



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2013
OF THE CONDITION AND AFFAIRS OF THE

Utica National Insurance Company of Ohio

NAIC Group Code	0201 (Current)	0201 (Prior)	NAIC Company Code	13998	Employer's ID Number	27-2764004
Organized under the Laws of	Ohio			State of Domicile or Port of Entry		Ohio
Country of Domicile	United States of America					
Incorporated/Organized	04/06/2010			Commenced Business		12/22/2010
Statutory Home Office	2600 Corporate Exchange Drive (Street and Number)			Columbus , OH, US 43231 (City or Town, State, Country and Zip Code)		
Main Administrative Office	180 Genesee Street (Street and Number)			New Hartford , NY, US 13413 (City or Town, State, Country and Zip Code)		
				315-734-2000 (Area Code) (Telephone Number)		
Mail Address	Post Office Box 530 (Street and Number or P.O. Box)			Utica , NY, US 13503-0530 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	180 Genesee Street (Street and Number)			New Hartford , NY, US 13413 (City or Town, State, Country and Zip Code)		
				315-734-2000 (Area Code) (Telephone Number)		
Internet Website Address	www.uticanational.com					
Statutory Statement Contact	Sandra Jean Giehl (Name)			315-734-2192 (Area Code) (Telephone Number)		
	sandy.giehl@uticanational.com (E-mail Address)			315-734-2994 (FAX Number)		

OFFICERS

Chairman & CEO	James Douglas Robinson	SVP & Secretary	Kristen Holly Martin
President & COO	Brian Patrick Lytwynec		

OTHER

Richard Patrick Creedon	Executive Vice President	
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DIRECTORS OR TRUSTEES

James Porter Carhart	Richard Patrick Creedon	Steven Paul Guzski
Brian Patrick Lytwynec	Robert Francis Manfredo	Kristen Holly Martin
James Douglas Robinson		

State of	New York	SS:
County of	Oneida	

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

James Douglas Robinson Chairman & CEO	Brian Patrick Lytwynec President & COO	Kristen Holly Martin SVP & Secretary
Subscribed and sworn to before me this		a. Is this an original filing?
day of		b. If no,
		1. State the amendment number.....
		2. Date filed
		3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201		BUSINESS IN THE STATE OF New York		DURING THE YEAR 2013					NAIC Company Code 13998			
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
Fire	6,803	1,731		5,072							1,249	153
Allied lines	11,530	3,006		8,524							2,108	262
Multiple peril crop												
Federal flood												
Farmowners multiple peril												
Homeowners multiple peril												
Commercial multiple peril (non-liability portion)	1,460,973	359,167		1,101,806	68,101	282,462	214,361	709	30,020	29,311	269,719	29,711
Commercial multiple peril (liability portion)	1,284,457	325,773		958,684		160	160	15	68	54	234,071	26,230
Mortgage guaranty												
Ocean marine												
Inland marine	26,622	4,676		21,946							6,856	477
Financial guaranty												
Medical professional liability												
Earthquake												
Group accident and health (b)												
Credit accident and health (group and individual)												
Collectively renewable accident and health (b)												
Non-cancelable accident and health(b)												
Guaranteed renewable accident and health(b)												
Non-renewable for stated reasons only (b)												
Other accident only												
Medicare Title XVIII exempt from state taxes or fees												
All other accident and health (b)												
Federal employees health benefits plan premium (b)												
Workers' compensation	4,848,123	3,369,391		2,674,493	242,314	2,371,969	2,405,643	14,730	202,274	218,802	281,013	225,003
Other Liability - occurrence	2,189,555	456,063		1,733,492							327,214	42,110
Other Liability - claims made												
Excess workers' compensation												
Products liability	1,949	135		1,814							310	34
Private passenger auto no-fault (personal injury protection)												
Other private passenger auto liability												
Commercial auto no-fault (personal injury protection)	86,348	16,354		69,994							15,942	1,635
Other commercial auto liability	1,294,483	246,685		1,047,798	7,352	33,576	26,224	402	5,505	5,103	237,461	24,624
Private passenger auto physical damage												
Commercial auto physical damage	286,498	48,080		238,418		1,100	1,100	27	148	121	52,788	5,353
Aircraft (all perils)												
Fidelity												
Surety												
Burglary and theft												
Boiler and machinery												
Credit												
Warranty												
Aggregate write-ins for other lines of business												
TOTALS (a)	11,497,341	4,831,061		7,862,041	317,767	2,689,267	2,647,488	15,883	238,015	253,391	1,428,731	355,592
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page												
Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2013 NAIC Company Code 13998

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	11,355	5,079		6,276							1,532	8,093
5.2 Commercial multiple peril (liability portion)	5,557	3,109		2,448							875	5,302
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												1,522
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	16,912	8,188		8,724							2,407	14,917
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201 BUSINESS IN THE STATE OF Grand Total			DURING THE YEAR 2013 NAIC Company Code 13998									
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	6,803	1,731		5,072							1,249	153
2.1 Allied lines	11,530	3,006		8,524							2,108	262
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	1,472,328	364,246		1,108,082	68,101	282,462	214,361	709	30,020	29,311	271,251	37,804
5.2 Commercial multiple peril (liability portion)	1,290,014	328,882		961,132		160	160	15	68	54	234,946	31,532
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	26,622	4,676		21,946							6,856	477
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	4,848,123	3,369,391		2,674,493	242,314	2,371,969	2,405,643	14,730	202,274	218,802	281,013	226,525
17.1 Other Liability - occurrence	2,189,555	456,063		1,733,492							327,214	42,110
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	1,949	135		1,814							310	34
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)	86,348	16,354		69,994							15,942	1,635
19.4 Other commercial auto liability	1,294,483	246,685		1,047,798	7,352	33,576	26,224	402	5,505	5,103	237,461	24,624
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	286,498	48,080		238,418		1,100	1,100	27	148	121	52,788	5,353
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	11,514,253	4,839,249		7,870,765	317,767	2,689,267	2,647,488	15,883	238,015	253,391	1,431,138	370,509
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

Schedule F - Part 1

N O N E

Schedule F - Part 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1	2	3	4	5	6	Reinsurance Recoverable On								Reinsurance Payable		18	19	
						7	8	9	10	11	12	13	14	15	16			17
ID Number	NAIC Com- pany Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis- sions	Columns 7 thru 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
15-0476880	25976	Utica Mutual Insurance Company	NY		11,514			2,486	84	161	274	7,871		10,876			10,876	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					11,514			2,486	84	161	274	7,871		10,876			10,876	
0499999. Total Authorized - Affiliates - U.S. Non-Pool																		
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																		
0899999. Total Authorized - Affiliates					11,514			2,486	84	161	274	7,871		10,876			10,876	
0999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers																		
1299998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																		
1299999. Total Authorized - Other Non-U.S. Insurers																		
1399999. Total Authorized					11,514			2,486	84	161	274	7,871		10,876			10,876	
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool																		
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)																		
2199999. Total Unauthorized - Affiliates																		
2299998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
2299999. Total Unauthorized - Other U.S. Unaffiliated Insurers																		
2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																		
2599999. Total Unauthorized - Other Non-U.S. Insurers																		
2699999. Total Unauthorized																		
3099999. Total Certified - Affiliates - U.S. Non-Pool																		
3399999. Total Certified - Affiliates - Other (Non-U.S.)																		
3499999. Total Certified - Affiliates																		
3599998. Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
3599999. Total Certified - Other U.S. Unaffiliated Insurers																		
3899998. Total Certified - Other Non-U.S. Insurers (Under \$100,000)																		
3899999. Total Certified - Other Non-U.S. Insurers																		
3999999. Total Certified																		
4099999. Total Authorized, Unauthorized and Certified					11,514			2,486	84	161	274	7,871		10,876			10,876	
4199999. Total Protected Cells																		
9999999 Totals					11,514			2,486	84	161	274	7,871		10,876			10,876	

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

1	2	3
Name of Reinsurer	Commission Rate	Ceded Premium
1.
2.
3.
4.
5.

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1	2	3	4
Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
1. Utica Mutual Insurance Company	10,876	11,514	Yes [X] No []
2.	Yes [] No []
3.	Yes [] No []
4.	Yes [] No []
5.	Yes [] No []

Schedule F - Part 4

N O N E

Schedule F - Part 5

N O N E

Schedule F - Part 5 - Bank Footnote

N O N E

Schedule F - Part 6 - Section 1 - Provision for Reinsurance Ceded to Certified Reinsurers

N O N E

Schedule F - Part 6 - Section 1 - Bank Footnote

N O N E

Schedule F - Part 6 - Section 2 - Provision for Overdue Reinsurance Ceded to Certified Reinsurers

N O N E

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

N O N E

Schedule F - Part 8 - Provision for Overdue Reinsurance

N O N E

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	10,219,014		10,219,014
2. Premiums and considerations (Line 15)			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	889,962		889,962
6. Net amount recoverable from reinsurers		10,876,396	10,876,396
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	11,108,976	10,876,396	21,985,372
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)		3,005,631	3,005,631
10. Taxes, expenses, and other obligations (Lines 4 through 8)	871,834		871,834
11. Unearned premiums (Line 9)		7,870,765	7,870,765
12. Advance premiums (Line 10)			
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)			
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)	5,467		5,467
17. Provision for reinsurance (Line 16)			
18. Other liabilities			
19. Total liabilities excluding protected cell business (Line 26)	877,301	10,876,396	11,753,697
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	10,231,675	XXX	10,231,675
22. Totals (Line 38)	11,108,976	10,876,396	21,985,372

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements?

Yes [X] No []

If yes, give full explanation: Utica National Insurance Company of Ohio (NAIC = 13998) has a reinsurance agreement with its parent company, Utica Mutual Insurance Company (NAIC = 25976). Under this agreement, Utica National Insurance Company of Ohio cedes 100% of all insurance to Utica Mutual Insurance Company.

Schedule H - Part 1

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

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

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

Schedule P - Part 1A - Homeowners/Farmowners

N O N E

Schedule P - Part 1B - Private Passenger Auto Liability/Medical

N O N E

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2004.....												
3. 2005.....												
4. 2006.....												
5. 2007.....												
6. 2008.....												
7. 2009.....												
8. 2010.....												
9. 2011.....												
10. 2012.....												
11. 2013.....	263	263		7	7	0	0					9
12. Totals	XXX	XXX	XXX	7	7	0	0					XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2004.....													
3. 2005.....													
4. 2006.....													
5. 2007.....													
6. 2008.....													
7. 2009.....													
8. 2010.....													
9. 2011.....													
10. 2012.....													
11. 2013.....	26	26			1	1	4	4	1	1			7
12. Totals	26	26			1	1	4	4	1	1			7

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2004.....											
3. 2005.....											
4. 2006.....											
5. 2007.....											
6. 2008.....											
7. 2009.....											
8. 2010.....											
9. 2011.....											
10. 2012.....											
11. 2013.....	40	40		15.4	15.4						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2004.....												
3. 2005.....												
4. 2006.....												
5. 2007.....												
6. 2008.....												
7. 2009.....												
8. 2010.....												
9. 2011.....												
10. 2012.....	382	382		49	49	3	3					6
11. 2013.....	3,369	3,369		200	200	12	12					81
12. Totals.....	XXX	XXX	XXX	249	249	15	15					XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2004.....													
3. 2005.....													
4. 2006.....													
5. 2007.....													
6. 2008.....													
7. 2009.....													
8. 2010.....													
9. 2011.....													
10. 2012.....	105	105	211	211	17	17	19	19	12	12			3
11. 2013.....	694	694	1,396	1,396	56	56	127	127	76	76			61
12. Totals.....	799	799	1,607	1,607	73	73	146	146	88	88			64

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2004.....											
3. 2005.....											
4. 2006.....											
5. 2007.....											
6. 2008.....											
7. 2009.....											
8. 2010.....											
9. 2011.....											
10. 2012.....	414	414		108.5	108.5						
11. 2013.....	2,561	2,561		76.0	76.0						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX									XXX
2. 2004.....												
3. 2005.....												
4. 2006.....												
5. 2007.....												
6. 2008.....												
7. 2009.....												
8. 2010.....												
9. 2011.....												
10. 2012.....												
11. 2013.....	693	693		68	68	1	1	2	2			7
12. Totals	XXX	XXX	XXX	68	68	1	1	2	2			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior.....													
2. 2004.....													
3. 2005.....													
4. 2006.....													
5. 2007.....													
6. 2008.....													
7. 2009.....													
8. 2010.....													
9. 2011.....													
10. 2012.....													
11. 2013.....	215	215			8	8	22	22	16	16			6
12. Totals	215	215			8	8	22	22	16	16			6

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2004.....											
3. 2005.....											
4. 2006.....											
5. 2007.....											
6. 2008.....											
7. 2009.....											
8. 2010.....											
9. 2011.....											
10. 2012.....											
11. 2013.....	330	330		47.7	47.7						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2004.....												
3. 2005.....												
4. 2006.....												
5. 2007.....												
6. 2008.....												
7. 2009.....												
8. 2010.....												
9. 2011.....												
10. 2012.....												
11. 2013.....	456	456										
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2004.....													
3. 2005.....													
4. 2006.....													
5. 2007.....													
6. 2008.....													
7. 2009.....													
8. 2010.....													
9. 2011.....													
10. 2012.....													
11. 2013.....													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2004.....											
3. 2005.....											
4. 2006.....											
5. 2007.....											
6. 2008.....											
7. 2009.....											
8. 2010.....											
9. 2011.....											
10. 2012.....											
11. 2013.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2004.....												
3. 2005.....												
4. 2006.....												
5. 2007.....												
6. 2008.....												
7. 2009.....												
8. 2010.....												
9. 2011.....												
10. 2012.....												
11. 2013.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior											Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
2. 2004													
3. 2005													
4. 2006													
5. 2007													
6. 2008													
7. 2009													
8. 2010													
9. 2011													
10. 2012													
11. 2013													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2004.....											
3. 2005.....											
4. 2006.....											
5. 2007.....											
6. 2008.....											
7. 2009.....											
8. 2010.....											
9. 2011.....											
10. 2012.....											
11. 2013.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX									XXX
2. 2012.....												XXX
3. 2013.....	9	9										XXX
4. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2012.....													
3. 2013.....													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012.....											
3. 2013.....											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2012.....												
3. 2013.....	48	48				0	0					2
4. Totals.....	XXX	XXX	XXX			0	0					XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2012													
3. 2013	1	1			0	0	0	0	0	0			1
4. Totals	1	1			0	0	0	0	0	0			1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012.....											
3. 2013.....	1	1		2.8	2.8						
4. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 1M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2004.....												
3. 2005.....												
4. 2006.....												
5. 2007.....												
6. 2008.....												
7. 2009.....												
8. 2010.....												
9. 2011.....												
10. 2012.....												
11. 2013.....	0	0										
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2004.....													
3. 2005.....													
4. 2006.....													
5. 2007.....													
6. 2008.....													
7. 2009.....													
8. 2010.....													
9. 2011.....													
10. 2012.....													
11. 2013.....													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2004.....											
3. 2005.....											
4. 2006.....											
5. 2007.....											
6. 2008.....											
7. 2009.....											
8. 2010.....											
9. 2011.....											
10. 2012.....											
11. 2013.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

N O N E

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

N O N E

Schedule P - Part 1T - Warranty

N O N E

Schedule P - Part 2A - Homeowners/Farmowners

N O N E

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2E - Commercial Multiple Peril

N O N E

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

N O N E

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

N O N E

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

N O N E

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

N O N E

Schedule P - Part 2I - Special Property

N O N E

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 2M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2T - Warranty

N O N E

Schedule P - Part 3A - Homeowners/Farmowners

N O N E

Schedule P - Part 3B - Private Passenger Auto Liability/Medical

N O N E

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

N O N E

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

N O N E

Schedule P - Part 3E - Commercial Multiple Peril

N O N E

Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 3G - Special Liability

N O N E

Schedule P - Part 3H - Section 1 - Other Liability - Occurrence

N O N E

Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made

N O N E

Schedule P - Part 3I - Special Property

N O N E

Schedule P - Part 3J - Auto Physical Damage

N O N E

Schedule P - Part 3K - Fidelity/Surety

N O N E

Schedule P - Part 3L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 3M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 3T - Warranty

N O N E

Schedule P - Part 4A - Homeowners/Farmowners

N O N E

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

N O N E

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

N O N E

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 4E - Commercial Multiple Peril

N O N E

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 4G - Special Liability

N O N E

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

N O N E

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

N O N E

Schedule P - Part 4I - Special Property

N O N E

Schedule P - Part 4J - Auto Physical Damage

N O N E

Schedule P - Part 4K - Fidelity/Surety

N O N E

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 4M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4T - Warranty

N O N E

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

N O N E

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

N O N E

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

N O N E

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 1

N O N E

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 2

N O N E

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 3

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XXX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	263	263
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	263
13. Earned Premiums (Sch P-Pt. 1)										263	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XXX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	263	263
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	263
13. Earned Premiums (Sch P-Pt. 1)										263	XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XXX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	382	1,563	1,180
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,189	2,189
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,369
13. Earned Premiums (Sch P-Pt. 1)									382	3,369	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XXX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	382	1,563	1,180
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,189	2,189
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,369
13. Earned Premiums (Sch P-Pt. 1)									382	3,369	XXX

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XXX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	693	693
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	693
13. Earned Premiums (Sch P-Pt. 1)										693	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XXX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	693	693
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	693
13. Earned Premiums (Sch P-Pt. 1)										693	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XXX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	456	456
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	456
13. Earned Premiums (Sch P-Pt. 1)										456	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XXX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	456	456
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	456
13. Earned Premiums (Sch P-Pt. 1)										456	XXX

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

N O N E

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

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XXX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)										0	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XXX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)										0	XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XXX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior.....											
2. 2004.....											
3. 2005.....	XXX										
4. 2006.....	XXX	XXX									
5. 2007.....	XXX	XXX	XXX								
6. 2008.....	XXX	XXX	XXX	XXX							
7. 2009.....	XXX	XXX	XXX	XXX	XXX						
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

N O N E

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or “ERE”) benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?

Yes [] No [X]

If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?
- \$
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?
- Yes [] No []
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve?
- Yes [] No []
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?
- Yes [] No [] N/A []
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2004		
1.603 2005		
1.604 2006		
1.605 2007		
1.606 2008		
1.607 2009		
1.608 2010		
1.609 2011		
1.610 2012		
1.611 2013		
1.612 Totals		

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

5.2 Surety
6. Claim count information is reported per claim or per claimant (Indicate which).per claimant.....
- If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?
- Yes [] No [X]
- 7.2 (An extended statement may be attached.)
- #3.Adjusting & Other Expenses - The ADO payments in this statement are actual accident year claim payments. The ADO reserves are a combination of actual accident year data and BULK estimates determined by actuarial data.

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

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL						
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	Iowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	MO						
27.	Montana	MT						
28.	Nebraska	NE						
29.	Nevada	NV						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	OH						
37.	Oklahoma	OK						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	Rhode Island	RI						
41.	South Carolina	SC						
42.	South Dakota	SD						
43.	Tennessee	TN						
44.	Texas	TX						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia	WV						
50.	Wisconsin	WI						
51.	Wyoming	WY						
52.	American Samoa	AS						
53.	Guam	GU						
54.	Puerto Rico	PR						
55.	U.S. Virgin Islands	VI						
56.	Northern Mariana Islands	MP						
57.	Canada	CAN						
58.	Aggregate Other Alien	OT						
59.	Total							

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
1	Owned 6% by Graphic Arts Mutual Insurance Company.
2	A Texas Lloyd's association of twelve underwriters under the sponsorship of the Utica Mutual Insurance Company.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE Y

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
MARCH FILING		
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?.....
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....
APRIL FILING	
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?
29.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?
31.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
32.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?
AUGUST FILING	
33.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?
Explanations:	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
22.	
23.	
25.	
26.	
27.	
28.	
29.	
30.	
31.	
32.	

Bar Codes:	
12.	SIS Stockholder Information Supplement [Document Identifier 420]
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
15.	Supplement A to Schedule T [Document Identifier 455]
16.	Trusteed Surplus Statement [Document Identifier 490]
17.	Premiums Attributed to Protected Cells [Document Identifier 385]
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]
19.	Medicare Part D Coverage Supplement [Document Identifier 365]
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]
23.	Bail Bond Supplement [Document Identifier 500]
25.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO	
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES	
27.	Relief from the Requirements for Audit Committees [Document Identifier 226]
28.	Credit Insurance Experience Exhibit [Document Identifier 230]
29.	Long-Term Care Experience Reporting Forms [Document Identifier 306]
30.	Accident and Health Policy Experience Exhibit [Document Identifier 210]
31.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
32.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]



SUPPLEMENT FOR THE YEAR 2013 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2013
(To Be Filed by March 1)

NAIC Group Code 0201 NAIC Company Code 13998

Company Name UTICA NATIONAL INSURANCE COMPANY OF OHIO

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$	\$	\$	\$	\$	\$	%	%

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [X] No []

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [X] No []

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:\$ 2,453

2.32 Amount estimated using reasonable assumptions:\$

2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$	\$	\$	\$	%	%

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