



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

# ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025  
OF THE CONDITION AND AFFAIRS OF THE

## BUCKEYE STATE MUTUAL INSURANCE COMPANY

NAIC Group Code 0046 0046 NAIC Company Code 16713 Employer's ID Number 31-6035649  
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH  
Country of Domicile United States of America

Incorporated/Organized 01/28/1897 Commenced Business 04/30/1879

Statutory Home Office One Heritage Place, Piqua, OH, US 45356-4888  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office One Heritage Place  
(Street and Number)  
Piqua, OH, US 45356 937-778-5000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address One Heritage Place, Piqua, OH, US 45356  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records One Heritage Place  
(Street and Number)  
Piqua, OH, US 45356 937-778-5000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address http://www.buckeye-ins.com

Statutory Statement Contact Craig A. Curcio, 937-778-5000  
(Name) (Area Code) (Telephone Number)  
craig.curcio@buckeye-ins.com 937-778-5019  
(E-mail Address) (FAX Number)

### OFFICERS

President John Michael Brooks Treasurer Jerry Christopher Collins  
Secretary Lisa Lyn Wesner Chief Underwriting Officer Robert Edward Bornhorst

### OTHER

Jon Allen DeHass, VP - Claims Brian Frederick Minnich, Chief Information Officer

### DIRECTORS OR TRUSTEES

Zahid Afzal Julie A. Covault Tim Hein  
Jean M. Bratton Oyauma M. Garrison Joe W. Dickerson  
John M. Brooks

State of Ohio SS  
County of Miami

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

John Michael Brooks  
President & CEO

Lisa Lyn Wesner  
VP & Secretary

Jerry Christopher Collins  
CFO & Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

- 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.....



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2025

NAIC Company Code 16713

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, 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 .....

19AZ



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2025

NAIC Company Code 16713

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, 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

19 CO



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2025

NAIC Company Code 16713

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, 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

19 GA



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2025

NAIC Company Code 16713

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, 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

19.1L



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2025

NAIC Company Code 16713

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 Fire, Multiple peril crop, Farmowners multiple peril, etc.

(a) Finance and service charges not included in Lines 1 to 35 \$ 31,834

(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.IN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2025

NAIC Company Code 16713

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, 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

191A



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2025

NAIC Company Code 16713

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, Flood, Auto, Life, etc.

19 KS

(a) Finance and service charges not included in Lines 1 to 35 \$ 19,908

(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 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2025

NAIC Company Code 16713

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, 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

19.MI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2025

NAIC Company Code 16713

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, 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

19 MN



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2025

NAIC Company Code 16713

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, 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

19 NIE



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2025

NAIC Company Code 16713

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, 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 .....

19 NM



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2025

NAIC Company Code 16713

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, 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 .....

19 ND



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2025

NAIC Company Code 16713

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, and a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 103,622

(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 OH



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2025

NAIC Company Code 16713

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, 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

19 SD



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2025

NAIC Company Code 16713

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, 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 .....

19.WI



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2025

NAIC Company Code 16713

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, and Health, ending with a Total (a) row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 155,364

(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

19GT

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 1**

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
35-1630739	.17639	Home and Farm Insurance Company	OH	1,671	285	57	342		390	893	300			
0199999		Affiliates - U.S. intercompany pooling		1,671	285	57	342	0	390	893	300	0	0	0
0499999		Total - U.S. non-pool		0	0	0	0	0	0	0	0	0	0	0
0799999		Total - other (non-U.S.)		0	0	0	0	0	0	0	0	0	0	0
0899999		Total - affiliates		1,671	285	57	342	0	390	893	300	0	0	0
1299999		Total - pools and associations		0	0	0	0	0	0	0	0	0	0	0
9999999		Totals		1,671	285	57	342	0	390	893	300	0	0	0

**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
<b>NONE</b>					

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 3**

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

1 ID Number	2 NAIC 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			
35-1630739	17639	Home and Farm Insurance Company	OH		2,070	252	26	144	2	115	51	1,075		1,665	0	477	23	1,165	2,000	
0199999. Total authorized - affiliates - U.S. intercompany pooling					2,070	252	26	144	2	115	51	1,075	0	1,665	0	477	23	1,165	2,000	
0499999. Total authorized - affiliates - U.S. non-pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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					2,070	252	26	144	2	115	51	1,075	0	1,665	0	477	23	1,165	2,000	
13-1675535	25364	Swiss Reinsurance America Corporation	NY		279	5	0	7		400		126		538		35		503		
31-4259550	14621	Motorists Mutual Insurance Company	OH		112	0		19		0		51		92		28		64		
Farm Bureau Mutual Insurance Company of																				
38-1316179	21555	Michigan	MI		112	0		19		0		51		92		28		64		
39-0712210	18767	Church Mutual Insurance Company	WI		112	0		19		0		51		92		28		64		
52-1952955	10357	Renaissance Reinsurance U.S. Inc.	MD		6			13	1	7	1	1		23	1		22			
Kentucky Farm Bureau Mutual Insurance																				
61-0392792	22993	Company	KY		112	0		19	0	15	7	51		92		28		64		
05-0316605	21482	Factory Mutual Insurance Company	RI		472	6		14				242		262		73		189		
13-4924125	10227	Munich Reinsurance America, Inc.	DE		8	4						4		8		1		7		
42-0234980	21415	Employers Mutual Casualty Company	IA		112	3		5						8		(5)		13		
36-2661954	10103	American Agricultural Insurance Company	IN		248			6	1					7		(3)		10		
47-0574325	32603	Berkley Insurance Company	DE		179			2		250		81		333		22		311		
35-2293075	11551	Endurance Assurance Corporation	DE		33			0		50		16		66		5		61		
13-3031176	38636	Partner Reinsurance Company of the U.S.	NY		88			2		125		40		167		13		154		
Farmers Mutual Hail Insurance Company Of																				
42-0245840	13897	Iowa	IA		11			4				2		6		0		6		
42-0245990	14117	Grinnell Mutual Reinsurance Company	IA		957	267		147	3	124	50	370		961		205		756		
04-1543470	23043	Liberty Mutual Insurance Company	MA		935	4		140	1	117	47	350		659		194		465		
13-5616275	19453	Transatlantic Reinsurance Company	NY		1,094	2		150	1	137	55	412		757		224		533		
22-2005057	26921	Everest Reinsurance Company	DE		240	3		0	1					4		4		0		
47-0698507	23680	Odyssey Reinsurance Company	CT		3							0		0		1		(1)		
06-1182357	22730	Allied World Insurance Company	NH		22	1				30		10		41		3		38		
23-2153760	39675	PMA Capital	PA											0		33		(33)		
13-2918573	42439	The Toa Reinsurance Company Of America	DE											0		28		(28)		
06-1430254	10348	Arch Reinsurance Company	DE		3							0		0		1		(1)		
0999999. Total authorized - other U.S. unaffiliated insurers					5,026	295	0	567	7	1,300	181	1,858	0	4,208	0	947	0	3,261	0	
AA-1340125		Hannover Rück SE	DEU		1,496	10		209	3	317	69	561		1,169		304		865		
AA-1120337		Aspen Insurance UK Limited	GBR											0		(2)		2		
AA-1840000		Mapfre Re, Compañía de Reaseguros S. A.	ESP											0		(2)		2		
AA-1128791		Lloyd's Underwriter Syndicate No. 2791	GBR		249	2		0	1					3		5		(2)		
1299999. Total authorized - other non-U.S. insurers					1,745	12	0	210	3	317	69	561	0	1,172	0	305	0	867	0	
1499999. Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					8,841	559	26	921	12	1,732	301	3,494	0	7,045	0	1,729	23	5,293	2,000	
1899999. Total unauthorized - affiliates - U.S. non-pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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
2299999. Total unauthorized - affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
AA-1340028		DEVK Rückversicherungs-und Beteiligungs-AG	DEU		679	1		76	0	69	28	206		380		117		263		
AA-1460080		Helvetia Schweizerische	CHE											1				1	36	
AA-5324100		Versicherungsgesellschaft	HKG		113	0								0		2		(2)		
2699999. Total unauthorized - other non-U.S. insurers					792	2	0	76	0	69	28	206	0	381	0	119	0	262	36	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 3**

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals	17 Ceded Balances Payable		18 Other Amounts Due to Reinsurers			
2899999. Total unauthorized excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					792	2	0	76	0	69	28	206	0	381	0	119	0	262	36	
3299999. Total certified - affiliates - U.S. non-pool					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	
3699999. Total certified - affiliates					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)					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	
4999999. Total reciprocal jurisdiction - affiliates - other (non-U.S.)					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	
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	
5799999. Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					9,633	561	26	997	12	1,801	329	3,700	0	7,426	0	1,848	23	5,555	2,036	
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	
9999999 Totals					9,633	561	26	997	12	1,801	329	3,700	0	7,426	0	1,848	23	5,555	2,036	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 3 (Continued)**

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 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)
35-1630739	Home and Farm Insurance Company					1,665	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999	Total authorized - affiliates - U.S. intercompany pooling	0	0	XXX	0	1,665	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999	Total authorized - affiliates - U.S. non-pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999	Total authorized - affiliates - other (non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
0899999	Total authorized - affiliates	0	0	XXX	0	1,665	0	0	0	0	0	0	0	0	XXX	0	0
13-1675535	Swiss Reinsurance America Corporation					35	503	0	538	646	35	611	0	611	2	0	13
31-4259550	Motorists Mutual Insurance Company					28	64	0	92	110	28	82	0	82	3	0	2
38-1316179	Farm Bureau Mutual Insurance Company of Michigan					28	64	0	92	110	28	82	0	82	5	0	4
39-0712210	Church Mutual Insurance Company					28	64	0	92	110	28	82	0	82	3	0	2
52-1952955	Renaissance Reinsurance U.S. Inc.					1	22	0	23	28	1	27	0	27	3	0	1
61-0392792	Kentucky Farm Bureau Mutual Insurance Company					28	64	0	92	110	28	82	0	82	3	0	2
05-0316605	Factory Mutual Insurance Company					73	189	0	262	314	73	241	0	241	2	0	5
13-4924125	Munich Reinsurance America, Inc.					1	7	0	8	10	1	9	0	9	2	0	0
42-0234980	Employers Mutual Casualty Company					(5)	13	0	8	10	(5)	15	0	15	3	0	0
36-2661954	American Agricultural Insurance Company					(3)	10	0	7	8	(3)	11	0	11	4	0	0
47-0574325	Berkley Insurance Company					22	311	0	333	400	22	378	0	378	2	0	8
35-2293075	Endurance Assurance Corporation					5	61	0	66	79	5	74	0	74	3	0	2
13-3031176	Partner Reinsurance Company of the U.S.					13	154	0	167	200	13	187	0	187	3	0	5
42-0245840	Farmers Mutual Hail Insurance Company Of Iowa					0	6	0	6	7	0	7	0	7	4	0	0
42-0245990	Grinnell Mutual Reinsurance Company					205	756	0	961	1,153	205	948	0	948	3	0	27
04-1543470	Liberty Mutual Insurance Company					194	465	0	659	791	194	597	0	597	3	0	17
13-5616275	Transatlantic Reinsurance Company					224	533	0	757	908	224	684	0	684	2	0	14
22-2005057	Everest Reinsurance Company					4	0	0	4	5	4	1	0	1	2	0	0
47-0698507	Odyssey Reinsurance Company					0	0	0	0	0	0	0	0	0	3	0	0
06-1182357	Allied World Insurance Company					3	38	0	41	49	3	46	0	46	3	0	1
23-2153760	PMA Capital					0	0	0	0	0	0	0	0	0	3	0	0
13-2918573	The Toa Reinsurance Company Of America					0	0	0	0	0	0	0	0	0	3	0	0
06-1430254	Arch Reinsurance Company					0	0	0	0	0	0	0	0	0	2	0	0
0999999	Total authorized - other U.S. unaffiliated insurers	0	0	XXX	0	884	3,324	0	4,208	5,050	884	4,166	0	4,166	XXX	0	105
AA-1340125	Hannover Rück SE					304	865	0	1,169	1,403	304	1,099	0	1,099	2	0	23
AA-1120337	Aspen Insurance UK Limited					(2)	0	0	0	0	(2)	2	0	2	3	0	0
AA-1840000	Mapfre Re, Compañía de Reaseguros S. A.					(2)	2	0	0	0	(2)	2	0	2	2	0	0
AA-1128791	Lloyd's Underwriter Syndicate No. 2791					3	0	0	3	4	3	0	0	3	3	0	0
1299999	Total authorized - other non-U.S. insurers	0	0	XXX	0	303	869	0	1,172	1,406	304	1,103	0	1,103	XXX	0	23
1499999	Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	0	XXX	0	2,852	4,193	0	5,380	6,456	1,188	5,268	0	5,268	XXX	0	128
1899999	Total unauthorized - affiliates - U.S. non-pool	0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999	Total unauthorized - affiliates - other (non-U.S.)	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2299999	Total unauthorized - affiliates	0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
AA-1340028	DEVK Rückversicherungs- und Beteiligungs-AG		280	0001		380	0	0	380	456	117	339	280	59	3	8	2
AA-1460080	Helvetia Schweizerische Versicherungsgesellschaft					1	0	0	1	1	1	0	0	0	2	0	0
AA-5324100	Taiping Reinsurance Company Limited					0	0	0	0	0	0	0	0	0	3	0	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 3 (Continued)**

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 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)
2699999. Total unauthorized - other non-U.S. insurers		0	280	XXX	0	381	0	0	381	457	118	339	280	59	XXX	8	2
2899999. Total unauthorized excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	280	XXX	0	381	0	0	381	457	118	339	280	59	XXX	8	2
3299999. Total certified - affiliates - U.S. non-pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total certified - affiliates - other (non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3699999. Total certified - affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4299999. Total certified excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4699999. Total reciprocal jurisdiction - affiliates - U.S. non-pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total reciprocal jurisdiction - affiliates - other (non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5099999. Total reciprocal jurisdiction - affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5699999. Total reciprocal jurisdiction excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5799999. Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	280	XXX	0	3,233	4,193	0	5,761	6,913	1,306	5,607	280	5,327	XXX	8	130
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	280	XXX	0	3,233	4,193	0	5,761	6,913	1,306	5,607	280	5,327	XXX	8	130

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 3 (Continued)**

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37	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										
35-1630739	Home and Farm Insurance Company	279						279		279	0	0	0.0	0.0	0.0	XXX	0	
0199999	Total authorized - affiliates - U.S. intercompany pooling	279	0	0	0	0	0	279	0	279	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	279	0	0	0	0	0	279	0	279	0	0	0.0	0.0	0.0	XXX	0	
13-1675535	Swiss Reinsurance America Corporation	5						5		5	0	0	0.0	0.0	0.0	YES	0	
31-4259550	Motorists Mutual Insurance Company	0						0		0	0	0	0.0	0.0	0.0	YES	0	
38-1316179	Farm Bureau Mutual Insurance Company of Michigan	0						0		0	0	0	0.0	0.0	0.0	YES	0	
39-0712210	Church Mutual Insurance Company	0						0		0	0	0	0.0	0.0	0.0	YES	0	
52-1952955	Renaissance Reinsurance U.S. Inc.	0						0		0	0	0	0.0	0.0	0.0	YES	0	
61-0392792	Kentucky Farm Bureau Mutual Insurance Company	0						0		0	0	0	0.0	0.0	0.0	YES	0	
05-0316605	Factory Mutual Insurance Company	6						6		6	0	0	0.0	0.0	0.0	YES	0	
13-4924125	Munich Reinsurance America, Inc.	4						4		4	0	0	0.0	0.0	0.0	YES	0	
42-0234980	Employers Mutual Casualty Company	3						3		3	0	0	0.0	0.0	0.0	YES	0	
36-2661954	American Agricultural Insurance Company	0						0		0	0	0	0.0	0.0	0.0	YES	0	
47-0574325	Berkley Insurance Company	0						0		0	0	0	0.0	0.0	0.0	YES	0	
35-2293075	Endurance Assurance Corporation	0						0		0	0	0	0.0	0.0	0.0	YES	0	
13-3031176	Partner Reinsurance Company of the U.S.	0						0		0	0	0	0.0	0.0	0.0	YES	0	
42-0245840	Farmers Mutual Hail Insurance Company Of Iowa	0						0		0	0	0	0.0	0.0	0.0	YES	0	
42-0245990	Grinnell Mutual Reinsurance Company	267						267		267	0	0	0.0	0.0	0.0	YES	0	
04-1543470	Liberty Mutual Insurance Company	4						4		4	0	0	0.0	0.0	0.0	YES	0	
13-5616275	Transatlantic Reinsurance Company	2						2		2	0	0	0.0	0.0	0.0	YES	0	
22-2005057	Everest Reinsurance Company	3						3		3	0	0	0.0	0.0	0.0	YES	0	
47-0698507	Odyssey Reinsurance Company	0						0		0	0	0	0.0	0.0	0.0	YES	0	
06-1182357	Allied World Insurance Company	1						1		1	0	0	0.0	0.0	0.0	YES	0	
23-2153760	PMA Capital	0						0		0	0	0	0.0	0.0	0.0	YES	0	
13-2918573	The Toa Reinsurance Company Of America	0						0		0	0	0	0.0	0.0	0.0	YES	0	
06-1430254	Arch Reinsurance Company	0						0		0	0	0	0.0	0.0	0.0	YES	0	
0999999	Total authorized - other U.S. unaffiliated insurers	295	0	0	0	0	0	295	0	295	0	0	0.0	0.0	0.0	XXX	0	
AA-1340125	Hannover Rück SE	10						10		10	0	0	0.0	0.0	0.0	YES	0	
AA-1120337	Aspen Insurance UK Limited	0						0		0	0	0	0.0	0.0	0.0	YES	0	
AA-1840000	Mapfre Re, Compañía de Reaseguros S. A.	0						0		0	0	0	0.0	0.0	0.0	YES	0	
AA-1128791	Lloyd's Underwriter Syndicate No. 2791	2						2		2	0	0	0.0	0.0	0.0	YES	0	
1299999	Total authorized - other non-U.S. insurers	12	0	0	0	0	0	12	0	12	0	0	0.0	0.0	0.0	XXX	0	
1499999	Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	586	0	0	0	0	0	586	0	586	0	0	0.0	0.0	0.0	XXX	0	
1899999	Total unauthorized - affiliates - U.S. non-pool	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	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-1340028	DEVK Rückversicherungs-und Beteiligungs-AG	1						1		1	0	0	0.0	0.0	0.0	YES	0	
AA-1460080	Helvetia Schweizerische Versicherungsgesellschaft	1						1		1	0	0	0.0	0.0	0.0	YES	0	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 3 (Continued)**

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	38 Overdue				43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)										
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days											
AA-5324100	Taiping Reinsurance Company Limited	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	XXX	0	
2699999	Total unauthorized - other non-U.S. insurers	2	0	0	0	0	2	0	0	2	0	0.0	0.0	0.0	XXX	0	
2899999	Total unauthorized excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	2	0	0	0	0	2	0	0	2	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	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	XXX	0	
3699999	Total certified - affiliates	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	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	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	XXX	0	
5099999	Total reciprocal jurisdiction - affiliates	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)	588	0	0	0	0	588	0	0	588	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	588	0	0	0	0	588	0	0	588	0	0.0	0.0	0.0	XXX	0	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
35-1630739	Home and Farm Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0199999	Total authorized - affiliates - U.S. intercompany pooling			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999	Total authorized - affiliates - U.S. non-pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999	Total authorized - affiliates - other (non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0899999	Total authorized - affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-1675535	Swiss Reinsurance America Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
31-4259550	Motorists Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38-1316179	Farm Bureau Mutual Insurance Company of Michigan	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39-0712210	Church Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
52-1952955	Renaissance Reinsurance U.S. Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
61-0392792	Kentucky Farm Bureau Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
05-0316605	Factory Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-4924125	Munich Reinsurance America, Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42-0234980	Employers Mutual Casualty Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36-2661954	American Agricultural Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0574325	Berkley Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35-2293075	Endurance Assurance Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-3031176	Partner Reinsurance Company of the U.S.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42-0245840	Farmers Mutual Hail Insurance Company Of Iowa	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42-0245990	Grinnell Mutual Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
04-1543470	Liberty Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-5616275	Transatlantic Reinsurance 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	
47-0698507	Odyssey Reinsurance Company	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	
23-2153760	PMA Capital	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-2918573	The Toa Reinsurance Company Of America	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
06-1430254	Arch Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0999999	Total authorized - other U.S. unaffiliated insurers			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1340125	Hannover Rück SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120337	Aspen Insurance UK Limited	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1840000	Mapfre Re, Compañía de Reaseguros S. A.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128791	Lloyd's Underwriter Syndicate No. 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1299999	Total authorized - other non-U.S. insurers			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1499999	Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1899999	Total unauthorized - affiliates - U.S. non-pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999	Total unauthorized - affiliates - other (non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2299999	Total unauthorized - affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1340028	DEVK Rückversicherungs-und Beteiligungs-AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1460080	Helvetia Schweizerische Versicherungsgesellschaft	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
AA-5324100	Taiping Reinsurance Company Limited	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	
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	
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	
5799999	Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
9999999	Totals			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 3 (Continued)**

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 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)
35-1630739	Home and Farm Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
0199999	Total authorized - affiliates - U.S. intercompany pooling	0	XXX	XXX	0	0	0	XXX	XXX	0
0499999	Total authorized - affiliates - U.S. non-pool	0	XXX	XXX	0	0	0	XXX	XXX	0
0799999	Total authorized - affiliates - other (non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
0899999	Total authorized - affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
13-1675535	Swiss Reinsurance America Corporation	0	XXX	XXX	0	0	0	XXX	XXX	0
31-4259550	Motorists Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
38-1316179	Farm Bureau Mutual Insurance Company of Michigan	0	XXX	XXX	0	0	0	XXX	XXX	0
39-0712210	Church Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
52-1952955	Renaissance Reinsurance U.S. Inc.	0	XXX	XXX	0	0	0	XXX	XXX	0
61-0392792	Kentucky Farm Bureau Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
05-0316605	Factory Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
13-4924125	Munich Reinsurance America, Inc.	0	XXX	XXX	0	0	0	XXX	XXX	0
42-0234980	Employers Mutual Casualty Company	0	XXX	XXX	0	0	0	XXX	XXX	0
36-2661954	American Agricultural Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
47-0574325	Berkley Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
35-2293075	Endurance Assurance Corporation	0	XXX	XXX	0	0	0	XXX	XXX	0
13-3031176	Partner Reinsurance Company of the U.S.	0	XXX	XXX	0	0	0	XXX	XXX	0
42-0245840	Farmers Mutual Hail Insurance Company Of Iowa	0	XXX	XXX	0	0	0	XXX	XXX	0
42-0245990	Grinnell Mutual Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
04-1543470	Liberty Mutual Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
13-5616275	Transatlantic Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
22-2005057	Everest Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
47-0698507	Odyssey Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
06-1182357	Allied World Insurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
23-2153760	PMA Capital	0	XXX	XXX	0	0	0	XXX	XXX	0
13-2918573	The Toa Reinsurance Company Of America	0	XXX	XXX	0	0	0	XXX	XXX	0
06-1430254	Arch Reinsurance Company	0	XXX	XXX	0	0	0	XXX	XXX	0
0999999	Total authorized - other U.S. unaffiliated insurers	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1340125	Hannover Rück SE	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120337	Aspen Insurance UK Limited	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1840000	Mapfre Re, Compañía de Reaseguros S. A.	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128791	Lloyd's Underwriter Syndicate No. 2791	0	XXX	XXX	0	0	0	XXX	XXX	0
1299999	Total authorized - other non-U.S. insurers	0	XXX	XXX	0	0	0	XXX	XXX	0
1499999	Total authorized excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	XXX	XXX	0	0	0	XXX	XXX	0
1899999	Total unauthorized - affiliates - U.S. non-pool	0	0	0	XXX	XXX	XXX	0	XXX	0
2199999	Total unauthorized - affiliates - other (non-U.S.)	0	0	0	XXX	XXX	XXX	0	XXX	0
2299999	Total unauthorized - affiliates	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-1340028	DEVK Rückversicherungs- und Beteiligungs-AG	0	0	0	XXX	XXX	XXX	0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 3 (Continued)**

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71 Provision for Unauthorized Reinsurance		73 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		75 Total Provision for Reinsurance			
			72 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-1460080 ..	Helvetia Schweizerische Versicherungsgesellschaft .....	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-5324100 ..	Taiping Reinsurance Company Limited .....	0	0	0	XXX	XXX	XXX	0	XXX	0
2699999.	Total unauthorized - other non-U.S. insurers	0	0	0	XXX	XXX	XXX	0	XXX	0
2899999.	Total unauthorized excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	0	0	XXX	XXX	XXX	0	XXX	0
3299999.	Total certified - affiliates - U.S. non-pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999.	Total certified - affiliates - other (non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999.	Total certified - affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999.	Total certified excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4699999.	Total reciprocal jurisdiction - affiliates - U.S. non-pool	0	XXX	XXX	0	0	0	XXX	XXX	0
4999999.	Total reciprocal jurisdiction - affiliates - other (non-U.S.)	0	XXX	XXX	0	0	0	XXX	XXX	0
5099999.	Total reciprocal jurisdiction - affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
5699999.	Total reciprocal jurisdiction excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)	0	XXX	XXX	0	0	0	XXX	XXX	0
5799999.	Total authorized, unauthorized, reciprocal jurisdiction and certified excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	0	0	0	0	0	0	0	0	0
5899999.	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)	0	0	0	0	0	0	0	0	0
9999999	Totals	0	0	0	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

**SCHEDULE F - PART 5**

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 <u>Name of Reinsurer</u>	2 <u>Commission Rate</u>	3 <u>Ceded Premium</u>
1.	Factory Mutual Insurance Company .....	35.000	472
2.	Hannover Rück SE .....	25.000	1,496
3.	Transatlantic Reinsurance Company .....	25.000	1,094
4.	Grinnel Mutual Reinsurance Corporation .....	20.000	957
5.	Liberty Mutual Insurance Company .....	25.000	935

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.	Home and Farm Insurance Company .....	1,665	2,070	Yes [ X ] No [ ]
7.	Hannover Rück SE .....	1,299	1,496	Yes [ ] No [ X ]
8.	Grinnel Mutual Reinsurance Corporation .....	1,166	957	Yes [ ] No [ X ]
9.	Liberty Mutual Insurance Company .....	982	935	Yes [ ] No [ X ]
10.	Transatlantic Reinsurance Company .....	854	1,094	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 2025 OF THE BUCKEYE STATE 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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	46,326,498	(2,036,641)	44,289,857
2. Premiums and considerations (Line 15) .....	9,989,690		9,989,690
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	587,359	(587,359)	0
4. Funds held by or deposited with reinsured companies (Line 16.2) .....	300,000	(300,000)	0
5. Other assets .....	730,138	(538,074)	192,064
6. Net amount recoverable from reinsurers .....		6,532,647	6,532,647
7. Protected cell assets (Line 27) .....	0		0
8. Totals (Line 28) .....	57,933,685	3,070,573	61,004,258
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	6,217,537	3,139,064	9,356,601
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	4,462,767	238,444	4,701,211
11. Unearned premiums (Line 9) .....	20,432,573	3,701,454	24,134,027
12. Advance premiums (Line 10) .....	553,799		553,799
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....	1,847,004	(1,847,004)	0
15. Funds held by company under reinsurance treaties (Line 13) .....	2,036,641	(2,036,641)	0
16. Amounts withheld or retained by company for account of others (Line 14) .....			0
17. Provision for reinsurance (Line 16) .....	0		0
18. Other liabilities .....	249,336	(124,744)	124,592
19. Total liabilities excluding protected cell business (Line 26) .....	35,799,657	3,070,573	38,870,230
20. Protected cell liabilities (Line 27) .....			0
21. Surplus as regards policyholders (Line 37)	22,134,028	XXX	22,134,028
22. Totals (Line 38)	57,933,685	3,070,573	61,004,258

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

If yes, give full explanation: .....

Schedule H - Part 1 - Analysis of Underwriting Operations

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

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

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY**  
**SCHEDULE P - PART 1A - HOMEOWNERS/FAROWNERS**  
(\$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				
													4
1. Prior.....	XXX.....	XXX.....	XXX.....	(1).....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	(1).....	XXX.....
2. 2016.....	25,892.....	6,529.....	19,363.....	17,130.....	4,015.....	247.....	91.....	943.....	42.....	75.....	14,172.....	2,860.....	
3. 2017.....	23,699.....	4,654.....	19,045.....	17,208.....	4,922.....	112.....	31.....	702.....	14.....	22.....	13,055.....	2,652.....	
4. 2018.....	19,248.....	4,442.....	14,806.....	9,890.....	586.....	68.....	16.....	524.....	10.....	54.....	9,870.....	1,722.....	
5. 2019.....	18,780.....	4,303.....	14,477.....	12,095.....	3,156.....	102.....	34.....	623.....	31.....	273.....	9,599.....	2,059.....	
6. 2020.....	19,059.....	3,743.....	15,316.....	9,469.....	788.....	41.....	9.....	568.....	24.....	95.....	9,257.....	1,258.....	
7. 2021.....	19,217.....	3,393.....	15,824.....	13,937.....	3,560.....	64.....	14.....	799.....	8.....	305.....	11,218.....	1,427.....	
8. 2022.....	19,902.....	3,559.....	16,343.....	13,562.....	3,126.....	112.....	34.....	628.....	5.....	216.....	11,137.....	1,283.....	
9. 2023.....	21,607.....	4,615.....	16,992.....	16,168.....	3,232.....	66.....	27.....	641.....	50.....	81.....	13,566.....	1,433.....	
10. 2024.....	24,229.....	5,777.....	18,452.....	15,450.....	2,960.....	63.....	17.....	451.....	8.....	200.....	12,979.....	1,281.....	
11. 2025.....	25,886.....	5,276.....	20,610.....	11,274.....	770.....	26.....	4.....	485.....	12.....	30.....	10,999.....	925.....	
12. Totals.....	XXX.....	XXX.....	XXX.....	136,182.....	27,115.....	901.....	277.....	6,364.....	204.....	1,352.....	115,851.....	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.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2019.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2020.....	(7).....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....	7.....	(6).....	0.....
7. 2021.....	(2).....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	0.....	2.....	0.....	0.....
8. 2022.....	40.....	0.....	0.....	0.....	5.....	0.....	0.....	0.....	3.....	0.....	8.....	48.....	1.....
9. 2023.....	276.....	71.....	126.....	59.....	5.....	5.....	15.....	5.....	4.....	0.....	9.....	286.....	1.....
10. 2024.....	85.....	10.....	252.....	118.....	10.....	0.....	45.....	15.....	7.....	0.....	21.....	256.....	10.....
11. 2025.....	1,310.....	486.....	992.....	477.....	1.....	0.....	235.....	76.....	101.....	1.....	81.....	1,599.....	119.....
12. Totals.....	1,702.....	567.....	1,370.....	654.....	21.....	5.....	295.....	96.....	118.....	1.....	128.....	2,183.....	131.....

	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
							26	27		28	29	30	31
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....		
2. 2016.....	18,320.....	4,148.....	14,172.....	70.8.....	63.5.....	73.2.....	0.....	0.....	0.0.....	0.....	0.....		
3. 2017.....	18,022.....	4,967.....	13,055.....	76.0.....	106.7.....	68.5.....	0.....	0.....	0.0.....	0.....	0.....		
4. 2018.....	10,482.....	612.....	9,870.....	54.5.....	13.8.....	66.7.....	0.....	0.....	0.0.....	0.....	0.....		
5. 2019.....	12,820.....	3,221.....	9,599.....	68.3.....	74.9.....	66.3.....	0.....	0.....	0.0.....	0.....	0.....		
6. 2020.....	10,072.....	821.....	9,251.....	52.8.....	21.9.....	60.4.....	0.....	0.....	0.0.....	(7).....	1.....		
7. 2021.....	14,800.....	3,582.....	11,218.....	77.0.....	105.6.....	70.9.....	0.....	0.....	0.0.....	(2).....	2.....		
8. 2022.....	14,350.....	3,165.....	11,185.....	72.1.....	88.9.....	68.4.....	0.....	0.....	0.0.....	40.....	8.....		
9. 2023.....	17,301.....	3,449.....	13,852.....	80.1.....	74.7.....	81.5.....	0.....	0.....	0.0.....	272.....	14.....		
10. 2024.....	16,363.....	3,128.....	13,235.....	67.5.....	54.1.....	71.7.....	0.....	0.....	0.0.....	209.....	47.....		
11. 2025.....	14,424.....	1,826.....	12,598.....	55.7.....	34.6.....	61.1.....	0.....	0.....	0.0.....	1,339.....	260.....		
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	1,851.....	332.....		

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY**  
**SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						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.....			
2. 2016.....	11,541.....	2,436.....	9,105.....	7,636.....	1,455.....	280.....	60.....	687.....	(10).....	224.....	7,098.....	2,465.....
3. 2017.....	10,779.....	1,088.....	9,691.....	7,581.....	626.....	365.....	85.....	621.....	17.....	185.....	7,839.....	2,068.....
4. 2018.....	8,755.....	981.....	7,774.....	4,577.....	273.....	206.....	59.....	505.....	(59).....	236.....	5,015.....	1,533.....
5. 2019.....	8,439.....	979.....	7,460.....	5,459.....	1,003.....	112.....	36.....	499.....	(11).....	175.....	5,042.....	1,493.....
6. 2020.....	8,168.....	780.....	7,388.....	3,814.....	518.....	142.....	26.....	562.....	(21).....	116.....	3,995.....	1,088.....
7. 2021.....	7,774.....	772.....	7,002.....	4,367.....	374.....	153.....	8.....	522.....	3.....	116.....	4,657.....	1,136.....
8. 2022.....	7,701.....	747.....	6,954.....	3,786.....	0.....	76.....	0.....	629.....	0.....	176.....	4,491.....	1,193.....
9. 2023.....	8,126.....	703.....	7,423.....	3,846.....	0.....	144.....	0.....	627.....	0.....	90.....	4,617.....	1,131.....
10. 2024.....	8,463.....	795.....	7,668.....	3,713.....	0.....	26.....	0.....	610.....	0.....	160.....	4,349.....	1,024.....
11. 2025.....	7,688.....	742.....	6,946.....	2,219.....	0.....	2.....	0.....	573.....	0.....	55.....	2,794.....	844.....
12. Totals.....	XXX.....	XXX.....	XXX.....	46,997.....	4,249.....	1,506.....	274.....	5,835.....	(81).....	1,534.....	49,896.....	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. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....	0.....	1.....	0.....
3. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2019.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2020.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2021.....	48.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	0.....	0.....	50.....	2.....
8. 2022.....	(4).....	0.....	0.....	0.....	2.....	0.....	0.....	0.....	6.....	0.....	4.....	4.....	0.....
9. 2023.....	188.....	0.....	97.....	17.....	8.....	0.....	25.....	8.....	7.....	0.....	27.....	300.....	8.....
10. 2024.....	933.....	218.....	194.....	35.....	9.....	3.....	54.....	18.....	33.....	0.....	44.....	949.....	22.....
11. 2025.....	880.....	0.....	778.....	131.....	0.....	0.....	336.....	108.....	166.....	0.....	149.....	1,921.....	90.....
12. Totals.....	2,045.....	218.....	1,069.....	183.....	19.....	3.....	415.....	134.....	215.....	0.....	224.....	3,225.....	122.....

	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.....
2. 2016.....	8,604.....	1,505.....	7,099.....	74.6.....	61.8.....	78.0.....	0.....	0.....	0.0.....	0.....	1.....
3. 2017.....	8,567.....	728.....	7,839.....	79.5.....	66.9.....	80.9.....	0.....	0.....	0.0.....	0.....	0.....
4. 2018.....	5,288.....	273.....	5,015.....	60.4.....	27.8.....	64.5.....	0.....	0.....	0.0.....	0.....	0.....
5. 2019.....	6,070.....	1,028.....	5,042.....	71.9.....	105.0.....	67.6.....	0.....	0.....	0.0.....	0.....	0.....
6. 2020.....	4,518.....	523.....	3,995.....	55.3.....	67.1.....	54.1.....	0.....	0.....	0.0.....	0.....	0.....
7. 2021.....	5,092.....	385.....	4,707.....	65.5.....	49.9.....	67.2.....	0.....	0.....	0.0.....	48.....	2.....
8. 2022.....	4,495.....	0.....	4,495.....	58.4.....	0.0.....	64.6.....	0.....	0.....	0.0.....	(4).....	8.....
9. 2023.....	4,942.....	25.....	4,917.....	60.8.....	3.6.....	66.2.....	0.....	0.....	0.0.....	268.....	32.....
10. 2024.....	5,572.....	274.....	5,298.....	65.8.....	34.5.....	69.1.....	0.....	0.....	0.0.....	874.....	75.....
11. 2025.....	4,954.....	239.....	4,715.....	64.4.....	32.2.....	67.9.....	0.....	0.....	0.0.....	1,527.....	394.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	2,713.....	512.....

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

**N O N E**

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

**N O N E**

Schedule P - Part 1E - Commercial Multiple Peril

**N O N E**

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY**  
**SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						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. 2016.....	1,162	703	459	59	0	16	0	21	0	0	0	96
3. 2017.....	1,062	666	396	942	857	0	0	15	0	0	0	100
4. 2018.....	795	555	240	295	147	6	2	10	0	0	0	162
5. 2019.....	536	506	30	1,385	1,338	0	0	6	0	0	0	53
6. 2020.....	563	540	23	1,423	1,378	121	108	4	0	2	0	62
7. 2021.....	609	585	24	1,900	1,853	0	0	3	0	0	0	50
8. 2022.....	622	597	25	0	0	0	0	0	0	0	0	0
9. 2023.....	656	629	27	0	0	0	0	0	0	0	0	0
10. 2024.....	651	632	19	0	0	0	0	3	0	0	0	3
11. 2025.....	636	612	24	0	0	0	0	3	0	0	0	3
12. Totals	XXX	XXX	XXX	6,004	5,573	143	110	65	0	2	0	529

	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. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2023.....	0	0	91	83	0	0	0	0	0	0	0	8	0
10. 2024.....	7	7	181	167	0	0	1	0	0	0	0	15	1
11. 2025.....	0	0	635	584	0	0	4	1	1	0	0	55	0
12. Totals	7	7	907	834	0	0	5	1	1	0	0	78	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
2. 2016.....	96	0	96	8.3	0.0	20.9	0	0	0.0	0	0
3. 2017.....	957	857	100	90.1	128.7	25.3	0	0	0.0	0	0
4. 2018.....	311	149	162	39.1	26.8	67.5	0	0	0.0	0	0
5. 2019.....	1,391	1,338	53	259.5	264.4	176.7	0	0	0.0	0	0
6. 2020.....	1,548	1,486	62	275.0	275.2	269.6	0	0	0.0	0	0
7. 2021.....	1,903	1,853	50	312.5	316.8	208.3	0	0	0.0	0	0
8. 2022.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2023.....	91	83	8	13.9	13.2	29.6	0	0	0.0	8	0
10. 2024.....	192	174	18	29.5	27.5	94.7	0	0	0.0	14	1
11. 2025.....	643	585	58	101.1	95.6	241.7	0	0	0.0	51	4
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	73	5

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY**  
**SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						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. 2016.....												
3. 2017.....												
4. 2018.....												
5. 2019.....												
6. 2020.....												
7. 2021.....												
8. 2022.....												
9. 2023.....												
10. 2024.....												
11. 2025.....												
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. 2016.....													
3. 2017.....													
4. 2018.....													
5. 2019.....													
6. 2020.....													
7. 2021.....													
8. 2022.....													
9. 2023.....													
10. 2024.....													
11. 2025.....													
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. 2016.....											
3. 2017.....											
4. 2018.....											
5. 2019.....											
6. 2020.....											
7. 2021.....											
8. 2022.....											
9. 2023.....											
10. 2024.....											
11. 2025.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY**  
**SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,**  
**EARTHQUAKE, BURGLARY AND THEFT)**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						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. 2016	3,502	872	2,630	1,826	349	38	6	82	8	10	1,583	XXX	
3. 2017	3,197	658	2,539	1,242	76	5	1	61	(1)	195	1,232	XXX	
4. 2018	2,540	618	1,922	987	9	4	1	39	(1)	21	1,021	XXX	
5. 2019	2,305	558	1,747	1,097	105	9	2	47	1	0	1,045	XXX	
6. 2020	2,343	490	1,853	960	42	24	2	60	1	16	999	XXX	
7. 2021	2,346	437	1,909	1,237	109	9	1	49	(1)	3	1,186	XXX	
8. 2022	2,331	451	1,880	1,393	174	5	0	60	0	202	1,284	XXX	
9. 2023	2,316	260	2,056	1,407	234	11	4	57	6	2	1,231	XXX	
10. 2024	2,227	306	1,921	1,409	214	15	5	41	(2)	0	1,248	XXX	
11. 2025	2,034	263	1,771	547	21	3	1	41	4	0	565	XXX	
12. Totals	XXX	XXX	XXX	12,105	1,333	123	23	537	15	449	11,394	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. 2016	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2019	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2020	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2021	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2022	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2023	24	0	1	0	0	0	1	0	0	0	0	26	1
10. 2024	14	0	2	1	0	0	2	1	1	0	0	17	2
11. 2025	161	19	6	3	0	0	10	3	9	0	10	161	5
12. Totals	199	19	9	4	0	0	13	4	10	0	10	204	8

	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 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense			
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2016	1,946	363	1,583	55.6	41.6	60.2	0	0	0.0	0	0
3. 2017	1,308	76	1,232	40.9	11.6	48.5	0	0	0.0	0	0
4. 2018	1,030	9	1,021	40.6	1.5	53.1	0	0	0.0	0	0
5. 2019	1,153	108	1,045	50.0	19.4	59.8	0	0	0.0	0	0
6. 2020	1,044	45	999	44.6	9.2	53.9	0	0	0.0	0	0
7. 2021	1,295	109	1,186	55.2	24.9	62.1	0	0	0.0	0	0
8. 2022	1,458	174	1,284	62.5	38.6	68.3	0	0	0.0	0	0
9. 2023	1,501	244	1,257	64.8	93.8	61.1	0	0	0.0	25	1
10. 2024	1,484	219	1,265	66.6	71.6	65.9	0	0	0.0	15	2
11. 2025	777	51	726	38.2	19.4	41.0	0	0	0.0	145	16
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	185	19

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY**  
**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						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				
													4
1. Prior.....	XXX.....	XXX.....	XXX.....	(3).....	0.....	0.....	0.....	0.....	0.....	0.....	3.....	(3).....	XXX.....
2. 2016.....	10,765.....	2,587.....	8,178.....	7,459.....	1,320.....	19.....	2.....	473.....	14.....	799.....	6,615.....	5.....	
3. 2017.....	9,790.....	1,457.....	8,333.....	6,426.....	278.....	13.....	1.....	327.....	(1).....	651.....	6,488.....	1.....	
4. 2018.....	7,358.....	847.....	6,511.....	4,392.....	0.....	14.....	0.....	271.....	0.....	469.....	4,677.....	4.....	
5. 2019.....	6,942.....	793.....	6,149.....	4,730.....	119.....	16.....	0.....	345.....	2.....	460.....	4,970.....	1,934.....	
6. 2020.....	6,959.....	672.....	6,287.....	3,952.....	6.....	7.....	0.....	392.....	0.....	455.....	4,345.....	1,409.....	
7. 2021.....	6,999.....	628.....	6,371.....	4,677.....	154.....	12.....	0.....	346.....	0.....	808.....	4,881.....	1,495.....	
8. 2022.....	7,384.....	659.....	6,725.....	5,765.....	696.....	15.....	0.....	382.....	0.....	666.....	5,466.....	1,623.....	
9. 2023.....	8,754.....	507.....	8,247.....	6,318.....	43.....	21.....	0.....	398.....	0.....	618.....	6,694.....	1,642.....	
10. 2024.....	10,398.....	652.....	9,746.....	6,878.....	146.....	12.....	0.....	443.....	1.....	928.....	7,186.....	1,712.....	
11. 2025.....	10,759.....	658.....	10,101.....	6,107.....	0.....	2.....	0.....	473.....	0.....	246.....	6,582.....	1,471.....	
12. Totals.....	XXX.....	XXX.....	XXX.....	56,701.....	2,762.....	131.....	3.....	3,850.....	16.....	6,103.....	57,901.....	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.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
2. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2019.....	(5).....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	5.....	(5).....	0.....
6. 2020.....	(6).....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	0.....	6.....	(5).....	0.....
7. 2021.....	(8).....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	8.....	(8).....	0.....
8. 2022.....	(17).....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	17.....	(17).....	0.....
9. 2023.....	(20).....	0.....	51.....	0.....	0.....	4.....	1.....	0.....	0.....	0.....	20.....	34.....	0.....
10. 2024.....	(34).....	0.....	103.....	0.....	0.....	13.....	4.....	0.....	0.....	0.....	34.....	78.....	2.....
11. 2025.....	(312).....	0.....	359.....	0.....	0.....	68.....	22.....	73.....	0.....	0.....	460.....	166.....	37.....
12. Totals.....	(402).....	0.....	513.....	0.....	0.....	85.....	27.....	74.....	0.....	0.....	550.....	243.....	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.....	0.....	0.....
2. 2016.....	7,951.....	1,336.....	6,615.....	73.9.....	51.6.....	80.9.....	0.....	0.....	0.0.....	0.....	0.....
3. 2017.....	6,766.....	278.....	6,488.....	69.1.....	19.1.....	77.9.....	0.....	0.....	0.0.....	0.....	0.....
4. 2018.....	4,677.....	0.....	4,677.....	63.6.....	0.0.....	71.8.....	0.....	0.....	0.0.....	0.....	0.....
5. 2019.....	5,086.....	121.....	4,965.....	73.3.....	15.3.....	80.7.....	0.....	0.....	0.0.....	(5).....	0.....
6. 2020.....	4,346.....	6.....	4,340.....	62.5.....	0.9.....	69.0.....	0.....	0.....	0.0.....	(6).....	1.....
7. 2021.....	5,027.....	154.....	4,873.....	71.8.....	24.5.....	76.5.....	0.....	0.....	0.0.....	(8).....	0.....
8. 2022.....	6,145.....	696.....	5,449.....	83.2.....	105.6.....	81.0.....	0.....	0.....	0.0.....	(17).....	0.....
9. 2023.....	6,772.....	44.....	6,728.....	77.4.....	8.7.....	81.6.....	0.....	0.....	0.0.....	31.....	3.....
10. 2024.....	7,415.....	151.....	7,264.....	71.3.....	23.2.....	74.5.....	0.....	0.....	0.0.....	69.....	9.....
11. 2025.....	6,770.....	22.....	6,748.....	62.9.....	3.3.....	66.8.....	0.....	0.....	0.0.....	47.....	119.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	111.....	132.....

Schedule P - Part 1K - Fidelity/Surety

**NONE**

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

**NONE**

Schedule P - Part 1M - International

**NONE**

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

**NONE**

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

**NONE**

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

**NONE**

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

**NONE**

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

**NONE**

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

**NONE**

Schedule P - Part 1T - Warranty

**NONE**

Schedule P - Part 1U - Pet Insurance Plans

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE 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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior.....	661	1,150	1,047	1,034	796	749	700	700	693	692	(1)	(8)
2. 2016.....	13,169	13,173	13,496	13,251	13,186	13,274	13,274	13,273	13,273	13,271	(2)	(2)
3. 2017.....	XXX	12,598	12,528	12,638	12,377	12,361	12,367	12,367	12,367	12,367	0	0
4. 2018.....	XXX	XXX	9,456	9,349	9,408	9,300	9,336	9,363	9,356	9,356	0	(7)
5. 2019.....	XXX	XXX	XXX	9,357	9,413	9,203	9,132	9,149	9,127	9,007	(120)	(142)
6. 2020.....	XXX	XXX	XXX	XXX	9,279	8,880	8,818	8,729	8,730	8,706	(24)	(23)
7. 2021.....	XXX	XXX	XXX	XXX	XXX	11,061	10,509	10,561	10,473	10,425	(48)	(136)
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	10,767	10,742	10,693	10,559	(134)	(183)
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,072	13,041	13,257	216	185
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,183	12,785	602	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,025	XXX	XXX
12. Totals											489	(316)

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

1. Prior.....	2,764	2,953	2,918	2,844	2,794	2,674	2,668	2,663	2,680	2,679	(1)	16
2. 2016.....	5,664	7,004	6,716	6,452	6,422	6,422	6,406	6,403	6,402	6,401	(1)	(2)
3. 2017.....	XXX	6,554	7,768	7,526	7,231	7,235	7,235	7,235	7,235	7,235	0	0
4. 2018.....	XXX	XXX	5,144	4,802	4,594	4,481	4,536	4,451	4,451	4,451	0	0
5. 2019.....	XXX	XXX	XXX	5,294	4,925	4,783	4,521	4,532	4,532	4,532	0	0
6. 2020.....	XXX	XXX	XXX	XXX	4,087	3,797	3,543	3,450	3,434	3,412	(22)	(38)
7. 2021.....	XXX	XXX	XXX	XXX	XXX	4,517	4,109	4,153	4,217	4,186	(31)	33
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	4,307	3,820	3,846	3,860	14	40
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,214	4,254	4,283	29	69
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,579	4,655	76	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,976	XXX	XXX
12. Totals											64	118

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

1. Prior.....												
2. 2016.....												
3. 2017.....	XXX											
4. 2018.....	XXX	XXX										
5. 2019.....	XXX	XXX	XXX									
6. 2020.....	XXX	XXX	XXX	XXX								
7. 2021.....	XXX	XXX	XXX	XXX	XXX							
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
12. Totals												

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

1. Prior.....												
2. 2016.....												
3. 2017.....	XXX											
4. 2018.....	XXX	XXX										
5. 2019.....	XXX	XXX	XXX									
6. 2020.....	XXX	XXX	XXX	XXX								
7. 2021.....	XXX	XXX	XXX	XXX	XXX							
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
12. Totals											XXX	XXX

**SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....												
2. 2016.....												
3. 2017.....	XXX											
4. 2018.....	XXX	XXX										
5. 2019.....	XXX	XXX	XXX									
6. 2020.....	XXX	XXX	XXX	XXX								
7. 2021.....	XXX	XXX	XXX	XXX	XXX							
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
12. Totals											XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior.....												
2. 2016.....												
3. 2017.....	XXX											
4. 2018.....	XXX	XXX										
5. 2019.....	XXX	XXX	XXX									
6. 2020.....	XXX	XXX	XXX	XXX								
7. 2021.....	XXX	XXX	XXX	XXX	XXX							
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025.....	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**

1. Prior.....												
2. 2016.....												
3. 2017.....	XXX											
4. 2018.....	XXX	XXX										
5. 2019.....	XXX	XXX	XXX									
6. 2020.....	XXX	XXX	XXX	XXX								
7. 2021.....	XXX	XXX	XXX	XXX	XXX							
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025.....	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)**

1. Prior.....												
2. 2016.....												
3. 2017.....	XXX											
4. 2018.....	XXX	XXX										
5. 2019.....	XXX	XXX	XXX									
6. 2020.....	XXX	XXX	XXX	XXX								
7. 2021.....	XXX	XXX	XXX	XXX	XXX							
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**NONE**

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

1. Prior.....	105	28	2	2	2	2	2	2	2	2	0	0
2. 2016.....	185	342	291	74	75	75	75	75	75	75	0	0
3. 2017.....	XXX	203	179	87	85	85	85	85	85	85	0	0
4. 2018.....	XXX	XXX	338	156	157	152	152	152	152	152	0	0
5. 2019.....	XXX	XXX	XXX	16	53	50	47	47	47	47	0	0
6. 2020.....	XXX	XXX	XXX	XXX	24	8	6	82	58	58	0	(24)
7. 2021.....	XXX	XXX	XXX	XXX	XXX	70	54	54	47	47	0	(7)
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	26	12	8	0	(8)	(12)
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46	15	8	(7)	(38)
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	54	15	(39)	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	54	XXX	XXX
12. Totals											(54)	(81)

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

1. Prior.....												
2. 2016.....												
3. 2017.....	XXX											
4. 2018.....	XXX	XXX										
5. 2019.....	XXX	XXX	XXX									
6. 2020.....	XXX	XXX	XXX	XXX								
7. 2021.....	XXX	XXX	XXX	XXX	XXX							
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior.....	0	0	0	1,180	1,180	1,180	1,180	1,181	1,181	1,181	0	0
2. 2016.....	1,359	0	0	1,509	1,509	1,509	1,509	1,509	1,509	1,509	0	0
3. 2017.....	XXX	1,398	0	1,181	1,170	1,170	1,170	1,170	1,170	1,170	0	0
4. 2018.....	XXX	XXX	1,067	970	981	981	981	981	981	981	0	0
5. 2019.....	XXX	XXX	XXX	999	977	1,034	1,002	1,002	1,002	999	(3)	(3)
6. 2020.....	XXX	XXX	XXX	XXX	812	977	944	946	946	940	(6)	(6)
7. 2021.....	XXX	XXX	XXX	XXX	XXX	1,157	1,159	1,147	1,142	1,136	(6)	(11)
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	1,171	1,251	1,245	1,224	(21)	(27)
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,154	1,192	1,206	14	52
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,183	1,221	38	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	680	XXX	XXX
12. Totals											16	5

**SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE**

1. Prior.....	0	0	0	5,042	5,039	5,037	5,035	5,034	5,033	5,029	(4)	(5)
2. 2016.....	6,094	0	0	6,140	6,159	6,157	6,150	6,156	6,156	6,156	0	0
3. 2017.....	XXX	6,338	0	6,175	6,113	6,165	6,155	6,152	6,160	6,160	0	8
4. 2018.....	XXX	XXX	4,474	4,415	4,418	4,378	4,399	4,400	4,401	4,406	5	6
5. 2019.....	XXX	XXX	XXX	4,608	4,662	4,669	4,632	4,629	4,631	4,622	(9)	(7)
6. 2020.....	XXX	XXX	XXX	XXX	3,969	4,045	4,007	3,955	3,952	3,947	(5)	(8)
7. 2021.....	XXX	XXX	XXX	XXX	XXX	4,619	4,700	4,599	4,545	4,527	(18)	(72)
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	5,402	5,208	5,164	5,067	(97)	(141)
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,180	6,378	6,330	(48)	150
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,793	6,822	29	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,202	XXX	XXX
12. Totals											(147)	(69)

**SCHEDULE P - PART 2K - FIDELITY/SURETY**

1. Prior.....												
2. 2016.....												
3. 2017.....	XXX											
4. 2018.....	XXX	XXX										
5. 2019.....	XXX	XXX	XXX									
6. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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

1. Prior.....												
2. 2016.....												
3. 2017.....	XXX											
4. 2018.....	XXX	XXX										
5. 2019.....	XXX	XXX	XXX									
6. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

**SCHEDULE P - PART 2M - INTERNATIONAL**

1. Prior.....												
2. 2016.....												
3. 2017.....	XXX											
4. 2018.....	XXX	XXX										
5. 2019.....	XXX	XXX	XXX									
6. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 2T - Warranty

**N O N E**

Schedule P - Part 2U - Pet Insurance Plans

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE 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		
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior.....	000.....	627.....	1,047.....	1,034.....	796.....	749.....	700.....	700.....	693.....	692.....	90.....	
2. 2016.....	10,920.....	12,865.....	12,996.....	13,061.....	13,157.....	13,274.....	13,274.....	13,273.....	13,273.....	13,271.....	1,502.....	1,358.....
3. 2017.....	XXX.....	10,981.....	12,138.....	12,427.....	12,377.....	12,361.....	12,367.....	12,367.....	12,367.....	12,367.....	1,527.....	1,125.....
4. 2018.....	XXX.....	XXX.....	8,317.....	9,122.....	9,253.....	9,278.....	9,304.....	9,364.....	9,356.....	9,356.....	1,005.....	717.....
5. 2019.....	XXX.....	XXX.....	XXX.....	7,904.....	8,905.....	9,051.....	9,083.....	9,083.....	9,055.....	9,007.....	1,172.....	887.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	7,595.....	8,541.....	8,715.....	8,723.....	8,723.....	8,713.....	1,005.....	253.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	8,275.....	10,383.....	10,460.....	10,473.....	10,427.....	1,136.....	291.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	10,130.....	10,432.....	10,522.....	10,514.....	1,023.....	259.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	11,741.....	12,844.....	12,975.....	1,184.....	248.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	10,749.....	12,536.....	1,075.....	196.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	10,526.....	658.....	148.....

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

1. Prior.....	000.....	2,116.....	2,668.....	2,769.....	2,789.....	2,670.....	2,667.....	2,662.....	2,680.....	2,679.....	96.....	
2. 2016.....	3,074.....	5,190.....	5,965.....	6,337.....	6,385.....	6,386.....	6,406.....	6,403.....	6,402.....	6,401.....	1,148.....	1,317.....
3. 2017.....	XXX.....	3,402.....	5,781.....	6,941.....	7,175.....	7,235.....	7,235.....	7,235.....	7,235.....	7,235.....	1,010.....	1,058.....
4. 2018.....	XXX.....	XXX.....	2,589.....	3,979.....	4,210.....	4,266.....	4,362.....	4,451.....	4,451.....	4,451.....	782.....	751.....
5. 2019.....	XXX.....	XXX.....	XXX.....	2,387.....	3,900.....	4,506.....	4,521.....	4,532.....	4,532.....	4,532.....	812.....	681.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	1,583.....	2,698.....	3,154.....	3,267.....	3,367.....	3,412.....	892.....	196.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,882.....	3,074.....	3,663.....	4,000.....	4,138.....	963.....	171.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,149.....	3,002.....	3,622.....	3,862.....	1,010.....	183.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,294.....	3,397.....	3,990.....	949.....	174.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,471.....	3,739.....	838.....	164.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	2,221.....	618.....	136.....

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

1. Prior.....	000.....											
2. 2016.....												
3. 2017.....	XXX.....											
4. 2018.....	XXX.....	XXX.....										
5. 2019.....	XXX.....	XXX.....	XXX.....									
6. 2020.....	XXX.....	XXX.....	XXX.....									
7. 2021.....	XXX.....	XXX.....	XXX.....									
8. 2022.....	XXX.....	XXX.....	XXX.....									
9. 2023.....	XXX.....	XXX.....	XXX.....									
10. 2024.....	XXX.....	XXX.....	XXX.....									
11. 2025.....	XXX.....	XXX.....	XXX.....									

**NONE**

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

1. Prior.....	000.....											
2. 2016.....												
3. 2017.....	XXX.....											
4. 2018.....	XXX.....	XXX.....										
5. 2019.....	XXX.....	XXX.....	XXX.....									
6. 2020.....	XXX.....	XXX.....	XXX.....									
7. 2021.....	XXX.....	XXX.....	XXX.....									
8. 2022.....	XXX.....	XXX.....	XXX.....									
9. 2023.....	XXX.....	XXX.....	XXX.....									
10. 2024.....	XXX.....	XXX.....	XXX.....									
11. 2025.....	XXX.....	XXX.....	XXX.....									

**NONE**

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....	000.....											
2. 2016.....												
3. 2017.....	XXX.....											
4. 2018.....	XXX.....	XXX.....										
5. 2019.....	XXX.....	XXX.....	XXX.....									
6. 2020.....	XXX.....	XXX.....	XXX.....									
7. 2021.....	XXX.....	XXX.....	XXX.....									
8. 2022.....	XXX.....	XXX.....	XXX.....									
9. 2023.....	XXX.....	XXX.....	XXX.....									
10. 2024.....	XXX.....	XXX.....	XXX.....									
11. 2025.....	XXX.....	XXX.....	XXX.....									

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior.....	000.....												
2. 2016.....													
3. 2017.....	XXX.....												
4. 2018.....	XXX.....	XXX.....											
5. 2019.....	XXX.....	XXX.....	XXX.....										
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
11. 2025.....	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. 2016.....													
3. 2017.....	XXX.....												
4. 2018.....	XXX.....	XXX.....											
5. 2019.....	XXX.....	XXX.....	XXX.....										
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				

**NONE**

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

1. Prior.....	000.....											XXX.....	XXX.....
2. 2016.....												XXX.....	XXX.....
3. 2017.....	XXX.....											XXX.....	XXX.....
4. 2018.....	XXX.....	XXX.....										XXX.....	XXX.....
5. 2019.....	XXX.....	XXX.....	XXX.....									XXX.....	XXX.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....								XXX.....	XXX.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							XXX.....	XXX.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						XXX.....	XXX.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					XXX.....	XXX.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				XXX.....	XXX.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....		XXX.....	XXX.....

**NONE**

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

1. Prior.....	000.....	0.....	2.....	2.....	2.....	2.....	2.....	2.....	2.....	2.....	2.....	1.....	.....
2. 2016.....	21.....	21.....	24.....	74.....	75.....	75.....	75.....	75.....	75.....	75.....	75.....	11.....	2.....
3. 2017.....	XXX.....	27.....	39.....	85.....	85.....	85.....	85.....	85.....	85.....	85.....	85.....	16.....	1.....
4. 2018.....	XXX.....	XXX.....	3.....	10.....	152.....	152.....	152.....	152.....	152.....	152.....	152.....	4.....	4.....
5. 2019.....	XXX.....	XXX.....	XXX.....	0.....	47.....	47.....	47.....	47.....	47.....	47.....	47.....	1.....	0.....
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	1.....	11.....	58.....	58.....	58.....	1.....	1.....
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	47.....	47.....	47.....	47.....	47.....	47.....	1.....	0.....
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	1.....
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....

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

1. Prior.....	000.....												
2. 2016.....													
3. 2017.....	XXX.....												
4. 2018.....	XXX.....	XXX.....											
5. 2019.....	XXX.....	XXX.....	XXX.....										
6. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....									
7. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....								
8. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
9. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
10. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
11. 2025.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025		
1. Prior	000	0	0	1,180	1,180	1,180	1,180	1,181	1,181	1,181	XXX	XXX
2. 2016	1,174	0	0	1,509	1,509	1,509	1,509	1,509	1,509	1,509	XXX	XXX
3. 2017	XXX	1,106	0	1,180	1,170	1,170	1,170	1,170	1,170	1,170	XXX	XXX
4. 2018	XXX	XXX	903	981	981	981	981	981	981	981	XXX	XXX
5. 2019	XXX	XXX	XXX	945	973	1,002	1,002	1,002	1,002	999	XXX	XXX
6. 2020	XXX	XXX	XXX	XXX	745	904	942	946	946	940	XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX	1,048	1,148	1,145	1,142	1,136	XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	1,163	1,249	1,243	1,224	XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,106	1,176	1,180	XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	874	1,205	XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	528	XXX	XXX

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior	000	0	0	5,042	5,039	5,037	5,035	5,034	5,032	5,029		
2. 2016	5,924	0	0	6,168	6,159	6,157	6,157	6,156	6,156	6,156	5	0
3. 2017	XXX	6,097	0	6,191	6,169	6,165	6,164	6,160	6,160	6,160	1	0
4. 2018	XXX	XXX	4,344	4,402	4,407	4,408	4,408	4,406	4,406	4,406	4	0
5. 2019	XXX	XXX	XXX	4,397	4,634	4,640	4,640	4,637	4,637	4,627	1,587	347
6. 2020	XXX	XXX	XXX	XXX	3,742	3,983	3,973	3,965	3,960	3,953	1,247	162
7. 2021	XXX	XXX	XXX	XXX	XXX	4,437	4,645	4,581	4,562	4,535	1,313	182
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	5,434	5,161	5,144	5,084	1,437	186
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,013	6,320	6,296	1,441	201
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,598	6,744	1,512	198
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,109	1,284	150

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

1. Prior	000										XXX	XXX
2. 2016											XXX	XXX
3. 2017	XXX										XXX	XXX
4. 2018	XXX	XXX									XXX	XXX
5. 2019	XXX	XXX	XXX								XXX	XXX
6. 2020	XXX	XXX	XXX								XXX	XXX
7. 2021	XXX	XXX	XXX								XXX	XXX
8. 2022	XXX	XXX	XXX								XXX	XXX
9. 2023	XXX	XXX	XXX								XXX	XXX
10. 2024	XXX	XXX	XXX								XXX	XXX
11. 2025	XXX	XXX	XXX								XXX	XXX

**NONE**

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

1. Prior	000										XXX	XXX
2. 2016											XXX	XXX
3. 2017	XXX										XXX	XXX
4. 2018	XXX	XXX									XXX	XXX
5. 2019	XXX	XXX	XXX								XXX	XXX
6. 2020	XXX	XXX	XXX								XXX	XXX
7. 2021	XXX	XXX	XXX								XXX	XXX
8. 2022	XXX	XXX	XXX								XXX	XXX
9. 2023	XXX	XXX	XXX								XXX	XXX
10. 2024	XXX	XXX	XXX								XXX	XXX
11. 2025	XXX	XXX	XXX								XXX	XXX

**NONE**

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior	000										XXX	XXX
2. 2016											XXX	XXX
3. 2017	XXX										XXX	XXX
4. 2018	XXX	XXX									XXX	XXX
5. 2019	XXX	XXX	XXX								XXX	XXX
6. 2020	XXX	XXX	XXX								XXX	XXX
7. 2021	XXX	XXX	XXX								XXX	XXX
8. 2022	XXX	XXX	XXX								XXX	XXX
9. 2023	XXX	XXX	XXX								XXX	XXX
10. 2024	XXX	XXX	XXX								XXX	XXX
11. 2025	XXX	XXX	XXX								XXX	XXX

**NONE**

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 3T - Warranty

**N O N E**

Schedule P - Part 3U - Pet Insurance Plans

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE 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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	311	87	0	0	0	0	0	0	0	0
2. 2016.....	887	199	82	0	0	0	0	0	0	0
3. 2017.....	XXX	884	161	92	0	0	0	0	0	0
4. 2018.....	XXX	XXX	666	194	95	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	739	200	87	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	772	184	92	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	887	190	114	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	758	239	76	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	930	161	77
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	662	164
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	674

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

1. Prior.....	828	174	0	0	0	0	0	0	0	0
2. 2016.....	1,113	721	224	0	0	0	0	0	0	0
3. 2017.....	XXX	1,330	811	194	0	0	0	0	0	0
4. 2018.....	XXX	XXX	1,322	393	179	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	1,502	363	147	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	1,393	299	113	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	1,247	229	60	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	1,007	121	75	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	630	145	97
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	896	195
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	875

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

1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

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

1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL**

1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XX							
6. 2020.....	XXX	XXX	XX	XX						
7. 2021.....	XXX	XXX	XX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

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

1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XX	XXX						
7. 2021.....	XXX	XXX	XX	XXX	XXX					
8. 2022.....	XXX	XXX	XX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	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.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XX	XXX						
7. 2021.....	XXX	XXX	XX	XXX	XXX					
8. 2022.....	XXX	XXX	XX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

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

1. Prior.....	101	28	0	0	0	0	0	0	0	0
2. 2016.....	153	84	31	0	0	0	0	0	0	0
3. 2017.....	XXX	169	93	2	0	0	0	0	0	0
4. 2018.....	XXX	XXX	185	4	3	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	16	6	3	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	24	7	4	0	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	23	7	7	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	26	12	8	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46	15	8
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	54	15
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	54

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

1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XX	XXX						
7. 2021.....	XXX	XXX	XX	XXX	XXX					
8. 2022.....	XXX	XXX	XX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2016.....									0	0
3. 2017.....	XXX								0	0
4. 2018.....	XXX	XXX							0	0
5. 2019.....	XXX	XXX	XXX						0	0
6. 2020.....	XXX	XXX	XXX	XXX					0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX				0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX			2	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	2	2
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11	2
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10

**SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE**

1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2016.....									0	0
3. 2017.....	XXX								0	0
4. 2018.....	XXX	XXX							0	0
5. 2019.....	XXX	XXX	XXX						0	0
6. 2020.....	XXX	XXX	XXX	XXX					0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX				0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX			40	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	321	92	54
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	434	112
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	405

**SCHEDULE P - PART 4K - FIDELITY/SURETY**

1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

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

1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SCHEDULE P - PART 4M - INTERNATIONAL**

1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XXX							
6. 2020.....	XXX	XXX	XXX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 4T - Warranty

**N O N E**

Schedule P - Part 4U - Pet Insurance Plans

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY**  
**SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	337	55	15	8	10	1	0	0	1	0
2. 2016.....	1,171	1,475	1,486	1,493	1,501	1,502	1,502	1,502	1,502	1,502
3. 2017.....	XXX	1,261	1,501	1,514	1,520	1,526	1,527	1,527	1,527	1,527
4. 2018.....	XXX	XXX	871	987	998	1,003	1,004	1,005	1,005	1,005
5. 2019.....	XXX	XXX	XXX	930	1,151	1,168	1,171	1,171	1,171	1,172
6. 2020.....	XXX	XXX	XXX	XXX	850	989	1,003	1,003	1,003	1,005
7. 2021.....	XXX	XXX	XXX	XXX	XXX	717	1,120	1,132	1,135	1,136
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	828	1,003	1,018	1,023
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,055	1,177	1,184
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	944	1,075
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	658

**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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	50	13	7	7	1	1	1	1	0	0
2. 2016.....	367	10	10	5	1	0	0	0	0	0
3. 2017.....	XXX	257	8	5	0	0	0	0	0	0
4. 2018.....	XXX	XXX	105	7	6	2	1	0	0	0
5. 2019.....	XXX	XXX	XXX	155	13	2	1	1	1	0
6. 2020.....	XXX	XXX	XXX	XXX	105	10	2	2	2	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	274	6	2	1	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	128	9	2	1
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90	2	1
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	79	10
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	119

**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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	220	43	21	8	4	1	0	0	0	0
2. 2016.....	2,650	2,830	2,849	2,852	2,860	2,860	2,860	2,860	2,860	2,860
3. 2017.....	XXX	2,476	2,623	2,639	2,642	2,651	2,652	2,652	2,652	2,652
4. 2018.....	XXX	XXX	1,614	1,707	1,719	1,721	1,722	1,722	1,722	1,722
5. 2019.....	XXX	XXX	XXX	1,938	2,043	2,055	2,056	2,056	2,057	2,059
6. 2020.....	XXX	XXX	XXX	XXX	1,193	1,250	1,258	1,258	1,258	1,258
7. 2021.....	XXX	XXX	XXX	XXX	XXX	1,221	1,423	1,426	1,427	1,427
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	1,205	1,271	1,280	1,283
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,383	1,427	1,433
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,210	1,281
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	925

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY**  
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	285	63	21	5	4	0	0	0	2	1
2. 2016	843	1,088	1,130	1,142	1,146	1,146	1,148	1,148	1,148	1,148
3. 2017	XXX	775	970	999	1,005	1,010	1,010	1,010	1,010	1,010
4. 2018	XXX	XXX	618	753	775	778	781	782	782	782
5. 2019	XXX	XXX	XXX	609	788	809	811	812	812	812
6. 2020	XXX	XXX	XXX	XXX	702	864	884	887	890	892
7. 2021	XXX	XXX	XXX	XXX	XXX	752	929	953	960	963
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	800	981	1,004	1,010
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	784	927	949
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	677	838
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	618

**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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	150	40	21	13	3	3	3	3	1	0
2. 2016	374	73	17	4	1	1	0	0	0	0
3. 2017	XXX	275	55	18	5	0	0	0	0	0
4. 2018	XXX	XXX	162	24	8	4	2	0	0	0
5. 2019	XXX	XXX	XXX	144	19	4	1	0	0	0
6. 2020	XXX	XXX	XXX	XXX	112	28	9	5	2	0
7. 2021	XXX	XXX	XXX	XXX	XXX	133	27	11	5	2
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	129	23	5	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	98	29	8
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130	22
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	202	41	16	3	(5)	0	0	0	0	0
2. 2016	2,220	2,435	2,454	2,463	2,465	2,465	2,465	2,465	2,465	2,465
3. 2017	XXX	1,889	2,044	2,067	2,068	2,068	2,068	2,068	2,068	2,068
4. 2018	XXX	XXX	1,404	1,519	1,532	1,532	1,533	1,533	1,533	1,533
5. 2019	XXX	XXX	XXX	1,390	1,487	1,493	1,493	1,493	1,493	1,493
6. 2020	XXX	XXX	XXX	XXX	969	1,082	1,086	1,088	1,088	1,088
7. 2021	XXX	XXX	XXX	XXX	XXX	1,034	1,129	1,135	1,136	1,136
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	1,093	1,186	1,192	1,193
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,043	1,127	1,131
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	940	1,024
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	844

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	3	0	1	0	0	0	0	0	0	0
2. 2016.....	8	8	9	10	11	11	11	11	11	11
3. 2017.....	XXX	12	15	16	16	16	16	16	16	16
4. 2018.....	XXX	XXX	2	3	4	4	4	4	4	4
5. 2019.....	XXX	XXX	XXX	0	1	1	1	1	1	1
6. 2020.....	XXX	XXX	XXX	XXX	0	0	0	0	1	1
7. 2021.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	1	1	0	0	0	0	0	0	0	0
2. 2016.....	3	1	1	0	0	0	0	0	0	0
3. 2017.....	XXX	3	1	0	0	0	0	0	0	0
4. 2018.....	XXX	XXX	3	1	1	0	0	0	0	0
5. 2019.....	XXX	XXX	XXX	1	0	0	0	0	0	0
6. 2020.....	XXX	XXX	XXX	XXX	0	1	1	2	0	0
7. 2021.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....	0	1	0	0	0	0	0	0	0	0
2. 2016.....	11	11	12	12	13	13	13	13	13	13
3. 2017.....	XXX	16	17	17	17	17	17	17	17	17
4. 2018.....	XXX	XXX	6	7	8	8	8	8	8	8
5. 2019.....	XXX	XXX	XXX	1	1	1	1	1	1	1
6. 2020.....	XXX	XXX	XXX	XXX	0	1	1	2	2	2
7. 2021.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5T - Warranty - Section 1

**N O N E**

Schedule P - Part 5T - Warranty - Section 2

**N O N E**

Schedule P - Part 5T - Warranty - Section 3

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL  
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX	XXX								
6. 2020.....	XXX	XXX	XXX	XXX							
7. 2021.....	XXX	XXX	XXX	XXX	XXX						
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....											
2. 2016.....											
3. 2017.....	XXX										
4. 2018.....	XXX	XXX									
5. 2019.....	XXX	XXX	XXX								
6. 2020.....	XXX	XXX	XXX	XXX							
7. 2021.....	XXX	XXX	XXX	XXX	XXX						
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE  
SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	1,162	1,162	1,162	1,162	1,162	1,162	1,162	1,162	1,162	1,162	1,162
3. 2017.....	XXX	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062	1,062
4. 2018.....	XXX	XXX	795	795	795	795	795	795	795	795	795
5. 2019.....	XXX	XXX	XXX	536	536	536	536	536	536	536	536
6. 2020.....	XXX	XXX	XXX	XXX	563	563	563	563	563	563	563
7. 2021.....	XXX	XXX	XXX	XXX	XXX	609	609	609	609	609	609
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	622	622	622	622	622
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	656	656	656	656
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	651	651	651
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	636	636
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	636
13. Earned Premiums (Sch P-Pt. 1)	1,162	1,062	795	536	563	609	622	656	651	636	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2016.....	703	703	703	703	703	703	703	703	703	703	703
3. 2017.....	XXX	666	666	666	666	666	666	666	666	666	666
4. 2018.....	XXX	XXX	555	555	555	555	555	555	555	555	555
5. 2019.....	XXX	XXX	XXX	506	506	506	506	506	506	506	506
6. 2020.....	XXX	XXX	XXX	XXX	540	540	540	540	540	540	540
7. 2021.....	XXX	XXX	XXX	XXX	XXX	585	585	585	585	585	585
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	597	597	597	597	597
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	629	629	629	629
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	632	632	632
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	612	612
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	612
13. Earned Premiums (Sch P-Pt. 1)	703	666	555	506	540	585	597	629	632	612	XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

**NONE**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

**NONE**

Schedule P - Part 6M - International - Section 1

**NONE**

Schedule P - Part 6M - International - Section 2

**NONE**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

**NONE**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

**NONE**

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

**NONE**

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE 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 .....	2,183		0.0	21,045		0.0
2. Private passenger auto liability/medical .....	3,225		0.0	6,461		0.0
3. Commercial auto/truck liability/medical .....			0.0	0		0.0
4. Workers' compensation .....			0.0	0		0.0
5. Commercial multiple peril .....			0.0	0		0.0
6. Medical professional liability - occurrence.....			0.0	0		0.0
7. Medical professional liability - claims - made .....			0.0	0		0.0
8. Special liability .....			0.0	0		0.0
9. Other liability - occurrence .....	78		0.0	35		0.0
10. Other liability - claims-made .....			0.0	0		0.0
11. Special property .....	204		0.0	1,726		0.0
12. Auto physical damage .....	243		0.0	10,064		0.0
13. Fidelity/surety .....			0.0	0		0.0
14. Other .....			0.0	0		0.0
15. International .....			0.0	0		0.0
16. Reinsurance - nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products liability - occurrence .....			0.0	0		0.0
20. Products liability - claims-made .....			0.0	0		0.0
21. Financial guaranty/mortgage guaranty .....			0.0	0		0.0
22. Warranty .....			0.0	0		0.0
23. Pet insurance plans .....			0.0	0		0.0
24. Totals	5,933	0	0.0	39,332	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XX							
6. 2020.....	XXX	XXX	XX	XX						
7. 2021.....	XXX	XXX	XX	XXX	XX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XX							
6. 2020.....	XXX	XXX	XX	XX						
7. 2021.....	XXX	XXX	XX	XXX	XX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (Continued)**

**SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XX							
6. 2020.....	XXX	XXX	XX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XX							
6. 2020.....	XXX	XXX	XX	XXX						
7. 2021.....	XXX	XXX	XXX	XXX	XXX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)**

**SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/farmowners .....	2,183		0.0	21,045		0.0
2. Private passenger auto liability/medical .....	3,225		0.0	6,461		0.0
3. Commercial auto/truck liability/medical .....			0.0	0		0.0
4. Workers' compensation .....			0.0	0		0.0
5. Commercial multiple peril .....			0.0	0		0.0
6. Medical professional liability - occurrence.....			0.0	0		0.0
7. Medical professional liability - claims - made .....			0.0	0		0.0
8. Special liability .....			0.0	0		0.0
9. Other liability - occurrence .....	78		0.0	35		0.0
10. Other liability - claims-made .....			0.0	0		0.0
11. Special property .....	204		0.0	1,726		0.0
12. Auto physical damage .....	243		0.0	10,064		0.0
13. Fidelity/surety .....			0.0	0		0.0
14. Other .....			0.0	0		0.0
15. International .....			0.0	0		0.0
16. Reinsurance - nonproportional assumed property .....			0.0	0		0.0
17. Reinsurance - nonproportional assumed liability .....			0.0	0		0.0
18. Reinsurance - nonproportional assumed financial lines .....			0.0	0		0.0
19. Products liability - occurrence .....			0.0	0		0.0
20. Products liability - claims-made .....			0.0	0		0.0
21. Financial guaranty/mortgage guaranty .....			0.0	0		0.0
22. Warranty .....			0.0	0		0.0
23. Pet insurance plans .....			0.0	0		0.0
24. Totals	5,933	0	0.0	39,332	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XX							
6. 2020.....	XXX	XXX	XX	XX						
7. 2021.....	XXX	XXX	XX	XXX	XX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XX							
6. 2020.....	XXX	XXX	XX	XX						
7. 2021.....	XXX	XXX	XX	XXX	XX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (Continued)  
SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XX							
6. 2020.....	XXX	XXX	XX	XX						
7. 2021.....	XXX	XXX	XX	XXX	XX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XX							
6. 2020.....	XXX	XXX	XX	XX						
7. 2021.....	XXX	XXX	XX	XXX	XX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XX							
6. 2020.....	XXX	XXX	XX	XX						
7. 2021.....	XXX	XXX	XX	XXX	XX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior.....										
2. 2016.....										
3. 2017.....	XXX									
4. 2018.....	XXX	XXX								
5. 2019.....	XXX	XXX	XX							
6. 2020.....	XXX	XXX	XX	XX						
7. 2021.....	XXX	XXX	XX	XXX	XX					
8. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

## 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	2016 .....		
1.603	2017 .....		
1.604	2018 .....		
1.605	2019 .....		
1.606	2020 .....		
1.607	2021 .....		
1.608	2022 .....		
1.609	2023 .....		
1.610	2024 .....		
1.611	2025 .....		
1.612	Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? ..... Yes [ X ] No [ ]
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? ..... Yes [ X ] No [ ]
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? ..... Yes [ ] No [ X ]
- If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.  
 Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:  
 (in thousands of dollars) 5.1 Fidelity .....  
5.2 Surety .....
6. Claim count information is reported per claim or per claimant (Indicate which) ..... per claimant.....  
 If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? ..... Yes [ ] No [ X ]
- 7.2 (An extended statement may be attached.)  
 .....

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

Allocated by States and Territories

States, Etc.		Direct Business Only					6 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 2025 OF THE BUCKEYE STATE 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)
	31-0784063	Hetuck Insurance Agency, Inc.					(3,000)		*		(3,000)	
16713	31-6035649	Buckeye State Mutual Insurance Company					226,200		*		226,200	431,000
17639	31-1630739	Home and Farm Insurance Company					(223,200)		*		(223,200)	(431,000)
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0



**ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

**REQUIRED FILINGS**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	<u>Responses</u>
<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
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
<b>MAY FILING</b>	
8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	YES
<b>JUNE FILING</b>	
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.

<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
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? .....	NO
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
<b>AUGUST FILING</b>	
38. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO

**Explanations:**

- 11.
- 12.
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**Bar Codes:**

11. SIS Stockholder Information Supplement [Document Identifier 420]



12. Financial Guaranty Insurance Exhibit [Document Identifier 240]



13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]



14. Supplement A to Schedule T [Document Identifier 455]



15. Trusteed Surplus Statement [Document Identifier 490]



16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

17. Reinsurance Summary Supplemental Filing [Document Identifier 401]



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]



34. Cybersecurity Insurance Coverage Supplement  
[Document Identifier 550]



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]



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Statement of Income Line 37

	1 Current Year	2 Prior Year
3704. Pension Plan Termination - Return of Funds (net of excise tax) .....	155,445	
3797. Summary of remaining write-ins for Line 37 from overflow page	155,445	0



SUPPLEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY

## EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS

AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES

(To Be Filed by March 1)

NAIC Group Code 0046

NAIC Company Code 16713

	Direct Business Only			
	Prior Year	Current Year		
	1 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 .....				
7. Personal umbrella .....	653,747	699,634	(1,809)	7,500
8. Employment liability .....				
9. Aggregate write-ins for facilities & premises (CGL) .....	0	0	0	0
10. Internet & cyber liability .....				
11. Aggregate write-ins for other .....	0	0	0	0
12. Total ASL 17 - other liability (sum of lines 1 through 11)	653,747	699,634	(1,809)	7,500
<b>DETAILS OF WRITE-INS</b>				
0901. ....				
0902. ....				
0903. ....				
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)	0	0	0	0
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0



SUPPLEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2025  
 (To Be Filed by March 1)

**FOR THE STATE OF: Indiana**

NAIC Group Code 0046

NAIC Company Code 16713

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income .....	
2. Health .....	
3. Homeowners .....	YES
4. Individual annuity .....	
5. Individual life .....	
6. Lender-placed home and auto .....	
7. Long-term care .....	
8. Other health .....	
9. Private flood .....	
10. Private passenger auto .....	YES
11. Short-term limited duration health plans .....	
12. Travel .....	
13. Pet insurance plans	



**SUPPLEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2025  
(To Be Filed by March 1)

**FOR THE STATE OF: Kansas**

NAIC Group Code 0046

NAIC Company Code 16713

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income .....	
2. Health .....	
3. Homeowners .....	YES
4. Individual annuity .....	
5. Individual life .....	
6. Lender-placed home and auto .....	
7. Long-term care .....	
8. Other health .....	
9. Private flood .....	
10. Private passenger auto .....	YES
11. Short-term limited duration health plans .....	
12. Travel .....	
13. Pet insurance plans	



**SUPPLEMENT FOR THE YEAR 2025 OF THE BUCKEYE STATE MUTUAL INSURANCE COMPANY  
MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2025  
(To Be Filed by March 1)

**FOR THE STATE OF: Ohio**

NAIC Group Code 0046

NAIC Company Code 16713

MCAS LINE OF BUSINESS	MCAS Reportable Premium/Considerations (Yes/No)
1. Disability income .....	
2. Health .....	
3. Homeowners .....	YES
4. Individual annuity .....	
5. Individual life .....	
6. Lender-placed home and auto .....	
7. Long-term care .....	
8. Other health .....	
9. Private flood .....	
10. Private passenger auto .....	YES
11. Short-term limited duration health plans .....	
12. Travel .....	
13. Pet insurance plans	