



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

United Ohio Insurance Company

NAIC Group Code	0963 (Current)	0963 (Prior)	NAIC Company Code	13072	Employer's ID Number	34-1008736
Organized under the Laws of	OHIO			State of Domicile or Port of Entry		OHIO
Country of Domicile	United States of America					
Incorporated/Organized	12/01/1966			Commenced Business 03/01/1967		
Statutory Home Office	1725 Hopley Avenue (Street and Number)			Bucyrus , OH, US 44820-0111 (City or Town, State, Country and Zip Code)		
Main Administrative Office	1725 Hopley Avenue (Street and Number)					
	Bucyrus , OH, US 44820-0111 (City or Town, State, Country and Zip Code)			419-562-3011 (Area Code) (Telephone Number)		
Mail Address	1725 Hopley Avenue (Street and Number or P.O. Box)			Bucyrus , OH, US 44820-0111 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	1725 Hopley Avenue (Street and Number)					
	Bucyrus , OH, US 44820-0111 (City or Town, State, Country and Zip Code)			419-562-3011 (Area Code) (Telephone Number)		
Internet Website Address	www.omig.com					
Statutory Statement Contact	Caroline Kay Metcalf Mrs. (Name)			419-563-0816 (Area Code) (Telephone Number)		
	cmetcalf@omig.com (E-mail Address)			419-562-0995 (FAX Number)		

OFFICERS

President	Mark Clarence Russell, Mr. #	Secretary	Albert Michael Heister, Mr.
Treasurer	David Gary Hendrix, Mr.		

OTHER

Todd Emery Albert, Mr., Vice President Information Systems	Michael Alexander Brogan, Mr., Vice President Claims	David Alan Grove, Mr., Vice President Product Management
Michael Robert Horvath, Mr., Vice President Human Resources		

DIRECTORS OR TRUSTEES

Robert Bruce Albro, Mr.	Albert Michael Heister, Mr.	Susan Porter, Mrs.
John Redon Purse, Mr.	Mark Clarence Russell, Mr. #	David Anthony Siebenburgen, Mr.
Randy Lee Walker, Mr.	Thomas Eugene Woolley, Mr.	

State of Ohio SS:
County of Crawford

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.

Mark Clarence Russell President and CEO	David Gary Hendrix Treasurer and CFO	Michael Alexander Brogan Assistant Secretary
Subscribed and sworn to before me this		
day of		
a. Is this an original filing? Yes [X] No []		
b. If no,		
1. State the amendment number.....		
2. Date filed		
3. Number of pages attached.....		



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Connecticut DURING THE YEAR 2015 NAIC Company Code 13072

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	7,029	7,341		2,368		(188)	309			17	1,485	99
2.1 Allied lines	11,552	10,980		4,536		(203)	316				2,447	162
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	1,244,003	1,299,625		591,688	589,714	591,566	357,292	5,129	25,356	131,971	261,110	17,490
5.2 Commercial multiple peril (liability portion)	1,915,762	1,957,357		938,842	413,079	729,083	1,333,869	195,553	404,357	537,785	402,252	26,934
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	3,543	3,992		2,462		(9)					747	50
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												
17.1 Other Liability - occurrence	322,371	342,876		142,590	450,000	494,559	132,850		7,483	21,681	52,029	4,532
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	2,724	2,597		1,266		(241)	15		182	380	562	38
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	266,533	77,482		189,051	4,403	85,173	80,770		8,799	8,799	41,630	3,747
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	3,134,754	3,327,405		1,591,455	2,382,297	2,562,306	3,949,604	200,457	113,724	546,424	489,772	44,073
21.1 Private passenger auto physical damage	144,626	41,633		102,993	29,566	42,596	13,031	236	798	562	22,892	2,033
21.2 Commercial auto physical damage	875,788	873,509		433,765	1,107,037	1,099,711	122,945	35,816	36,705	8,120	136,484	12,313
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)	7,928,685	7,944,797		4,001,014	4,976,096	5,604,354	5,991,002	437,192	597,404	1,255,737	1,411,412	111,472
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 \$ 99,890
(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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2015 NAIC Company Code 13072

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire	11,042	5,102		8,023		171	494		16	27	2,590	155
2.1	Allied lines	7,885	2,520		5,957		145	218				1,849	111
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)	17,452	18,889		8,229		(987)	3,176		(90)	1,176	3,929	245
5.2	Commercial multiple peril (liability portion)	10,211	10,482		4,810		(382)	1,761			652	2,179	144
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												
17.1	Other Liability - occurrence	768	829		394		91	296		15	48	151	11
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability	168	213				(8)			(6)		39	2
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	18,015	23,237		5,426	27,336	(1,809)	7,329	1,579	(4,566)	970	3,120	253
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage	6,402	10,275		1,827	18,804	18,045	426	4,415	4,377	28	1,121	90
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)	71,943	71,546		34,666	46,140	15,265	13,700	5,993	(253)	2,901	14,978	1,011
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 \$ 685
(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 2015 OF THE United Ohio Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Iowa DURING THE YEAR 2015 NAIC Company Code 13072

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												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
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												
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)												
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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2015 NAIC Company Code 13072

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												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
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												
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)												
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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2015

NAIC Company Code 13072

			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
Line of Business			1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire		17,986	14,390		10,753		(43)	812		16	44	3,991	253
2.1	Allied lines		7,804	6,861		4,252	6,575	6,463	218	655	655		1,726	110
2.2	Multiple peril crop													
2.3	Federal flood													
2.4	Private crop													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)		950,861	901,804		483,160	239,773	59,453	267,256	18,491	(26,938)	103,167	209,999	13,369
5.2	Commercial multiple peril (liability portion)		795,525	673,553		400,539	91,972	(48,419)	233,475	14,610	(20,868)	90,532	174,583	11,185
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine		172,215	149,830		82,321	49,692	299,421	250,000	6,152	19,060	12,920	37,835	2,421
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													
17.1	Other Liability - occurrence		60,817	60,250		31,452		11,011	25,118		1,852	4,099	12,404	855
17.2	Other Liability - claims made													
17.3	Excess workers' compensation													
18.	Products liability		14,277	13,970		9,073		(1,068)	76		1,073	1,957	3,141	201
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability		872,781	691,794		488,557	212,191	742,473	699,031	12,245	68,243	79,395	123,933	12,271
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability		657,485	545,249		351,462	1,001,231	1,512,384	1,373,594	7,647	(7,922)	122,522	109,418	9,244
21.1	Private passenger auto physical damage		780,431	609,031		433,466	419,215	463,935	83,137	6,582	8,599	3,584	111,519	10,972
21.2	Commercial auto physical damage		169,998	139,347		89,171	161,436	172,093	27,597	6,337	6,237	840	27,827	2,390
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)		4,500,180	3,806,079		2,384,206	2,182,085	3,217,702	2,960,314	72,719	50,004	419,060	816,377	63,270
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 \$ 65,695

(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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Massachusetts DURING THE YEAR 2015 NAIC Company Code 13072

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												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
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												
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)												
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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Minnesota DURING THE YEAR 2015 NAIC Company Code 13072

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												
2.4	Private crop												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
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												
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)												
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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2015 NAIC Company Code 13072

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												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
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												
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)												
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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2015 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned		Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	4,059	3,923		1,854		(51)	179		2	10	862	57
2.1 Allied lines	3,709	3,523		1,938		(49)	102				788	52
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	286,323	234,954		162,463	55,693	82,711	64,654	2,396	15,413	24,416	60,480	4,026
5.2 Commercial multiple peril (liability portion)	610,796	531,922		325,022	295,364	491,562	314,343	24,296	112,514	125,440	128,481	8,587
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	158,035	140,680		76,154	76,040	75,804		2,127	2,116		33,546	2,222
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												
17.1 Other Liability - occurrence	65,536	60,311		30,268	5,500	18,640	27,004		2,198	4,407	12,388	921
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	16,311	16,151		7,542		(1,243)	82		1,086	2,110	3,426	229
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	278,627	212,910		150,083	43,674	104,498	108,495	521	5,912	12,001	39,914	3,917
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	380,742	338,717		192,816	89,519	189,237	216,781	1,779	9,460	29,647	59,256	5,353
21.1 Private passenger auto physical damage	317,736	235,406		170,369	126,637	136,648	26,333	2,727	3,197	1,135	46,127	4,467
21.2 Commercial auto physical damage	139,912	122,791		69,298	129,864	130,650	9,472	2,600	2,744	626	21,791	1,967
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)	2,261,786	1,901,288		1,187,807	822,291	1,228,406	767,444	36,447	154,642	199,792	407,061	31,799
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 \$ 28,080
(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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2015 NAIC Company Code 13072

			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
Line of Business			1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire		15,310,651	15,220,927		7,837,838	5,560,969	5,431,768	1,347,020	169,772	194,353	72,956	2,791,815	215,258
2.1	Allied lines		98,089	95,035		45,517	13,462	6,027	2,640	208	208		23,785	1,379
2.2	Multiple peril crop													
2.3	Federal flood													
2.4	Private crop													
3.	Farmowners multiple peril		20,302,081	20,263,738		9,798,512	5,795,475	6,312,836	3,870,757	145,226	138,186	167,680	4,396,751	285,435
4.	Homeowners multiple peril		21,875,082	22,707,651		11,242,635	7,861,571	8,285,427	3,346,865	294,132	314,583	265,884	4,023,398	307,550
5.1	Commercial multiple peril (non-liability portion)		9,675,942	9,643,082		4,693,626	2,892,075	2,376,846	2,154,286	100,154	72,777	793,989	2,052,567	136,038
5.2	Commercial multiple peril (liability portion)		5,949,211	5,817,865		2,823,526	2,659,651	1,666,759	3,665,545	756,012	805,301	1,264,972	1,225,775	83,642
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine		405,667	415,906		198,075	56,169	178,117	130,800		6,369	6,759	82,249	5,703
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)		4,828	5,761		2,027	845	600	3,855				743	68
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													
17.1	Other Liability - occurrence		6,085,307	6,145,235		3,060,920	795,796	2,703,262	5,792,806	185,022	352,034	868,569	1,069,779	85,556
17.2	Other Liability - claims made													
17.3	Excess workers' compensation													
18.	Products liability		155,894	155,608		67,753	1,709	(13,508)	3,318	1,858	73,214	85,683	37,755	2,192
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability		13,971,077	13,916,108		3,447,744	9,147,250	11,154,856	11,924,425	439,187	509,615	1,325,883	2,101,419	196,425
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability		9,061,443	9,200,578		4,253,429	3,136,608	4,868,128	8,436,775	347,414	166,164	1,108,112	1,615,921	127,398
21.1	Private passenger auto physical damage		9,617,867	9,653,255		2,354,874	5,065,300	5,072,972	623,065	96,662	99,555	25,299	1,555,215	135,221
21.2	Commercial auto physical damage		4,322,635	4,273,961		2,014,408	2,589,478	2,567,076	438,790	75,499	76,514	26,615	764,789	60,774
22.	Aircraft (all perils)													
23.	Fidelity													
24.	Surety													
26.	Burglary and theft		914,454	940,845		542,459	274,281	242,375	56,897	2,530	2,607	968	133,606	12,857
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business													
35.	TOTALS (a)		117,750,228	118,455,556		52,383,343	45,850,641	50,853,541	41,797,845	2,613,676	2,811,479	6,013,369	21,875,568	1,655,496
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 \$ 2,359,334
(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 2015 OF THE United Ohio Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2015 NAIC Company Code 13072

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												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
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												
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)												
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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2015

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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	6,513	7,233		3,497		(169)	287		1	16	1,338	92
2.1 Allied lines	4,258	4,286		1,838		(87)	117				876	60
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	1,959,447	1,921,220		951,902	755,981	811,724	552,172	15,006	72,131	210,989	401,415	27,549
5.2 Commercial multiple peril (liability portion)	2,451,528	2,376,073		1,172,086	970,873	2,114,687	3,672,876	383,541	1,000,048	1,296,202	501,341	34,467
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	600	538		116							124	8
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												
17.1 Other Liability - occurrence	320,180	314,731		160,346		52,820	131,944		8,586	21,532	50,705	4,502
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	13,270	14,407		8,578	10,000	(18,730)	73	11,094	(9,282)	1,888	2,722	187
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	4,233,548	3,676,782		2,143,714	1,599,677	3,299,119	2,847,079	33,111	195,833	321,846	483,166	59,521
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	2,887,143	2,731,416		1,422,872	1,205,156	2,380,748	2,738,134	54,700	141,465	385,422	441,076	40,591
21.1 Private passenger auto physical damage	2,392,596	2,008,502		1,214,994	1,821,174	1,893,692	226,606	42,024	45,508	9,769	276,962	33,638
21.2 Commercial auto physical damage	741,654	654,365		370,857	798,406	769,595	67,431	25,402	24,513	4,453	113,776	10,427
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	63	79		18		(2)	1				13	1
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	15,010,800	13,709,633		7,450,818	7,161,267	11,303,397	10,236,720	564,878	1,478,804	2,252,118	2,273,514	211,043
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 \$ 137,410

(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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2015 NAIC Company Code 13072

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												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
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												
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)												
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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2015 NAIC Company Code 13072

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	7,084	8,261		4,057		(295)	313		(3)	17	1,519	100
2.1 Allied lines	4,135	4,932		2,202		(176)	113				886	58
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	187,469	145,143		100,109	34,661	45,900	34,015		5,679	12,577	40,242	2,636
5.2 Commercial multiple peril (liability portion)	201,293	169,103		87,114	75,057	156,819	141,336	8,723	45,941	57,008	43,053	2,830
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	126,374	115,208		64,084	122,745	122,525		3,083	3,074		26,945	1,777
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												
17.1 Other Liability - occurrence	24,389	24,140		14,558	15,000	6,158	10,884	1,378	(1,183)	1,776	4,711	343
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	7,154	7,609		3,613		(448)	42		713	1,092	1,526	101
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	195,920	84,952		128,198	20,320	98,727	82,708	259	8,842	9,179	30,401	2,755
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	242,545	204,371		115,412	31,098	78,991	104,443	356	3,728	13,951	38,135	3,410
21.1 Private passenger auto physical damage	222,442	95,145		144,025	63,758	92,190	29,393	688	1,916	1,267	34,817	3,127
21.2 Commercial auto physical damage	141,462	118,462		65,453	52,408	63,535	19,043	558	1,376	1,258	22,246	1,989
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)	1,360,267	977,325		728,826	415,048	663,927	422,290	15,045	70,083	98,126	244,480	19,125
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 \$ 16,680
(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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2015 NAIC Company Code 13072

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												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
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												
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)												
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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963 BUSINESS IN THE STATE OF Wisconsin DURING THE YEAR 2015 NAIC Company Code 13072

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												
2.4. Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
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												
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)												
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 2015 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2015

NAIC Company Code 13072

			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
Line of Business			1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire		15,364,364	15,267,178		7,868,390	5,560,969	5,431,194	1,349,414	169,772	194,385	73,086	2,803,600	216,014
2.1	Allied lines		137,432	128,136		66,241	20,037	12,119	3,723	863	863		32,358	1,932
2.2	Multiple peril crop													
2.3	Federal flood													
2.4	Private crop													
3.	Farmowners multiple peril		20,302,081	20,263,738		9,798,512	5,795,475	6,312,836	3,870,757	145,226	138,186	167,680	4,396,751	285,435
4.	Homeowners multiple peril		21,875,082	22,707,651		11,242,635	7,861,571	8,285,427	3,346,865	294,132	314,583	265,884	4,023,398	307,550
5.1	Commercial multiple peril (non-liability portion)		14,321,497	14,164,715		6,991,176	4,567,897	3,967,213	3,432,852	141,176	164,327	1,278,286	3,029,742	201,351
5.2	Commercial multiple peril (liability portion)		11,934,326	11,536,355		5,751,939	4,505,997	5,110,109	9,363,205	1,382,734	2,347,293	3,372,591	2,477,665	167,789
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine		866,434	826,154		423,210	304,645	675,858	380,800	11,362	30,618	19,679	181,446	12,182
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)		4,828	5,761		2,027	845	600	3,855				743	68
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													
17.1	Other Liability - occurrence		6,879,368	6,948,373		3,440,530	1,266,296	3,286,541	6,120,902	186,400	370,985	922,112	1,202,168	96,720
17.2	Other Liability - claims made													
17.3	Excess workers' compensation													
18.	Products liability		209,798	210,554		97,825	11,709	(35,246)	3,606	12,953	66,980	93,110	49,171	2,950
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability		19,818,486	18,660,028		6,547,346	11,027,515	15,484,846	15,742,508	485,323	797,244	1,757,104	2,820,463	278,636
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability		16,382,127	16,370,974		7,932,872	7,873,246	11,589,984	16,826,660	613,931	422,055	2,207,048	2,756,698	230,323
21.1	Private passenger auto physical damage		13,475,698	12,642,972		4,420,721	7,525,649	7,702,034	1,001,564	148,919	159,573	41,616	2,047,533	189,460
21.2	Commercial auto physical damage		6,397,851	6,192,710		3,044,780	4,857,434	4,820,705	685,705	150,627	152,465	41,939	1,088,034	89,950
22.	Aircraft (all perils)													
23.	Fidelity													
24.	Surety													
26.	Burglary and theft		914,517	940,924		542,477	274,281	242,373	56,898	2,530	2,607	968	133,619	12,858
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business													
35.	TOTALS (a)		148,883,889	146,866,224		68,170,680	61,453,567	72,886,592	62,189,314	3,745,949	5,162,163	10,241,103	27,043,390	2,093,217
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 \$ 2,707,774

(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 2015 OF THE United Ohio Insurance Company

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH	128,903		33,221	33,221			59,276				
0199999		Affiliates - U.S. Intercompany Pooling		128,903		33,221	33,221			59,276				
0499999		Total - U.S. Non-Pool												
0799999		Total - Other (Non-U.S.)												
0899999		Total - Affiliates		128,903		33,221	33,221			59,276				
0999998		Other U.S. Unaffiliated Insurers Reinsurance for which the total of Column 8 is less than \$100,000												
0999999		Total Other U.S. Unaffiliated Insurers												
1099998		Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Mandatory Pools												
1099999		Total Pools, Associations or Other Similar Facilities - Mandatory Pools												
AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL	132										
1199998		Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Voluntary Pools												
1199999		Total Pools, Associations or Other Similar Facilities - Voluntary Pools		132										
1299999		Total - Pools and Associations		132										
1399998		Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000												
1399999		Total Other Non-U.S. Insurers												
9999999		Totals		129,035		33,221	33,221			59,276				

SCHEDULE F - PART 2

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

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
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH		135,850			36,419		19,435		64,161		120,015			120,015	
01999999. Total Authorized - Affiliates - U.S. Intercompany Pooling					135,850			36,419		19,435		64,161		120,015			120,015	
04999999. Total Authorized - Affiliates - U.S. Non-Pool																		
07999999. Total Authorized - Affiliates - Other (Non-U.S.)																		
08999999. Total Authorized - Affiliates					135,850			36,419		19,435		64,161		120,015			120,015	
95-4387273	19489	ALLIED WORLD ASSURANCE COMPANY	DE		563	2	1					47		50	(10)		60	
36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN		140	2						47		49	1		48	
06-1430254	10348	ARCH REINSURANCE COMPANY	DE															
47-0574325	32603	BERKLEY INSURANCE COMPANY	DE		92	1						32		33	1		32	
42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		134	2						39		41	1		40	
22-2005057	26921	EVEREST REINSURANCE COMPANY	DE		95										(3)		3	
05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		394			2				186		188	23		165	
42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		70	1						23		24			24	
13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		6,819	93	81	3,513		2,346		3,120		9,153	682		8,471	1,653
06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		880	2		20				435		457	52		405	
31-4259550	14621	MOTORIST MUTUAL INSURANCE COMPANY	OH															
13-4924125	10227	MUNICH REINSURANCE AMERICA, INC	DE		(54)			455				3		458			458	
47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		151										(4)		4	
52-1952955	10357	PLATINUM UNDERWRITERS REINSURANCE	MD		237										(7)		7	
35-6021485	12416	PROTECTIVE INSURANCE COMPANY	IN		95										(3)		3	
23-1641984	10219	QBE REINSURANCE CORPORATION	PA															
75-1444207	30058	SCOR REINSURANCE COMPANY	NY															
43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		180		1							1	(5)		6	
13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY		95										(3)		3	
13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		126	2						40		42	1		41	
13-5616275	19453	TRANSATLANTIC REINSURANCE COMPANY	NY		38	1						12		13			13	
09999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
09999999. Total Authorized - Other U.S. Unaffiliated Insurers					10,055	106	83	3,990		2,346		3,984		10,509	726		9,783	1,653
23-7024436	32573	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH		14							7		7	3		4	
10999999. Total Authorized - Pools - Mandatory Pools					14							7		7	3		4	
AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL		346									7	(10)		10	
11999999. Total Authorized - Pools - Voluntary Pools					346										(10)		10	
AA-1128791	00000	LLOYD'S SYNDICATE #0382	GBR															
AA-1126435	00000	LLOYD'S SYNDICATE #0435	GBR		155										(4)		4	
AA-1126623	00000	LLOYD'S SYNDICATE #0623	GBR		16													
AA-1126780	00000	LLOYD'S SYNDICATE #0780	GBR				1							1			1	
AA-1126958	00000	LLOYD'S SYNDICATE #0958	GBR				1							1			1	
AA-1127221	00000	LLOYD'S SYNDICATE #1221	GBR															
AA-1120085	00000	LLOYD'S SYNDICATE #1274	GBR															
AA-1127414	00000	LLOYD'S SYNDICATE #1414	GBR				1							1			1	
AA-1120157	00000	LLOYD'S SYNDICATE #1729	GBR		17													
AA-1128001	00000	LLOYD'S SYNDICATE #2001	GBR		167		1							1	(5)		6	
AA-1128003	00000	LLOYD'S SYNDICATE #2003	GBR		450		1							1	(12)		13	
AA-1127415	00000	LLOYD'S SYNDICATE #2007	GBR		86										(2)		2	
AA-1128010	00000	LLOYD'S SYNDICATE #2010	GBR		343		1							1	(9)		10	
AA-1120158	00000	LLOYD'S SYNDICATE #2014	GBR		83										(2)		2	
AA-1128623	00000	LLOYD'S SYNDICATE #2623	GBR		73										(2)		2	
AA-1128791	00000	LLOYD'S SYNDICATE #2791	GBR		271		2							2	(7)		9	
AA-1128987	00000	LLOYD'S SYNDICATE #2987	GBR															
AA-1120086	00000	LLOYD'S SYNDICATE #4141	GBR															
AA-1126004	00000	LLOYD'S SYNDICATE #4444	GBR															

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

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
1299998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																		
1299999. Total Authorized - Other Non-U.S. Insurers						1,661	8							8	(43)		51	
1399999. Total Authorized						147,926	106	91	40,409	21,781		68,152		130,539	676		129,863	1,653
1499999. Total Unauthorized - Affiliates - U.S. Intercompany Pooling																		
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																		
AA-3194139	.00000	AXIS SPECIALTY LIMITED	BMJ															
AA-3194161	.00000	CATLIN INSURANCE COMPANY LTD	BMJ		305							1		1	(8)		9	
AA-3194122	.00000	DAVINCI REINSURANCE LTD	BMJ		76										(2)		2	
AA-1340125	.00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		57	1						18		19			19	
AA-3190875	.00000	HISCOX INSURANCE COMPANY	BMJ		95										(3)		3	
AA-1840000	.00000	MAPFRE RE COMPANIA DE REASEGUROS, S.A.	ESP															
AA-3194200	.00000	MS FRONTIER REINSURANCE	BMJ		36										(1)		1	
AA-3194129	.00000	MONTPELIER REINSURANCE	BMJ															
AA-3190339	.00000	RENAISSANCE REINSURANCE, LTD	BMJ		113										(3)		3	
AA-1340192	.00000	R&V VERSICHERUNG AG	DEU		408		2							2	(11)		13	
AA-1440076	.00000	SIRIUS INTERNATIONAL CORPORATION	SWI															
2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																		
2599999. Total Unauthorized - Other Non-U.S. Insurers						1,090	1	2				19		22	(28)		50	
2699999. Total Unauthorized						1,090	1	2				19		22	(28)		50	
2799999. Total Certified - Affiliates - U.S. Intercompany Pooling																		
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						149,016	107	93	40,409	21,781		68,171		130,561	648		129,913	1,653
4199999. Total Protected Cells																		
9999999 Totals						149,016	107	93	40,409	21,781		68,171		130,561	648		129,913	1,653

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.	FACTORY MUTUAL INSURANCE COMPANY	35.000	393,631
2.	GENERAL REINSURANCE CORPORATION	32.500	3,167,278
3.	HARTFORD STEAM BOILER INSPECTION & INS	30.000	880,300
4.	ALLIED WORLD ASSURANCE COMPANY	25.000	145,849
5.	AMERICAN AGRICULTURAL INSURANCE COMPANY	25.000	140,433

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.	GENERAL REINSURANCE CORPORATION	9,152,922	6,819,017	Yes [] No [X]
2.	MUNICH REINSURANCE AMERICA, INC	457,771	(53,558)	Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

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
3.	HARTFORD STEAM BOILER INSPECTION & INS	.....		456,998	.....	880,300	Yes [] No [X]											
4.	FACTORY MUTUAL INSURANCE COMPANY	.....		187,195	.....	393,631	Yes [] No [X]											
5.	ALLIED WORLD ASSURANCE COMPANY	.....		49,425	.....	562,520	Yes [] No [X]											

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE F - PART 4

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11
				5 Current	Overdue					11 Total Due Cols. 5 + 10		
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9			
0499999. Total Authorized - Affiliates - U.S. Non-Pool												
0799999. Total Authorized - Affiliates - Other (Non-U.S.)												
0899999. Total Authorized - Affiliates												
95-4387273	19489	ALLIED WORLD ASSURANCE COMPANY	DE	3						3		
36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN	2						2		
47-0574325	32603	BERKLEY INSURANCE COMPANY	DE	1						1		
42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA	2						2		
42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA	1						1		
13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE	174						174		
06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT	2						2		
43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO	1						1		
13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE	2						2		
13-5616275	19453	TRANSATLANTIC REINSURANCE COMPANY	NY	1						1		
0999999. Total Authorized - Other U.S. Unaffiliated Insurers				189						189		
AA-1126780	00000	LLOYD'S SYNDICATE #0780	GBR	1						1		
AA-1126958	00000	LLOYD'S SYNDICATE #0958	GBR	1						1		
AA-1127414	00000	LLOYD'S SYNDICATE #1414	GBR	1						1		
AA-1128001	00000	LLOYD'S SYNDICATE #2001	GBR	1						1		
AA-1128003	00000	LLOYD'S SYNDICATE #2003	GBR	1						1		
AA-1128010	00000	LLOYD'S SYNDICATE #2010	GBR	1						1		
AA-1128791	00000	LLOYD'S SYNDICATE #2791	GBR	2						2		
1299999. Total Authorized - Other Non-U.S. Insurers				8						8		
1399999. Total Authorized				197						197		
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool												
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)												
2199999. Total Unauthorized - Affiliates												
AA-1340125	00000	HANNOVER RUCKVERSICHERUNGS AG	DEU	1						1		
AA-1340192	00000	R&V VERSICHERUNG AG	DEU	2						2		
2599999. Total Unauthorized - Other Non-U.S. Insurers				3						3		
2699999. Total Unauthorized				3						3		
3099999. Total Certified - Affiliates - U.S. Non-Pool												
3399999. Total Certified - Affiliates - Other (Non-U.S.)												
3499999. Total Certified - Affiliates												
3999999. Total Certified												
4099999. Total Authorized, Unauthorized and Certified				200						200		
4199999. Total Protected Cells												
9999999 Totals				200						200		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE F - PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 OMITTED)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
ID Number	NAIC Com- pany Code	Name of Reinsurer	Domi- ciliary Juris- diction	Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscellaneous Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 6+7+9+10 +11 but not in Excess of Col. 5)	Provision for Unauthorized Reinsurance (Col. 5 Minus Col. 12)	Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	20% of Amount in Col. 14	20% of Amount in Dispute Included in Column 5	Provision for Overdue Reinsurance (Col 15 plus Col. 16)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 plus Col. 17 but not in Excess of Col. 5)
0499999. Total - U.S. Non-Pool							XXX										
0799999. Total - Other (Non-U.S.)							XXX										
0899999. Total - Affiliates							XXX										
AA-3194139	..00000	AXIS SPECIALTY LIMITED	BMJ														
AA-3194161	..00000	CATLIN INSURANCE COMPANY LTD	BMJ	1				(8)		9	1						
AA-3194122	..00000	DAVINCI REINSURANCE LTD	BMJ					(2)		2							
AA-1340125	..00000	HANNOVER RUCKVERSICHERUNGS AG	DEU	19						19	19						
AA-3190875	..00000	HISCOX INSURANCE COMPANY	BMJ					(3)		3							
AA-1840000	..00000	MAPPRE RE COMPANIA DE REASEGUROS, S.A.	ESP														
AA-3194200	..00000	MS FRONTIER REINSURANCE	BMJ					(1)		1							
AA-3194129	..00000	MONTPELIER REINSURANCE	BMJ														
AA-3190339	..00000	RENAISSANCE REINSURANCE, LTD	BMJ					(3)		3							
AA-1340192	..00000	R&V VERSICHERUNG AG	DEU	2		18	0001	(11)			2						
AA-1440076	..00000	SIRIUS INTERNATIONAL CORPORATION	SWE														
1299999. Total Other Non-U.S. Insurers				22		18	XXX	(28)		37	22						
1399999. Total Affiliates and Others				22		18	XXX	(28)		37	22						
1499999. Total Protected Cells							XXX										
9999999 Totals				22		18	XXX	(28)		37	22						

1. Amounts in dispute totaling \$ are included in Column 5.
2. Amounts in dispute totaling \$ are excluded from Column 14.

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
	.....	1.....	021000089	Citibank, N.A. ....	.....18

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE F - PART 8

Provision for Overdue Reinsurance as of December 31, Current Year

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Reinsurance Recoverable All Items	5 Funds Held By Company Under Reinsurance Treaties	6 Letters of Credit	7 Ceded Balances Payable	8 Other Miscellaneous Balances	9 Other Allowed Offset Items	10 Sum of Cols. 5 through 9 but not in excess of Col. 4	11 Col. 4 minus Col. 10	12 Greater of Col. 11 or Schedule F - Part 4 Cols. 8 + 9
AA-1340192	.00000	R&V VERSICHERUNG AG	2,570		17,737	(11,089)			2,570		
9999999 Totals			2,570		17,737	(11,089)			2,570		
1. Total											
2. Line 1 x .20											
3. Schedule F - Part 7 Col. 11											
4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)											
5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F - Part 5 Col. 18 x1000)											
6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F- Part 6, Section 1, Col. 21 x 1000)											
7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F - Part 6, Section 2, Col 15 x 1000)											
8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)											

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)	247,203,818		247,203,818
2. Premiums and considerations (Line 15)	29,884,255		29,884,255
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	200,426	(200,426)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	25,934,253		25,934,253
6. Net amount recoverable from reinsurers		128,252,548	128,252,548
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	303,222,752	128,052,122	431,274,874
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	63,031,013	62,189,314	125,220,327
10. Taxes, expenses, and other obligations (Lines 4 through 8)	21,308,110		21,308,110
11. Unearned premiums (Line 9)	59,275,813	68,163,551	127,439,364
12. Advance premiums (Line 10)	1,289,966		1,289,966
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	647,581	(647,581)	
15. Funds held by company under reinsurance treaties (Line 13)	1,653,162	(1,653,162)	
16. Amounts withheld or retained by company for account of others (Line 14)	67,433		67,433
17. Provision for reinsurance (Line 16)			
18. Other liabilities	7,689,116		7,689,116
19. Total liabilities excluding protected cell business (Line 26)	154,962,194	128,052,122	283,014,316
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	148,260,558	XXX	148,260,558
22. Totals (Line 38)	303,222,752	128,052,122	431,274,874

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: Ohio Mutual Insurance Company and its wholly owned subsidiaries, United Ohio Insurance Company and Casco Indemnity Company, entered into a pooling agreement whereby all underwriting results are pooled and then split 27% to Ohio Mutual, 65% to United Ohio, and 8% to Casco Indemnity.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	3,138	XXX		XXX		XXX		XXX	3,138	XXX		XXX		XXX		XXX		XXX
2. Premiums earned	3,745	XXX		XXX		XXX		XXX	3,745	XXX		XXX		XXX		XXX		XXX
3. Incurred claims	390	10.4							390	10.4								
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)	390	10.4							390	10.4								
6. Increase in contract reserves																		
7. Commissions (a)	483	12.9							483	12.9								
8. Other general insurance expenses	489	13.1							489	13.1								
9. Taxes, licenses and fees																		
10. Total other expenses incurred	972	26.0							972	26.0								
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds	2,383	63.6							2,383	63.6								
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	2,383	63.6							2,383	63.6								
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	1,318				1,318				
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	1,318				1,318				
5. Total premium reserves, prior year	1,924				1,924				
6. Increase in total premium reserves	(606)				(606)				
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits (deferred maternity and other similar benefits)									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year	2,506				2,506				
2. Total prior year	2,665				2,665				
3. Increase	(159)				(159)				

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year	549				549				
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year	2,506				2,506				
3. Test:									
3.1 Line 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year	2,665				2,665				
3.3 Line 3.1 minus Line 3.2	(2,665)				(2,665)				

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	3,138				3,138				
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	4,828				4,828				
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			390	390
2. Beginning claim reserves and liabilities			2,665	2,665
3. Ending claim reserves and liabilities			2,506	2,506
4. Claims paid			549	549
B. Assumed Reinsurance:				
5. Incurred Claims.....				
6. Beginning claim reserves and liabilities				
7. Ending claim reserves and liabilities				
8. Claims paid				
C. Ceded Reinsurance:				
9. Incurred Claims.....				
10. Beginning claim reserves and liabilities				
11. Ending claim reserves and liabilities				
12. Claims paid				
D. Net:				
13. Incurred Claims.....			390	390
14. Beginning claim reserves and liabilities			2,665	2,665
15. Ending claim reserves and liabilities			2,506	2,506
16. Claims paid			549	549
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses				
18. Beginning reserves and liabilities				
19. Ending reserves and liabilities				
20. Paid claims and cost containment expenses				

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								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. 2006.....	23,470	1,410	22,060	11,051	380	224	3	1,449		118	12,341	2,511
3. 2007.....	24,120	1,333	22,787	12,783	402	215	3	1,450		107	14,043	2,497
4. 2008.....	25,971	1,842	24,129	21,779	7,085	643	298	1,546		129	16,585	4,734
5. 2009.....	27,002	2,418	24,584	17,973	4,059	359	33	1,518		289	15,758	4,070
6. 2010.....	28,247	1,717	26,530	14,565	221	403	1	1,426		179	16,172	4,936
7. 2011.....	29,774	2,402	27,372	25,829	5,181	585	182	2,184		115	23,235	4,129
8. 2012.....	31,827	4,014	27,813	32,658	15,927	1,310	754	2,730		139	20,017	4,321
9. 2013.....	34,098	2,992	31,106	19,960	835	330	2	2,311		295	21,764	2,636
10. 2014.....	36,413	3,585	32,828	14,823	125	219	2	1,781		182	16,696	1,866
11. 2015.....	37,495	3,210	34,285	10,203	106	152	1	1,177		95	11,425	1,643
12. Totals	XXX	XXX	XXX	181,624	34,321	4,440	1,279	17,572		1,648	168,036	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. 2006.....													
3. 2007.....													
4. 2008.....	43		22				2					67	3
5. 2009.....	6		3									9	1
6. 2010.....													
7. 2011.....	29		8				2					39	3
8. 2012.....	291		106				31		1			429	15
9. 2013.....	185		55	1			47		3			289	8
10. 2014.....	264		291				82		49			686	19
11. 2015.....	2,958	139	1,315	45			175		332			4,596	185
12. Totals	3,776	139	1,800	46			339		385			6,115	234

	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. 2006.....	12,724	383	12,341	54.2	27.2	55.9			65.0		
3. 2007.....	14,448	405	14,043	59.9	30.4	61.6			65.0		
4. 2008.....	24,035	7,383	16,652	92.5	400.8	69.0			65.0	65	2
5. 2009.....	19,859	4,092	15,767	73.5	169.2	64.1			65.0	9	
6. 2010.....	16,394	222	16,172	58.0	12.9	61.0			65.0		
7. 2011.....	28,637	5,363	23,274	96.2	223.3	85.0			65.0	37	2
8. 2012.....	37,127	16,681	20,446	116.7	415.6	73.5			65.0	397	32
9. 2013.....	22,891	838	22,053	67.1	28.0	70.9			65.0	239	50
10. 2014.....	17,509	127	17,382	48.1	3.5	52.9			65.0	555	131
11. 2015.....	16,312	291	16,021	43.5	9.1	46.7			65.0	4,089	507
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	5,391	724

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								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	(10)		2		(1)		10	(9)	XXX
2. 2006.....	25,615	1,965	23,650	14,163	1,249	746	84	1,580	49	572	15,107	3,733
3. 2007.....	26,982	1,962	25,020	17,020	1,802	740	66	1,473	49	715	17,316	4,003
4. 2008.....	30,510	1,866	28,644	18,768	1,516	997	33	1,610	52	812	19,774	4,376
5. 2009.....	31,716	2,003	29,713	20,376	1,834	1,036	61	1,783	63	799	21,237	4,979
6. 2010.....	32,274	1,260	31,014	20,339	1,087	1,151	51	1,842	28	979	22,166	5,989
7. 2011.....	30,091	382	29,709	17,066	68	1,045	1	1,326		700	19,368	3,269
8. 2012.....	27,009	249	26,760	16,411	449	819	14	1,210		699	17,977	2,481
9. 2013.....	25,776	183	25,593	13,852	14	380	1	1,118		444	15,335	2,415
10. 2014.....	26,807	131	26,676	12,632		214		1,190		384	14,036	2,269
11. 2015.....	27,851	154	27,697	8,510		162		1,416		263	10,088	2,148
12. Totals	XXX	XXX	XXX	159,127	8,019	7,292	311	14,547	241	6,377	172,395	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	6											6	1
2. 2006.....									4			4	
3. 2007.....	36	9						1				26	
4. 2008.....	30	1	11				4	4				40	2
5. 2009.....	248	98	18				13	2	1			180	3
6. 2010.....	173	13	85	23			44		11			277	3
7. 2011.....	233		226				132		37			628	4
8. 2012.....	746		371	3			210		57			1,381	15
9. 2013.....	1,882	39	855	9			472		99			3,260	41
10. 2014.....	4,466		1,308				682		288			6,744	193
11. 2015.....	8,556	82	3,662	114			1,349		1,056			14,427	720
12. Totals	16,376	242	6,536	149			2,906	7	1,553			26,973	982

	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	6	
2. 2006.....	16,493	1,382	15,111	64.4	70.3	63.9			65.0		4
3. 2007.....	19,269	1,927	17,342	71.4	98.2	69.3			65.0	27	(1)
4. 2008.....	21,420	1,606	19,814	70.2	86.1	69.2			65.0	40	
5. 2009.....	23,475	2,058	21,417	74.0	102.7	72.1			65.0	168	12
6. 2010.....	23,645	1,202	22,443	73.3	95.4	72.4			65.0	222	55
7. 2011.....	20,065	69	19,996	66.7	18.1	67.3			65.0	459	169
8. 2012.....	19,824	466	19,358	73.4	187.1	72.3			65.0	1,114	267
9. 2013.....	18,658	63	18,595	72.4	34.4	72.7			65.0	2,689	571
10. 2014.....	20,780		20,780	77.5		77.9			65.0	5,774	970
11. 2015.....	24,711	196	24,515	88.7	127.3	88.5			65.0	12,022	2,405
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	22,521	4,452

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							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. 2006.....	3,149	506	2,643	1,027	62	77	7	99	1	11	1,133	189
3. 2007.....	3,996	613	3,383	2,535	602	170	12	195	1	89	2,285	263
4. 2008.....	4,796	382	4,414	1,166	7	188		109		10	1,456	292
5. 2009.....	5,870	606	5,264	2,038	57	168	5	198		255	2,342	386
6. 2010.....	6,392	520	5,872	3,739	345	167	6	330	1	33	3,884	609
7. 2011.....	7,026	443	6,583	2,182		268		276		45	2,726	421
8. 2012.....	7,968	471	7,497	3,484	313	218	21	384		33	3,752	426
9. 2013.....	9,102	495	8,607	3,248	347	215	15	470		46	3,571	453
10. 2014.....	10,339	551	9,788	4,703	437	155	11	631		35	5,041	537
11. 2015.....	10,641	617	10,024	2,087		34		379		20	2,500	549
12. Totals	XXX	XXX	XXX	26,209	2,170	1,660	77	3,071	3	577	28,690	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. 2006.....													
3. 2007.....													
4. 2008.....									1			1	
5. 2009.....													
6. 2010.....	107		53				12					172	1
7. 2011.....	85		17				29		2			133	3
8. 2012.....	527	3	277	1			138		13			951	7
9. 2013.....	833		181				275		25			1,314	31
10. 2014.....	2,213		1,296	10			528		197			4,224	61
11. 2015.....	2,966	748	2,383	402			452		492			5,143	175
12. Totals	6,731	751	4,207	413			1,434		730			11,938	278

	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. 2006.....	1,203	70	1,133	38.2	13.8	42.9			65.0		
3. 2007.....	2,900	615	2,285	72.6	100.3	67.5			65.0		
4. 2008.....	1,464	7	1,457	30.5	1.8	33.0			65.0		1
5. 2009.....	2,404	62	2,342	41.0	10.2	44.5			65.0		
6. 2010.....	4,408	352	4,056	69.0	67.7	69.1			65.0	160	12
7. 2011.....	2,859		2,859	40.7		43.4			65.0	102	31
8. 2012.....	5,041	338	4,703	63.3	71.8	62.7			65.0	800	151
9. 2013.....	5,247	362	4,885	57.6	73.1	56.8			65.0	1,014	300
10. 2014.....	9,723	458	9,265	94.0	83.1	94.7			65.0	3,499	725
11. 2015.....	8,793	1,150	7,643	82.6	186.4	76.2			65.0	4,199	944
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	9,774	2,164

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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed				Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
1. Prior.....	XXX	XXX	XXX									XXX
2. 2006.....												
3. 2007.....												
4. 2008.....												
5. 2009.....												
6. 2010.....												
7. 2011.....												
8. 2012.....												
9. 2013.....												
10. 2014.....												
11. 2015.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	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. 2006.....													
3. 2007.....													
4. 2008.....													
5. 2009.....													
6. 2010.....													
7. 2011.....													
8. 2012.....													
9. 2013.....													
10. 2014.....													
11. 2015.....													
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. 2006.....											
3. 2007.....											
4. 2008.....											
5. 2009.....											
6. 2010.....											
7. 2011.....											
8. 2012.....											
9. 2013.....											
10. 2014.....											
11. 2015.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								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	23		24		1			48	XXX
2. 2006.....	4,971	618	4,353	2,297	202	137	9	242		15	2,465	297
3. 2007.....	6,398	783	5,615	3,209	274	284	9	264		176	3,474	393
4. 2008.....	7,813	848	6,965	4,341	1,208	402	43	283		18	3,775	610
5. 2009.....	8,756	1,182	7,574	4,094	694	356	10	369		48	4,115	754
6. 2010.....	9,537	1,238	8,299	4,721	178	664	6	452		43	5,653	1,353
7. 2011.....	10,346	1,331	9,015	7,163	1,737	640	56	706		121	6,716	785
8. 2012.....	11,584	1,534	10,050	6,389	1,612	447	64	734		96	5,894	801
9. 2013.....	13,770	1,716	12,054	7,189	1,146	583	61	923		37	7,488	690
10. 2014.....	16,070	2,078	13,992	5,820	419	303	13	857		67	6,548	715
11. 2015.....	16,706	2,079	14,627	2,944	56	178		465		61	3,531	573
12. Totals	XXX	XXX	XXX	48,190	7,526	4,018	271	5,296		682	49,707	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	3											3	1
2. 2006.....	3		2									5	1
3. 2007.....													
4. 2008.....	1								3			4	3
5. 2009.....	65		33				31					129	3
6. 2010.....	153		77				102		7			339	6
7. 2011.....	133		59				133		8			333	8
8. 2012.....	96		29				144		8			277	7
9. 2013.....	2,045	650	876	17			712		29			2,995	46
10. 2014.....	1,183	36	464	193			743		98			2,259	74
11. 2015.....	1,541	10	1,554	123			1,158		387			4,507	161
12. Totals	5,223	696	3,094	333			3,023		540			10,851	310

	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	.3	
2. 2006.....	2,681	211	2,470	53.9	34.1	56.7			65.0	.5	
3. 2007.....	3,757	283	3,474	58.7	36.1	61.9			65.0		
4. 2008.....	5,030	1,251	3,779	64.4	147.5	54.3			65.0	.1	3
5. 2009.....	4,948	704	4,244	56.5	59.6	56.0			65.0	.98	31
6. 2010.....	6,176	.184	5,992	64.8	14.9	72.2			65.0	.230	109
7. 2011.....	8,842	1,793	7,049	85.5	134.7	78.2			65.0	.192	141
8. 2012.....	7,847	1,676	6,171	67.7	109.3	61.4			65.0	.125	152
9. 2013.....	12,357	1,874	10,483	89.7	109.2	87.0			65.0	2,254	741
10. 2014.....	9,468	.661	8,807	58.9	31.8	62.9			65.0	1,418	841
11. 2015.....	8,227	189	8,038	49.2	9.1	55.0			65.0	2,962	1,545
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	7,288	3,563

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 2015 OF THE United Ohio Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								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. 2006.....	3,897	1,048	2,849	1,656	715	107	2	186		42	1,232	230
3. 2007.....	3,918	1,165	2,753	981	177	100	1	175		10	1,078	188
4. 2008.....	3,863	1,338	2,525	860		198		86		1	1,144	334
5. 2009.....	3,773	1,370	2,403	1,182	585	93		83		1	773	879
6. 2010.....	3,680	1,429	2,251	888	433	135	4	115		10	701	217
7. 2011.....	3,914	1,589	2,325	874	132	185	32	89		4	984	114
8. 2012.....	4,250	1,832	2,418	410		49		65		5	524	121
9. 2013.....	4,544	1,981	2,563	1,369	873	121		157		3	774	114
10. 2014.....	4,700	2,150	2,550	1,858	1,498	37		254		2	651	98
11. 2015.....	4,783	2,143	2,640	69		17		50		2	136	61
12. Totals	XXX	XXX	XXX	10,147	4,413	1,042	39	1,260		80	7,997	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....	88											88	2
2. 2006.....									2			2	
3. 2007.....													
4. 2008.....									28			28	
5. 2009.....							1		5			6	
6. 2010.....							12					12	
7. 2011.....	3		2				27		17			49	1
8. 2012.....	130	3	52	2			47		1			225	1
9. 2013.....	836	293	349	147			217		11			973	13
10. 2014.....	228		675	53			97		38			985	22
11. 2015.....	823	585	847	409			240		105			1,021	22
12. Totals	2,108	881	1,925	611			641		207			3,389	61

	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	88	
2. 2006.....	1,951	717	1,234	50.1	68.4	43.3			65.0		2
3. 2007.....	1,256	178	1,078	32.1	15.3	39.2			65.0		
4. 2008.....	1,172		1,172	30.3		46.4			65.0		28
5. 2009.....	1,364	585	779	36.2	42.7	32.4			65.0		6
6. 2010.....	1,150	437	713	31.3	30.6	31.7			65.0		12
7. 2011.....	1,197	164	1,033	30.6	10.3	44.4			65.0	5	44
8. 2012.....	754	5	749	17.7	0.3	31.0			65.0	177	48
9. 2013.....	3,060	1,313	1,747	67.3	66.3	68.2			65.0	745	228
10. 2014.....	3,187	1,551	1,636	67.8	72.1	64.2			65.0	850	135
11. 2015.....	2,151	994	1,157	45.0	46.4	43.8			65.0	676	345
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,541	848

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	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				Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
1. Prior.....	XXX	XXX	XXX									XXX
2. 2006.....												
3. 2007.....												
4. 2008.....												
5. 2009.....												
6. 2010.....												
7. 2011.....												
8. 2012.....												
9. 2013.....												
10. 2014.....												
11. 2015.....												
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	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. 2006.....													
3. 2007.....													
4. 2008.....													
5. 2009.....													
6. 2010.....													
7. 2011.....													
8. 2012.....													
9. 2013.....													
10. 2014.....													
11. 2015.....													
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. 2006.....											
3. 2007.....											
4. 2008.....											
5. 2009.....											
6. 2010.....											
7. 2011.....											
8. 2012.....											
9. 2013.....											
10. 2014.....											
11. 2015.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								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	12		8	1	1		9	20	XXX
2. 2014.....	13,053	1,016	12,037	5,088	3	88		607		66	5,780	XXX
3. 2015.....	13,572	851	12,721	4,430		104		493		137	5,027	XXX
4. Totals.....	XXX	XXX	XXX	9,530	3	200	1	1,101		212	10,827	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			11				1					12	
2. 2014	7		8				3		8			26	1
3. 2015	778		459				64		85			1,386	47
4. Totals	785		478				68		93			1,424	48

	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	11	1
2. 2014	5,809	3	5,806	44.5	0.3	48.2			65.0	15	11
3. 2015	6,413		6,413	47.3		50.4			65.0	1,237	149
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,263	161

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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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
1. Prior.....	XXX	XXX	XXX	(111)	(19)	9		(7)		127	(90)	XXX
2. 2014.....	24,142	687	23,455	15,649	1	267		1,363		2,093	17,278	10
3. 2015.....	25,314	563	24,751	15,426		263	1	1,845		1,277	17,533	507
4. Totals	XXX	XXX	XXX	30,964	(18)	539	1	3,201		3,497	34,721	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		3				5					10	3
2. 2014	13		12				10		13			48	10
3. 2015	947	34	1,067				83		154			2,217	507
4. Totals	962	34	1,082				98		167			2,275	520

	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	5	5
2. 2014.....	17,327	1	17,326	71.8	0.1	73.9			65.0	25	23
3. 2015.....	19,785	35	19,750	78.2	6.2	79.8			65.0	1,980	237
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,010	265

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SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								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	NONE								XXX
2. 2014.....												XXX
3. 2015.....												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		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. 2014.....													
3. 2015.....													
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. 2014.....											
3. 2015.....											
4. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								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. 2014.....	5		5	7				1			8	XXX
3. 2015.....	4		4									XXX
4. Totals	XXX	XXX	XXX	7				1			8	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. 2014													
3. 2015	2		1									3	1
4. Totals	2		1									3	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. 2014.....	8		8	160.0		160.0			65.0		
3. 2015.....	3		3	75.0		75.0			65.0	3	
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3	

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 2015 OF THE United Ohio Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								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. 2006.....	280	12	268	29		11		3			43	8
3. 2007.....	267	8	259	172		23		13			208	17
4. 2008.....	200	21	179	4		4		2	1		9	11
5. 2009.....	176	4	172	19		23		2			44	46
6. 2010.....	146	2	144	7		8		1			16	119
7. 2011.....	123	1	122	20		12		3			35	9
8. 2012.....	118	1	117	15		1		1	1		16	4
9. 2013.....	125	1	124	18		11		2			31	4
10. 2014.....	137	1	136	1		8					9	3
11. 2015.....	137	1	136	1		1					2	3
12. Totals	XXX	XXX	XXX	286		102		27	2		413	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				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1. Prior.....													
2. 2006.....													
3. 2007.....													
4. 2008.....													
5. 2009.....													
6. 2010.....													
7. 2011.....													
8. 2012.....													
9. 2013.....								3				3	
10. 2014.....1				1				57				59	1
11. 2015.....								1				1	1
12. Totals	1			1				61				63	2

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	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. 2006.....	43		43	15.4		16.0			65.0		
3. 2007.....	208		208	77.9		80.3			65.0		
4. 2008.....	10	1	9	5.0	4.8	5.0			65.0		
5. 2009.....	44		44	25.0		25.6			65.0		
6. 2010.....	16		16	11.0		11.1			65.0		
7. 2011.....	35		35	28.5		28.7			65.0		
8. 2012.....	17	1	16	14.4	100.0	13.7			65.0		
9. 2013.....	34		34	27.2		27.4			65.0		3
10. 2014.....	68		68	49.6		50.0			65.0	2	57
11. 2015.....	3		3	2.2		2.2			65.0		1
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2	61

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior.....	3,484	1,984	1,392	943	920	917	909	893	893	893		
2. 2006.....	12,924	12,152	11,502	11,064	10,941	10,893	10,893	10,895	10,892	10,892		(3)
3. 2007.....	XXX	15,217	13,909	12,924	12,637	12,601	12,592	12,594	12,593	12,593		(1)
4. 2008.....	XXX	XXX	17,219	15,560	15,196	15,129	15,087	15,091	15,106	15,106		15
5. 2009.....	XXX	XXX	XXX	15,551	14,429	14,429	14,518	14,262	14,253	14,249	(4)	(13)
6. 2010.....	XXX	XXX	XXX	XXX	16,346	15,222	14,907	14,832	14,755	14,746	(9)	(86)
7. 2011.....	XXX	XXX	XXX	XXX	XXX	22,751	21,667	21,522	21,091	21,090	(1)	(432)
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	18,263	17,745	17,657	17,715	58	(30)
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,168	20,023	19,739	(284)	(1,429)
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,937	15,552	(1,385)	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,512	XXX	XXX
12. Totals											(1,625)	(1,979)

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

1. Prior.....	10,415	7,825	6,502	6,099	5,831	5,837	5,798	5,747	5,739	5,726	(13)	(21)
2. 2006.....	16,702	15,564	14,333	13,967	13,605	13,572	13,564	13,574	13,566	13,576	10	2
3. 2007.....	XXX	19,278	17,444	16,617	16,242	16,013	15,903	15,918	15,900	15,918	18	
4. 2008.....	XXX	XXX	20,940	18,784	18,942	18,383	18,327	18,313	18,300	18,256	(44)	(57)
5. 2009.....	XXX	XXX	XXX	22,727	21,354	20,598	20,428	19,944	19,821	19,696	(125)	(248)
6. 2010.....	XXX	XXX	XXX	XXX	22,523	22,353	21,881	21,545	20,979	20,618	(361)	(927)
7. 2011.....	XXX	XXX	XXX	XXX	XXX	21,118	20,011	19,361	18,728	18,633	(95)	(728)
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	20,164	19,301	18,278	18,091	(187)	(1,210)
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,709	17,856	17,378	(478)	(331)
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,508	19,302	(206)	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,043	XXX	XXX
12. Totals											(1,481)	(3,520)

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

1. Prior.....	1,433	1,023	897	873	838	802	802	802	802	802		
2. 2006.....	1,459	1,076	1,018	1,080	1,052	1,035	1,039	1,035	1,035	1,035		
3. 2007.....	XXX	2,211	2,268	2,450	2,580	2,123	2,105	2,091	2,091	2,091		
4. 2008.....	XXX	XXX	1,674	1,821	1,788	1,365	1,472	1,405	1,407	1,347	(60)	(58)
5. 2009.....	XXX	XXX	XXX	2,583	2,602	2,331	2,180	2,157	2,161	2,144	(17)	(13)
6. 2010.....	XXX	XXX	XXX	XXX	5,569	4,792	4,375	4,001	3,728	3,727	(1)	(274)
7. 2011.....	XXX	XXX	XXX	XXX	XXX	4,491	3,573	2,970	2,711	2,581	(130)	(389)
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	4,407	4,490	4,533	4,306	(227)	(184)
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,813	4,370	4,390	20	(423)
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,989	8,437	448	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,772	XXX	XXX
12. Totals											33	(1,341)

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

1. Prior.....												
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	1,615	1,717	1,309	925	750	732	710	713	731	781	50	68
2. 2006.....	2,991	2,750	2,454	2,343	2,243	2,248	2,215	2,215	2,215	2,228	13	13
3. 2007.....	XXX	4,311	3,781	3,237	3,524	3,509	3,233	3,228	3,208	3,210	2	(18)
4. 2008.....	XXX	XXX	3,541	3,357	3,652	3,626	3,554	3,513	3,489	3,493	4	(20)
5. 2009.....	XXX	XXX	XXX	4,280	4,040	4,071	3,762	3,712	3,718	3,875	157	163
6. 2010.....	XXX	XXX	XXX	XXX	5,881	5,790	5,796	5,275	5,381	5,533	152	258
7. 2011.....	XXX	XXX	XXX	XXX	XXX	6,389	6,671	6,445	6,484	6,335	(149)	(110)
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	7,004	5,785	5,384	5,429	45	(356)
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,089	9,492	9,531	39	442
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,801	7,852	51	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,186	XXX	XXX
12. Totals											364	440

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SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior.....												
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX								
7. 2011.....	XXX	XXX	XXX	XXX	XXX							
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....												
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX								
7. 2011.....	XXX	XXX	XXX	XXX	XXX							
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....												
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX								
7. 2011.....	XXX	XXX	XXX	XXX	XXX							
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....	2,204	1,810	1,317	1,418	1,247	1,244	1,178	1,177	1,164	1,164		(13)
2. 2006.....	2,116	1,570	1,204	1,188	1,138	1,101	1,054	1,053	1,054	1,046	(8)	(7)
3. 2007.....	XXX	1,808	1,362	954	939	943	949	947	903	903		(44)
4. 2008.....	XXX	XXX	1,469	1,349	926	907	878	871	1,067	1,058	(9)	187
5. 2009.....	XXX	XXX	XXX	891	913	707	712	702	709	691	(18)	(11)
6. 2010.....	XXX	XXX	XXX	XXX	571	931	830	932	617	598	(19)	(334)
7. 2011.....	XXX	XXX	XXX	XXX	XXX	708	1,169	1,052	1,103	927	(176)	(125)
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	667	875	631	683	52	(192)
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,191	1,226	1,579	353	388
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,210	1,344	134	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,002	XXX	XXX
12. Totals											309	(151)

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

1. Prior.....												
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX								
7. 2011.....	XXX	XXX	XXX	XXX	XXX							
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,407	987	963	(24)	(444)
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,899	5,191	(708)	XXX
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,835	XXX	XXX
4. Totals											(732)	(444)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,704	1,069	943	(126)	(761)
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,033	15,950	(1,083)	XXX
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,751	XXX	XXX
4. Totals											(1,209)	(761)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

NONE

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	7	(3)	XXX
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	XXX	XXX
4. Totals											(3)	

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....												
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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

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SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior.....	116	106	74	134	122	93	92	92	92	92		
2. 2006.....	46	42	46	53	41	42	40	40	40	40		
3. 2007.....	XXX	228	237	234	223	199	197	195	195	195		
4. 2008.....	XXX	XXX	26	23	10	9	8	8	8	8		
5. 2009.....	XXX	XXX	XXX	151	69	55	44	42	42	42		
6. 2010.....	XXX	XXX	XXX	XXX	28	11	14	15	15	15		
7. 2011.....	XXX	XXX	XXX	XXX	XXX	92	54	48	32	32		(16)
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	29	28	16	16		(12)
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	44	48	32	(16)	(12)
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34	68	34	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	XXX	XXX
12. Totals											18	(40)

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

1. Prior.....												
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX								
7. 2011.....	XXX	XXX	XXX	XXX	XXX							
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

SCHEDULE P - PART 2T - WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

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SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior.....	.000	523	763	880	885	884	881	893	893	893	633	
2. 2006.....	7,931	10,271	10,607	10,875	10,880	10,892	10,892	10,892	10,892	10,892	2,140	371
3. 2007.....	XXX	9,946	12,033	12,508	12,576	12,593	12,592	12,592	12,593	12,593	2,112	385
4. 2008.....	XXX	XXX	11,978	14,507	14,741	14,999	15,021	15,027	15,039	15,039	4,124	607
5. 2009.....	XXX	XXX	XXX	11,899	13,748	14,086	14,157	14,229	14,241	14,240	3,316	753
6. 2010.....	XXX	XXX	XXX	XXX	12,220	14,377	14,653	14,735	14,746	14,746	2,425	2,511
7. 2011.....	XXX	XXX	XXX	XXX	XXX	17,926	20,500	20,948	21,032	21,051	3,629	497
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	14,270	16,663	17,160	17,287	3,870	436
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,474	19,266	19,453	2,206	422
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,029	14,915	1,512	335
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,248	1,174	284

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

1. Prior.....	.000	3,768	4,984	5,321	5,480	5,563	5,716	5,735	5,728	5,720	6,717	
2. 2006.....	6,673	10,158	11,724	12,648	13,170	13,424	13,494	13,504	13,503	13,576	3,101	632
3. 2007.....	XXX	7,136	12,254	14,361	15,183	15,663	15,762	15,821	15,892	15,892	3,323	680
4. 2008.....	XXX	XXX	8,169	12,971	15,740	17,330	17,948	18,108	18,234	18,216	3,577	797
5. 2009.....	XXX	XXX	XXX	8,545	14,990	17,350	18,788	19,129	19,482	19,517	3,585	1,391
6. 2010.....	XXX	XXX	XXX	XXX	9,401	15,627	17,702	19,381	20,132	20,352	3,515	2,471
7. 2011.....	XXX	XXX	XXX	XXX	XXX	9,023	13,656	15,841	17,224	18,042	2,693	572
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	7,378	12,274	15,218	16,767	2,095	371
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,386	11,804	14,217	2,053	321
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,692	12,846	1,787	289
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,672	1,245	183

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

1. Prior.....	.000	567	728	764	789	802	802	802	802	802	169	
2. 2006.....	371	557	605	819	1,034	1,035	1,035	1,035	1,035	1,035	165	24
3. 2007.....	XXX	640	1,017	1,494	1,926	1,998	2,091	2,091	2,091	2,091	236	27
4. 2008.....	XXX	XXX	604	868	1,010	1,176	1,244	1,316	1,318	1,347	246	46
5. 2009.....	XXX	XXX	XXX	741	1,217	1,481	1,839	2,028	2,112	2,144	277	109
6. 2010.....	XXX	XXX	XXX	XXX	1,072	2,040	3,037	3,516	3,541	3,555	341	267
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,075	1,586	2,060	2,356	2,450	355	63
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1,260	2,009	3,140	3,368	345	74
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,459	2,673	3,101	364	58
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,260	4,410	430	46
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,121	344	30

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

1. Prior.....	.000											
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.000	281	535	590	610	710	710	713	731	778	99	
2. 2006.....	1,342	1,805	1,932	2,193	2,204	2,215	2,215	2,215	2,215	2,223	221	75
3. 2007.....	XXX	2,077	2,784	2,863	3,095	3,129	3,185	3,185	3,208	3,210	303	90
4. 2008.....	XXX	XXX	1,898	1,982	2,593	3,323	3,375	3,384	3,398	3,492	490	117
5. 2009.....	XXX	XXX	XXX	2,503	3,210	3,403	3,477	3,625	3,667	3,746	495	256
6. 2010.....	XXX	XXX	XXX	XXX	2,490	3,755	4,689	4,887	5,018	5,201	668	679
7. 2011.....	XXX	XXX	XXX	XXX	XXX	3,526	4,791	5,276	5,761	6,010	632	145
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	3,516	4,720	4,883	5,160	652	142
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,766	5,762	6,565	516	128
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,078	5,691	510	131
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,066	343	69

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SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior.....	.000											
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX								
7. 2011.....	XXX	XXX	XXX	XXX	XXX							
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000											
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX								
7. 2011.....	XXX	XXX	XXX	XXX	XXX							
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000										XXX	XXX
2. 2006.....											XXX	XXX
3. 2007.....	XXX										XXX	XXX
4. 2008.....	XXX	XXX									XXX	XXX
5. 2009.....	XXX	XXX	XXX								XXX	XXX
6. 2010.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2011.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior.....	.000	559	765	857	1,073	1,076	1,076	1,076	1,076	1,076	878	
2. 2006.....	404	840	960	1,021	1,004	1,033	1,033	1,033	1,033	1,046	176	54
3. 2007.....	XXX	288	603	844	876	897	898	901	903	903	155	33
4. 2008.....	XXX	XXX	200	563	709	737	861	870	900	1,058	263	71
5. 2009.....	XXX	XXX	XXX	148	402	607	633	658	658	690	736	143
6. 2010.....	XXX	XXX	XXX	XXX	138	275	409	489	581	586	110	107
7. 2011.....	XXX	XXX	XXX	XXX	XXX	204	297	754	805	895	82	31
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	214	392	450	459	88	32
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	164	425	617	71	30
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	211	397	56	20
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	86	27	12

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

1. Prior.....	.000											
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX								
7. 2011.....	XXX	XXX	XXX	XXX	XXX							
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.932	.951	XXX	XXX
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,785	5,173	XXX	XXX
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,534	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	1,016	933		
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,017	15,915		
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,688		

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.7	.7	XXX	XXX
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	.000										XXX	XXX
2. 2006.....											XXX	XXX
3. 2007.....	XXX										XXX	XXX
4. 2008.....	XXX	XXX									XXX	XXX
5. 2009.....	XXX	XXX	XXX								XXX	XXX
6. 2010.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2011.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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

N O N E

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

N O N E

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

N O N E

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SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior.....	.000	32	39	58	64	92	92	92	92	92	13	
2. 2006.....	5	7	16	40	40	40	40	40	40	40	7	1
3. 2007.....	XXX	129	181	194	194	195	195	195	195	195	14	3
4. 2008.....	XXX	XXX	2	4	8	8	8	8	8	8	5	6
5. 2009.....	XXX	XXX	XXX	7	17	23	42	42	42	42	22	24
6. 2010.....	XXX	XXX	XXX	XXX	7	7	8	15	15	15	55	64
7. 2011.....	XXX	XXX	XXX	XXX	XXX	21	22	31	32	32	7	2
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	4	15	16	16	3	1
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	16	29	3	1
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	9	2	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1	1

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

1. Prior.....	.000											
2. 2006.....												
3. 2007.....	XXX											
4. 2008.....	XXX	XXX										
5. 2009.....	XXX	XXX	XXX									
6. 2010.....	XXX	XXX	XXX	XXX								
7. 2011.....	XXX	XXX	XXX	XXX	XXX							
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3T - WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000				
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	2,513	975	458	38	13	12	7			
2. 2006.....	2,597	1,253	471	121	22	1	1	3		
3. 2007.....	XXX	2,964	1,107	324	61	8		2		
4. 2008.....	XXX	XXX	2,893	553	130	43	22	20	24	24
5. 2009.....	XXX	XXX	XXX	1,882	193	253	130	10	5	3
6. 2010.....	XXX	XXX	XXX	XXX	2,532	655	198	89	8	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	2,351	689	280	26	10
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1,862	386	208	137
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,102	549	101
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,940	373
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,445

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

1. Prior.....	4,464	1,900	695	323	93	86	21			
2. 2006.....	4,617	2,678	933	416	112	61	17	(1)	(2)	
3. 2007.....	XXX	5,265	2,287	882	386	151	41	13		(1)
4. 2008.....	XXX	XXX	5,619	1,968	1,116	327	151	107	37	11
5. 2009.....	XXX	XXX	XXX	5,532	2,348	1,177	583	299	113	29
6. 2010.....	XXX	XXX	XXX	XXX	5,163	2,809	1,656	1,009	420	106
7. 2011.....	XXX	XXX	XXX	XXX	XXX	4,802	2,277	1,298	555	358
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	4,893	2,345	1,091	578
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,273	2,615	1,318
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,326	1,990
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,897

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

1. Prior.....	545	226	69	36	19					
2. 2006.....	807	404	131	68	18		4			
3. 2007.....	XXX	744	346	397	527	44	14			
4. 2008.....	XXX	XXX	756	742	559	75	95	40	40	
5. 2009.....	XXX	XXX	XXX	1,160	848	268	72	33	14	
6. 2010.....	XXX	XXX	XXX	XXX	2,796	1,493	810	445	88	65
7. 2011.....	XXX	XXX	XXX	XXX	XXX	2,752	1,624	454	243	46
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1,869	1,234	822	414
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,087	970	456
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,922	1,814
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,433

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

1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XXX	XXX	XXX					
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	1,017	967	634	283	50	15				
2. 2006.....	1,060	751	413	131	29	33				2
3. 2007.....	XXX	1,379	847	239	131	111	22	17		
4. 2008.....	XXX	XXX	936	702	439	218	107	64	38	
5. 2009.....	XXX	XXX	XXX	1,052	562	452	152	56	25	64
6. 2010.....	XXX	XXX	XXX	XXX	1,879	1,183	890	256	218	179
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,661	1,339	576	417	192
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2,422	752	276	173
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,038	2,126	1,571
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,231	1,014
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,589

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SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XX							
6. 2010.....	XXX	XXX	XX	XX						
7. 2011.....	XXX	XXX	XX	XX	XX					
8. 2012.....	XXX	XXX	XX	XXX	XXX	XX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XX	XXX	XXX					
8. 2012.....	XXX	XXX	XX	XX	XX	XX				
9. 2013.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2014.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XX	XXX						
7. 2011.....	XXX	XXX	XX	XXX	XXX					
8. 2012.....	XXX	XXX	XX	XX	XX	XX				
9. 2013.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2014.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	1,222	579	154	235	49	47	13	13		
2. 2006.....	1,183	462	164	47	38	28	8	7	8	
3. 2007.....	XXX	960	468	54	19	17	22	17		
4. 2008.....	XXX	XXX	903	622	111	86	17	1	89	
5. 2009.....	XXX	XXX	XXX	433	306	49	42	15	22	1
6. 2010.....	XXX	XXX	XXX	XXX	262	457	265	344	20	12
7. 2011.....	XXX	XXX	XXX	XXX	XXX	158	352	98	155	29
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	299	382	85	97
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	794	310	419
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	701	719
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	678

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

1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XX	XXX						
7. 2011.....	XXX	XXX	XX	XX	XX					
8. 2012.....	XXX	XXX	XX	XX	XX	XX				
9. 2013.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2014.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.612	.44	.12
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.660	.11
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	523

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.709	.45	.8
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.929	.22
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,150

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2	
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2006										
3. 2007	XXX									
4. 2008	XXX	XXX								
5. 2009	XXX	XXX	XXX							
6. 2010	XXX	XXX	XXX	XXX						
7. 2011	XXX	XXX	XXX	XXX	XXX					
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

N O N E

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

N O N E

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

N O N E

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SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	84	55	24	63	45	1				
2. 2006.....	34	31	15	13	1	2				
3. 2007.....	XXX	63	41	34	29	4	2			
4. 2008.....	XXX	XXX	25	14	3	1				
5. 2009.....	XXX	XXX	XXX	137	34	15	2			
6. 2010.....	XXX	XXX	XXX	XXX	21	4	5			
7. 2011.....	XXX	XXX	XXX	XXX	XXX	61	28	7		
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	11	13		
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	22	3
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	58
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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

1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XXX							
6. 2010.....	XXX	XXX	XXX	XXX						
7. 2011.....	XXX	XXX	XXX	XXX	XXX					
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4T - WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	591	355	317	(48)	5	1	1	1	1	
2. 2006.....	1,783	2,109	2,135	2,131	2,137	2,139	2,139	2,140	2,140	2,140
3. 2007.....	XXX	1,760	2,048	2,092	2,105	2,105	2,110	2,111	2,112	2,112
4. 2008.....	XXX	XXX	3,518	4,065	4,104	4,111	4,118	4,120	4,124	4,124
5. 2009.....	XXX	XXX	XXX	2,935	3,266	3,295	3,307	3,313	3,316	3,316
6. 2010.....	XXX	XXX	XXX	XXX	2,116	2,390	2,413	2,421	2,424	2,425
7. 2011.....	XXX	XXX	XXX	XXX	XXX	3,234	3,593	3,613	3,626	3,629
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	3,516	3,838	3,861	3,870
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,851	2,183	2,206
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,297	1,512
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,174

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	44	19	5	2	2	2	2			
2. 2006.....	205	64	4	6	3					
3. 2007.....	XXX	233	47	4						
4. 2008.....	XXX	XXX	435	37	10	7	4	4	3	3
5. 2009.....	XXX	XXX	XXX	207	29	10	5	1	1	1
6. 2010.....	XXX	XXX	XXX	XXX	192	22	7	2	1	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	259	25	9	4	3
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	223	36	21	15
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	276	24	8
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	177	19
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	185

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	239	150	141	634	10	1	1		1	
2. 2006.....	2,290	2,436	2,443	2,500	2,509	2,509	2,509	2,510	2,511	2,511
3. 2007.....	XXX	2,303	2,415	2,466	2,490	2,489	2,495	2,496	2,497	2,497
4. 2008.....	XXX	XXX	4,315	4,656	4,720	4,724	4,729	4,731	4,734	4,734
5. 2009.....	XXX	XXX	XXX	3,500	4,041	4,058	4,065	4,067	4,070	4,070
6. 2010.....	XXX	XXX	XXX	XXX	4,765	4,915	4,928	4,933	4,935	4,936
7. 2011.....	XXX	XXX	XXX	XXX	XXX	3,911	4,108	4,118	4,126	4,129
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	4,110	4,305	4,318	4,321
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,479	2,623	2,636
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,774	1,866
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,643

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SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	1,655	1,025	898	34	38	4,704	8	8	2	
2. 2006.....	1,467	2,047	2,197	2,253	2,281	3,085	3,093	3,096	3,099	3,101
3. 2007.....	XXX	1,702	2,373	2,464	2,527	3,305	3,315	3,320	3,323	3,323
4. 2008.....	XXX	XXX	1,916	2,417	2,562	3,511	3,547	3,564	3,571	3,577
5. 2009.....	XXX	XXX	XXX	1,617	2,310	3,451	3,524	3,557	3,578	3,585
6. 2010.....	XXX	XXX	XXX	XXX	1,747	3,228	3,392	3,476	3,505	3,515
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,815	2,397	2,590	2,658	2,693
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1,253	1,906	2,041	2,095
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,433	1,939	2,053
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,238	1,787
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,245

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	252	100	2	15	7	8	5	1	1	1
2. 2006.....	621	145	17	20	7	4	2	2	1	
3. 2007.....	XXX	753	115	62	23	9	5	2	1	
4. 2008.....	XXX	XXX	322	198	86	37	12	4	2	2
5. 2009.....	XXX	XXX	XXX	941	235	113	44	22	11	3
6. 2010.....	XXX	XXX	XXX	XXX	1,010	266	93	30	17	3
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,061	254	96	35	4
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	873	251	84	15
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	825	191	41
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	934	193
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	720

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	263	184	173	2,310	70	5,785	7	5	2	
2. 2006.....	2,234	2,321	2,332	2,648	2,694	3,719	3,726	3,729	3,732	3,733
3. 2007.....	XXX	2,582	2,655	2,908	2,997	3,991	3,998	4,002	4,004	4,003
4. 2008.....	XXX	XXX	2,967	3,036	3,249	4,342	4,354	4,364	4,370	4,376
5. 2009.....	XXX	XXX	XXX	2,802	3,637	4,948	4,957	4,969	4,979	4,979
6. 2010.....	XXX	XXX	XXX	XXX	4,821	5,919	5,944	5,973	5,992	5,989
7. 2011.....	XXX	XXX	XXX	XXX	XXX	3,259	3,185	3,251	3,262	3,269
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2,322	2,497	2,492	2,481
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,433	2,426	2,415
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,336	2,269
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,148

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SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	89	52	38	1		78				
2. 2006.....	97	140	145	150	151	165	165	165	165	165
3. 2007.....	XXX	150	200	209	215	232	234	235	236	236
4. 2008.....	XXX	XXX	168	220	228	242	244	245	245	246
5. 2009.....	XXX	XXX	XXX	166	236	263	268	272	275	277
6. 2010.....	XXX	XXX	XXX	XXX	211	305	330	339	340	341
7. 2011.....	XXX	XXX	XXX	XXX	XXX	235	321	341	352	355
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	222	309	335	345
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	248	346	364
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	301	430
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	344

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	25	7	1	2	1					
2. 2006.....	38	6		2	1					
3. 2007.....	XXX	57	7	8	5	1				
4. 2008.....	XXX	XXX	21	15	10	3	2	1	1	
5. 2009.....	XXX	XXX	XXX	78	24	10	7	4	1	
6. 2010.....	XXX	XXX	XXX	XXX	118	31	12	3	1	1
7. 2011.....	XXX	XXX	XXX	XXX	XXX	103	30	12	4	3
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	123	42	16	7
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	116	38	31
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	156	61
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	175

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	25	20	19	71	(1)	84		1		
2. 2006.....	142	153	155	171	172	189	189	189	189	189
3. 2007.....	XXX	207	218	235	245	260	261	262	263	263
4. 2008.....	XXX	XXX	231	267	279	290	292	292	292	292
5. 2009.....	XXX	XXX	XXX	269	365	381	384	385	385	386
6. 2010.....	XXX	XXX	XXX	XXX	572	599	608	608	608	609
7. 2011.....	XXX	XXX	XXX	XXX	XXX	377	412	416	419	421
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	389	419	424	426
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	398	439	453
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	488	537
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	549

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

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SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	84	45	45	1	5	3				
2. 2006.....	161	200	207	214	218	220	221	221	221	221
3. 2007.....	XXX	206	270	283	292	296	299	300	303	303
4. 2008.....	XXX	XXX	325	441	467	479	486	489	489	490
5. 2009.....	XXX	XXX	XXX	304	451	472	486	490	494	495
6. 2010.....	XXX	XXX	XXX	XXX	514	618	644	655	661	668
7. 2011.....	XXX	XXX	XXX	XXX	XXX	433	576	600	622	632
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	479	614	639	652
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	367	485	516
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	370	510
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	343

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	24	21	1	4	5	1		2	1	1
2. 2006.....	37	10	2	3	3					1
3. 2007.....	XXX	57	14	10	5	4	2	2		
4. 2008.....	XXX	XXX	57	25	16	7	3	3	4	3
5. 2009.....	XXX	XXX	XXX	77	21	10	5	5	3	3
6. 2010.....	XXX	XXX	XXX	XXX	109	29	18	13	11	6
7. 2011.....	XXX	XXX	XXX	XXX	XXX	129	46	31	16	8
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	107	31	16	7
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127	51	46
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155	74
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	161

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	39	29	21	101	13		(1)	2	(1)	
2. 2006.....	237	258	262	286	294	295	296	296	296	297
3. 2007.....	XXX	317	343	371	385	390	391	392	393	393
4. 2008.....	XXX	XXX	473	545	597	602	605	608	610	610
5. 2009.....	XXX	XXX	XXX	443	721	736	745	749	752	754
6. 2010.....	XXX	XXX	XXX	XXX	1,252	1,315	1,337	1,346	1,351	1,353
7. 2011.....	XXX	XXX	XXX	XXX	XXX	660	757	773	783	785
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	678	776	794	801
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	573	653	690
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	620	715
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	573

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

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

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	484	437	422	6	10	1	1	1		
2. 2006.....	110	157	164	169	173	174	175	175	175	176
3. 2007.....	XXX	99	133	148	151	153	154	154	155	155
4. 2008.....	XXX	XXX	93	244	255	259	262	262	262	263
5. 2009.....	XXX	XXX	XXX	688	725	733	734	735	735	736
6. 2010.....	XXX	XXX	XXX	XXX	65	90	100	104	109	110
7. 2011.....	XXX	XXX	XXX	XXX	XXX	54	70	75	79	82
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	51	80	87	88
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	60	71
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36	56
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	49	36	2	8	4	5	2	2	2	2
2. 2006.....	42	16	3	5	3	2	1	1	1	
3. 2007.....	XXX	33	8	7	3	1	1	1		
4. 2008.....	XXX	XXX	23	14	6	3	1	1	1	
5. 2009.....	XXX	XXX	XXX	31	14	6	2	1	1	
6. 2010.....	XXX	XXX	XXX	XXX	34	19	11	5	1	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	31	12	7	3	1
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	38	14	5	1
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34	23	13
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	22
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	189	163	158	(1,417)	17	3	(1)	1		
2. 2006.....	179	205	208	222	229	229	230	230	230	230
3. 2007.....	XXX	146	33	183	187	187	188	188	188	188
4. 2008.....	XXX	XXX	153	313	332	333	334	334	334	334
5. 2009.....	XXX	XXX	XXX	802	878	881	879	879	879	879
6. 2010.....	XXX	XXX	XXX	XXX	192	212	216	215	217	217
7. 2011.....	XXX	XXX	XXX	XXX	XXX	103	112	113	113	114
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	111	123	123	121
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	94	111	114
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90	98
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	11	7	5	(1)		2				
2. 2006.....	3	5	5	7	7	7	7	7	7	7
3. 2007.....	XXX	6	10	12	14	14	14	14	14	14
4. 2008.....	XXX	XXX	2	2	5	5	5	5	5	5
5. 2009.....	XXX	XXX	XXX	3	21	21	22	22	22	22
6. 2010.....	XXX	XXX	XXX	XXX	54	54	54	55	55	55
7. 2011.....	XXX	XXX	XXX	XXX	XXX	2	5	5	7	7
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1	2	3	3
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2	3
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	3	2		2	2					
2. 2006.....	2	1								
3. 2007.....	XXX	5		1						
4. 2008.....	XXX	XXX		1	1					
5. 2009.....	XXX	XXX	XXX	1	2	2				
6. 2010.....	XXX	XXX	XXX	XXX		1	1			
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1	1	1		
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1			
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....	6	2	2	10						
2. 2006.....	5	6	7	8	8	8	8	8	8	8
3. 2007.....	XXX	11	13	14	17	17	17	17	17	17
4. 2008.....	XXX	XXX	2	4	10	11	11	11	11	11
5. 2009.....	XXX	XXX	XXX	5	46	46	46	46	46	46
6. 2010.....	XXX	XXX	XXX	XXX	116	118	119	119	119	119
7. 2011.....	XXX	XXX	XXX	XXX	XXX	4	7	8	9	9
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	4	4
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	4	4
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	3
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

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 2015 OF THE United Ohio Insurance Company

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....	3,149	3,149	3,149	3,149	3,149	3,149	3,149	3,149	3,149	3,149	
3. 2007.....	XXX	3,996	3,996	3,996	3,996	3,996	3,996	3,996	3,996	3,996	
4. 2008.....	XXX	XXX	4,796	4,796	4,796	4,796	4,796	4,796	4,796	4,796	
5. 2009.....	XXX	XXX	XXX	5,870	5,870	5,870	5,870	5,870	5,870	5,870	
6. 2010.....	XXX	XXX	XXX	XXX	6,392	6,392	6,392	6,392	6,392	6,392	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	7,026	7,026	7,026	7,026	7,026	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	7,968	7,968	7,968	7,968	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,102	9,102	9,102	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,339	10,339	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,641	10,641
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,641
13. Earned Premiums (Sch P-Pt. 1)	3,149	3,996	4,796	5,870	6,392	7,026	7,968	9,102	10,339	10,641	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	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....	506	506	506	506	506	506	506	506	506	506	
3. 2007.....	XXX	613	613	613	613	613	613	613	613	613	
4. 2008.....	XXX	XXX	382	382	382	382	382	382	382	382	
5. 2009.....	XXX	XXX	XXX	606	606	606	606	606	606	606	
6. 2010.....	XXX	XXX	XXX	XXX	520	520	520	520	520	520	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	443	443	443	443	443	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	471	471	471	471	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	495	495	495	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	551	551	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	617	617
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	617
13. Earned Premiums (Sch P-Pt. 1)	506	613	382	606	520	443	471	495	551	617	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	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XXX						
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....	4,971	4,971	4,971	4,971	4,971	4,971	4,971	4,971	4,971	4,971	
3. 2007.....	XXX	6,398	6,398	6,398	6,398	6,398	6,398	6,398	6,398	6,398	
4. 2008.....	XXX	XXX	7,813	7,813	7,813	7,813	7,813	7,813	7,813	7,813	
5. 2009.....	XXX	XXX	XXX	8,756	8,756	8,756	8,756	8,756	8,756	8,756	
6. 2010.....	XXX	XXX	XXX	XXX	9,537	9,537	9,537	9,537	9,537	9,537	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	10,346	10,346	10,346	10,346	10,346	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	11,584	11,584	11,584	11,584	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,770	13,770	13,770	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,070	16,070	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,706	16,706
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,706
13. Earned Premiums (Sch P-Pt. 1)	4,971	6,398	7,813	8,756	9,537	10,346	11,584	13,770	16,070	16,706	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	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....	618	618	618	618	618	618	618	618	618	618	
3. 2007.....	XXX	783	783	783	783	783	783	783	783	783	
4. 2008.....	XXX	XXX	848	848	848	848	848	848	848	848	
5. 2009.....	XXX	XXX	XXX	1,182	1,182	1,182	1,182	1,182	1,182	1,182	
6. 2010.....	XXX	XXX	XXX	XXX	1,238	1,238	1,238	1,238	1,238	1,238	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,331	1,331	1,331	1,331	1,331	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1,534	1,534	1,534	1,534	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,716	1,716	1,716	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,078	2,078	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,079	2,079
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,079
13. Earned Premiums (Sch P-Pt. 1)	618	783	848	1,182	1,238	1,331	1,534	1,716	2,078	2,079	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	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	3,897	
3. 2007.....	XXX	3,918	3,918	3,918	3,918	3,918	3,918	3,918	3,918	3,918	
4. 2008.....	XXX	XXX	3,863	3,863	3,863	3,863	3,863	3,863	3,863	3,863	
5. 2009.....	XXX	XXX	XXX	3,773	3,773	3,773	3,773	3,773	3,773	3,773	
6. 2010.....	XXX	XXX	XXX	XXX	3,680	3,680	3,680	3,680	3,680	3,680	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	3,914	3,914	3,914	3,914	3,914	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	4,250	4,250	4,250	4,250	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,544	4,544	4,544	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,700	4,700	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,783	4,783
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,783
13. Earned Premiums (Sch P-Pt. 1)	3,897	3,918	3,863	3,773	3,680	3,914	4,250	4,544	4,700	4,783	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	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....	1,048	1,048	1,048	1,048	1,048	1,048	1,048	1,048	1,048	1,048	
3. 2007.....	XXX	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	
4. 2008.....	XXX	XXX	1,338	1,338	1,338	1,338	1,338	1,338	1,338	1,338	
5. 2009.....	XXX	XXX	XXX	1,370	1,370	1,370	1,370	1,370	1,370	1,370	
6. 2010.....	XXX	XXX	XXX	XXX	1,429	1,429	1,429	1,429	1,429	1,429	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1,589	1,589	1,589	1,589	1,589	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1,832	1,832	1,832	1,832	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,981	1,981	1,981	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,150	2,150	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,143	2,143
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,143
13. Earned Premiums (Sch P-Pt. 1)	1,048	1,165	1,338	1,370	1,429	1,589	1,832	1,981	2,150	2,143	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 2015 OF THE United Ohio Insurance Company

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....	280	280	280	280	280	280	280	280	280	280	
3. 2007.....	XXX	267	267	267	267	267	267	267	267	267	
4. 2008.....	XXX	XXX	200	200	200	200	200	200	200	200	
5. 2009.....	XXX	XXX	XXX	176	176	176	176	176	176	176	
6. 2010.....	XXX	XXX	XXX	XXX	146	146	146	146	146	146	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	123	123	123	123	123	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	118	118	118	118	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	125	125	125	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137	137	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137	137
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137
13. Earned Premiums (Sch P-Pt. 1)	280	267	200	176	146	123	118	125	137	137	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	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....	14	14	14	14	14	14	14	14	14	14	
3. 2007.....	XXX	10	10	10	10	10	10	10	10	10	
4. 2008.....	XXX	XXX	21	21	21	21	21	21	21	21	
5. 2009.....	XXX	XXX	XXX	5	5	5	5	5	5	5	
6. 2010.....	XXX	XXX	XXX	XXX	2	2	2	2	2	2	
7. 2011.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	
8. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)	14	10	21	5	2	1	1	1	1	1	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	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XX						
8. 2012.....	XXX	XXX	XXX	XXX	XX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XX	XXX	XXX	XXX			
11. 2015.....	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	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior.....											
2. 2006.....											
3. 2007.....	XXX										
4. 2008.....	XXX	XXX									
5. 2009.....	XXX	XXX	XXX								
6. 2010.....	XXX	XXX	XXX	XXX							
7. 2011.....	XXX	XXX	XXX	XXX	XX						
8. 2012.....	XXX	XXX	XXX	XXX	XX	XXX					
9. 2013.....	XXX	XXX	XXX	XXX	XX	XXX	XXX				
10. 2014.....	XXX	XXX	XXX	XXX	XX	XXX	XXX	XXX			
11. 2015.....	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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	6,115			34,612		
2. Private Passenger Auto Liability/Medical	26,973			28,272		
3. Commercial Auto/Truck Liability/Medical	11,938			10,019		
4. Workers' Compensation						
5. Commercial Multiple Peril	10,851			14,901		
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	3,389			2,624		
10. Other Liability - Claims-Made						
11. Special Property	1,424			12,851		
12. Auto Physical Damage	2,275			25,486		
13. Fidelity/Surety						
14. Other	3			3		
15. International						
16. Reinsurance - Nonproportional Assumed Property						
17. Reinsurance - Nonproportional Assumed Liability						
18. Reinsurance - Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence	63			136		
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	63,031			128,903		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XX							
6. 2010.....	XXX	XXX	XX	XX						
7. 2011.....	XXX	XXX	XX	XX	XX					
8. 2012.....	XXX	XXX	XX	XXX	XXX	XX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior.....										
2. 2006.....										
3. 2007.....	XXX									
4. 2008.....	XXX	XXX								
5. 2009.....	XXX	XXX	XX							
6. 2010.....	XXX	XXX	XX	XX						
7. 2011.....	XXX	XXX	XX	XX	XX					
8. 2012.....	XXX	XXX	XX	XXX	XXX	XX				
9. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2015 OF THE United Ohio Insurance Company

SCHEDULE P INTERROGATORIES

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

Yes [] No [X]

If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?

\$
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?

Yes [] No [X]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve?

Yes [] No [X]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?

Yes [] No [] N/A [X]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2006		
1.603 2007		
1.604 2008		
1.605 2009		
1.606 2010		
1.607 2011		
1.608 2012		
1.609 2013		
1.610 2014		
1.611 2015		
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 claim.....

If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?

Yes [X] No []
- 7.2 (An extended statement may be attached.)

Effective January 1, 2006, Ohio Mutual Insurance Company and its wholly-owned subsidiary, United Ohio Insurance Company entered into a pooling agreement whereby all underwriting results are pooled together and then split out proportionally with 25% going to Ohio Mutual and 75% going to United Ohio. As the pooling agreement was effective for all losses, the loss and LAE reserves, paid losses and paid LAE for the prior years were reallocated on Schedule P to resemble this pooling agreement.

Effective January 1, 2011, Ohio Mutual purchased 100% of the shares of Casco Indemnity Company. At that time, Casco was added to the pool with Ohio Mutual and United Ohio. Casco was provided 8% of the pool with United Ohio holding 65% and Ohio Mutual retaining 27% of the pool. For 2011, the history presented on the Schedule P was reallocated once again to resemble this revised pooling agreement.

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SCHEDULE Y

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

[illegible]

Effective 1/1/2011, Ohio Mutual Insurance Company and its wholly owned subsidiaries, United Ohio Insurance Company and Casco Indemnity Company entered into a pooling agreement whereby all underwriting results are pooled together and then split out proportionally with 27% going to Ohio Mutual, 65% going to United Ohio, and 8% going to Casco Indemnity.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company



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?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	YES
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?.....	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
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?	NO
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?	NO
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?.....	NO
APRIL FILING		
28.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
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?	NO
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?	NO
33.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
34.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:		
12.		
13.		
14.		
15.		
16.		
17.		
19.		
22.		
23.		
25.		
26.		
27.		
28.		
29.		
31.		
32.		
34.		
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]	
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]	
26.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 3 0 7 2 2 0 1 5 2 2 6 0 0 0 0 0
28.	Credit Insurance Experience Exhibit [Document Identifier 230]	 1 3 0 7 2 2 0 1 5 2 3 0 0 0 0 0 0
29.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 3 0 7 2 2 0 1 5 3 0 6 0 0 0 0 0
31.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 1 3 0 7 2 2 0 1 5 2 1 6 0 0 0 0 0
32.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 1 3 0 7 2 2 0 1 5 2 1 7 0 0 0 0 0
34.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 1 3 0 7 2 2 0 1 5 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

NONE



For The Year Ended December 31, 2015
To Be Filed by March 1
(A) Financial Impact

[illegible]

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.



SUPPLEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2015
(To Be Filed by March 1)

NAIC Group Code0963

NAIC Company Code13072

Company NameUnited Ohio Insurance Company

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:\$

2.32 Amount estimated using reasonable assumptions:\$17,832

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
\$	\$	\$ (480)	\$ (480)	%	100.0 %

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