



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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 31-6035649Organized under the Laws of Ohio, State of Domicile or Port of Entry OHCountry of Domicile United States of AmericaIncorporated/Organized 01/28/1897 Commenced Business 04/30/1879Statutory Home Office One Heritage Place, Piqua, OH, US 45356-4888
(Street and Number) (City or Town, State, Country and Zip Code)Main Administrative Office One Heritage Place, Piqua, OH, US 45356
(Street and Number) (City or Town, State, Country and Zip Code) 937-778-5000
(Area Code) (Telephone Number)Mail Address One Heritage Place, Piqua, OH, US 45356
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code) 937-778-5000
(Area Code) (Telephone Number)Primary Location of Books and Records One Heritage Place, Piqua, OH, US 45356
(Street and Number) (City or Town, State, Country and Zip Code) 937-778-5000
(Area Code) (Telephone Number)Internet Website Address http://www.buckeye-ins.comStatutory Statement Contact Craig A Curcio, 937-778-5000
(Name) 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. BrooksState 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 & CEOLisa Lyn Wesner
VP & SecretaryJerry Christopher Collins
CFO & Treasurer

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

Subscribed and sworn to before me this
5th day of November 2025
Lisa G. MinknerLISA G. MINKNER, Notary Public
In and For the State of Ohio
My Commission Exp. 4-4-2030