2,386.....	2,626.....	2,787.....	2,907.....	2,986.....	3,047.....	3,104.....	3,161.....	240.....	51.....
3. 2016.....	XXX.....	1,013.....	2,241.....	2,806.....	3,016.....	3,126.....	3,192.....	3,230.....	3,285.....	3,323.....	295.....	47.....
4. 2017.....	XXX.....	XXX.....	1,236.....	2,669.....	3,232.....	3,441.....	3,593.....	3,668.....	3,737.....	3,794.....	276.....	64.....
5. 2018.....	XXX.....	XXX.....	XXX.....	1,312.....	2,781.....	3,315.....	3,590.....	3,713.....	3,855.....	3,926.....	38.....	1,536.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	1,270.....	2,599.....	3,216.....	3,536.....	3,782.....	3,901.....	29.....	2,713.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,131.....	2,691.....	3,333.....	3,672.....	3,874.....	215.....	40.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,362.....	3,121.....	3,906.....	4,296.....	239.....	49.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,513.....	3,198.....	3,995.....	263.....	47.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,489.....	3,426.....	309.....	62.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,652.....	225.....	73.....

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	000.....	66.....	106.....	129.....	129.....	131.....	133.....	137.....	134.....	157.....	4.....	0.....
2. 2015.....	586.....	741.....	779.....	797.....	800.....	802.....	805.....	806.....	806.....	807.....	39.....	20.....
3. 2016.....	XXX.....	520.....	700.....	715.....	716.....	722.....	721.....	721.....	721.....	734.....	39.....	19.....
4. 2017.....	XXX.....	XXX.....	608.....	786.....	810.....	819.....	822.....	830.....	842.....	839.....	45.....	20.....
5. 2018.....	XXX.....	XXX.....	XXX.....	592.....	749.....	796.....	821.....	828.....	856.....	850.....	36.....	73.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	844.....	1,081.....	1,162.....	1,221.....	1,321.....	1,377.....	32.....	95.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	855.....	1,149.....	1,314.....	1,492.....	1,622.....	18.....	18.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	688.....	1,044.....	1,267.....	1,462.....	36.....	33.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	995.....	1,640.....	1,945.....	42.....	29.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	952.....	1,419.....	35.....	25.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,181.....	16.....	16.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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			
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024			
1. Prior.....	000												
2. 2015.....													
3. 2016.....	XXX												
4. 2017.....	XXX	XXX											
5. 2018.....	XXX	XXX	XXX										
6. 2019.....	XXX	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX	XXX	XXX								
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

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

1. Prior.....	000												
2. 2015.....													
3. 2016.....	XXX												
4. 2017.....	XXX	XXX											
5. 2018.....	XXX	XXX	XXX										
6. 2019.....	XXX	XXX	XXX	XXX									
7. 2020.....	XXX	XXX	XXX	XXX	XXX								
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2022.....	XXX												
10. 2023.....	XXX												
11. 2024.....	XXX												

NONE

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....	000	0	0	12	12	12	12	12	12	12	12	XXX	XXX
2. 2015.....	3	2	2	5	5	5	5	5	5	5	5	XXX	XXX
3. 2016.....	XXX	4	2	5	5	5	5	5	5	5	5	XXX	XXX
4. 2017.....	XXX	XXX	2	4	4	4	4	4	4	4	4	XXX	XXX
5. 2018.....	XXX	XXX	XXX	4	3	3	3	3	3	3	3	XXX	XXX
6. 2019.....	XXX	XXX	XXX	XXX	5	3	2	2	2	2	2	XXX	XXX
7. 2020.....	XXX	XXX	XXX	XXX	XXX	2	3	3	3	3	3	XXX	XXX
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	4	4	4	XXX	XXX
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	(2)	(2)	(2)	XXX	XXX
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	7	7	XXX	XXX
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	7	XXX	XXX

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

1. Prior.....	000	487	841	1,123	1,253	1,516	1,566	1,610	1,638	1,680	14	0
2. 2015.....	85	268	425	578	720	748	783	816	843	859	31	24
3. 2016.....	XXX	108	251	491	662	737	818	862	938	979	33	26
4. 2017.....	XXX	XXX	123	372	504	641	780	921	1,004	1,066	37	28
5. 2018.....	XXX	XXX	XXX	118	305	611	768	1,015	1,051	1,084	31	512
6. 2019.....	XXX	XXX	XXX	XXX	101	253	419	567	750	827	22	473
7. 2020.....	XXX	XXX	XXX	XXX	XXX	(80)	(26)	86	166	193	5	4
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	6	176	338	370	2	1
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	209	218	1	1
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	92	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	0	0

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

1. Prior.....	000	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	1	2	2	2	2	2	2	2	2	2	2	0
3. 2016.....	XXX	1	1	1	1	1	1	1	1	1	1	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	2	3	3	3	3	3	3	3	0
6. 2019.....	XXX	XXX	XXX	XXX	0	2	2	2	2	2	2	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1	9	14	15	16	16	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	2	9	11	12	12	0
9. 2022.....	XXX	4	16	19	19	0						
10. 2023.....	XXX	2	14	14	0							
11. 2024.....	XXX	2	0	0								

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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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior	000	(319)	(319)	(319)	(319)	(319)	(319)	(320)	(321)	(339)	XXX	XXX
2. 2015	0	0	0	0	0	(4)	0	0	0	0	XXX	XXX
3. 2016	XXX	255	0	0	0	304	6	6	6	6	XXX	XXX
4. 2017	XXX	XXX	375	0	0	447	(1)	1	2	2	XXX	XXX
5. 2018	XXX	XXX	XXX	255	0	306	3	1	1	1	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX	237	275	269	270	269	268	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX	205	253	260	264	264	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	180	231	222	223	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	232	288	290	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	161	195	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	134	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	000	(1,571)	(1,571)	(1,571)	(1,571)	(1,571)	(1,575)	(1,578)	(1,582)	(1,686)	0	0
2. 2015	0	0	0	0	0	(4)	(1)	(2)	(2)	(2)	0	0
3. 2016	XXX	1,222	0	0	0	1,293	(1)	(1)	(2)	(2)	0	0
4. 2017	XXX	XXX	1,226	0	0	1,297	(1)	(1)	(1)	(1)	0	0
5. 2018	XXX	XXX	XXX	1,175	0	1,239	0	1	1	3	1	0
6. 2019	XXX	XXX	XXX	XXX	1,279	1,324	1,321	1,319	1,319	1,319	2	2
7. 2020	XXX	XXX	XXX	XXX	XXX	910	966	960	961	962	314	78
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	910	980	966	966	206	96
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,083	1,180	1,164	251	58
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,094	1,162	270	66
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,224	174	49

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	000	(1)	(1)	(1)	(1)	(1)	(2)	(2)	(2)	(2)	XXX	XXX
2. 2015	0	0	0	0	0	13	0	0	0	0	XXX	XXX
3. 2016	XXX	3	0	0	0	7	0	0	0	0	XXX	XXX
4. 2017	XXX	XXX	1	0	0	1	0	0	0	0	XXX	XXX
5. 2018	XXX	XXX	XXX	1	0	2	0	0	0	0	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX	5	5	5	5	5	5	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX	6	6	6	6	6	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	000	0	0	0	0	0	0	0	0	(1)	XXX	XXX
2. 2015	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3. 2016	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
4. 2017	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
5. 2018	XXX	XXX	XXX	0	0	0	0	0	0	0	XXX	XXX
6. 2019	XXX	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	000										XXX	XXX
2. 2015											XXX	XXX
3. 2016	XXX										XXX	XXX
4. 2017	XXX	XXX									XXX	XXX
5. 2018	XXX	XXX	XXX								XXX	XXX
6. 2019	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022	XXX				XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2023	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

**SCHEDULE P - PART 3N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY**

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		
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024		
1. Prior.....	000.....	23.....	32.....	34.....	38.....	36.....	38.....	39.....	36.....	36.....	XXX.....	XXX.....
2. 2015.....	12.....	35.....	44.....	46.....	47.....	48.....	48.....	48.....	48.....	48.....	XXX.....	XXX.....
3. 2016.....	XXX.....	38.....	64.....	72.....	76.....	76.....	77.....	77.....	78.....	78.....	XXX.....	XXX.....
4. 2017.....	XXX.....	XXX.....	18.....	57.....	66.....	67.....	67.....	69.....	62.....	63.....	XXX.....	XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....	13.....	93.....	112.....	115.....	116.....	120.....	120.....	XXX.....	XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	15.....	70.....	85.....	91.....	99.....	98.....	XXX.....	XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	68.....	121.....	138.....	142.....	145.....	XXX.....	XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	33.....	85.....	101.....	103.....	XXX.....	XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	106.....	166.....	184.....	XXX.....	XXX.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	39.....	72.....	XXX.....	XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	24.....	XXX.....	XXX.....

**SCHEDULE P - PART 3O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior.....	000.....	35.....	66.....	82.....	95.....	109.....	120.....	126.....	130.....	135.....	XXX.....	XXX.....
2. 2015.....	1.....	6.....	7.....	9.....	11.....	11.....	11.....	11.....	11.....	12.....	XXX.....	XXX.....
3. 2016.....	XXX.....	2.....	15.....	22.....	29.....	31.....	33.....	39.....	39.....	43.....	XXX.....	XXX.....
4. 2017.....	XXX.....	XXX.....	3.....	13.....	23.....	26.....	30.....	32.....	35.....	37.....	XXX.....	XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....	7.....	23.....	31.....	36.....	38.....	42.....	47.....	XXX.....	XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	1.....	7.....	25.....	46.....	58.....	88.....	XXX.....	XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1.....	20.....	38.....	57.....	86.....	XXX.....	XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	4.....	35.....	69.....	107.....	XXX.....	XXX.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	3.....	35.....	74.....	XXX.....	XXX.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1.....	26.....	XXX.....	XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2.....	XXX.....	XXX.....

**SCHEDULE P - PART 3P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior.....	000.....										XXX.....	XXX.....
2. 2015.....											XXX.....	XXX.....
3. 2016.....	XXX.....										XXX.....	XXX.....
4. 2017.....	XXX.....	XXX.....									XXX.....	XXX.....
5. 2018.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
9. 2022.....	XXX.....				XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
10. 2023.....	XXX.....			XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	XXX.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

NONE

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS 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		
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024		
1. Prior.....	000	77	171	130	174	220	169	183	186	186	1	0
2. 2015.....	2	10	19	21	50	56	64	68	68	68	1	2
3. 2016.....	XXX	4	16	15	26	28	30	33	34	34	1	2
4. 2017.....	XXX	XXX	5	5	11	18	45	52	52	52	1	2
5. 2018.....	XXX	XXX	XXX	3	15	26	33	67	72	72	2	51
6. 2019.....	XXX	XXX	XXX	XXX	5	14	28	42	52	54	1	46
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	1	2	4	6	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	2	3	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	5	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	20	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0

SCHEDULE P - PART 3R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior.....	000											
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX											
10. 2023.....	XXX											
11. 2024.....	XXX											

NONE

SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior.....	000										XXX	XXX
2. 2015.....											XXX	XXX
3. 2016.....	XXX										XXX	XXX
4. 2017.....	XXX	XXX									XXX	XXX
5. 2018.....	XXX	XXX	XXX								XXX	XXX
6. 2019.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022.....	XXX				XXX	XXX						
10. 2023.....	XXX			XXX	XXX							
11. 2024.....	XXX											

NONE

SCHEDULE P - PART 3T - WARRANTY

1. Prior.....	000											
2. 2015.....												
3. 2016.....	XXX											
4. 2017.....	XXX	XXX										
5. 2018.....	XXX	XXX	XXX									
6. 2019.....	XXX	XXX	XXX	XXX								
7. 2020.....	XXX	XXX	XXX	XXX	XXX							
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2022.....	XXX											
10. 2023.....	XXX											
11. 2024.....	XXX											

NONE

SCHEDULE P - PART 3U - PET INSURANCE PLANS

1. Prior.....	000										XXX	XXX
2. 2015.....											XXX	XXX
3. 2016.....	XXX										XXX	XXX
4. 2017.....	XXX	XXX									XXX	XXX
5. 2018.....	XXX	XXX	XXX								XXX	XXX
6. 2019.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2020.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2022.....	XXX				XXX	XXX						
10. 2023.....	XXX			XXX	XXX							
11. 2024.....	XXX											

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 4A - HOMEOWNERS/FAROWNERS

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	6	(4)	(8)	(13)	(13)	2	0	1	0	0
2. 2015.....	94	18	10	4	2	2	0	0	1	0
3. 2016.....	XXX	85	23	7	4	3	1	1	1	0
4. 2017.....	XXX	XXX	100	23	4	4	0	1	1	0
5. 2018.....	XXX	XXX	XXX	94	13	11	2	2	2	0
6. 2019.....	XXX	XXX	XXX	XXX	113	19	4	2	2	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	40	7	2	4	1
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	51	4	5	2
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	72	10	4
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48	9
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	162

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

1. Prior.....	235	107	47	(6)	(20)	2	1	3	2	0
2. 2015.....	375	173	80	30	17	6	3	1	2	0
3. 2016.....	XXX	364	162	65	32	12	5	2	2	1
4. 2017.....	XXX	XXX	262	119	65	18	6	12	3	1
5. 2018.....	XXX	XXX	XXX	216	114	32	7	6	3	1
6. 2019.....	XXX	XXX	XXX	XXX	175	56	26	15	4	1
7. 2020.....	XXX	XXX	XXX	XXX	XXX	114	50	19	5	2
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	99	42	9	4
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	119	23	12
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	76	35
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	210

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

1. Prior.....	380	164	98	22	2	8	3	0	0	0
2. 2015.....	404	243	165	85	38	16	9	4	1	1
3. 2016.....	XXX	417	358	204	84	48	11	2	1	1
4. 2017.....	XXX	XXX	682	423	244	107	32	14	6	1
5. 2018.....	XXX	XXX	XXX	767	501	255	87	48	9	5
6. 2019.....	XXX	XXX	XXX	XXX	915	522	214	92	20	22
7. 2020.....	XXX	XXX	XXX	XXX	XXX	797	453	185	34	18
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	972	439	207	73
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	714	313	144
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	627	364
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	919

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

1. Prior.....	9,852	7,448	4,724	4,298	3,140	2,899	2,074	2,023	1,968	1,760
2. 2015.....	2,682	2,151	1,440	1,095	727	632	580	512	614	636
3. 2016.....	XXX	2,983	2,145	1,589	1,119	710	653	686	639	714
4. 2017.....	XXX	XXX	4,194	2,470	2,055	1,149	660	718	580	678
5. 2018.....	XXX	XXX	XXX	3,125	2,883	1,750	922	820	664	712
6. 2019.....	XXX	XXX	XXX	XXX	3,494	2,814	1,156	944	755	690
7. 2020.....	XXX	XXX	XXX	XXX	XXX	2,734	1,830	1,154	862	721
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	3,358	1,471	1,004	718
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,007	1,602	895
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,115	1,484
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,157

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	215	179	171	128	145	137	55	33	28	19
2. 2015.....	95	20	17	7	3	1	0	0	0	0
3. 2016.....	XXX	49	27	12	4	1	0	0	0	0
4. 2017.....	XXX	XXX	94	26	15	4	3	2	0	0
5. 2018.....	XXX	XXX	XXX	86	22	19	6	18	2	1
6. 2019.....	XXX	XXX	XXX	XXX	106	83	41	44	19	3
7. 2020.....	XXX	XXX	XXX	XXX	XXX	404	287	203	38	8
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	646	507	189	50
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	410	174	90
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	883	597
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,017

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XX							
6. 2019	XXX	XXX	XX	XX						
7. 2020	XXX	XXX	XX	XXX	XX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XX	XX						
7. 2020	XXX	XXX	XX	XX	XX					
8. 2021	XXX	XXX	XX	XX	XX	XX				
9. 2022	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	0	0	0	1	0	0	0	0	0	0
2. 2015	0	0	0	0	0	0	0	0	0	0
3. 2016	XXX	0	0	0	0	0	0	0	0	0
4. 2017	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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

1. Prior	766	508	361	312	228	181	115	107	124	112
2. 2015	465	348	212	168	84	59	28	30	10	4
3. 2016	XXX	489	328	257	180	114	55	74	25	7
4. 2017	XXX	XXX	592	484	316	218	108	72	16	14
5. 2018	XXX	XXX	XXX	681	541	316	154	99	59	37
6. 2019	XXX	XXX	XXX	XXX	619	486	290	176	65	35
7. 2020	XXX	XXX	XXX	XXX	XXX	499	377	146	79	16
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	470	223	133	44
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	369	186	62
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	344	214
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	429

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

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2015	0	0	0	0	0	0	0	0	0	0
3. 2016	XXX	0	0	0	0	0	0	0	0	0
4. 2017	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018	XXX	XXX	XXX	2	2	4	2	1	0	0
6. 2019	XXX	XXX	XXX	XXX	9	8	2	2	0	0
7. 2020	XXX	XXX	XXX	XXX	XXX	39	24	17	8	1
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX	49	8	5	1
9. 2022	XXX	15	16	2						
10. 2023	XXX	24	14							
11. 2024	XXX	26								

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**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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2015.....	13	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	17	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	26	2	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	18	4	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	24	1	0	0	1	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	12	1	0	2	2
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	13	0	1	1
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14	1	1
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36	2
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	55

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior.....	(5)	0	0	0	0	0	0	0	0	0
2. 2015.....	20	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	20	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	4	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	2	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	2	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	6	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	7	1	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	3	3
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	3
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	86

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	1	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	1	1	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	2	1	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	1	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX									
10. 2023.....	XXX									
11. 2024.....	XXX									

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

**SCHEDULE P - PART 4N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY**

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	52	23	19	10	11	10	(10)	10	10	10
2. 2015.....	13	2	1	0	0	0	0	0	0	0
3. 2016.....	XXX	14	5	1	0	0	0	0	0	0
4. 2017.....	XXX	XXX	9	1	1	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	13	1	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	16	2	0	0	1	1
7. 2020.....	XXX	XXX	XXX	XXX	XXX	9	1	1	1	1
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	30	5	4	2
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26	3	2
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	5
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38

**SCHEDULE P - PART 4O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY**

1. Prior.....	284	225	188	158	140	130	125	95	70	30
2. 2015.....	18	14	13	9	8	7	6	6	6	2
3. 2016.....	XXX	19	14	13	13	10	9	7	7	3
4. 2017.....	XXX	XXX	27	15	15	12	11	10	8	10
5. 2018.....	XXX	XXX	XXX	34	27	21	18	14	8	11
6. 2019.....	XXX	XXX	XXX	XXX	70	41	24	23	19	23
7. 2020.....	XXX	XXX	XXX	XXX	XXX	85	51	35	24	41
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	116	86	63	77
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	131	90	109
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	146	113
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	116

**SCHEDULE P - PART 4P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX									
10. 2023.....	XXX									
11. 2024.....	XXX									

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS 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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	239	199	170	96	100	52	35	51	3	0
2. 2015.....	37	29	52	23	10	7	4	5	2	1
3. 2016.....	XXX	42	84	30	15	6	2	2	0	0
4. 2017.....	XXX	XXX	145	65	56	17	8	5	2	0
5. 2018.....	XXX	XXX	XXX	74	52	20	10	9	3	1
6. 2019.....	XXX	XXX	XXX	XXX	57	27	19	12	2	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	16	13	5	3	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	7	3	1	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	3	2
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	2
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

SCHEDULE P - PART 4R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX									
10. 2023.....	XXX									
11. 2024.....	XXX									

NONE

SCHEDULE P - PART 4S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX									
10. 2023.....	XXX									
11. 2024.....	XXX									

NONE

SCHEDULE P - PART 4T - WARRANTY

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX									
10. 2023.....	XXX									
11. 2024.....	XXX									

NONE

SCHEDULE P - PART 4U - PET INSURANCE PLANS

1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX									
10. 2023.....	XXX									
11. 2024.....	XXX									

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	21	2	1	0	0	0	0	0	0	0
2. 2015.....	98	116	117	118	118	118	118	118	118	118
3. 2016.....	XXX	86	100	102	102	102	102	102	102	102
4. 2017.....	XXX	XXX	97	123	125	125	125	125	125	125
5. 2018.....	XXX	XXX	XXX	72	85	86	86	87	87	87
6. 2019.....	XXX	XXX	XXX	XXX	71	86	87	88	88	88
7. 2020.....	XXX	XXX	XXX	XXX	XXX	74	90	91	91	91
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	35	48	49	49
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40	51	61
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44	80
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	5	2	1	1	0	0	0	0	0	0
2. 2015.....	16	2	1	0	0	0	0	0	0	0
3. 2016.....	XXX	13	2	1	0	0	0	0	0	0
4. 2017.....	XXX	XXX	26	2	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	10	0	1	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	2	8	1	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	7	2	1	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	10	1	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	1	1
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	5
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	12	1	1	0	0	0	0	0	0	0
2. 2015.....	151	160	161	161	161	161	161	161	161	161
3. 2016.....	XXX	130	137	138	138	138	138	138	138	139
4. 2017.....	XXX	XXX	157	164	165	165	165	165	166	166
5. 2018.....	XXX	XXX	XXX	166	172	175	174	174	174	174
6. 2019.....	XXX	XXX	XXX	XXX	175	198	193	193	193	193
7. 2020.....	XXX	XXX	XXX	XXX	XXX	104	117	117	117	118
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	60	66	67	68
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	63	68	81
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70	112
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	60

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	71	17	6	6	1	0	0	0	0	0
2. 2015.....	169	223	232	234	235	235	235	236	236	236
3. 2016.....	XXX	134	180	187	188	189	189	189	189	189
4. 2017.....	XXX	XXX	115	148	153	155	156	156	156	157
5. 2018.....	XXX	XXX	XXX	104	132	137	138	138	139	139
6. 2019.....	XXX	XXX	XXX	XXX	81	105	108	109	109	110
7. 2020.....	XXX	XXX	XXX	XXX	XXX	49	58	60	61	62
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	16	23	26	28
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	27	34
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	41
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	29	10	5	2	0	1	1	1	1	1
2. 2015.....	63	9	5	2	0	1	0	0	0	0
3. 2016.....	XXX	61	11	4	0	1	0	0	0	0
4. 2017.....	XXX	XXX	45	7	1	2	1	0	0	0
5. 2018.....	XXX	XXX	XXX	34	1	3	1	1	0	0
6. 2019.....	XXX	XXX	XXX	XXX	5	5	2	1	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	15	3	1	1	1
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	12	3	1	1
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	4	3
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	7
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	16	3	3	0	(1)	1	0	0	0	0
2. 2015.....	288	304	311	311	310	311	311	311	311	311
3. 2016.....	XXX	240	251	253	252	254	254	254	254	254
4. 2017.....	XXX	XXX	196	205	203	207	207	207	207	207
5. 2018.....	XXX	XXX	XXX	322	325	334	333	334	334	334
6. 2019.....	XXX	XXX	XXX	XXX	234	268	269	269	269	270
7. 2020.....	XXX	XXX	XXX	XXX	XXX	77	75	76	76	77
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	37	39	40	42
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37	41	49
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48	61
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	69

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK 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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	27	9	3	5	1	0	0	0	0	0
2. 2015.....	69	91	96	100	101	101	101	101	102	102
3. 2016.....	XXX	71	97	107	109	110	110	110	110	111
4. 2017.....	XXX	XXX	70	108	113	115	116	117	117	118
5. 2018.....	XXX	XXX	XXX	177	201	206	208	209	210	211
6. 2019.....	XXX	XXX	XXX	XXX	67	82	85	87	89	90
7. 2020.....	XXX	XXX	XXX	XXX	XXX	15	25	28	29	31
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	44	63	67	70
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53	71	79
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	64
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	15	5	4	19	3	1	1	1	1	0
2. 2015.....	26	6	4	6	1	1	1	0	0	0
3. 2016.....	XXX	33	9	9	1	1	1	0	0	0
4. 2017.....	XXX	XXX	32	19	2	4	2	2	1	0
5. 2018.....	XXX	XXX	XXX	95	4	6	3	2	1	0
6. 2019.....	XXX	XXX	XXX	XXX	18	8	6	3	2	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	19	7	5	3	1
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	26	8	5	2
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	7	4
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	8
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	10	1	3	27	(10)	(1)	0	0	1	(1)
2. 2015.....	119	129	133	142	138	138	138	138	138	138
3. 2016.....	XXX	131	143	158	152	153	153	153	153	153
4. 2017.....	XXX	XXX	130	167	156	159	160	160	160	160
5. 2018.....	XXX	XXX	XXX	935	878	884	885	885	885	886
6. 2019.....	XXX	XXX	XXX	XXX	842	850	852	852	853	853
7. 2020.....	XXX	XXX	XXX	XXX	XXX	40	52	53	54	54
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	112	119	121	121
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	98	106	112
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80	102
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

**SCHEDULE P - PART 5D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	243	(20)	25	(791)	2	4	2	3	1,319	5
2. 2015.....	268	387	415	236	237	238	238	239	312	240
3. 2016.....	XXX	273	444	289	290	293	293	294	348	295
4. 2017.....	XXX	XXX	338	266	270	273	275	276	290	276
5. 2018.....	XXX	XXX	XXX	12	25	36	40	42	43	38
6. 2019.....	XXX	XXX	XXX	XXX	7	96	106	112	114	29
7. 2020.....	XXX	XXX	XXX	XXX	XXX	204	265	281	284	215
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	211	295	307	239
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	230	311	263
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	221	309
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	225

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	580	580	581	7	33	31	32	27	27	25
2. 2015.....	55	59	59	2	24	22	24	23	23	22
3. 2016.....	XXX	52	57	3	23	19	22	21	20	20
4. 2017.....	XXX	XXX	59	6	28	24	25	24	24	23
5. 2018.....	XXX	XXX	XXX	17	42	33	33	31	30	29
6. 2019.....	XXX	XXX	XXX	XXX	98	40	36	31	29	28
7. 2020.....	XXX	XXX	XXX	XXX	XXX	72	48	34	31	29
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	98	49	39	35
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	95	46	35
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	103	47
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	107

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	19	44	40	(946)	(2)	36	7	1	1,654	7
2. 2015.....	448	477	502	285	284	308	311	312	393	314
3. 2016.....	XXX	483	539	336	335	357	361	361	422	362
4. 2017.....	XXX	XXX	558	333	332	360	363	364	378	364
5. 2018.....	XXX	XXX	XXX	1,561	1,561	1,604	1,609	1,609	1,610	1,603
6. 2019.....	XXX	XXX	XXX	XXX	2,732	2,857	2,863	2,864	2,865	2,770
7. 2020.....	XXX	XXX	XXX	XXX	XXX	326	361	363	365	284
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	370	404	406	323
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	391	419	344
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	388	418
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	406

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	12	3	1	0	0	0	0	0	0	0
2. 2015.....	30	38	39	39	39	39	39	39	39	39
3. 2016.....	XXX	29	37	38	38	39	39	39	39	39
4. 2017.....	XXX	XXX	33	43	44	45	45	45	45	45
5. 2018.....	XXX	XXX	XXX	27	33	35	36	36	36	36
6. 2019.....	XXX	XXX	XXX	XXX	22	29	30	31	32	32
7. 2020.....	XXX	XXX	XXX	XXX	XXX	5	12	15	17	18
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	19	31	34	36
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	37	42
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	35
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	5	2	2	1	0	1	1	1	1	0
2. 2015.....	9	2	0	0	0	0	0	0	0	0
3. 2016.....	XXX	9	1	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	10	1	0	1	0	0	0	0
5. 2018.....	XXX	XXX	XXX	6	0	2	1	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	1	10	3	2	2	1
7. 2020.....	XXX	XXX	XXX	XXX	XXX	8	7	5	4	2
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	17	7	6	4
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	10	8
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	8
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	6	0	0	0	0	1	0	0	0	0
2. 2015.....	55	59	59	59	59	59	59	59	60	59
3. 2016.....	XXX	52	57	57	57	58	58	58	58	58
4. 2017.....	XXX	XXX	59	64	64	65	65	65	65	65
5. 2018.....	XXX	XXX	XXX	102	104	110	109	109	109	109
6. 2019.....	XXX	XXX	XXX	XXX	110	132	126	127	128	128
7. 2020.....	XXX	XXX	XXX	XXX	XXX	17	34	37	38	39
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	59	69	72	73
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	63	75	79
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	59	67
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50

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 2024 OF THE IOWA 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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	10	5	3	2	1	1	0	0	0	0
2. 2015.....	16	24	26	28	29	30	30	30	30	31
3. 2016.....	XXX	19	26	29	31	31	32	32	33	33
4. 2017.....	XXX	XXX	21	29	31	33	34	35	36	37
5. 2018.....	XXX	XXX	XXX	17	24	27	28	30	31	31
6. 2019.....	XXX	XXX	XXX	XXX	13	17	19	20	21	22
7. 2020.....	XXX	XXX	XXX	XXX	XXX	3	4	4	5	5
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	2
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024.....	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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	15	9	6	4	1	3	4	2	2	0
2. 2015.....	13	6	5	2	0	1	1	1	1	0
3. 2016.....	XXX	13	7	4	0	2	1	1	1	0
4. 2017.....	XXX	XXX	13	6	1	4	3	2	1	0
5. 2018.....	XXX	XXX	XXX	12	1	5	4	2	1	0
6. 2019.....	XXX	XXX	XXX	XXX	1	4	4	3	2	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024.....	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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	10	4	2	2	(1)	4	1	0	1	(2)
2. 2015.....	42	50	53	54	53	54	55	55	55	55
3. 2016.....	XXX	44	54	57	56	58	59	59	60	59
4. 2017.....	XXX	XXX	48	59	57	63	63	64	65	65
5. 2018.....	XXX	XXX	XXX	530	534	541	543	543	544	544
6. 2019.....	XXX	XXX	XXX	XXX	481	493	494	495	496	496
7. 2020.....	XXX	XXX	XXX	XXX	XXX	8	9	9	9	10
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2	2
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE

SECTION 1B

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2B

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3B

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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	1	1	1	1	1	1	1
6. 2019.....	XXX	XXX	XXX	XXX	7	7	7	7	7	7
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	1	1	1	1
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 5R - PRODUCTS 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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	1	1	1	0	0	0	0	0	0	0
2. 2015.....	1	1	1	1	1	1	1	1	1	1
3. 2016.....	XXX	1	1	1	1	1	1	1	1	1
4. 2017.....	XXX	XXX	1	1	1	1	1	1	1	1
5. 2018.....	XXX	XXX	XXX	1	1	1	1	2	2	2
6. 2019.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024.....	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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	3	3	2	2	0	2	3	3	0	0
2. 2015.....	0	0	1	0	0	0	0	0	0	0
3. 2016.....	XXX	1	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	1	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	1	0	1	1	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	1	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024.....	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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	2	1	1	(1)	0	3	2	0	(3)	0
2. 2015.....	2	3	3	3	3	3	3	3	3	3
3. 2016.....	XXX	2	3	3	3	3	3	3	3	3
4. 2017.....	XXX	XXX	2	3	3	3	4	4	4	4
5. 2018.....	XXX	XXX	XXX	52	52	52	53	53	53	53
6. 2019.....	XXX	XXX	XXX	XXX	45	46	47	47	47	47
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	1	1	1
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

**ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	9	2	0	0	0	0	0	0	0	0	0
2. 2015.....	1,646	1,655	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	0
3. 2016.....	XXX	1,829	1,839	1,842	1,841	1,841	1,841	1,841	1,841	1,841	0
4. 2017.....	XXX	XXX	2,005	2,016	2,018	2,018	2,018	2,018	2,018	2,018	0
5. 2018.....	XXX	XXX	XXX	2,046	2,062	2,062	2,062	2,062	2,062	2,062	0
6. 2019.....	XXX	XXX	XXX	XXX	2,124	2,134	2,134	2,134	2,134	2,134	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	2,302	2,302	2,302	2,302	2,302	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	2,481	2,481	2,481	2,481	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,450	2,450	2,450	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,464	2,464	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,469	2,469
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,469
13. Earned Premiums (Sch P-Pt. 1)	1,591	1,769	1,939	2,060	2,143	2,311	2,481	2,450	2,464	2,469	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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	(3)	0	0	0	0	0	0	0	0	0
2. 2015.....	32	32	32	32	32	32	32	32	32	32	0
3. 2016.....	XXX	33	33	33	33	33	33	33	33	33	0
4. 2017.....	XXX	XXX	1	1	1	1	1	1	1	1	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	5	5	5	5	5	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	80	80	80	80	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	190	190	190	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	154	154	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80	80
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80
13. Earned Premiums (Sch P-Pt. 1)	30	28	1	0	1	5	80	190	154	80	XXX

**SCHEDULE P - PART 6D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)
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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	204	(8)	(5)	5	(3)	(3)	0	0	0	0	0
2. 2015.....	7,797	8,002	8,040	8,040	8,039	8,039	8,039	8,039	8,039	8,039	0
3. 2016.....	XXX	8,290	8,420	8,454	8,457	8,457	8,457	8,457	8,457	8,457	0
4. 2017.....	XXX	XXX	8,883	9,219	9,245	9,245	9,245	9,245	9,245	9,245	0
5. 2018.....	XXX	XXX	XXX	8,013	8,307	8,307	8,307	8,307	8,307	8,307	0
6. 2019.....	XXX	XXX	XXX	XXX	8,244	8,345	8,345	8,345	8,345	8,345	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	8,806	8,806	8,806	8,806	8,806	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	9,180	9,180	9,180	9,180	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,163	10,163	10,163	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,152	11,152	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,736	11,736
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,736
13. Earned Premiums (Sch P-Pt. 1)	8,394	8,910	9,495	8,388	8,563	8,904	9,180	10,163	11,152	11,736	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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	326	(2)	(15)	0	0	0	0	0	0	0	0
2. 2015.....	1,771	1,823	1,846	1,846	1,846	1,846	1,846	1,846	1,846	1,846	0
3. 2016.....	XXX	1,598	1,577	1,577	1,577	1,577	1,577	1,577	1,577	1,577	0
4. 2017.....	XXX	XXX	978	978	978	978	978	978	978	978	0
5. 2018.....	XXX	XXX	XXX	156	156	174	174	174	174	174	0
6. 2019.....	XXX	XXX	XXX	XXX	77	86	86	86	86	86	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	55	55	55	55	55	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	132	132	132	132	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	74	74	74	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	101	101	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	146	146
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	146
13. Earned Premiums (Sch P-Pt. 1)	2,226	1,748	1,023	91	77	82	132	74	101	146	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	26	0	0	0	0	0	0	0	0	0	0
2. 2015.....	2,245	2,261	2,261	2,261	2,261	2,261	2,261	2,261	2,261	2,261	0
3. 2016.....	XXX	2,351	2,351	2,351	2,351	2,351	2,351	2,351	2,351	2,351	0
4. 2017.....	XXX	XXX	2,393	2,393	2,393	2,393	2,393	2,393	2,393	2,393	0
5. 2018.....	XXX	XXX	XXX	1,734	1,734	1,734	1,734	1,734	1,734	1,734	0
6. 2019.....	XXX	XXX	XXX	XXX	2,050	2,045	2,045	2,045	2,045	2,045	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	2,905	2,905	2,905	2,905	2,905	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	3,475	3,475	3,475	3,475	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,579	3,579	3,579	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,042	4,042	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,821	4,821
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,821
13. Earned Premiums (Sch P-Pt. 1)	1,621	1,689	1,708	1,734	2,050	2,899	3,475	3,579	4,042	4,821	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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	2	0	0	0	0	0	0	0
2. 2015.....	250	250	250	250	250	250	250	250	250	250	0
3. 2016.....	XXX	152	152	152	152	152	152	152	152	152	0
4. 2017.....	XXX	XXX	109	109	109	109	109	109	109	109	0
5. 2018.....	XXX	XXX	XXX	68	68	68	68	68	68	68	0
6. 2019.....	XXX	XXX	XXX	XXX	99	99	99	99	99	99	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	144	144	144	144	144	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	212	212	212	212	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	270	270	270	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	273	273	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	226	226
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	226
13. Earned Premiums (Sch P-Pt. 1)	178	108	78	68	99	144	212	270	273	226	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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	1	3	0	0	0	42	0	0	0	0	0
2. 2015.....	2,200	2,210	2,210	2,210	2,210	2,210	2,210	2,210	2,210	2,210	0
3. 2016.....	XXX	2,505	2,529	2,529	2,529	2,529	2,529	2,529	2,529	2,529	0
4. 2017.....	XXX	XXX	2,713	2,718	2,718	2,718	2,718	2,718	2,718	2,718	0
5. 2018.....	XXX	XXX	XXX	1,942	1,943	1,943	1,943	1,943	1,943	1,943	0
6. 2019.....	XXX	XXX	XXX	XXX	1,722	1,706	1,706	1,706	1,706	1,706	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1,074	1,074	1,074	1,074	1,074	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	937	937	937	937	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	980	980	980	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,107	1,107	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,216	1,216
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,216
13. Earned Premiums (Sch P-Pt. 1)	1,571	1,798	1,953	1,947	1,723	1,100	937	980	1,107	1,216	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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	(3)	3	0	0	0	0	0	0	0	0
2. 2015.....	116	116	116	116	116	116	116	116	116	116	0
3. 2016.....	XXX	239	239	239	239	239	239	239	239	239	0
4. 2017.....	XXX	XXX	237	237	237	237	237	237	237	237	0
5. 2018.....	XXX	XXX	XXX	151	151	151	151	151	151	151	0
6. 2019.....	XXX	XXX	XXX	XXX	157	157	157	157	157	157	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	107	107	107	107	107	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	65	65	65	65	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	24	24	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	29	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	22
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22
13. Earned Premiums (Sch P-Pt. 1)	83	168	171	151	157	107	65	24	29	22	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE

SECTION 1B

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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	12	0	0	0	0	0	0	0	0	0	0
2. 2015.....	1	5	5	5	5	5	5	5	5	5	0
3. 2016.....	XXX	3	3	3	3	3	3	3	3	3	0
4. 2017.....	XXX	XXX	1	1	1	1	1	1	1	1	0
5. 2018.....	XXX	XXX	XXX	3	3	3	3	3	3	3	0
6. 2019.....	XXX	XXX	XXX	XXX	20	20	20	20	20	20	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	71	71	71	71	71	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	93	93	93	93	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90	90	90	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83	83	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80	80
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	80
13. Earned Premiums (Sch P-Pt. 1)	9	5	0	3	20	71	93	90	83	80	XXX

SECTION 2B

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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	3	3	3	3	3	3	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	32	32	32	32	32	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	58	58	58	58	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	13	13	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	13	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	6
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	3	32	58	13	13	6	XXX

SCHEDULE P - PART 6M - INTERNATIONAL

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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	XXX	XXX									
12. Totals.....	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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 6N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY
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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	19	0	0	0	0	0	0	0	0	0	0
2. 2015.....	139	142	142	142	142	142	142	142	142	142	0
3. 2016.....	XXX	149	152	152	152	152	152	152	152	152	0
4. 2017.....	XXX	XXX	124	126	126	126	126	126	126	126	0
5. 2018.....	XXX	XXX	XXX	84	87	87	87	87	87	87	0
6. 2019.....	XXX	XXX	XXX	XXX	110	111	111	111	111	111	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	128	128	128	128	128	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	152	152	152	152	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	167	167	167	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	173	173	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	167	167
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	167
13. Earned Premiums (Sch P-Pt. 1)	112	108	90	86	114	128	152	167	173	167	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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

NONE

SCHEDULE P - PART 6O - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY
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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	2	0	0	0	0	52	0	0	0	0	0
2. 2015.....	28	25	25	25	25	25	25	25	25	25	0
3. 2016.....	XXX	40	40	40	40	40	40	40	40	40	0
4. 2017.....	XXX	XXX	53	54	54	54	54	54	54	54	0
5. 2018.....	XXX	XXX	XXX	69	72	71	71	71	71	71	0
6. 2019.....	XXX	XXX	XXX	XXX	133	124	124	124	124	124	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	133	133	133	133	133	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	223	223	223	223	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	248	248	248	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	240	240	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	178	178
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	178
13. Earned Premiums (Sch P-Pt. 1)	28	36	50	70	136	176	223	248	240	178	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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

NONE

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 6R - PRODUCTS 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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	1	0	0	0	0	0	0	0	0	0	0
2. 2015.....	126	126	126	126	126	126	126	126	126	126	0
3. 2016.....	XXX	139	140	140	140	140	140	140	140	140	0
4. 2017.....	XXX	XXX	147	147	147	147	147	147	147	147	0
5. 2018.....	XXX	XXX	XXX	138	138	138	138	138	138	138	0
6. 2019.....	XXX	XXX	XXX	XXX	95	95	95	95	95	95	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	33	33	33	33	33	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	8	8	8	8	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	11	11	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	12	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	16
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16
13. Earned Premiums (Sch P-Pt. 1)	120	132	140	138	95	33	8	11	12	16	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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	1	1	1	1	1	1	1	1	1	1	0
3. 2016.....	XXX	1	1	1	1	1	1	1	1	1	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	2	2	0	0	1	0	0	0	0	0	XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE
SECTION 1B

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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024.....	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 2B

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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024.....	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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SCHEDULE P - PART 7A - PRIMARY 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	540	0	0.0	0	0	0.0
2. Private Passenger Auto Liability/ Medical	1,212	0	0.0	0	0	0.0
3. Commercial Auto/Truck Liability/ Medical	4,315	0	0.0	0	0	0.0
4. Workers' Compensation	26,907	0	0.0	0	0	0.0
5. Commercial Multiple Peril	5,603	0	0.0	0	0	0.0
6. Medical Professional Liability - Occurrence	0	0	0.0	0	0	0.0
7. Medical Professional Liability - Claims - Made	0	0	0.0	0	0	0.0
8. Special Liability	7	0	0.0	0	0	0.0
9. Other Liability - Occurrence	2,591	0	0.0	0	0	0.0
10. Other Liability - Claims-Made	84	0	0.0	0	0	0.0
11. Special Property	103	0	0.0	0	0	0.0
12. Auto Physical Damage	240	0	0.0	0	0	0.0
13. Fidelity/Surety	0	0	0.0	0	0	0.0
14. Other	0	0	0.0	0	0	0.0
15. International	0	0	0.0	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	30	0	0.0	0	0	0.0
20. Products Liability - Claims-Made	0	0	0.0	0	0	0.0
21. Financial Guaranty/Mortgage Guaranty	0	0	0.0	0	0	0.0
22. Warranty	0	0	0.0	0	0	0.0
23. Pet Insurance Plans	0	0	0.0	0	0	0.0
24. Totals	41,633	0	0.0	0	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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XXX	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XXX	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XX							
6. 2019.....	XXX	XXX	XX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	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
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XX							
6. 2019.....	XXX	XXX	XX	XXX						
7. 2020.....	XXX	XXX	XXX	XXX	XXX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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	540	0	0.0	0	0	0.0
2. Private Passenger Auto Liability/Medical	1,212	0	0.0	0	0	0.0
3. Commercial Auto/Truck Liability/Medical	4,315	0	0.0	0	0	0.0
4. Workers' Compensation	26,907	0	0.0	0	0	0.0
5. Commercial Multiple Peril	5,603	0	0.0	0	0	0.0
6. Medical Professional Liability - Occurrence	0	0	0.0	0	0	0.0
7. Medical Professional Liability - Claims - Made	0	0	0.0	0	0	0.0
8. Special Liability	7	0	0.0	0	0	0.0
9. Other Liability - Occurrence	2,591	0	0.0	0	0	0.0
10. Other Liability - Claims-Made	84	0	0.0	0	0	0.0
11. Special Property	103	0	0.0	0	0	0.0
12. Auto Physical Damage	240	0	0.0	0	0	0.0
13. Fidelity/Surety	0	0	0.0	0	0	0.0
14. Other	0	0	0.0	0	0	0.0
15. International	0	0	0.0	0	0	0.0
16. Reinsurance - Nonproportional Assumed Property	155	0	0.0	0	0	0.0
17. Reinsurance - Nonproportional Assumed Liability	913	0	0.0	0	0	0.0
18. Reinsurance - Nonproportional Assumed Financial Lines	0	0	0.0	0	0	0.0
19. Products Liability - Occurrence	30	0	0.0	0	0	0.0
20. Products Liability - Claims-Made	0	0	0.0	0	0	0.0
21. Financial Guaranty/Mortgage Guaranty	0	0	0.0	0	0	0.0
22. Warranty	0	0	0.0	0	0	0.0
23. Pet Insurance Plans	0	0	0.0	0	0	0.0
24. Totals	42,701	0	0.0	0	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XXX	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XX							
6. 2019.....	XXX	XXX	XX	XX						
7. 2020.....	XXX	XXX	XX	XXX	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	.XXX									
4. 2017.....	.XXX	.XXX								
5. 2018.....	.XXX	.XXX	.XX							
6. 2019.....	.XXX	.XXX	.XX	.XX						
7. 2020.....	.XXX	.XXX	.XX	.XXX	.XX					
8. 2021.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2022.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2023.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2024.....	.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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	.XXX									
4. 2017.....	.XXX	.XXX								
5. 2018.....	.XXX	.XXX	.XX							
6. 2019.....	.XXX	.XXX	.XX	.XX						
7. 2020.....	.XXX	.XXX	.XX	.XXX	.XX					
8. 2021.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2022.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2023.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2024.....	.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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	.XXX									
4. 2017.....	.XXX	.XXX								
5. 2018.....	.XXX	.XXX	.XX							
6. 2019.....	.XXX	.XXX	.XX	.XX						
7. 2020.....	.XXX	.XXX	.XX	.XXX	.XX					
8. 2021.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2022.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2023.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2024.....	.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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	.XXX									
4. 2017.....	.XXX	.XXX								
5. 2018.....	.XXX	.XXX	.XX							
6. 2019.....	.XXX	.XXX	.XX	.XX						
7. 2020.....	.XXX	.XXX	.XX	.XXX	.XX					
8. 2021.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX				
9. 2022.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX			
10. 2023.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		
11. 2024.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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	2015		
1.603	2016		
1.604	2017		
1.605	2018		
1.606	2019		
1.607	2020		
1.608	2021		
1.609	2022		
1.610	2023		
1.611	2024		
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	0
5.2 Surety	

- 6. Claim count information is reported per claim or per claimant (Indicate which) per claim.....
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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0291	Encova Mutual Insurance Group	10204	62-1590861				Consumers Insurance USA, Inc.	OH	IA	Motorists Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			42-1496478				IMARC, LLC	IA	NIA	Iowa Mutual Insurance Company	Ownership	90.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	31577	42-1019089				Iowa American Insurance Company	OH	DS	Iowa Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	14338	42-0333120				Iowa Mutual Insurance Company	OH	RE	Encova Holdings, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			41-1563134				Encova Insurance Agency, Inc.	MN	NIA	Motorists Commercial Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	40932	31-1022150				MICO Insurance Company	OH	IA	Motorists Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			41-0299900				Motorists Commercial Mutual Insurance Company	OH	IA	Motorists Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	13331	41-0299900				Motorists Mutual Insurance Company	OH	IA	Encova Holdings, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	14621	31-4259550				Encova Service Corporation	OH	NIA	Motorists Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			31-0851906				Phenix Mutual Fire Insurance Company	OH	IA	Encova Holdings, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	23175	02-0178290				Wilson Mutual Insurance Company	OH	IA	Encova Holdings, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	19950	39-0739760				Encova Realty, LLC	OH	NIA	Motorists Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			81-4951462				Encova Foundation of Ohio	OH	NIA	Motorists Mutual Insurance Company	Board	0.000	Encova Mutual Insurance Group, Inc.	NO	
			31-1712343				BrickStreet Mutual Insurance Company	WV	IA	Encova Holdings, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	12372	20-2394166				PinnaclePoint Insurance Company	WV	IA	BrickStreet Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	15137	46-1783383				NorthStone Insurance Company	WV	IA	BrickStreet Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	13045	26-0818900				SummitPoint Insurance Company	WV	IA	BrickStreet Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	15136	46-1795752				AlleghenyPoint Insurance Company	WV	IA	BrickStreet Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
.0291	Encova Mutual Insurance Group	13016	87-0807723				Wolf Road Realty, LLC	IL	NIA	BrickStreet Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			88-3837925				Encova Foundation of West Virginia, Inc	WV	NIA	BrickStreet Mutual Insurance Company	Board	0.000	Encova Mutual Insurance Group, Inc.	NO	
			80-0772825				STCE HTC Federal Investor, LLC	GA	NIA	BrickStreet Mutual Insurance Company	Ownership	99.990	Encova Mutual Insurance Group, Inc.	NO	
			81-3585592				MPC Brickstreet 2017 Historic Fund, LLC	GA	NIA	BrickStreet Mutual Insurance Company	Ownership	99.990	Encova Mutual Insurance Group, Inc.	NO	
			81-5313304				MPC Brickstreet 2018 Historic Fund, LLC	GA	NIA	BrickStreet Mutual Insurance Company	Ownership	99.990	Encova Mutual Insurance Group, Inc.	NO	
			82-4318558				MPC Brickstreet 2019 Historic Fund, LLC	GA	NIA	BrickStreet Mutual Insurance Company	Ownership	99.990	Encova Mutual Insurance Group, Inc.	NO	
			84-1783677				MPC Brickstreet 2022 Historic Fund, LLC	GA	NIA	BrickStreet Mutual Insurance Company	Ownership	99.990	Encova Mutual Insurance Group, Inc.	NO	
			87-2750169				IGS ESG I, LLC	OH	NIA	BrickStreet Mutual Insurance Company	Ownership	50.000	Encova Mutual Insurance Group, Inc.	NO	
			87-2607952				Encova Insurance Service Center, LLC	OH	NIA	Motorists Mutual Insurance Company	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			86-1546423				Encova Holdings, Inc.	OH	UDP	Encova Mutual Insurance Group, Inc.	Ownership	100.000	Encova Mutual Insurance Group, Inc.	NO	
			86-1371222				Encova Mutual Insurance Group, Inc.	OH	UIP		Ownership	100.000		NO	
			86-1286784				MPC Fed 2022 Energy Fund II, LLC	GA	NIA	BrickStreet Mutual Insurance Company	Ownership	99.990	Encova Mutual Insurance Group, Inc.	NO	
			88-2764021				MPC Brickstreet 2023 Historic Fund, LLC	GA	NIA	BrickStreet Mutual Insurance Company	Ownership	99.990	Encova Mutual Insurance Group, Inc.	NO	
			93-2584396				IGS ESG IV, LLC	OH	NIA	BrickStreet Mutual Insurance Company	Ownership	33.333	Encova Mutual Insurance Group, Inc.	NO	
			99-4791460				IGS ESG II, LLC	OH	NIA	BrickStreet Mutual Insurance Company	Ownership	80.000	Encova Mutual Insurance Group, Inc.	NO	
			88-4359904												

NONE

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	41-1563134	Encova Insurance Agency, Inc.	0	440,896	0	0	615,752	0		0	1,056,648	0
13331	41-0299900	Motorists Commercial Mutual Insurance Co.	0	1,955,375	0	0	123,188,054	0	*	0	125,143,428	0
10204	62-1590891	Consumers Insurance USA, Inc.	0	0	0	0	237,368	0	*	0	237,368	0
31577	42-1019089	Iowa American Insurance Company	0	0	0	0	13,966	0	*	0	13,966	0
14338	42-0333120	Iowa Mutual Insurance Company	0	0	0	0	1,976,051	0	*	0	1,976,051	0
40932	31-1022150	MICO Insurance Company	0	0	0	0	32,002,355	0	*	0	32,002,355	0
66311	31-0717055	Encova Holdings, Inc.	50,000,000	45,911,075	0	0	0	0		(64,543,487)	31,367,588	0
14621	31-4259550	Motorists Mutual Insurance Company	(22,850,000)	(2,396,413)	0	0	(293,123,239)	0	*	5,509,895	(312,859,757)	0
	31-0851906	Encova Service Corporation	0	0	0	0	0	0		15,707,005	15,707,005	0
23175	02-0178290	Phenix Mutual Fire Insurance Company	0	1,175,000	0	0	4,040,634	0	*	0	5,215,634	0
19950	39-0739760	Wilson Mutual Insurance Company	0	0	0	0	2,765,498	0	*	0	2,765,498	0
	81-4951462	Encova Realty, LLC	0	0	0	0	0	0		(2,471,538)	(2,471,538)	0
12372	20-2394166	BrickStreet Mutual Insurance Company	(27,150,000)	(47,086,075)	0	0	28,345,781	0	*	45,798,126	(92,168)	0
15136	46-1795752	SummitPoint Insurance Company	0	0	0	0	12,099,239	0	*	0	12,099,239	0
15137	46-1783383	PinnaclePoint Insurance Company	0	0	0	0	47,419,453	0	*	0	47,419,453	0
13045	26-0818900	NorthStone Insurance Company	0	0	0	0	30,727,705	0	*	0	30,727,705	0
13016	87-0807723	AlleghenyPoint Insurance Company	0	0	0	0	9,691,382	0	*	0	9,691,382	0
	86-1546423	Encova Insurance Service Center	0	142	0	0	0	0		0	142	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

Pooling Percentage Information

NAIC Code	Company Name	Pooling %
12372	Brickstreet Mutual Insurance Company	48.2%
14621	Motorists Mutual Insurance Company	24.1%
13331	Motorists Commercial Mutual Insurance Company	13.4%
10204	Consumers Insurance USA, Inc.	1.9%
14338	Iowa Mutual Insurance Company	1.9%
40932	MICO Insurance Company	1.7%
15136	Summitpoint Insurance Company	1.7%
15137	Pinncalepoint Insurance Company	1.7%
23175	Phenix Mutual Fire Insurance Company	1.4%
13016	Alleghenypoint Insurance Company	1.4%
19950	Wilson Mutual Insurance Company	1.3%
13045	Northstone Insurance Company	1.3%
31577	Iowa American Insurance Company	0.0%

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA 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 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. The data for this supplement is not required to be filed
12. The data for this supplement is not required to be filed
13. The data for this supplement is not required to be filed
14. The data for this supplement is not required to be filed
15. The data for this supplement is not required to be filed
16. The data for this supplement is not required to be filed
17. The data for this supplement is not required to be filed
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33. The data for this supplement is not required to be filed
35. The data for this supplement is not required to be filed
37. The data for this supplement is not required to be filed
38. The data for this supplement is not required to be filed

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]



17. Reinsurance Summary Supplemental Filing [Document Identifier 401]



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

18. Medicare Part D Coverage Supplement [Document Identifier 365]



21. Exceptions to the Reinsurance Attestation Supplement
[Document Identifier 400]



22. Bail Bond Supplement [Document Identifier 500]



23. Director and Officer Insurance Coverage Supplement [Document Identifier 505]



24. Relief from the five-year rotation requirement for lead audit partner
[Document Identifier 224]



25. Relief from the one-year cooling off period for independent CPA
[Document Identifier 225]



26. Relief from the Requirements for Audit Committees [Document Identifier 226]



27. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution
Contracts [Document Identifier 555]



30. Credit Insurance Experience Exhibit [Document Identifier 230]



31. Long-Term Care Experience Reporting Forms [Document Identifier 306]



32. Accident and Health Policy Experience Exhibit [Document Identifier 210]



33. Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]



35. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit -
Parts 1 and 2 [Document Identifier 290]



37. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]



38. Management's Report of Internal Control Over Financial Reporting
[Document Identifier 223]



NONE



SUPPLEMENT FOR THE YEAR 2024 OF THE IOWA 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 0291

NAIC Company Code 14338

	Direct Business Only			
	Prior Year	Current Year		
	1 Written Premium	2 Written Premium	3 Losses Paid (deducting salvage)	4 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		(365)		
7. Personal umbrella	71,453			
8. Employment liability				
9. Aggregate write-ins for facilities & premises (CGL)	28,984	79,625	15,503	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)	100,437	79,260	15,503	0
DETAILS OF WRITE-INS				
0901. Comprehensive Personal Liability	28,984	79,625		
0902. Commercial General Liability	0			
0903. Premises and Operations Liability			15,503	
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	28,984	79,625	15,503	0
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0



SUPPLEMENT FOR THE YEAR 2024 OF THE IOWA MUTUAL INSURANCE COMPANY
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024
 (To Be Filed by March 1)

FOR THE STATE OF: Iowa

NAIC Group Code 0291

NAIC Company Code 14338

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