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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                               |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                                                                                                                                                                                                                                                                                               |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan       </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)       </div> </div>            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div>                                                                                                                                                                                                                              |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report       </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)       </div> </div> |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                  |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)       </div> <div> <input type="checkbox"/> automatic extension       </div> <div> <input type="checkbox"/> the DFVC program       </div> </div>              |

|                |                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                           |           |                                                        |           |                                                   |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|-----------|--------------------------------------------------------|-----------|---------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                             |           |                                                           |           |                                                        |           |                                                   |
| <b>1a</b>      | Name of plan<br><u>OHIO FARMERS INSURANCE COMPANY PENSION PLAN</u>                                                                                                                                                                                                                                                                                                                         |           |                                                           |           |                                                        |           |                                                   |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1b</b></td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td><b>1c</b></td> <td>Effective date of plan<br/><u>06/28/1945</u></td> </tr> </table>                                                                                                                       | <b>1b</b> | Three-digit plan number (PN) ▶ <u>001</u>                 | <b>1c</b> | Effective date of plan<br><u>06/28/1945</u>            |           |                                                   |
| <b>1b</b>      | Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                                                                                                                                                                                                                  |           |                                                           |           |                                                        |           |                                                   |
| <b>1c</b>      | Effective date of plan<br><u>06/28/1945</u>                                                                                                                                                                                                                                                                                                                                                |           |                                                           |           |                                                        |           |                                                   |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>OHIO FARMERS INSURANCE COMPANY</u><br><br><u>P.O. BOX 5001</u><br><u>WESTFIELD CENTER, OH 44251-5001</u>                         |           |                                                           |           |                                                        |           |                                                   |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>2b</b></td> <td>Employer Identification Number (EIN)<br/><u>34-0438190</u></td> </tr> <tr> <td><b>2c</b></td> <td>Plan Sponsor's telephone number<br/><u>330-887-0101</u></td> </tr> <tr> <td><b>2d</b></td> <td>Business code (see instructions)<br/><u>524150</u></td> </tr> </table> | <b>2b</b> | Employer Identification Number (EIN)<br><u>34-0438190</u> | <b>2c</b> | Plan Sponsor's telephone number<br><u>330-887-0101</u> | <b>2d</b> | Business code (see instructions)<br><u>524150</u> |
| <b>2b</b>      | Employer Identification Number (EIN)<br><u>34-0438190</u>                                                                                                                                                                                                                                                                                                                                  |           |                                                           |           |                                                        |           |                                                   |
| <b>2c</b>      | Plan Sponsor's telephone number<br><u>330-887-0101</u>                                                                                                                                                                                                                                                                                                                                     |           |                                                           |           |                                                        |           |                                                   |
| <b>2d</b>      | Business code (see instructions)<br><u>524150</u>                                                                                                                                                                                                                                                                                                                                          |           |                                                           |           |                                                        |           |                                                   |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/06/2019 | JOSEPH C. KOHMANN                                            |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                        |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                       |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 3979                                                                                                                                                                                                                           |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 2398<br><b>6a(2)</b> 2398<br><b>6b</b> 1018<br><b>6c</b> 524<br><b>6d</b> 3940<br><b>6e</b> 122<br><b>6f</b> 4062<br><b>6g</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                                                                                                |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1E

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

|                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

---

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

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**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>OHIO FARMERS INSURANCE COMPANY PENSION PLAN                                                                      | B Three-digit plan number (PN) ▶ 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>OHIO FARMERS INSURANCE COMPANY                                | D Employer Identification Number (EIN)<br>34-0438190                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                        |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                      |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2018                                                                                                                                                    |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                                |                            |                           |                          |
| a      | Market value.....                                                                                                                                                                                      | 2a                         | 428889392                 |                          |
| b      | Actuarial value .....                                                                                                                                                                                  | 2b                         | 418445723                 |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 1097                       | 142660567                 | 142660567                |
| b      | For terminated vested participants .....                                                                                                                                                               | 484                        | 17724975                  | 17724975                 |
| c      | For active participants .....                                                                                                                                                                          | 2661                       | 137734032                 | 159771783                |
| d      | Total .....                                                                                                                                                                                            | 4242                       | 298119574                 | 320157325                |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | 4b                         |                           |                          |
| 5      | Effective interest rate .....                                                                                                                                                                          | 5                          | 5.79 %                    |                          |
| 6      | Target normal cost .....                                                                                                                                                                               | 6                          | 13550027                  |                          |

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                           |  |                                        |
|-----------------------------------------------------------|--|----------------------------------------|
| <div>SIGN<br/>HERE</div>                                  |  |                                        |
| Signature of actuary                                      |  | 07/09/2019                             |
| JOSEPH A. PERKO                                           |  | Date                                   |
| Type or print name of actuary                             |  | 17-06491                               |
| WILLIS TOWERS WATSON US LLC                               |  | Most recent enrollment number          |
| Firm name                                                 |  | 216-937-4000                           |
| 1001 LAKESIDE AVE, SUITE 1500<br>CLEVELAND, OH 44114-1172 |  | Telephone number (including area code) |
| Address of the firm                                       |  |                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 1583082               | 71365106               |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                                                                | 1583082               | 71365106               |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>13.67</u> % .....                                                                               | 216407                | 9755610                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 22462720               |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.99</u> %..... |                       | 1345517                |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 23808237               |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 1799489               | 81120716               |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 104.80% |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                               | <b>15</b> | 130.70% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 98.65%  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 03/28/2019               | 5700000                           | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 5700000                           | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                        |            |         |
|------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                     | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 5315239 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                 |                       |                                                |                                                           |                                                     |
|-------------------------------------------------|-----------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                       |                                                |                                                           |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.92% | 2nd segment:<br>5.52%                          | 3rd segment:<br>6.29%                                     | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                       |                                                |                                                           | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age ..... |                       |                                                |                                                           | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) | Prior regulation:     | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |
|                                                 | Current regulation:   | <input type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate            | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                         |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                               |                                        |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 13550027           |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 13550027           |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 0                  |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                     | 0                  |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 5315239            |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 5315239            |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                  |                                         |                                                                                           |
|----------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                         |                                                                                           |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years | <input type="checkbox"/> 15 years                                                         |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008           | <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2018                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 |                                                      |     |
| A Name of plan<br>OHIO FARMERS INSURANCE COMPANY PENSION PLAN                              | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>OHIO FARMERS INSURANCE COMPANY   | D Employer Identification Number (EIN)<br>34-0438190 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |                                            |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                            |
| JPMORGAN CHASE BANK, NA                                                                                    | 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------|

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------|

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CONDUENT HUMAN RESOURCES

81-2983623

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | NONE                                                                                              | 92268                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

TOWERS WATSON

23-1159360

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 74861                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

FIFTH THIRD BANK

31-0676865

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19                     | NONE                                                                                              | 45000                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BDO USA LLP

13-5381590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 20440                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

(a) Enter name and EIN or address (see instructions)

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                                       |                     |              |
|--------------------|---------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | BDO USA, LLP                          | <b>b</b> EIN:       | 13-5381590   |
| <b>c</b> Position: | PLAN AUDITOR                          |                     |              |
| <b>d</b> Address:  | 301 SPRINGSIDE DR.<br>AKRON, OH 44333 | <b>e</b> Telephone: | 330-668-9696 |
|                    |                                       |                     |              |

Explanation: PLAN SPONSOR HAS CHOSEN A NEW FIRM TO CONDUCT THE PLAN AUDIT.

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2018</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>OHIO FARMERS INSURANCE COMPANY PENSION PLAN</b>                              | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>OHIO FARMERS INSURANCE COMPANY</b>   | <b>D</b> Employer Identification Number (EIN)<br><b>34-0438190</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | 1158837               | 1221348         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 19100000              | 5700000         |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 1647950               | 1688534         |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 3193235               | 2036307         |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 83359105              | 92439055        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 64175052              | 62372758        |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> | 182016497             | 165378745       |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 10760063              | 21568956        |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 64403478              | 54904114        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | 23949131              | 20989626        |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 453763348             | 428299443       |

**Liabilities**

|                                                                           |           |      |      |
|---------------------------------------------------------------------------|-----------|------|------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |      |      |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |      |      |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |      |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 5089 | 8547 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 5089 | 8547 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 453758259 | 428290896 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 5700000    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 5700000   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 188        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 2128192    |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 2368037    |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 2372287    |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 6868704   |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 5169772    |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 3066180    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 8235952   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 33058427   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 26942798   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 6115629   |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -28377212  |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | -28377212 |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | -7443727  |
| c Other income.....                                                                            | 2c     |            | 7         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....              | 2d     |            | -8900647  |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 15835091 |          |
| (2) To insurance carriers for the provision of benefits .....                        | 2e(2) |          |          |
| (3) Other .....                                                                      | 2e(3) |          |          |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                         | 2e(4) |          | 15835091 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          |          |
| h Interest expense .....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) | 232569   |          |
| (2) Contract administrator fees.....                                                 | 2i(2) |          |          |
| (3) Investment advisory and management fees.....                                     | 2i(3) |          |          |
| (4) Other .....                                                                      | 2i(4) | 499056   |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |          | 731625   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 16566716 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -25467363 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan.....                                    | 2l(1) |  |           |
| (2) From this plan.....                                  | 2l(2) |  |           |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: D'AMICO WAWRIN & COMPANY CPAS, LLC

(2) EIN: 82-1844788

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          | <b>4c</b> |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 3500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     | <b>4g</b> |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      | <b>4n</b> |     |    |         |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4152539. (See instructions.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

|                                                                                                        |                                                                    |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>OHIO FARMERS INSURANCE COMPANY PENSION PLAN</u>                            | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>OHIO FARMERS INSURANCE COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-0438190</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                                                                                       |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                                                                                                | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____<br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                      | <b>3</b> | <u>1</u> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                                         |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018  
v. 171027

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

**a** The current year .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year .....

**b** The corresponding number for the second preceding plan year .....

**15a****15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year .....

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....

**16a****16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 60.1% Investment-Grade Debt: 38.7% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 1.2%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☒ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

# Ohio Farmers Insurance Company Pension Plan

Financial Statements and Supplemental Schedule  
As of and for the Years Ended  
December 31, 2018 and 2017



**Ohio Farmers Insurance Company**  
**Pension Plan**

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Financial Statements and Supplemental Schedule  
As of and for the Years Ended December 31, 2018 and 2017

# Ohio Farmers Insurance Company Pension Plan

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## **Independent Auditor's Report**

To the Plan Administrator and the  
Employee Benefits Administrative Committee of the  
Ohio Farmers Insurance Company Pension Plan  
Westfield Center, Ohio

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the Ohio Farmers Insurance Company Pension Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2018, that the information provided to the Plan administrator by the trustee is complete and accurate.

### ***Disclaimer of Opinion***

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2018 financial statements. Accordingly, we do not express an opinion on the 2018 financial statements referred to in the first paragraph.

### ***Other Matter - Supplemental Schedules***

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule referred to above.

### ***Other Matter - 2017 Financial Statements***

The financial statements of the Plan as of and for the year ended December 31, 2017, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Fifth Third Bank, the trustee of the Plan. Their report, dated August 3, 2018, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

### **Report on Form and Content in Compliance With DOL Rules and Regulations - 2018**

The form and content of the information included in the 2018 financial statements and supplemental schedule, other than that derived from the information certified by the trustee have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*D'Amico Warren & Company*

Akron, Ohio  
July 30, 2019

# OHIO FARMERS INSURANCE COMPANY PENSION PLAN

## Statements of Net Assets Available for Benefits

December 31, 2018 and 2017

|                                                    | <u>2018</u>           | <u>2017</u>           |
|----------------------------------------------------|-----------------------|-----------------------|
| Assets:                                            |                       |                       |
| Investments, at fair value:                        |                       |                       |
| U. S. Government and agency obligations            | \$ 92,439,055         | \$ 83,359,105         |
| Corporate bonds                                    | 62,372,758            | 64,175,052            |
| Common stocks                                      | 165,378,745           | 182,016,497           |
| Partnerships                                       | 21,568,956            | 10,760,063            |
| Mutual funds                                       | 54,904,114            | 64,403,478            |
| Money market fund                                  | 2,036,307             | 3,193,235             |
| Investments held for pension benefit obligations   | <u>398,699,935</u>    | <u>407,907,430</u>    |
| Net assets held for Ohio Farmers Insurance Company |                       |                       |
| Group Health Benefit Plan 401(h) account           | 20,989,626            | 23,949,131            |
| Cash – noninterest bearing                         | 1,221,348             | 1,158,837             |
| Employer contribution receivable                   | 5,700,000             | 19,100,000            |
| Accrued investment income                          | <u>1,688,534</u>      | <u>1,647,950</u>      |
| Total assets                                       | <u>428,299,443</u>    | <u>453,763,348</u>    |
| Liabilities:                                       |                       |                       |
| Net amount due to Ohio Farmers Insurance Company   |                       |                       |
| Group Health Benefit Plan 401(h) account           | 20,989,626            | 23,949,131            |
| Other                                              | <u>8,547</u>          | <u>5,089</u>          |
| Total liabilities                                  | <u>20,998,173</u>     | <u>23,954,220</u>     |
| Net assets available for benefits                  | <u>\$ 407,301,270</u> | <u>\$ 429,809,128</u> |

See accompanying notes to financial statements.

# OHIO FARMERS INSURANCE COMPANY PENSION PLAN

## Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2018 and 2017

|                                                              | <u>2018</u>           | <u>2017</u>           |
|--------------------------------------------------------------|-----------------------|-----------------------|
| (Reductions) Additions:                                      |                       |                       |
| Company contributions                                        | \$ 5,700,000          | \$ 35,800,000         |
| Interest and dividend income                                 | 14,521,034            | 14,171,862            |
| Net (depreciation) appreciation in fair value of investments | (27,738,052)          | 36,177,037            |
| Miscellaneous (expense) income                               | (1)                   | 1,038                 |
|                                                              | <u>(7,517,019)</u>    | <u>86,149,937</u>     |
| (Net reductions) total additions                             |                       |                       |
| Deductions:                                                  |                       |                       |
| Benefits paid to participants                                | 14,460,106            | 13,796,973            |
| Administrative expenses                                      | 530,733               | 467,883               |
|                                                              | <u>14,990,839</u>     | <u>14,264,856</u>     |
| Total deductions                                             |                       |                       |
| Net (decrease) increase                                      | (22,507,858)          | 71,885,081            |
| Net assets available for benefits:                           |                       |                       |
| Beginning of year                                            | 429,809,128           | 357,924,047           |
| End of year                                                  | <u>\$ 407,301,270</u> | <u>\$ 429,809,128</u> |

See accompanying notes to financial statements.

## OHIO FARMERS INSURANCE COMPANY PENSION PLAN

Notes to Financial Statements

December 31, 2018 and 2017

### (1) Plan Description

The following brief description of the Ohio Farmers Insurance Company Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### (a) General

The Plan is a defined benefit plan, sponsored by the Ohio Farmers Insurance Company (the Plan Sponsor) which covers substantially all employees considered to be employed on a full-time basis by Ohio Farmers Insurance Company, Westfield Management Company, Westfield Bank, F.S.B, and Westfield Services, Inc. (collectively referred to as the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by the Company's Employee Benefits Administrative Committee (BAC). The BAC has overall responsibility for the operation and administration of the Plan. The BAC determines the appropriateness of the Plan's investment offerings and monitors investment performance. Fifth Third Bank is the Plan's trustee and asset custodian.

#### (b) Pension Benefits

Participants become vested in a pension benefit upon completion of five years of service, as defined in the Plan document. Participants are eligible to receive pension benefits upon reaching age 65 and completing five full years of participation in the Plan; or, subject to certain age and length of service requirements, a participant may elect an early retirement date at a reduced benefit. Pension benefits are calculated based on a participant's final monthly earnings (as defined) and years of credited service with the Company. The pension benefit for a married participant will be paid as a joint and 50% survivor annuity unless another form of distribution is elected with spousal consent. The pension benefit for an unmarried participant will be paid as a single life annuity unless another form of distribution is elected and a beneficiary is named.

If a participant terminates employment after becoming vested, the pension benefit will be calculated at the time of termination. If the present value of the pension benefit is \$5,000 or less, it will be paid to the participant in a lump sum. If the present value of the pension benefit is greater than \$5,000, it will be paid to the participant at normal retirement age or earlier at a reduced benefit if certain length of service requirements are met.

#### (c) Death and Disability Benefits

The Plan provides death benefits to beneficiaries of eligible employees who meet certain years of service requirements.

Retirement benefits are available for participants who retired due to disability prior to January 1, 2003. These participants must have been covered by Section B of the Ohio Farmers Insurance Company Long Term Disability Plan in order to receive benefits from the Plan. Effective January 1, 2003, disability retirement is not available to participants of the Plan, other than those participants who commenced disability retirement benefits prior to that date.

## OHIO FARMERS INSURANCE COMPANY PENSION PLAN

### Notes to Financial Statements - Continued

December 31, 2018 and 2017

**(d) Funding Policy**

Contributions are made by the Company in such amounts as have been actuarially determined to fund current costs and the amortization of any unfunded actuarial accrued liability. These funding guidelines meet the minimum funding requirements of ERISA and deductibility and funding limit requirements of the Internal Revenue Code as amended by the Pension Protection Act of 2006 (PPA). In accordance with these funding guidelines, the Company elected to make contributions of \$5.7 and \$35.8 million for the years ended December 31, 2018 and 2017, respectively.

**(e) Plan Termination**

While the Plan Sponsor has not expressed any intent to terminate the Plan or to discontinue contributions, it is free to do so at any time, subject to the provisions set forth in ERISA. Should the Plan be terminated, all participants become 100% vested in benefits earned as of the termination date. If, however, the Plan has insufficient assets, the Plan Sponsor will be required to pay to the Plan an amount which, together with Plan assets, will satisfy all benefits accumulated to the date of the Plan termination.

If the termination is the result of the bankruptcy or near bankruptcy of the Plan Sponsor and the Plan's assets are not adequate to pay all benefits vested prior to the termination, the Pension Benefit Guaranty Corporation will take over the Plan and will pay those benefits which it guarantees. Under those circumstances, some participants may receive a smaller benefit than if the Plan had continued.

**(2) Summary of Significant Accounting Policies**

**(a) Basis of Accounting**

The financial statements of the Plan are presented on the accrual basis of accounting.

**(b) Valuation of Investments and Income Recognition**

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**(c) Assets Held for Ohio Farmers Insurance Company Group Health Benefit Plan 401(h) Account**

The Plan includes a health and welfare component in addition to the normal retirement benefits to fund a portion of the post-retirement obligation for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code. A separate account has been established and maintained in the Plan for the net assets related to the medical-benefit component 401(h) account. In accordance with Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health and welfare benefits for retirees and their beneficiaries. The related obligations for health benefits are not a component of this Plan's obligations in the accumulated plan benefit information described in Note 4, but are reflected as obligations in the Ohio Farmers Insurance Company Group Health Benefit Plan. Plan participants do not contribute to the 401(h) account. Employer contributions to fund the postretirement health

## OHIO FARMERS INSURANCE COMPANY PENSION PLAN

### Notes to Financial Statements - Continued

December 31, 2018 and 2017

benefits for retirees and their beneficiaries under Section 401(h) are actuarially determined annually and are made at the discretion of the Plan Sponsor. On March 23, 2013, the 401(h) fund commenced payment of retiree health benefits. See Note 6 for additional information related to 401(h) activity.

**(d) *Assets Held for Refundable Voluntary Accounts***

Prior to July 1, 1987, participants were permitted to make refundable, voluntary contributions on a post-tax basis as specified in the Plan document in effect at that time. The amounts contributed were maintained in separate, individual accounts for each participant. As of July 1, 1987, the Plan was amended to discontinue any further voluntary participant contributions to the Plan or any existing accounts. However, participants were permitted to maintain their individual account under the Plan if they so chose. All individual accounts were refundable to the participants at any time as specified in the Plan document and amounts were not available to be used to pay any portion of the Plan's pension benefit obligation. The refundable voluntary accounts were fully disbursed as of December 31, 2017.

Individual accounts were invested in various mutual funds as directed by the participants. See Note 10 for detail on refundable voluntary accounts activity.

**(e) *Actuarial Present Value of Accumulated Plan Benefits***

Accumulated plan benefits (see Note 4) are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions for services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on their final monthly earnings. The accumulated plan benefits for active employees are based on their compensation during the five years preceding the valuation date. Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

**(f) *Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

**(g) *Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

# OHIO FARMERS INSURANCE COMPANY PENSION PLAN

## Notes to Financial Statements - Continued

December 31, 2018 and 2017

### (3) Information Certified by the Trustee

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2018 and 2017 and investment income for the period January 1, 2017 to December 31, 2018 that is disclosed in the accompanying financial statements and supplemental schedule, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee of the Plan. Auditing procedures have not been performed on this information except to compare such information to the information included in the accompanying financial statements and supplemental schedule.

### (4) Present Value of Accumulated Plan Benefits

A consulting actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, termination or retirement) between the valuation date and the expected date of payment.

The present value of accumulated plan benefit information is summarized as follows:

|                                                            | <b>December 31</b>    |                       |
|------------------------------------------------------------|-----------------------|-----------------------|
|                                                            | <b>2018</b>           | <b>2017</b>           |
| Actuarial present value of accumulated plan benefits:      |                       |                       |
| Vested benefits:                                           |                       |                       |
| Participants currently receiving payments                  | \$ 127,281,555        | \$ 120,149,398        |
| Other participants                                         | 123,119,492           | 111,254,477           |
|                                                            | <u>250,401,047</u>    | <u>231,403,875</u>    |
| Nonvested benefits                                         | <u>16,931,986</u>     | <u>14,204,462</u>     |
| Total actuarial present value of accumulated plan benefits | <u>\$ 267,333,033</u> | <u>\$ 245,608,337</u> |

The changes in the actuarial present value of accumulated plan benefits are summarized as follows:

|                                                                              |                       |
|------------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits as of December 31, 2017 | \$ 245,608,337        |
| Actuarial loss                                                               | 4,377,451             |
| Additional benefits accumulated                                              | 9,241,943             |
| Interest due to decrease in the discount period                              | 20,192,589            |
| Benefits paid                                                                | (14,460,106)          |
| Assumption changes                                                           | <u>2,372,819</u>      |
| Actuarial present value of accumulated plan benefits as of December 31, 2018 | <u>\$ 267,333,033</u> |

## OHIO FARMERS INSURANCE COMPANY PENSION PLAN

### Notes to Financial Statements - Continued

December 31, 2018 and 2017

The significant actuarial assumptions used in the actuarial valuation of accumulated plan benefits were: (a) 2018 and 2017 life expectancy of participants based on the RP-2014 mortality tables using projection scales MP-2018 and MP-2017 required by the Internal Revenue Service (IRS) for 2018 and 2017 funding, respectively, (b) expected annual rates of retirement between the ages of 55 and 65, (c) employee turnover, which is based on expected data, and (d) interest rates used to discount the obligation of 8.00% for 2018 and 8.15% for 2017. For both 2018 and 2017, the Company elected to reduce the long-term mortality improvement assumption built into scales MP-2018 and MP-2017 which utilize long-term rates of improvement multiplied by 75% applied from 2006 forward.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2019 and 2018. Had the valuations been performed as of December 31, there would be no material difference.

#### (5) Fair Value Measurement

FASB ASC 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- *Level 1* - Values are unadjusted quoted prices for identical assets and liabilities in active markets accessible at the measurement date.
- *Level 2* - Inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves.
- *Level 3* - Certain inputs are unobservable (supported by little or no market activity) and significant to the fair value measurement. Unobservable inputs reflect the Plan's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Where fair value is provided by independent pricing services, the Plan has obtained an understanding of the methods, models and inputs used in pricing, and has controls in place to validate that amounts provided represent current fair values.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

*U.S. government securities and agency obligations:* Certain securities are valued at the closing price reported in the active market in which the security is traded. Other securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

## OHIO FARMERS INSURANCE COMPANY PENSION PLAN

### Notes to Financial Statements - Continued

December 31, 2018 and 2017

*Corporate (domestic and foreign) bonds and mortgage-backed securities:* Fair value for these securities is provided by independent pricing services. Typical inputs in valuation include but are not limited to discounted future cash flow models, benchmark yields, reported trades, broker-dealer quotes, issuer spreads, benchmark securities, bids, offers, reference data, and industry and economic events.

*Common stocks, preferred stocks:* Valued at the reported closing price on national exchanges as of the last business day of the Plan year.

*Mutual funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Money market fund:* Valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the SEC. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded. The money market fund seeks to preserve the value of the investment of \$1.00 per share.

*Partnership interests:* Interests in these investment vehicles, which are not actively traded through established exchange mechanisms, are valued by the general partner or investment manager whose portfolio holds the investment in a commingled fund. Investments are valued using the net asset value (NAV) per unit as determined by the investment manager. Such values are consistent with the values reported by the general partner or investment manager to other entities with ownership interests in the respective partnerships. The NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The majority of the Plan's financial assets are valued using independent pricing services. For those securities that are publicly traded, the pricing services provide closing market prices, which the Plan uses without adjustment. For those securities for which a market price is not available (i.e. debt instruments) the pricing services provide documentation on a monthly and annual basis detailing the methodology used in determining market prices. The Plan reviews this documentation to ensure that it understands how prices are developed and has confidence in assigning fair value hierarchy categorization.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables summarize investments measured at fair value based on net asset value (NAV) per share as of December 31, 2018 and 2017.

# OHIO FARMERS INSURANCE COMPANY PENSION PLAN

## Notes to Financial Statements - Continued

December 31, 2018 and 2017

| Fair value of investments that calculate NAV as of December 31, 2018 |                      |                      |                      |                          |
|----------------------------------------------------------------------|----------------------|----------------------|----------------------|--------------------------|
| Description                                                          | Fair Value           | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
| GoldPoint Partners Select Manager Fund III, LP (a)                   | \$ 9,820,221         | \$ 5,927,232         | See (a)              | See (a)                  |
| GoldPoint Mezzanine Partners IV, LP (a)                              | 7,240,543            | 3,422,281            | See (a)              | See (a)                  |
| GoldPoint Partners Co-Invest VI, LP (a)                              | 1,563,729            | 3,330,928            | See (a)              | See (a)                  |
| Pacific Private Feeder Fund II, LP (a)                               | 2,944,463            | 7,296,319            | See (a)              | See (a)                  |
|                                                                      | <u>\$ 21,568,956</u> | <u>\$ 19,976,760</u> |                      |                          |

| Fair value of investments that calculate NAV as of December 31, 2017 |                      |                      |                      |                          |
|----------------------------------------------------------------------|----------------------|----------------------|----------------------|--------------------------|
| Description                                                          | Fair Value           | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
| GoldPoint Partners Select Manager Fund III, LP (a)                   | \$ 6,263,648         | \$ 9,384,134         | See (a)              | See (a)                  |
| GoldPoint Mezzanine Partners IV, LP (a)                              | 4,496,415            | 10,552,060           | See (a)              | See (a)                  |
|                                                                      | <u>\$ 10,760,063</u> | <u>\$ 19,936,194</u> |                      |                          |

(a) This fund's objective is to make limited partnership investments in a select group of top performing private equity markets across many industries. The funds seek to develop deep and long term relationships with sponsors through advisory board participation, investments in successive funds over time, and significant ongoing interaction through direct equity co-investment and mezzanine activity. These are alternative investments in which the investor intends to hold the assets through the duration of the life of the fund. Typically, these investments are illiquid.

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# OHIO FARMERS INSURANCE COMPANY PENSION PLAN

## Notes to Financial Statements - Continued

December 31, 2018 and 2017

The following tables provide information as of December 31, 2018 and 2017 about the Plan's financial assets measured at fair value.

| Description                                               | Total          | Assets at Fair Value as of December 31, 2018 |                |         |
|-----------------------------------------------------------|----------------|----------------------------------------------|----------------|---------|
|                                                           |                | Level 1                                      | Level 2        | Level 3 |
| Assets at fair value:                                     |                |                                              |                |         |
| Investments held for pension benefit obligations:         |                |                                              |                |         |
| U.S. government and agency obligations                    | \$ 92,439,055  | \$ 32,364,409                                | 60,074,646     | \$ —    |
| Corporate bonds                                           | 62,372,758     | —                                            | 62,372,758     | —       |
| Common stocks                                             | 165,378,745    | 165,378,745                                  | —              | —       |
| Mutual funds                                              | 54,904,114     | 54,904,114                                   | —              | —       |
| Money market fund                                         | 2,036,307      | 2,036,307                                    | —              | —       |
| Subtotal investments held for pension benefit obligations | 377,130,979    | 254,683,575                                  | 122,447,404    | —       |
| OFIC Group Health Benefit Plan 401 (h):                   |                |                                              |                |         |
| Mutual funds                                              | 21,184,984     | 21,184,984                                   | —              | —       |
| Subtotal OFIC Group Health Benefit Plan 401 (h)           | 21,184,984     | 21,184,984                                   | —              | —       |
| Total assets in fair value hierarchy                      | 398,315,963    | 275,868,559                                  | 122,447,404    | —       |
| Partnership Investments measured at NAV *                 | 21,568,956     | —                                            | —              | —       |
| Total assets at fair value                                | \$ 419,884,919 | \$ 275,868,559                               | \$ 122,447,404 | \$ —    |

\* Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

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# OHIO FARMERS INSURANCE COMPANY PENSION PLAN

## Notes to Financial Statements - Continued

December 31, 2018 and 2017

| Description                                               | Total          | Assets at Fair Value as of December 31, 2017 |                |         |
|-----------------------------------------------------------|----------------|----------------------------------------------|----------------|---------|
|                                                           |                | Level 1                                      | Level 2        | Level 3 |
| Assets at fair value:                                     |                |                                              |                |         |
| Investments held for pension benefit obligations:         |                |                                              |                |         |
| U.S. government and agency obligations                    | \$ 83,359,105  | \$ 29,192,421                                | \$ 54,166,684  | \$ —    |
| Corporate bonds                                           | 64,175,052     | —                                            | 64,175,052     | —       |
| Common stocks                                             | 182,016,497    | 182,016,497                                  | —              | —       |
| Mutual funds                                              | 64,403,478     | 64,403,478                                   | —              | —       |
| Money market fund                                         | 3,193,235      | 3,193,235                                    | —              | —       |
| Subtotal investments held for pension benefit obligations | 397,147,367    | 278,805,631                                  | 118,341,736    | —       |
| OFIC Group Health Benefit Plan 401 (h):                   |                |                                              |                |         |
| Mutual funds                                              | 24,082,652     | 24,082,652                                   | —              | —       |
| Money market funds                                        | 327            | 327                                          | —              | —       |
| Subtotal OFIC Group Health Benefit Plan 401 (h)           | 24,082,979     | 24,082,979                                   | —              | —       |
| Total assets in fair value hierarchy                      | 421,230,346    | 302,888,610                                  | 118,341,736    | —       |
| Partnership Investments measured at NAV *                 | 10,760,063     | —                                            | —              | —       |
| Total assets at fair value                                | \$ 431,990,409 | \$ 302,888,610                               | \$ 118,341,736 | \$ —    |

\* Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

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# OHIO FARMERS INSURANCE COMPANY PENSION PLAN

## Notes to Financial Statements - Continued

December 31, 2018 and 2017

Reclassifications impacting level 3 financial instruments are reported as transfers in (out) of the level 3 category as of the beginning of the periods in which the transfer occurs. There were no transfers in or out of level 3 in 2018 and 2017.

### (6) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2018 and 2017 to the Form 5500:

|                                                                                             | <u>2018</u>           | <u>2017</u>           |
|---------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per accompanying financial statements                     | \$ 407,301,270        | \$ 429,809,128        |
| Net assets held for Ohio Farmers Insurance Company Group Health Benefit Plan 401(h) account | <u>20,989,626</u>     | <u>23,949,131</u>     |
| Net assets available for benefits per the Form 5500                                         | <u>\$ 428,290,896</u> | <u>\$ 453,758,259</u> |

The net assets of the 401(h) account included in Form 5500 are not available to pay pension benefits but can be used only to pay retiree health and welfare benefits as described in Note 2(c).

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the 2018 Form 5500 for the year ended December 31, 2018:

|                                               | <u>Amount per<br/>accompanying<br/>financial<br/>statements</u> | <u>Assets held<br/>for Group<br/>Health Benefit<br/>Plan 401(h)</u> | <u>Assets held<br/>for<br/>Voluntary<br/>Accounts</u> | <u>Amount per<br/>Form 5500</u> |
|-----------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------|---------------------------------|
| Additions/reductions:                         |                                                                 |                                                                     |                                                       |                                 |
| Company contributions                         | \$ 5,700,000                                                    | \$ —                                                                | \$ —                                                  | \$ 5,700,000                    |
| Interest and dividend income                  | 14,521,034                                                      | 583,623                                                             | —                                                     | 15,104,657                      |
| Net depreciation in fair value of investments | (27,738,052)                                                    | (1,967,259)                                                         | —                                                     | (29,705,311)                    |
| Miscellaneous income                          | <u>(1)</u>                                                      | <u>8</u>                                                            | <u>—</u>                                              | <u>7</u>                        |
| Net additions/(reductions)                    | (7,517,019)                                                     | (1,383,628)                                                         | —                                                     | (8,900,647)                     |
| Deductions:                                   |                                                                 |                                                                     |                                                       |                                 |
| Benefits paid to participants                 | 14,460,106                                                      | 1,374,985                                                           | —                                                     | 15,835,091                      |
| Administrative expenses                       | <u>530,733</u>                                                  | <u>200,892</u>                                                      | <u>—</u>                                              | <u>731,625</u>                  |
| Total deductions                              | <u>14,990,839</u>                                               | <u>1,575,877</u>                                                    | <u>—</u>                                              | <u>16,566,716</u>               |
| Net increase (decrease)                       | <u>\$ (22,507,858)</u>                                          | <u>\$ (2,959,505)</u>                                               | <u>\$ —</u>                                           | <u>\$ (25,467,363)</u>          |

# OHIO FARMERS INSURANCE COMPANY PENSION PLAN

## Notes to Financial Statements - Continued

December 31, 2018 and 2017

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the 2017 Form 5500 for the year ended December 31, 2017:

|                                                  | Amount per<br>accompanying<br>financial<br>statements | Assets held<br>for Group<br>Health Benefit<br>Plan 401(h) | Assets held<br>for<br>Voluntary<br>Accounts | Amount per<br>Form 5500 |
|--------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------|-------------------------|
| Additions:                                       |                                                       |                                                           |                                             |                         |
| Company contributions                            | \$ 35,800,000                                         | \$ —                                                      | \$ —                                        | \$ 35,800,000           |
| Interest and dividend income                     | 14,171,862                                            | 571,872                                                   | 34,519                                      | 14,778,253              |
| Net appreciation in fair<br>value of investments | 36,177,037                                            | 2,640,195                                                 | 225,394                                     | 39,042,626              |
| Miscellaneous income                             | 1,038                                                 | 23                                                        | —                                           | 1,061                   |
| Total additions                                  | 86,149,937                                            | 3,212,090                                                 | 259,913                                     | 89,621,940              |
| Deductions:                                      |                                                       |                                                           |                                             |                         |
| Benefits paid to participants                    | 13,796,973                                            | 2,054,764                                                 | 3,254,807                                   | 19,106,544              |
| Administrative expenses                          | 467,883                                               | 197,276                                                   | —                                           | 665,159                 |
| Total deductions                                 | 14,264,856                                            | 2,252,040                                                 | 3,254,807                                   | 19,771,703              |
| Net increase (decrease)                          | \$ 71,885,081                                         | \$ 960,050                                                | \$ (2,994,894)                              | \$ 69,850,237           |

### (7) Plan Amendment

The benefit payable to or on behalf of a participant included under the Plan shall not be affected by the terms of any amendment to the Plan adopted after the participant's employment terminates, unless the amendment expressly provides otherwise.

### (8) Transactions with Parties-in-interest

The Company provides to the Plan certain investment management services and administrative services for which no fees are charged.

Certain Plan investments are held by the asset custodians who manage those investments, which qualify as party-in-interest transactions.

### (9) Tax Status

The Plan received a determination letter from the IRS dated January 20, 2017 stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and is, therefore, exempt from taxation. Subsequent to the issuance of this determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The BAC believes the Plan is designed and being operated in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the federal or state taxing authorities. The Plan administrator has analyzed tax positions taken by the Plan, and has concluded that as of December 31, 2018 and 2017, there are no uncertain tax positions taken or expected

# OHIO FARMERS INSURANCE COMPANY PENSION PLAN

## Notes to Financial Statements

December 31, 2018 and 2017

to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### (10) Refundable Voluntary Accounts

Refundable voluntary accounts activity is summarized as follows:

|                                               | Years ended December 31 |              |
|-----------------------------------------------|-------------------------|--------------|
|                                               | 2018                    | 2017         |
| Balance at beginning of year                  | \$ —                    | \$ 2,994,894 |
| Withdrawals                                   | —                       | (3,254,807)  |
| Dividend income reinvested                    | —                       | 34,519       |
| Net appreciation in fair value of investments | —                       | 225,394      |
| Balance at end of year                        | \$ —                    | \$ —         |

### (11) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

For cash management purposes, the Plan concentrates its cash holdings in a single account at Fifth Third Bank. The balance in this account may exceed the federally insured limit of \$250,000 by the Federal Deposit Insurance Corporation in case of bank failure. At December 31, 2018 and 2017, the Plan had \$971,348 and \$908,837, respectively, in excess of the insurance limit on deposit at this bank.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

### (12) Subsequent Events

The Plan has evaluated subsequent events through July 30, 2019, the date the financial statements were available to be issued.

Effective August 1, 2019, the Plan was amended to allow certain deferred vested participants to elect during the period from August 1, 2019 through November 15, 2019 to commence a lump sum form of payment on December 1, 2019. The amendment could result in a material reduction in both Plan liabilities and assets, depending on the number of participants who elect to receive a lump sum distribution.

**OHIO FARMERS INSURANCE COMPANY PENSION PLAN**

EIN: 34-0438190

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2018

| (a)                                                                     | (b)                                                                                                           | (c)           | (d)              | (e) |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------|------------------|-----|
| Identity of issue, borrower,<br>lessor, or similar party                | Description of investment<br>including maturity date, rate of interest,<br>collateral, par, or maturity value | Cost          | Current<br>value |     |
| U.S. Government and agency obligations:                                 |                                                                                                               |               |                  |     |
| Fannie Mae 08/01/12 3.000 09/25/27 Ser 2012-100 Cl Ac                   |                                                                                                               | \$ 1,730,662  | \$ 1,635,287     |     |
| Fannie Mae 04/01/13 3.000 07/25/42 Ser 2013-41 Cl Ph                    |                                                                                                               | 2,040,625     | 1,961,660        |     |
| Fannie Mae 06/01/13 3.000 07/25/43 Ser 2013-77 Cl Cy                    |                                                                                                               | 2,060,469     | 1,956,980        |     |
| Fannie Mae 07/01/13 4.000 07/25/32 Ser 2013-80 Cl Bv                    |                                                                                                               | 1,042,500     | 1,016,500        |     |
| Fannie Mae 11/01/14 3.000 11/25/40 Ser 2014-84 Cl Db                    |                                                                                                               | 2,059,688     | 1,953,780        |     |
| Fannie Mae 05/01/15 3.500 05/25/45 Ser 2015-40 Cl Gt                    |                                                                                                               | 2,511,000     | 2,394,048        |     |
| FNMA REMIC Trust 01/01/17 3.500 04/25/45 Ser 2017-01 Cl Mp              |                                                                                                               | 2,174,156     | 2,059,428        |     |
| Freddie Mac 02/01/12 3.500 01/15/42 Ser 4000 Cl Vh                      |                                                                                                               | 1,858,031     | 1,800,612        |     |
| Federal Home Ln Mtg Corp 09/01/14 3.500 08/15/43                        |                                                                                                               | 5,385,953     | 5,056,900        |     |
| Freddie Mac 02/01/15 3.000 01/15/41 Ser 4444 Cl Ce                      |                                                                                                               | 1,705,728     | 1,590,816        |     |
| FHR 4548 Vb 01/01/16 3.500 11/15/35                                     |                                                                                                               | 2,075,000     | 2,028,000        |     |
| Freddie Mac 01/01/18 3.500 12/15/40 Ser 4753 Cl Qv                      |                                                                                                               | 1,542,459     | 1,523,151        |     |
| Ginnie Mae 09/01/10 4.000 09/20/40 Ser 2010-113 Cl Pe                   |                                                                                                               | 3,251,250     | 3,070,260        |     |
| Government Natl Mtg Assn Gtd 08/01/13 3.000 05/20/43 Ser 2013-113 Cl Ly |                                                                                                               | 1,334,125     | 1,236,196        |     |
| Ginnie Mae 02/01/16 3.000 02/20/46 Ser 2016-19 Cl Ac                    |                                                                                                               | 2,839,688     | 2,852,190        |     |
| Ginnie Mae 02/01/18 3.000 02/20/48 Ser 2018-021 Cl Lc                   |                                                                                                               | 2,527,076     | 2,542,435        |     |
| Ginnie Mae 02/01/18 3.000 02/20/48 Ser 2018-031 Cl Jy                   |                                                                                                               | 1,506,636     | 1,502,918        |     |
| U S Treasury Bond 08/15/09 4.500 08/15/39                               |                                                                                                               | 4,196,398     | 4,174,670        |     |
| United States Treas Bds 11/15/10 4.250 11/15/40                         |                                                                                                               | 8,663,031     | 8,459,080        |     |
| U S Treasury N/B 02/15/11 4.750 02/15/41                                |                                                                                                               | 6,534,617     | 6,267,316        |     |
| United States Treas Bds 05/15/12 3.000 05/15/42                         |                                                                                                               | 6,074,328     | 5,941,469        |     |
| United States Treas Bds 02/15/15 2.500 02/15/45                         |                                                                                                               | 7,506,313     | 7,521,875        |     |
| Federal Farm Credit Bank 04/17/06 5.410 04/17/36                        |                                                                                                               | 1,322,180     | 1,245,530        |     |
| Federal Farm Credit Bank 06/29/17 2.950 06/29/33                        |                                                                                                               | 3,613,193     | 3,495,094        |     |
| Federal Home Loan Bank 7/17/2006 5.500 7/15/2036                        |                                                                                                               | 6,312,330     | 6,428,900        |     |
| Freddie Mac 11/22/99 6.750 09/15/29                                     |                                                                                                               | 1,893,270     | 2,001,855        |     |
| Fannie Mae 09/26/97 6.090 09/27/27                                      |                                                                                                               | 6,839,050     | 6,181,100        |     |
| Tennessee Valley Auth Pwr 01/15/98 6.150 01/15/38                       |                                                                                                               | 1,723,305     | 2,036,265        |     |
| Tennessee Valley Auth 09/22/09 5.250 09/15/39                           |                                                                                                               | 2,593,880     | 2,504,740        |     |
| Total U.S. Government and agency obligations                            |                                                                                                               | \$ 94,916,941 | \$ 92,439,055    |     |
| Corporate bonds:                                                        |                                                                                                               |               |                  |     |
| AstraZeneca PLC 09/12/07 6.450 09/15/37                                 |                                                                                                               | \$ 1,133,010  | \$ 1,192,620     |     |
| Inter Amern Dev Bk Dtd 6/12/95 7% Due 6/15/25                           |                                                                                                               | 1,910,175     | 1,829,190        |     |
| International Bk For Recon & Dev 02/09/05 4.750 02/15/35                |                                                                                                               | 1,858,170     | 1,802,415        |     |
| Israel St 09/18/03 5.500 09/18/33                                       |                                                                                                               | 3,901,950     | 3,808,080        |     |
| Shell International Fin 12/11/08 6.375 12/15/38                         |                                                                                                               | 3,105,685     | 3,158,425        |     |
| Statoil ASA 08/17/10 5.100 08/17/40                                     |                                                                                                               | 1,827,310     | 1,651,170        |     |
| Anheuser-Busch Inbev 02/05/10 6.375 01/15/40                            |                                                                                                               | 2,636,550     | 2,145,200        |     |
| Apple Inc 05/03/13 3.850 05/04/43                                       |                                                                                                               | 2,937,899     | 2,840,940        |     |
| Baker Hughes Inc Sr Gbl Nt 07/15/99 6.875 01/15/29                      |                                                                                                               | 984,100       | 1,181,860        |     |
| Banc One Corp Sub Gbl Deb 04/29/1997 8.000 04/29/2027                   |                                                                                                               | 726,320       | 857,962          |     |
| Boeing Co 07/28/09 5.875 02/15/40                                       |                                                                                                               | 2,671,760     | 2,487,780        |     |
| Bristol Myers Squibb Co 05/01/08 6.125 05/01/38                         |                                                                                                               | 1,345,810     | 1,233,190        |     |
| Bristol Myers Squibb Co 10/31/13 4.500 03/01/44                         |                                                                                                               | 1,073,550     | 1,049,120        |     |
| Carolina Pwr & Lt Co 1St Mtg Bd 09/11/03 6.125 09/15/33                 |                                                                                                               | 1,117,980     | 1,186,180        |     |
| Conoco Inc 04/20/99 6.950 04/15/29                                      |                                                                                                               | 1,706,198     | 1,854,765        |     |
| Internation Business Machs Sr Nt 11/30/09 5.600 11/30/39                |                                                                                                               | 1,271,880     | 1,108,430        |     |
| Johnson & Johnson 08/16/07 5.950 08/15/37                               |                                                                                                               | 3,848,894     | 3,556,686        |     |
| Kimberly Clark Corp Deb 6.375% 01/01/2028                               |                                                                                                               | 422,848       | 473,904          |     |
| Lilly Eli & Co 02/25/14 4.650 06/15/44                                  |                                                                                                               | 2,304,170     | 2,169,240        |     |
| Merck & Co Inc Sr Gbl Deb 11/30/98 5.950 12/01/28                       |                                                                                                               | 1,684,500     | 1,792,425        |     |
| Microsoft Corp Nt 11/07/12 3.500 11/15/42                               |                                                                                                               | 2,418,523     | 2,465,083        |     |
| Microsoft Corp 08/08/16 3.450 08/08/36                                  |                                                                                                               | 969,728       | 941,860          |     |
| Monsanto Co New Sr Nt 11/07/13 4.650 11/15/43                           |                                                                                                               | 1,110,920     | 847,850          |     |
| Northern Sts Pwr Co Minn 1St Mtg 03/01/98 6.500 03/01/28                |                                                                                                               | 2,092,423     | 1,781,703        |     |

**OHIO FARMERS INSURANCE COMPANY PENSION PLAN**

EIN: 34-0438190

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2018

| (a)                                                      | (b)                                                                                                           | (c) | (d)           | (e)              |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----|---------------|------------------|
| Identity of issue, borrower,<br>lessor, or similar party | Description of investment<br>including maturity date, rate of interest,<br>collateral, par, or maturity value |     | Cost          | Current<br>value |
| Northern Sts Pwr Co Minn                                 | 07/21/05 5.250 07/15/35                                                                                       |     | \$ 1,191,110  | \$ 1,119,420     |
| Oracle Corp                                              | 04/09/08 6.500 04/15/38                                                                                       |     | 2,437,680     | 2,490,100        |
| PacifiCorp                                               | 06/13/05 5.250 06/15/35                                                                                       |     | 2,368,220     | 2,230,180        |
| PepsiCo Inc Sr Nt                                        | 01/14/10 5.500 01/15/40                                                                                       |     | 1,854,837     | 1,797,150        |
| Phillips 66 Gtd Sr Nt                                    | 12/14/12 5.875 05/01/42                                                                                       |     | 1,186,410     | 1,091,710        |
| Texaco Cap Inc Gtd Deb Dtd                               | 08/01/1992 08.000% 08/01/2032                                                                                 |     | 1,297,560     | 1,430,020        |
| 3M Co Mtn                                                | 03/29/07 5.700 03/15/37                                                                                       |     | 1,841,265     | 1,828,050        |
| United Technologies Corp                                 | 05/16/08 6.125 07/15/38                                                                                       |     | 2,619,730     | 2,291,440        |
| Wachovia Bank Na                                         | 1/29/2007 5.850 2/1/2037                                                                                      |     | 1,304,680     | 1,129,270        |
| Wells Fargo Bk Natl Assn                                 | 08/29/06 5.950 08/26/36                                                                                       |     | 1,233,260     | 1,150,800        |
| Wyeth                                                    | 03/27/07 5.950 04/01/37                                                                                       |     | 2,403,700     | 2,398,540        |
| Total Corporate bonds                                    |                                                                                                               |     | \$ 64,798,805 | \$ 62,372,758    |
| Common stocks:                                           |                                                                                                               |     |               |                  |
| AT&T Inc                                                 |                                                                                                               |     | \$ 1,243,361  | \$ 1,484,080     |
| AbbVie Inc                                               |                                                                                                               |     | 1,189,223     | 4,379,025        |
| Amgen Inc                                                |                                                                                                               |     | 3,081,792     | 4,516,344        |
| Apple Inc                                                |                                                                                                               |     | 2,820,251     | 4,416,720        |
| B B & T Corporation                                      |                                                                                                               |     | 3,575,130     | 3,942,120        |
| BP PLC Adr                                               |                                                                                                               |     | 3,342,121     | 3,374,880        |
| Becton Dickinson & Co                                    |                                                                                                               |     | 691,148       | 3,379,800        |
| Blackrock, Inc                                           |                                                                                                               |     | 2,226,314     | 3,692,508        |
| Chevron Corporation                                      |                                                                                                               |     | 2,245,634     | 4,242,810        |
| Cinemark Hldgs Inc                                       |                                                                                                               |     | 1,320,367     | 1,933,200        |
| Cisco Systems Inc                                        |                                                                                                               |     | 2,157,142     | 5,286,260        |
| Clorox Co                                                |                                                                                                               |     | 1,412,726     | 3,236,940        |
| Coca Cola Co                                             |                                                                                                               |     | 1,763,374     | 3,693,300        |
| ConocoPhillips                                           |                                                                                                               |     | 3,655,242     | 4,426,850        |
| Ecolab Inc                                               |                                                                                                               |     | 1,383,016     | 2,210,250        |
| Emerson Elec Co                                          |                                                                                                               |     | 2,277,997     | 3,226,500        |
| Gentex Corp                                              |                                                                                                               |     | 1,853,305     | 2,489,872        |
| Genuine Parts Co                                         |                                                                                                               |     | 895,943       | 2,592,540        |
| Intel Corp                                               |                                                                                                               |     | 1,815,404     | 4,317,560        |
| JPMorgan Chase & Co                                      |                                                                                                               |     | 3,620,491     | 3,611,940        |
| Johnson & Johnson                                        |                                                                                                               |     | 1,309,494     | 3,871,500        |
| McDonalds Corp                                           |                                                                                                               |     | 1,232,921     | 4,084,110        |
| Merck & Co Inc                                           |                                                                                                               |     | 2,267,948     | 4,355,370        |
| Microsoft Corp                                           |                                                                                                               |     | 909,181       | 5,078,500        |
| Nutrien Ltd                                              |                                                                                                               |     | 1,018,256     | 940,000          |
| Occidental Pete Corp                                     |                                                                                                               |     | 2,197,809     | 1,780,020        |
| PepsiCo Inc                                              |                                                                                                               |     | 1,550,709     | 3,922,040        |
| Pfizer Inc                                               |                                                                                                               |     | 2,179,127     | 5,019,750        |
| T Rowe Price Group Inc                                   |                                                                                                               |     | 2,031,896     | 4,246,720        |
| Procter & Gamble Co                                      |                                                                                                               |     | 1,401,107     | 3,217,200        |
| Qualcomm Inc                                             |                                                                                                               |     | 3,697,007     | 3,528,420        |
| Raytheon Co                                              |                                                                                                               |     | 719,435       | 2,223,575        |
| Royal Dutch Shell PLC Cl A Adr                           |                                                                                                               |     | 2,769,970     | 3,146,580        |
| Schlumberger Ltd                                         |                                                                                                               |     | 2,037,778     | 1,071,576        |
| Southern Co                                              |                                                                                                               |     | 1,873,879     | 2,196,000        |
| Sysco Corp                                               |                                                                                                               |     | 1,303,378     | 2,819,700        |
| 3M Co                                                    |                                                                                                               |     | 748,734       | 2,762,830        |
| US Bancorp Del                                           |                                                                                                               |     | 2,657,442     | 3,701,700        |
| United Parcel Svc Inc                                    |                                                                                                               |     | 3,705,797     | 3,511,080        |
| United Technologies Corp                                 |                                                                                                               |     | 3,673,192     | 3,513,840        |

**OHIO FARMERS INSURANCE COMPANY PENSION PLAN**

EIN: 34-0438190

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2018

| (a) | (b)                                                              | (c)                                                                                                                    | (d)            | (e)                      |
|-----|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|
|     | <b>Identity of issue, borrower,<br/>lessor, or similar party</b> | <b>Description of investment<br/>including maturity date, rate of interest,<br/>collateral, par, or maturity value</b> | <b>Cost</b>    | <b>Current<br/>value</b> |
|     | Verizon Communications Inc                                       |                                                                                                                        | \$ 1,837,691   | \$ 2,811,000             |
|     | Walgreens Boots Alliance Inc                                     |                                                                                                                        | 1,429,342      | 3,348,170                |
|     | Wells Fargo & Company                                            |                                                                                                                        | 2,547,739      | 3,133,440                |
|     | Yum! Brands Inc                                                  |                                                                                                                        | 1,770,062      | 3,079,320                |
|     | Accenture PLC Class A                                            |                                                                                                                        | 1,264,472      | 4,018,785                |
|     | Eaton Corp PLC Shs                                               |                                                                                                                        | 2,585,454      | 3,295,680                |
|     | Lazard Ltd                                                       |                                                                                                                        | 3,088,965      | 2,436,060                |
|     | Linde PLC Com                                                    |                                                                                                                        | 4,086,375      | 3,901,000                |
|     | Medtronic PLC Sedol Btn1Y11 Isin Ic00Btn1Y115                    |                                                                                                                        | 3,266,065      | 3,911,280                |
|     | Total Common stocks                                              |                                                                                                                        | \$ 103,731,206 | \$ 165,378,745           |
|     | Partnerships:                                                    |                                                                                                                        |                |                          |
|     | Goldpoint Partners Select Manager Fund III, LP                   |                                                                                                                        | \$ 8,004,966   | \$ 9,820,221             |
|     | Goldpoint Mezzanine Partners IV                                  |                                                                                                                        | 6,649,858      | 7,240,543                |
|     | Goldpoint Partners Co-Investment VI, LP                          |                                                                                                                        | 1,640,232      | 1,563,729                |
|     | Pacific Private Feeder Fund II LP                                |                                                                                                                        | 2,791,252      | 2,944,463                |
|     | Total Partnership Investments                                    |                                                                                                                        | \$ 19,086,308  | \$ 21,568,956            |
|     | Mutual funds:                                                    |                                                                                                                        |                |                          |
|     | iShares Msci Emerging Mkts Ind F                                 |                                                                                                                        | \$ 856,676     | \$ 1,019,466             |
|     | iShares Msci Eafe Index Fd                                       |                                                                                                                        | 2,933,376      | 2,939,000                |
|     | iShares Tr Msci Acjpn Idx                                        |                                                                                                                        | 1,064,043      | 889,420                  |
|     | iShares Msci Eafe Value Inx                                      |                                                                                                                        | 2,747,369      | 2,554,930                |
|     | iShares Msci Eafe Growth Inx                                     |                                                                                                                        | 1,640,577      | 2,072,100                |
|     | Spdr S&P Intl Small Cap Etf Smlcp                                |                                                                                                                        | 2,351,382      | 2,373,200                |
|     | Spdr S&P Midcap 400 Etf Tr                                       |                                                                                                                        | 3,045,539      | 3,783,375                |
|     | Vanguard FTSE All-World Ex-U                                     |                                                                                                                        | 962,873        | 911,600                  |
|     | Vanguard FTSE Emerging Markets Etf                               |                                                                                                                        | 3,445,206      | 3,162,300                |
|     | Wisdomtree Trust Emg Mkts Sm Cp                                  |                                                                                                                        | 1,124,050      | 1,005,360                |
|     | Wisdomtree Global Ex-U.S. Quality Dividend Growth Fund           |                                                                                                                        | 1,729,755      | 1,001,970                |
|     | Janus Henderson Triton Fund N Shares                             |                                                                                                                        | 12,000,000     | 12,740,679               |
|     | MFS Mid Cap Value Fund R6                                        |                                                                                                                        | 7,000,000      | 6,645,316                |
|     | Funds Altegris/Aaca Opportunistic Real Estt I                    |                                                                                                                        | 1,000,000      | 812,862                  |
|     | T Rowe Price International Stock                                 |                                                                                                                        | 2,295,317      | 2,381,410                |
|     | Thornburg Invt Tr Intl Value Fd                                  |                                                                                                                        | 5,675,000      | 4,007,928                |
|     | Wells Fargo Special Midcap Value Fund:Institutional Class        |                                                                                                                        | 7,000,000      | 6,603,198                |
|     | Total Mutual funds                                               |                                                                                                                        | \$ 56,871,163  | \$ 54,904,114            |
|     | Money Market Fund:                                               |                                                                                                                        |                |                          |
|     | Federated Government Obligation Institutional Shares             |                                                                                                                        | \$ 2,036,307   | \$ 2,036,307             |
|     | Total Pension account investments                                |                                                                                                                        | \$ 341,440,730 | \$ 398,699,935           |

**OHIO FARMERS INSURANCE COMPANY PENSION PLAN**

EIN: 34-0438190

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2018

| (a)                                                   | (b)                                                              | (c)                                                                                                                    | (d)                          | (e)                          |
|-------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
|                                                       | <b>Identity of issue, borrower,<br/>lessor, or similar party</b> | <b>Description of investment<br/>including maturity date, rate of interest,<br/>collateral, par, or maturity value</b> | <b>Cost</b>                  | <b>Current<br/>value</b>     |
| <b>Assets Held for Ohio Farmers Insurance Company</b> |                                                                  |                                                                                                                        |                              |                              |
| <b>Group Health Benefit Plan (401(h) Account):</b>    |                                                                  |                                                                                                                        |                              |                              |
| Mutual funds:                                         |                                                                  |                                                                                                                        |                              |                              |
|                                                       | Vanguard REIT Index Fund-Adm                                     |                                                                                                                        | \$ 1,420,276                 | \$ 2,292,833                 |
|                                                       | Vanguard Total International Stock Index Fd #113                 |                                                                                                                        | 2,075,667                    | 2,300,004                    |
|                                                       | Vanguard Mid Cap Index Adm                                       |                                                                                                                        | 2,093,370                    | 3,908,165                    |
|                                                       | Vanguard Smallcap Index Fd Adm                                   |                                                                                                                        | 1,254,442                    | 2,506,750                    |
|                                                       | Vanguard Total Stock Market Idx Inst #855                        |                                                                                                                        | 2,320,484                    | 3,843,802                    |
|                                                       | Vanguard Long-Term Bond                                          |                                                                                                                        | 2,254,943                    | 2,100,067                    |
|                                                       | Vanguard Total Bond Market                                       |                                                                                                                        | 4,240,385                    | 4,233,363                    |
|                                                       | Total Mutual funds                                               |                                                                                                                        | \$ <u>15,659,567</u>         | \$ <u>21,184,984</u>         |
|                                                       | Total 401(h) account investments                                 |                                                                                                                        | \$ 15,659,567                | \$ 21,184,984                |
|                                                       | Total                                                            |                                                                                                                        | \$ <u><u>357,100,297</u></u> | \$ <u><u>419,884,919</u></u> |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2018

| Attained Age | Attained Years of Credited Service <sup>1</sup> |        |        |        |        |        |         |        |        |           | Total  |
|--------------|-------------------------------------------------|--------|--------|--------|--------|--------|---------|--------|--------|-----------|--------|
|              | Under 1                                         | 1-4    | 5-9    | 10-14  | 15-19  | 20-24  | 25-29   | 30-34  | 35-39  | 40 & Over |        |
| Under 25     | 68                                              | 58     | 0      | 0      | 0      | 0      | 0       | 0      | 0      | 0         | 126    |
|              | 31,503                                          | 38,578 |        |        |        |        |         |        |        |           | 34,760 |
| 25-29        | 53                                              | 143    | 29     | 0      | 0      | 0      | 0       | 0      | 0      | 0         | 225    |
|              | 42,892                                          | 48,047 | 61,520 |        |        |        |         |        |        |           | 48,570 |
| 30-34        | 37                                              | 110    | 71     | 24     | 2      | 0      | 0       | 0      | 0      | 0         | 244    |
|              | 59,816                                          | 59,060 | 67,919 | 79,055 |        |        |         |        |        |           | 63,800 |
| 35-39        | 37                                              | 107    | 64     | 54     | 33     | 4      | 0       | 0      | 0      | 0         | 299    |
|              | 58,040                                          | 66,375 | 80,197 | 90,103 | 71,276 |        |         |        |        |           | 72,975 |
| 40-44        | 24                                              | 73     | 51     | 45     | 36     | 30     | 1       | 0      | 0      | 0         | 260    |
|              | 76,700                                          | 67,185 | 79,149 | 92,883 | 88,863 | 80,203 |         |        |        |           | 79,231 |
| 45-49        | 33                                              | 87     | 62     | 59     | 61     | 59     | 26      | 3      | 0      | 0         | 390    |
|              | 68,813                                          | 69,761 | 64,608 | 92,793 | 93,758 | 98,057 | 93,670  |        |        |           | 81,879 |
| 50-54        | 27                                              | 91     | 58     | 73     | 57     | 47     | 39      | 38     | 3      | 0         | 433    |
|              | 85,236                                          | 73,803 | 80,381 | 88,221 | 79,760 | 91,997 | 118,527 | 89,044 |        |           | 85,809 |
| 55-59        | 16                                              | 50     | 51     | 55     | 54     | 46     | 21      | 34     | 41     | 8         | 376    |
|              |                                                 | 70,169 | 75,631 | 92,443 | 73,803 | 82,499 | 68,829  | 84,826 | 61,168 |           | 75,762 |
| 60-64        | 14                                              | 29     | 18     | 37     | 44     | 26     | 18      | 9      | 13     | 16        | 224    |
|              |                                                 | 64,616 |        | 82,675 | 62,328 | 66,458 |         |        |        |           | 71,063 |
| 65-69        | 5                                               | 11     | 5      | 9      | 14     | 3      | 8       | 2      | 6      | 5         | 68     |
|              |                                                 |        |        |        |        |        |         |        |        |           | 71,399 |
| 70 & over    | 7                                               | 1      | 1      | 3      | 1      | 2      | 0       | 0      | 1      | 0         | 16     |
|              |                                                 |        |        |        |        |        |         |        |        |           |        |
| Total        | 321                                             | 760    | 410    | 359    | 302    | 217    | 113     | 86     | 64     | 29        | 2,661  |
|              | 52,858                                          | 61,068 | 72,864 | 89,024 | 78,683 | 86,069 | 91,049  | 86,882 | 71,704 | 73,910    | 72,208 |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Ohio Farmers Insurance Company Pension Plan  
 EIN / PN: 34-0438190/001  
 Plan Sponsor: Ohio Farmers Insurance Company  
 Valuation Date: January 1, 2018

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### 1. Assumptions and methods for contribution purposes

#### Actuarial Assumptions and Methods — Contributions

##### Economic Assumptions

Interest rate basis:

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates:

|                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| ■ First segment rate      | 3.92%                   | 1.81%                       |
| ■ Second segment rate     | 5.52%                   | 3.68%                       |
| ■ Third segment rate      | 6.29%                   | 4.53%                       |
| ■ Effective interest rate | 5.79%                   | 4.06%                       |

Annual rates of increase

- Salaries: 3.00%
- Future Social Security wage bases 3.00%

Expected return on assets discount rate 8.15%

Plan Name: Ohio Farmers Insurance Company Pension Plan  
EIN / PN: 34-0438190/001  
Plan Sponsor: Ohio Farmers Insurance Company  
Valuation Date: January 1, 2018

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

|                           |                                                                                                                                                                                                                                                                                    |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inclusion date            | The valuation date coincident with or next following the date on which the employee is hired.                                                                                                                                                                                      |
| New or rehired employees  | It was assumed there will be no new or rehired employees.                                                                                                                                                                                                                          |
| Mortality – Contributions | Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2025 using Scale AA). |

Termination Rates varying by age and service.

### Representative Termination Rates

#### Percentage leaving during the year

| Attained Age | Years of Service |      |      |
|--------------|------------------|------|------|
|              | <5               | 5-10 | 10+  |
| <45          | 10.0%            | 7.5% | 3.0% |
| 45 – 49      | 10.0%            | 7.5% | 2.0% |
| 50 – 54      | 10.0%            | 7.5% | 1.0% |
| 55 – 64      | 10.0%            | 7.5% | 0.0% |

Retirement Rates varying by age and service. If the participant is eligible for Rule of 90 early retirement benefits, retirement within the year is considered more likely.

#### Percentage retirement during the year

| Age   | Normal Rates | Rule of 90 Rates | 40+ Years of Service |
|-------|--------------|------------------|----------------------|
| 55    | 5%           | 10%              | 10%                  |
| 56-59 | 5%           | 5%               | 5%                   |
| 60-61 | 10%          | 20%              | 100%                 |
| 62    | 30%          | 50%              | 100%                 |
| 63-64 | 20%          | 20%              | 100%                 |
| 65-69 | 50%          | 50%              | 100%                 |
| 70    | 100%         | 100%             | 100%                 |

Plan Name: Ohio Farmers Insurance Company Pension Plan  
 EIN / PN: 34-0438190/001  
 Plan Sponsor: Ohio Farmers Insurance Company  
 Valuation Date: January 1, 2018

## SCHEDULE SB ATTACHMENTS

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### Benefit commencement date

- Preretirement death benefit      The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit      The later of age 65 or the termination of employment.
- Retirement benefit      Upon termination of employment.

Form of payment      Life annuity for single participants, 50% joint and survivor for married participants.

Percent married      80%. Used to value pre-retirement surviving spouse benefits and in determining optional forms expected to be elected at commencement.

Spouse age      Wife three years younger than husband.

Covered pay      Assumed plan compensation for the year beginning on the valuation date was determined as the current year pay rate provided in the data.

Administrative expense      \$467,883

Loads      None.

At-risk assumptions      For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the 50% joint and survivor annuity for married participants.

Timing of benefit payments      Annuity payments are payable monthly at the beginning of the month

Plan Name:      Ohio Farmers Insurance Company Pension Plan  
EIN / PN:      34-0438190/001  
Plan Sponsor:      Ohio Farmers Insurance Company  
Valuation Date      January 1, 2018

# SCHEDULE SB ATTACHMENTS

## Methods

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Valuation date            | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Funding target            | <p>Present value of accrued benefits</p> <p>The IRC §430 regulations describe the required methodology for attributing benefits among Funding Target, current year Target Normal Cost, and future years' Target Normal Costs for disability benefits, Social Security benefits, death benefits and other ancillary benefits.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Target normal cost        | Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Actuarial value of assets | <p>Average of the fair market value of assets on the valuation date and the beginning of the six months immediately preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under PPA. These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial values of assets will be lower than the market value in some years and greater in other years. However, over the long-term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |
| Benefits not valued       | <p>All benefits described in Appendix B of this report were valued. Towers Watson has reviewed the plan provisions with Westfield and, based on that review, is not aware of any significant benefits required to be valued that were not.</p> <p>The plan pays small benefits (with a present value up to \$5,000) in a single lump sum payment. Such lump sums are not explicitly valued as such; rather such participant's benefits are valued using the benefit choice assumptions described above.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Plan Name: Ohio Farmers Insurance Company Pension Plan  
EIN / PN: 34-0438190/001  
Plan Sponsor: Ohio Farmers Insurance Company  
Valuation Date: January 1, 2018

## SCHEDULE SB ATTACHMENTS

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Change in assumptions and methods since prior valuation

The segmented interest rates used to calculate the funding target and target normal cost were updated from January 2017 to January 2018.

The required mortality table used to calculate the funding target and target normal cost were updated to include one additional year of projected mortality improvements.

The assumed plan-related expenses added to the target normal cost were changed from \$435,763 for plan year 2017 to \$467,883 for plan year 2018.

The expected return on plan assets changed from 8.40% to 8.15%.

Change in methods since prior valuation

There have been no changes in methods since the prior valuation.

Plan Name: Ohio Farmers Insurance Company Pension Plan  
EIN / PN: 34-0438190/001  
Plan Sponsor: Ohio Farmers Insurance Company  
Valuation Date: January 1, 2018

|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                         |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>Ohio Farmers Insurance Company Pension Plan                                                                                    | <b>B</b> Three-digit plan number (PN) ►                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Ohio Farmers Insurance Company                                              | <b>D</b> Employer Identification Number (EIN)<br>34-0438190 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                             |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                             |     |

**Part I Basic Information**

|                                                                                                                                                                                                          |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>                                                                                                                        |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |
| a Market value.....                                                                                                                                                                                      | <b>2a</b>                  | 428,889,392               |                          |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 418,445,723               |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                      | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 1,097                      | 142,660,567               | 142,660,567              |
| b For terminated vested participants .....                                                                                                                                                               | 484                        | 17,724,975                | 17,724,975               |
| c For active participants .....                                                                                                                                                                          | 2,661                      | 137,734,032               | 159,771,783              |
| d Total .....                                                                                                                                                                                            | 4,242                      | 298,119,574               | 320,157,325              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                         |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>                   | 5.79%                     |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                        | <b>6</b>                   | 13,550,027                |                          |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                                    |                                                                                                                |                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                   | <div style="text-align: center;"> <br/>         Joseph A. Perko<br/>         Signature of actuary       </div> | <div style="text-align: center;"> <u>7/8/19</u><br/>         Date<br/>         1706491<br/>         Most recent enrollment number<br/>         216-937-4000<br/>         Telephone number (including area code)       </div> |
| Joseph A. Perko<br>Type or print name of actuary                                   |                                                                                                                |                                                                                                                                                                                                                              |
| Willis Towers Watson US LLC.<br>Firm name                                          |                                                                                                                |                                                                                                                                                                                                                              |
| 1001 Lakeside Avenue, Suite 1500<br>Cleveland OH 44114-1172<br>Address of the firm |                                                                                                                |                                                                                                                                                                                                                              |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2018  
v. 171027

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 1,583,082             | 71,365,106             |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                                                                | 1,583,082             | 71,365,106             |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>13.67%</u> .....                                                                                | 216,407               | 9,755,610              |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 22,462,720             |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.99%</u> ..... |                       | 1,345,517              |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 23,808,237             |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 1,799,489             | 81,120,716             |

**Part III Funding Percentages**

|                                                                                                                                                                           |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 104.80% |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 130.70% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 98.65%  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 03/28/2019               | 5,700,000                         | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 5,700,000                         | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                        |            |           |
|------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 5,315,239 |

**20** Quarterly contributions and liquidity shortfalls:

|                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>a</b> Did the plan have a "funding shortfall" for the prior year?.....                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                        |                                                                     |

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
| 0       | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                 |                        |                                                |                                                           |                                                     |
|-------------------------------------------------|------------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                        |                                                |                                                           |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.92 % | 2nd segment:<br>5.52 %                         | 3rd segment:<br>6.29 %                                    | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                        |                                                |                                                           | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age ..... |                        |                                                |                                                           | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) | Prior regulation:      | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |
|                                                 | Current regulation:    | <input type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate            | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 13,550,027         |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 13,550,027         |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 5,315,239          |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 5,315,239          |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                       | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                  |                                         |                                   |                               |                               |
|----------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                         |                                   |                               |                               |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years | <input type="checkbox"/> 15 years |                               |                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008           | <input type="checkbox"/> 2009     | <input type="checkbox"/> 2010 | <input type="checkbox"/> 2011 |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2018

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

| Retirement<br>Age<br>(1) | Assumed<br>Rate -<br>Normal<br>(2) | Participants<br>at<br>Beginning<br>(3) | Participants<br>Retiring:<br>(2) * (3)<br>(4) | (1) * (4)<br>(5) |
|--------------------------|------------------------------------|----------------------------------------|-----------------------------------------------|------------------|
| 55                       | 0.05                               | 1000                                   | 50.00                                         | 2,750.00         |
| 56                       | 0.05                               | 950.00                                 | 47.50                                         | 2,660.00         |
| 57                       | 0.05                               | 902.50                                 | 45.13                                         | 2,572.13         |
| 58                       | 0.05                               | 857.38                                 | 42.87                                         | 2,486.39         |
| 59                       | 0.05                               | 814.51                                 | 40.73                                         | 2,402.79         |
| 60                       | 0.10                               | 773.78                                 | 77.38                                         | 4,642.69         |
| 61                       | 0.10                               | 696.40                                 | 69.64                                         | 4,248.06         |
| 62                       | 0.30                               | 626.76                                 | 188.03                                        | 11,657.78        |
| 63                       | 0.20                               | 438.73                                 | 87.75                                         | 5,528.05         |
| 64                       | 0.20                               | 350.99                                 | 70.20                                         | 4,492.63         |
| 65                       | 0.50                               | 280.79                                 | 140.39                                        | 9,125.66         |
| 66                       | 0.50                               | 140.39                                 | 70.20                                         | 4,633.03         |
| 67                       | 0.50                               | 70.20                                  | 35.10                                         | 2,351.61         |
| 68                       | 0.50                               | 35.10                                  | 17.55                                         | 1,193.36         |
| 69                       | 0.50                               | 17.55                                  | 8.77                                          | 605.45           |
| 70                       | 1.00                               | 8.77                                   | <u>8.77</u>                                   | <u>614.23</u>    |
|                          |                                    |                                        | 1000                                          | 61,963.85        |

$$61,963.85 \quad / \quad 1,000 \quad = \quad 62$$

Plan Name: Ohio Farmers Insurance Company Pension Plan  
 EIN / PN: 34-0438190/001  
 Plan Sponsor: Ohio Farmers Insurance Company  
 Valuation Date: January 1, 2018

# **SCHEDULE SB ATTACHMENTS**

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## **Schedule SB – Statement by Enrolled Actuary**

|                          |                                             |
|--------------------------|---------------------------------------------|
| <b>Plan Sponsor</b>      | Ohio Farmers Insurance Company              |
| <b>EIN/PN</b>            | 34-0438190/001                              |
| <b>Plan Name</b>         | Ohio Farmers Insurance Company Pension Plan |
| <b>Valuation Date</b>    | January 1, 2018                             |
| <b>Enrolled Actuary</b>  | Joseph A. Perko                             |
| <b>Enrollment Number</b> | 17-06491                                    |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

|                |                                             |
|----------------|---------------------------------------------|
| Plan Name:     | Ohio Farmers Insurance Company Pension Plan |
| EIN / PN:      | 34-0438190/001                              |
| Plan Sponsor:  | Ohio Farmers Insurance Company              |
| Valuation Date | January 1, 2018                             |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

|                    |                                                                                                                                                                   |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date     | June 28, 1945. Most recent amendment effective June 1, 2012.                                                                                                      |
| Participation date |                                                                                                                                                                   |
| Salaried           | The first day of the month on or after the 12-month period measured from date of hire.                                                                            |
| Hourly             | The first day of the month on or after completion of 1,000 hours in any 12-month period measured from employment commencement date and any anniversaries thereof. |

### Definitions

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Credited service       | A participant hired prior to January 1, 1975, is credited with one year of service for each year of uninterrupted service from the date the participant last entered employment to the date employment ceases. A participant hired on or after January 1, 1975, is credited with one year of service for each year of employment with the company. An hourly employee's service shall include each year of employment in which at least 1,000 hours of service was completed. |
| Compensation           | Base pay, including elective contributions made pursuant to a salary reduction agreement between the company and the participant under either Code Section 401(k) or 125.                                                                                                                                                                                                                                                                                                     |
| ■ Hourly               | Earnings also include overtime pay and night-shift differential pay. Earnings exclude bonuses, extra compensation, reimbursements and profit-sharing contributions.                                                                                                                                                                                                                                                                                                           |
| ■ Salaried             | Earnings exclude bonuses, overtime, extra compensation, reimbursements, fringe benefits, moving expenses, deferred compensation, welfare benefits and profit-sharing contributions.                                                                                                                                                                                                                                                                                           |
| Final monthly earnings | The monthly average of the highest five consecutive years of compensation during the ten-year period immediately preceding the date as of which the Final Monthly Earnings are to be determined. The determination date is the last day of employment.                                                                                                                                                                                                                        |

Plan Name: Ohio Farmers Insurance Company Pension Plan  
EIN / PN: 34-0438190/001  
Plan Sponsor: Ohio Farmers Insurance Company  
Valuation Date: January 1, 2018

## SCHEDULE SB ATTACHMENTS

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Social Security covered compensation | At the participant's retirement or termination date, the monthly average of the taxable wage bases over the 35-year period ending in the year in which the participant attains Social Security Retirement Age. For years after the year of calculation, taxable wage bases are assumed to remain unchanged.                                                                                                                                                                                                                                                                                   |
| Monthly pension benefit                      | <p>1.0% of Final Monthly Earnings, plus 1.0% of Final Monthly Earnings in excess of the Monthly Social Security Covered Compensation, times years of Credited Service accrued as of December 31, 2011, up to 35,</p> <p>plus 1.0% of Final Monthly Earnings, plus 0.65% of Final Monthly Earnings in excess of the Monthly Social Security Covered Compensation, times years of Credited Service earned on or after January 1, 2012, up to 35;</p> <p>minus any accrued benefits earned under a prior plan.</p> <p>Benefits were frozen as of June 1, 1994, for Beacon plan participants.</p> |
| Normal retirement date (NRD)                 | First of the month on or after attainment of age 65 and completion of five years of participation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

### Eligibility for Benefits

|                             |                                                                                                           |
|-----------------------------|-----------------------------------------------------------------------------------------------------------|
| Normal retirement           | Retire on NRD.                                                                                            |
| Delayed retirement          | Retire after NRD.                                                                                         |
| Early retirement            | Retirement before NRD and on or after both attaining age 55 and completing ten years of Credited Service. |
| Deferred vested             | Five years of Service.                                                                                    |
| Preretirement death benefit | Five years of Credited Service (whether or not actively employed), with a surviving spouse.               |

Plan Name: Ohio Farmers Insurance Company Pension Plan  
EIN / PN: 34-0438190/001  
Plan Sponsor: Ohio Farmers Insurance Company  
Valuation Date: January 1, 2018

# SCHEDULE SB ATTACHMENTS

## Benefits Paid Upon the Following Events

|                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal retirement                                                                                                                                                                                                                        | Monthly pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Early retirement                                                                                                                                                                                                                         | Monthly pension benefit determined as of early retirement date, reduced 3.0% per year for each of the first four years and 6.0% for each of the next three years by which payment precedes age 62.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Rule of 90 (must have been eligible for early retirement on or before July 1, 1999, or attained age 50 or older with five or more years of credited service on December 31, 1999, or completed 25 years of service at December 31, 1999) | <p>If the participant's attained age plus Credited Service totals 90 or more, the monthly early retirement benefit shall have the following amount added:</p> <p>1.0% of Final Monthly Earnings times years of Credited Service up to 35 years, plus 1.3% of Final Monthly Earnings times years of Credited Service (completed prior to June 30, 1999) in excess of 35 years, to a maximum of 40 years; multiplied by the factor of 100% minus the percent reduction applied to the monthly early retirement benefit. Provided, however, that the amount of the monthly early retirement benefit plus the rule of 90 benefit does not exceed the amount of the monthly normal retirement benefit.</p> |
| Rule of 60/40 (must have been age 50 or older with five or more years of credited service on June 30, 1999)                                                                                                                              | If the participant is age 60 or older with 40 or more years of service, the participant is able to retire with an unreduced pension.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Delayed retirement                                                                                                                                                                                                                       | Monthly benefit determined as of actual retirement date, or participant's normal retirement benefit increased actuarially, if greater.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Preretirement death                                                                                                                                                                                                                      | A participant's vested benefits will be paid in monthly instalments to the contingent annuitant commencing when the participant would have been eligible to retire. Benefits are reduced for early commencement of payments and for the 50% joint and survivor form of payment.                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Termination with deferred vested benefits                                                                                                                                                                                                | Monthly benefit determined as of termination date, reduced by actuarial equivalent factors if payments commence before the participant's NRD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Plan Name: Ohio Farmers Insurance Company Pension Plan  
EIN / PN: 34-0438190/001  
Plan Sponsor: Ohio Farmers Insurance Company  
Valuation Date: January 1, 2018

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

### Forms of payment

- Normal form Life annuity if single; actuarially equivalent 50% joint and survivor annuity if married.
- Optional form Life annuity or actuarially equivalent 50%, 75% and 100% joint and survivor annuity.

### Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

## Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

There have been no plan changes since the prior year.

Plan Name: Ohio Farmers Insurance Company Pension Plan  
EIN / PN: 34-0438190/001  
Plan Sponsor: Ohio Farmers Insurance Company  
Valuation Date: January 1, 2018

**OHIO FARMERS INSURANCE COMPANY PENSION PLAN**

EIN: 34-0438190

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2018

| (a)                                                                     | (b)                                                                                                           | (c)           | (d)              | (e) |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------|------------------|-----|
| Identity of issue, borrower,<br>lessor, or similar party                | Description of investment<br>including maturity date, rate of interest,<br>collateral, par, or maturity value | Cost          | Current<br>value |     |
| U.S. Government and agency obligations:                                 |                                                                                                               |               |                  |     |
| Fannie Mae 08/01/12 3.000 09/25/27 Ser 2012-100 Cl Ac                   |                                                                                                               | \$ 1,730,662  | \$ 1,635,287     |     |
| Fannie Mae 04/01/13 3.000 07/25/42 Ser 2013-41 Cl Ph                    |                                                                                                               | 2,040,625     | 1,961,660        |     |
| Fannie Mae 06/01/13 3.000 07/25/43 Ser 2013-77 Cl Cy                    |                                                                                                               | 2,060,469     | 1,956,980        |     |
| Fannie Mae 07/01/13 4.000 07/25/32 Ser 2013-80 Cl Bv                    |                                                                                                               | 1,042,500     | 1,016,500        |     |
| Fannie Mae 11/01/14 3.000 11/25/40 Ser 2014-84 Cl Db                    |                                                                                                               | 2,059,688     | 1,953,780        |     |
| Fannie Mae 05/01/15 3.500 05/25/45 Ser 2015-40 Cl Gt                    |                                                                                                               | 2,511,000     | 2,394,048        |     |
| FNMA REMIC Trust 01/01/17 3.500 04/25/45 Ser 2017-01 Cl Mp              |                                                                                                               | 2,174,156     | 2,059,428        |     |
| Freddie Mac 02/01/12 3.500 01/15/42 Ser 4000 Cl Vh                      |                                                                                                               | 1,858,031     | 1,800,612        |     |
| Federal Home Ln Mtg Corp 09/01/14 3.500 08/15/43                        |                                                                                                               | 5,385,953     | 5,056,900        |     |
| Freddie Mac 02/01/15 3.000 01/15/41 Ser 4444 Cl Ce                      |                                                                                                               | 1,705,728     | 1,590,816        |     |
| FHR 4548 Vb 01/01/16 3.500 11/15/35                                     |                                                                                                               | 2,075,000     | 2,028,000        |     |
| Freddie Mac 01/01/18 3.500 12/15/40 Ser 4753 Cl Qv                      |                                                                                                               | 1,542,459     | 1,523,151        |     |
| Ginnie Mae 09/01/10 4.000 09/20/40 Ser 2010-113 Cl Pe                   |                                                                                                               | 3,251,250     | 3,070,260        |     |
| Government Natl Mtg Assn Gtd 08/01/13 3.000 05/20/43 Ser 2013-113 Cl Ly |                                                                                                               | 1,334,125     | 1,236,196        |     |
| Ginnie Mae 02/01/16 3.000 02/20/46 Ser 2016-19 Cl Ac                    |                                                                                                               | 2,839,688     | 2,852,190        |     |
| Ginnie Mae 02/01/18 3.000 02/20/48 Ser 2018-021 Cl Lc                   |                                                                                                               | 2,527,076     | 2,542,435        |     |
| Ginnie Mae 02/01/18 3.000 02/20/48 Ser 2018-031 Cl Jy                   |                                                                                                               | 1,506,636     | 1,502,918        |     |
| U S Treasury Bond 08/15/09 4.500 08/15/39                               |                                                                                                               | 4,196,398     | 4,174,670        |     |
| United States Treas Bds 11/15/10 4.250 11/15/40                         |                                                                                                               | 8,663,031     | 8,459,080        |     |
| U S Treasury N/B 02/15/11 4.750 02/15/41                                |                                                                                                               | 6,534,617     | 6,267,316        |     |
| United States Treas Bds 05/15/12 3.000 05/15/42                         |                                                                                                               | 6,074,328     | 5,941,469        |     |
| United States Treas Bds 02/15/15 2.500 02/15/45                         |                                                                                                               | 7,506,313     | 7,521,875        |     |
| Federal Farm Credit Bank 04/17/06 5.410 04/17/36                        |                                                                                                               | 1,322,180     | 1,245,530        |     |
| Federal Farm Credit Bank 06/29/17 2.950 06/29/33                        |                                                                                                               | 3,613,193     | 3,495,094        |     |
| Federal Home Loan Bank 7/17/2006 5.500 7/15/2036                        |                                                                                                               | 6,312,330     | 6,428,900        |     |
| Freddie Mac 11/22/99 6.750 09/15/29                                     |                                                                                                               | 1,893,270     | 2,001,855        |     |
| Fannie Mae 09/26/97 6.090 09/27/27                                      |                                                                                                               | 6,839,050     | 6,181,100        |     |
| Tennessee Valley Auth Pwr 01/15/98 6.150 01/15/38                       |                                                                                                               | 1,723,305     | 2,036,265        |     |
| Tennessee Valley Auth 09/22/09 5.250 09/15/39                           |                                                                                                               | 2,593,880     | 2,504,740        |     |
| Total U.S. Government and agency obligations                            |                                                                                                               | \$ 94,916,941 | \$ 92,439,055    |     |
| Corporate bonds:                                                        |                                                                                                               |               |                  |     |
| AstraZeneca PLC 09/12/07 6.450 09/15/37                                 |                                                                                                               | \$ 1,133,010  | \$ 1,192,620     |     |
| Inter Amern Dev Bk Dtd 6/12/95 7% Due 6/15/25                           |                                                                                                               | 1,910,175     | 1,829,190        |     |
| International Bk For Recon & Dev 02/09/05 4.750 02/15/35                |                                                                                                               | 1,858,170     | 1,802,415        |     |
| Israel St 09/18/03 5.500 09/18/33                                       |                                                                                                               | 3,901,950     | 3,808,080        |     |
| Shell International Fin 12/11/08 6.375 12/15/38                         |                                                                                                               | 3,105,685     | 3,158,425        |     |
| Statoil ASA 08/17/10 5.100 08/17/40                                     |                                                                                                               | 1,827,310     | 1,651,170        |     |
| Anheuser-Busch Inbev 02/05/10 6.375 01/15/40                            |                                                                                                               | 2,636,550     | 2,145,200        |     |
| Apple Inc 05/03/13 3.850 05/04/43                                       |                                                                                                               | 2,937,899     | 2,840,940        |     |
| Baker Hughes Inc Sr Gbl Nt 07/15/99 6.875 01/15/29                      |                                                                                                               | 984,100       | 1,181,860        |     |
| Banc One Corp Sub Gbl Deb 04/29/1997 8.000 04/29/2027                   |                                                                                                               | 726,320       | 857,962          |     |
| Boeing Co 07/28/09 5.875 02/15/40                                       |                                                                                                               | 2,671,760     | 2,487,780        |     |
| Bristol Myers Squibb Co 05/01/08 6.125 05/01/38                         |                                                                                                               | 1,345,810     | 1,233,190        |     |
| Bristol Myers Squibb Co 10/31/13 4.500 03/01/44                         |                                                                                                               | 1,073,550     | 1,049,120        |     |
| Carolina Pwr & Lt Co 1St Mtg Bd 09/11/03 6.125 09/15/33                 |                                                                                                               | 1,117,980     | 1,186,180        |     |
| Conoco Inc 04/20/99 6.950 04/15/29                                      |                                                                                                               | 1,706,198     | 1,854,765        |     |
| Internation Business Machs Sr Nt 11/30/09 5.600 11/30/39                |                                                                                                               | 1,271,880     | 1,108,430        |     |
| Johnson & Johnson 08/16/07 5.950 08/15/37                               |                                                                                                               | 3,848,894     | 3,556,686        |     |
| Kimberly Clark Corp Deb 6.375% 01/01/2028                               |                                                                                                               | 422,848       | 473,904          |     |
| Lilly Eli & Co 02/25/14 4.650 06/15/44                                  |                                                                                                               | 2,304,170     | 2,169,240        |     |
| Merck & Co Inc Sr Gbl Deb 11/30/98 5.950 12/01/28                       |                                                                                                               | 1,684,500     | 1,792,425        |     |
| Microsoft Corp Nt 11/07/12 3.500 11/15/42                               |                                                                                                               | 2,418,523     | 2,465,083        |     |
| Microsoft Corp 08/08/16 3.450 08/08/36                                  |                                                                                                               | 969,728       | 941,860          |     |
| Monsanto Co New Sr Nt 11/07/13 4.650 11/15/43                           |                                                                                                               | 1,110,920     | 847,850          |     |
| Northern Sts Pwr Co Minn 1St Mtg 03/01/98 6.500 03/01/28                |                                                                                                               | 2,092,423     | 1,781,703        |     |

**OHIO FARMERS INSURANCE COMPANY PENSION PLAN**

EIN: 34-0438190

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2018

| (a)                                                      | (b)                                                                                                           | (c)           | (d)              | (e) |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------|------------------|-----|
| Identity of issue, borrower,<br>lessor, or similar party | Description of investment<br>including maturity date, rate of interest,<br>collateral, par, or maturity value | Cost          | Current<br>value |     |
| Northern Sts Pwr Co Minn                                 | 07/21/05 5.250 07/15/35                                                                                       | \$ 1,191,110  | \$ 1,119,420     |     |
| Oracle Corp                                              | 04/09/08 6.500 04/15/38                                                                                       | 2,437,680     | 2,490,100        |     |
| PacifiCorp                                               | 06/13/05 5.250 06/15/35                                                                                       | 2,368,220     | 2,230,180        |     |
| PepsiCo Inc Sr Nt                                        | 01/14/10 5.500 01/15/40                                                                                       | 1,854,837     | 1,797,150        |     |
| Phillips 66 Gtd Sr Nt                                    | 12/14/12 5.875 05/01/42                                                                                       | 1,186,410     | 1,091,710        |     |
| Texaco Cap Inc Gtd Deb Dtd                               | 08/01/1992 08.000% 08/01/2032                                                                                 | 1,297,560     | 1,430,020        |     |
| 3M Co Mtn                                                | 03/29/07 5.700 03/15/37                                                                                       | 1,841,265     | 1,828,050        |     |
| United Technologies Corp                                 | 05/16/08 6.125 07/15/38                                                                                       | 2,619,730     | 2,291,440        |     |
| Wachovia Bank Na                                         | 1/29/2007 5.850 2/1/2037                                                                                      | 1,304,680     | 1,129,270        |     |
| Wells Fargo Bk Natl Assn                                 | 08/29/06 5.950 08/26/36                                                                                       | 1,233,260     | 1,150,800        |     |
| Wyeth                                                    | 03/27/07 5.950 04/01/37                                                                                       | 2,403,700     | 2,398,540        |     |
| Total Corporate bonds                                    |                                                                                                               | \$ 64,798,805 | \$ 62,372,758    |     |
| Common stocks:                                           |                                                                                                               |               |                  |     |
| AT&T Inc                                                 |                                                                                                               | \$ 1,243,361  | \$ 1,484,080     |     |
| AbbVie Inc                                               |                                                                                                               | 1,189,223     | 4,379,025        |     |
| Amgen Inc                                                |                                                                                                               | 3,081,792     | 4,516,344        |     |
| Apple Inc                                                |                                                                                                               | 2,820,251     | 4,416,720        |     |
| B B & T Corporation                                      |                                                                                                               | 3,575,130     | 3,942,120        |     |
| BP PLC Adr                                               |                                                                                                               | 3,342,121     | 3,374,880        |     |
| Becton Dickinson & Co                                    |                                                                                                               | 691,148       | 3,379,800        |     |
| Blackrock, Inc                                           |                                                                                                               | 2,226,314     | 3,692,508        |     |
| Chevron Corporation                                      |                                                                                                               | 2,245,634     | 4,242,810        |     |
| Cinemark Hldgs Inc                                       |                                                                                                               | 1,320,367     | 1,933,200        |     |
| Cisco Systems Inc                                        |                                                                                                               | 2,157,142     | 5,286,260        |     |
| Clorox Co                                                |                                                                                                               | 1,412,726     | 3,236,940        |     |
| Coca Cola Co                                             |                                                                                                               | 1,763,374     | 3,693,300        |     |
| ConocoPhillips                                           |                                                                                                               | 3,655,242     | 4,426,850        |     |
| Ecolab Inc                                               |                                                                                                               | 1,383,016     | 2,210,250        |     |
| Emerson Elec Co                                          |                                                                                                               | 2,277,997     | 3,226,500        |     |
| Gentex Corp                                              |                                                                                                               | 1,853,305     | 2,489,872        |     |
| Genuine Parts Co                                         |                                                                                                               | 895,943       | 2,592,540        |     |
| Intel Corp                                               |                                                                                                               | 1,815,404     | 4,317,560        |     |
| JPMorgan Chase & Co                                      |                                                                                                               | 3,620,491     | 3,611,940        |     |
| Johnson & Johnson                                        |                                                                                                               | 1,309,494     | 3,871,500        |     |
| McDonalds Corp                                           |                                                                                                               | 1,232,921     | 4,084,110        |     |
| Merck & Co Inc                                           |                                                                                                               | 2,267,948     | 4,355,370        |     |
| Microsoft Corp                                           |                                                                                                               | 909,181       | 5,078,500        |     |
| Nutrien Ltd                                              |                                                                                                               | 1,018,256     | 940,000          |     |
| Occidental Pete Corp                                     |                                                                                                               | 2,197,809     | 1,780,020        |     |
| PepsiCo Inc                                              |                                                                                                               | 1,550,709     | 3,922,040        |     |
| Pfizer Inc                                               |                                                                                                               | 2,179,127     | 5,019,750        |     |
| T Rowe Price Group Inc                                   |                                                                                                               | 2,031,896     | 4,246,720        |     |
| Procter & Gamble Co                                      |                                                                                                               | 1,401,107     | 3,217,200        |     |
| Qualcomm Inc                                             |                                                                                                               | 3,697,007     | 3,528,420        |     |
| Raytheon Co                                              |                                                                                                               | 719,435       | 2,223,575        |     |
| Royal Dutch Shell PLC Cl A Adr                           |                                                                                                               | 2,769,970     | 3,146,580        |     |
| Schlumberger Ltd                                         |                                                                                                               | 2,037,778     | 1,071,576        |     |
| Southern Co                                              |                                                                                                               | 1,873,879     | 2,196,000        |     |
| Sysco Corp                                               |                                                                                                               | 1,303,378     | 2,819,700        |     |
| 3M Co                                                    |                                                                                                               | 748,734       | 2,762,830        |     |
| US Bancorp Del                                           |                                                                                                               | 2,657,442     | 3,701,700        |     |
| United Parcel Svc Inc                                    |                                                                                                               | 3,705,797     | 3,511,080        |     |
| United Technologies Corp                                 |                                                                                                               | 3,673,192     | 3,513,840        |     |

**OHIO FARMERS INSURANCE COMPANY PENSION PLAN**

EIN: 34-0438190

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2018

| (a) | (b)                                                              | (c)                                                                                                                    | (d)            | (e)                      |
|-----|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|
|     | <b>Identity of issue, borrower,<br/>lessor, or similar party</b> | <b>Description of investment<br/>including maturity date, rate of interest,<br/>collateral, par, or maturity value</b> | <b>Cost</b>    | <b>Current<br/>value</b> |
|     | Verizon Communications Inc                                       |                                                                                                                        | \$ 1,837,691   | \$ 2,811,000             |
|     | Walgreens Boots Alliance Inc                                     |                                                                                                                        | 1,429,342      | 3,348,170                |
|     | Wells Fargo & Company                                            |                                                                                                                        | 2,547,739      | 3,133,440                |
|     | Yum! Brands Inc                                                  |                                                                                                                        | 1,770,062      | 3,079,320                |
|     | Accenture PLC Class A                                            |                                                                                                                        | 1,264,472      | 4,018,785                |
|     | Eaton Corp PLC Shs                                               |                                                                                                                        | 2,585,454      | 3,295,680                |
|     | Lazard Ltd                                                       |                                                                                                                        | 3,088,965      | 2,436,060                |
|     | Linde PLC Com                                                    |                                                                                                                        | 4,086,375      | 3,901,000                |
|     | Medtronic PLC Sedol Btn1Y11 Isin Ic00Btn1Y115                    |                                                                                                                        | 3,266,065      | 3,911,280                |
|     | Total Common stocks                                              |                                                                                                                        | \$ 103,731,206 | \$ 165,378,745           |
|     | Partnerships:                                                    |                                                                                                                        |                |                          |
|     | Goldpoint Partners Select Manager Fund III, LP                   |                                                                                                                        | \$ 8,004,966   | \$ 9,820,221             |
|     | Goldpoint Mezzanine Partners IV                                  |                                                                                                                        | 6,649,858      | 7,240,543                |
|     | Goldpoint Partners Co-Investment VI, LP                          |                                                                                                                        | 1,640,232      | 1,563,729                |
|     | Pacific Private Feeder Fund II LP                                |                                                                                                                        | 2,791,252      | 2,944,463                |
|     | Total Partnership Investments                                    |                                                                                                                        | \$ 19,086,308  | \$ 21,568,956            |
|     | Mutual funds:                                                    |                                                                                                                        |                |                          |
|     | iShares Msci Emerging Mkts Ind F                                 |                                                                                                                        | \$ 856,676     | \$ 1,019,466             |
|     | iShares Msci Eafe Index Fd                                       |                                                                                                                        | 2,933,376      | 2,939,000                |
|     | iShares Tr Msci Acjpn Idx                                        |                                                                                                                        | 1,064,043      | 889,420                  |
|     | iShares Msci Eafe Value Inx                                      |                                                                                                                        | 2,747,369      | 2,554,930                |
|     | iShares Msci Eafe Growth Inx                                     |                                                                                                                        | 1,640,577      | 2,072,100                |
|     | Spdr S&P Intl Small Cap Etf Smlcp                                |                                                                                                                        | 2,351,382      | 2,373,200                |
|     | Spdr S&P Midcap 400 Etf Tr                                       |                                                                                                                        | 3,045,539      | 3,783,375                |
|     | Vanguard FTSE All-World Ex-U                                     |                                                                                                                        | 962,873        | 911,600                  |
|     | Vanguard FTSE Emerging Markets Etf                               |                                                                                                                        | 3,445,206      | 3,162,300                |
|     | Wisdomtree Trust Emg Mkts Sm Cp                                  |                                                                                                                        | 1,124,050      | 1,005,360                |
|     | Wisdomtree Global Ex-U.S. Quality Dividend Growth Fund           |                                                                                                                        | 1,729,755      | 1,001,970                |
|     | Janus Henderson Triton Fund N Shares                             |                                                                                                                        | 12,000,000     | 12,740,679               |
|     | MFS Mid Cap Value Fund R6                                        |                                                                                                                        | 7,000,000      | 6,645,316                |
|     | Funds Altegris/Aaca Opportunistic Real Estt I                    |                                                                                                                        | 1,000,000      | 812,862                  |
|     | T Rowe Price International Stock                                 |                                                                                                                        | 2,295,317      | 2,381,410                |
|     | Thornburg Invt Tr Intl Value Fd                                  |                                                                                                                        | 5,675,000      | 4,007,928                |
|     | Wells Fargo Special Midcap Value Fund:Institutional Class        |                                                                                                                        | 7,000,000      | 6,603,198                |
|     | Total Mutual funds                                               |                                                                                                                        | \$ 56,871,163  | \$ 54,904,114            |
|     | Money Market Fund:                                               |                                                                                                                        |                |                          |
|     | Federated Government Obligation Institutional Shares             |                                                                                                                        | \$ 2,036,307   | \$ 2,036,307             |
|     | Total Pension account investments                                |                                                                                                                        | \$ 341,440,730 | \$ 398,699,935           |

**OHIO FARMERS INSURANCE COMPANY PENSION PLAN**

EIN: 34-0438190

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2018

| (a)                                                   | (b)                                                              | (c)                                                                                                                    | (d)                          | (e)                          |
|-------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
|                                                       | <b>Identity of issue, borrower,<br/>lessor, or similar party</b> | <b>Description of investment<br/>including maturity date, rate of interest,<br/>collateral, par, or maturity value</b> | <b>Cost</b>                  | <b>Current<br/>value</b>     |
| <b>Assets Held for Ohio Farmers Insurance Company</b> |                                                                  |                                                                                                                        |                              |                              |
| <b>Group Health Benefit Plan (401(h) Account):</b>    |                                                                  |                                                                                                                        |                              |                              |
| Mutual funds:                                         |                                                                  |                                                                                                                        |                              |                              |
|                                                       | Vanguard REIT Index Fund-Adm                                     |                                                                                                                        | \$ 1,420,276                 | \$ 2,292,833                 |
|                                                       | Vanguard Total International Stock Index Fd #113                 |                                                                                                                        | 2,075,667                    | 2,300,004                    |
|                                                       | Vanguard Mid Cap Index Adm                                       |                                                                                                                        | 2,093,370                    | 3,908,165                    |
|                                                       | Vanguard Smallcap Index Fd Adm                                   |                                                                                                                        | 1,254,442                    | 2,506,750                    |
|                                                       | Vanguard Total Stock Market Idx Inst #855                        |                                                                                                                        | 2,320,484                    | 3,843,802                    |
|                                                       | Vanguard Long-Term Bond                                          |                                                                                                                        | 2,254,943                    | 2,100,067                    |
|                                                       | Vanguard Total Bond Market                                       |                                                                                                                        | 4,240,385                    | 4,233,363                    |
|                                                       | Total Mutual funds                                               |                                                                                                                        | \$ <u>15,659,567</u>         | \$ <u>21,184,984</u>         |
|                                                       | Total 401(h) account investments                                 |                                                                                                                        | \$ 15,659,567                | \$ 21,184,984                |
|                                                       | Total                                                            |                                                                                                                        | \$ <u><u>357,100,297</u></u> | \$ <u><u>419,884,919</u></u> |