



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 0963 NAIC Company Code 13072 Employer's ID Number 34-1008736

0963    0963    NAIC Company Code    13072    Employer's ID Number    34-1008736

Organized under the Laws of \_\_\_\_\_, State of Domicile or Port of Entry \_\_\_\_\_  
Country of Domicile \_\_\_\_\_ United States of America \_\_\_\_\_ OHIO

Incorporated/Organized 12/01/1966 Commenced Business 03/01/1967

Statutory Home Office 1725 Hopley Avenue, Bucyrus , OH, US 44820-0111  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office \_\_\_\_\_ 1725 Hopley Avenue  
(Street and Number)  
Bucyrus , OH, US 44820-0111 , 419-562-3011  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1725 Hopley Avenue, Bucyrus , OH, US 44820-0111  
(Street and Number or P.O. Box) (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      419-562-3011  
(City or Town, State, Country and Zip Code)      (Area Code) (Telephone Number)

Internet Website Address \_\_\_\_\_ [www.omig.com](http://www.omig.com)

Statutory Statement Contact Caroline Kay Metcalf Mrs., 419-563-0816  
(Name) (Area Code) (Telephone Number)  
cmetcalf@omig.com, 419-562-0995  
(E-mail Address) (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  
Michael Robert Horvath, Mr., Vice President Human Resources  
David Alan Grove, Mr., Vice President Product Management

## **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? .....
- b. If no,

Yes [ X ] No [ ]



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
2.1 Allied lines .....		11,552	10,980		4,536		(203)	316					2,447
2.2 Multiple peril crop .....													162
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
10. Financial guaranty .....													.50
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
<b>DETAILS OF WRITE-INS</b>													
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 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 .....	11,042	5,102			8,023		.171	.494			.16	.27	2,590
2.1 Allied lines .....	7,885	2,520			5,957		.145	.218					1,849
2.2 Multiple peril crop .....													111
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
5.2 Commercial multiple peril (liability portion) .....	10,211	10,482			4,810		(382)	1,761				652	2,179
6. Mortgage guaranty .....													245
8. Ocean marine .....													144
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
17.2 Other Liability - claims made .....													11
17.3 Excess workers' compensation .....													
18. Products liability .....	.168	.213					(8)				(6)		.39
19.1 Private passenger auto no-fault (personal injury protection) .....													2
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
<b>DETAILS OF WRITE-INS</b>													
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) .....												
<b>DETAILS OF WRITE-INS</b>												
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) .....												
<b>DETAILS OF WRITE-INS</b>												
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	
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 .....		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
<b>DETAILS OF WRITE-INS</b>													
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) .....												
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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) .....												
<b>DETAILS OF WRITE-INS</b>												
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) .....												
<b>DETAILS OF WRITE-INS</b>												
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) .....												
<b>DETAILS OF WRITE-INS</b>												
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 .....

**NONE**



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		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 .....	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	
<b>DETAILS OF WRITE-INS</b>													
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	
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 .....		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
10. Financial guaranty .....													5,703
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
15.3 Guaranteed renewable accident and health(b) .....													.68
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
<b>DETAILS OF WRITE-INS</b>													
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) .....												
<b>DETAILS OF WRITE-INS</b>												
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 .....

**NONE**



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		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....		6,513	7,233		3,497		(169)	287		1		16	1,338
2.1 Allied lines .....		4,258	4,286		1,838		(87)	117					876
2.2 Multiple peril crop .....													.60
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
10. Financial guaranty .....													8
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					.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
<b>DETAILS OF WRITE-INS</b>													
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) .....												
<b>DETAILS OF WRITE-INS</b>												
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	
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
<b>DETAILS OF WRITE-INS</b>												
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) .....												
<b>DETAILS OF WRITE-INS</b>												
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)

(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	
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 .....	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	
<b>DETAILS OF WRITE-INS</b>													
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	9	10	11	12	13	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				

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

## **SCHEDULE F - PART 2**

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

# 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
						7	8	9	10	11	12	13	14	15	16	17		
ID Number	NAIC Company 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 Commissions	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
34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH		135,850			36,419		19,435		64,161		120,015			120,015	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					135,850			36,419		19,435		64,161		120,015			120,015	
0499999. Total Authorized - Affiliates - U.S. Non-Pool																		
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																		
0899999. 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
.05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		394							.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										
.47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		151													
.52-1952955	10357	PLATINUM UNDERWRITERS REINSURANCE	MD		237													
.35-6021485	12416	PROTECTIVE INSURANCE COMPANY	IN		.95													
.23-1641984	10219	QBE REINSURANCE CORPORATION	PA															
.75-1444207	30058	SCOR REINSURANCE COMPANY	NY															
.43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		180		1											
.13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY		.95													
.13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		126	.2												
.13-5616275	19453	TRANSATLANTIC REINSURANCE COMPANY	NY		.38	.1												
0999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
0999999. 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												
1099999. Total Authorized - Pools - Mandatory Pools																		
.AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL		346													
1199999. Total Authorized - Pools - Voluntary Pools					346													
.AA-1128791	00000	LLOYD'S SYNDICATE #0382	GBR															
.AA-1126435	00000	LLOYD'S SYNDICATE #0435	GBR		155													
.AA-1126623	00000	LLOYD'S SYNDICATE #0623	GBR		16													
.AA-1126780	00000	LLOYD'S SYNDICATE #0780	GBR			1												
.AA-1126958	00000	LLOYD'S SYNDICATE #0958	GBR			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										
.AA-1120157	00000	LLOYD'S SYNDICATE #1729	GBR						1									
.AA-1128001	00000	LLOYD'S SYNDICATE #2001	GBR		167		1											
.AA-1128003	00000	LLOYD'S SYNDICATE #2003	GBR		450		1											
.AA-1127415	00000	LLOYD'S SYNDICATE #2007	GBR		.86													
.AA-1128010	00000	LLOYD'S SYNDICATE #2010	GBR		343		1											
.AA-1120158	00000	LLOYD'S SYNDICATE #2014	GBR		.83													
.AA-1128623	00000	LLOYD'S SYNDICATE #2623	GBR		.73													
.AA-1128791	00000	LLOYD'S SYNDICATE #2791	GBR		271		2											
.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 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties		
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers					
1299998.	Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																				
1299999.	Total Authorized - Other Non-U.S. Insurers				1,661			8								8	(43)				
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	BMU																		
AA-3194161	.00000	CATLIN INSURANCE COMPANY LTD	BMU		305											1	1	(8)	9		
AA-3194122	.00000	DAVINCI REINSURANCE LTD	BMU		.76												(2)		2		
AA-1340125	.00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		.57	.1										.18	.19		19		
AA-3190875	.00000	HISCOX INSURANCE COMPANY	BMU		.95													(3)	3		
AA-1840000	.00000	MAPFRE RE COMPAÑIA DE REASEGUROS, S.A.	ESP																		
AA-3194200	.00000	MS FRONTIER REINSURANCE	BMU		.36																
AA-3194129	.00000	MONTPELIER REINSURANCE	BMU																1		
AA-3190339	.00000	RENAISSANCE REINSURANCE, LTD	BMU		113													(3)	3		
AA-1340192	.00000	R&V VERSICHERUNG AG	DEU		408		.2										2	(11)	13		
AA-1440076	.00000	SIRIUS INTERNATIONAL CORPORATION	SWE																		
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 Name of Reinsurer	2 Commission Rate	3 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 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 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 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										18 Reinsurance Payable	19 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	18 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
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						11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11		
				5 Current	Overdue									
					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 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domi- ciliary Juris- diction	5 Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	6 Funds Held By Company Under Reinsurance Treaties	7 Letters of Credit	8 Issuing or Confirming Bank Reference Number (a)	9 Ceded Balances Payable	10 Miscellaneous Balances Payable	11 Trust Funds and Other Allowed Offset Items	12 Total Collateral and Offsets Allowed (Cols. 6+7+9+10+11 but not in Excess of Col. 5)	13 Provision for Unauthorized Reinsurance (Col. 5 Minus Col. 12)	14 Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	15 20% of Amount in Dispute Included in Column 5	16 20% of Amount in Col. 14	17 Provision for Overdue Reinsurance (Col. 15 plus Col. 16)	18 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 .....		BMU .....															
AA-3194161 ..00000 ..	CATLIN INSURANCE COMPANY LTD .....		BMU .....															
AA-3194122 ..00000 ..	DAVINCI REINSURANCE LTD .....		BMU .....															
AA-1340125 ..00000 ..	HANNOVER RUCKVERSICHERUNGS AG .....		DEU .....															
AA-3190875 ..00000 ..	HISCOX INSURANCE COMPANY .....		BMU .....															
AA-1840000 ..00000 ..	MAPPRE RE COMPANIA DE REASEGUROS, S.A. .....		ESP .....															
AA-3194200 ..00000 ..	MS FRONTIER REINSURANCE .....		BMU .....															
AA-3194129 ..00000 ..	MONTPELIER REINSURANCE .....		BMU .....															
AA-3190339 ..00000 ..	RENAISSANCE REINSURANCE, LTD .....		BMU .....															
AA-1340192 ..00000 ..	R&V VERSICHERUNG AG .....		DEU .....															
AA-1440076 ..00000 ..	SIRIUS INTERNATIONAL CORPORATION .....		SWE .....															
1299999. Total Other Non-U.S. Insurers							22											
1399999. Total Affiliates and Others							22											
1499999. Total Protected Cells																		
9999999 Totals							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

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

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
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. <b>Totals (Line 28)</b> .....	<b>303,222,752</b>	<b>128,052,122</b>	<b>431,274,874</b>
<b>LIABILITIES (Page 3)</b>			
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
<b>22. Totals (Line 38)</b>	<b>303,222,752</b>	<b>128,052,122</b>	<b>431,274,874</b>

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

Yes [  ] No [  ]

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		Non-Cancelable		Guaranteed Renewable		Other Individual Contracts					
													13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %						
<b>PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS</b>																		
1. Premiums written .....		3,138	XXX		XXX		XXX		XXX		3,138	XXX		XXX		XXX		XXX
2. Premiums earned .....		3,745	XXX		XXX		XXX		XXX		3,745	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						
<b>DETAILS OF WRITE-INS</b>																		
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 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
<b>PART 2. - RESERVES AND LIABILITIES</b>									
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)			

<b>PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
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)			

<b>PART 4. - REINSURANCE</b>									
A. Reinsurance Assumed:									
1. Premiums written .....	3,138								
2. Premiums earned .....									
3. Incurred claims .....									
4. Commissions .....									
B. Reinsurance Ceded:									
1. Premiums written .....	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				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	
3. 2007	24,120	1,333	22,787	12,783	402	215	3	1,450			.107	14,043	
4. 2008	25,971	1,842	24,129	21,779	7,085	643	298	1,546			.129	16,585	
5. 2009	27,002	2,418	24,584	17,973	4,059	359	33	1,518			.289	15,758	
6. 2010	28,247	1,717	26,530	14,565	221	403	1	1,426			.179	16,172	
7. 2011	29,774	2,402	27,372	25,829	5,181	585	182	2,184			.115	23,235	
8. 2012	31,827	4,014	27,813	32,658	15,927	1,310	754	2,730			.139	20,017	
9. 2013	34,098	2,992	31,106	19,960	835	330	2	2,311			.295	21,764	
10. 2014	36,413	3,585	32,828	14,823	125	219	2	1,781			.182	16,696	
11. 2015	37,495	3,210	34,285	10,203	106	152	1	1,177			.95	11,425	
12. Totals	XXX	XXX	XXX	181,624	34,321	4,440	1,279	17,572			1,648	168,036	

	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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
	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 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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
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
8. 2012	37,127	16,681	20,446	116.7	.415.6	73.5				.65.0	.397
9. 2013	22,891	838	22,053	67.1	28.0	70.9				.65.0	.239
10. 2014	17,509	127	17,382	48.1	3.5	52.9				.65.0	.555
11. 2015	16,312	291	16,021	43.5	9.1	46.7				.65.0	4,089
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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				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 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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.	6											6	1			
2. 2006											4		4			
3. 2007	.36	.9									1		26			
4. 2008	30	1	11						4	4			40			
5. 2009	248	98	18						13	2	1		180			
6. 2010	173	13	85	23					44		11		277			
7. 2011	233		226						132		.37		.628			
8. 2012	746		.371	3					210		.57		1,381			
9. 2013	1,882	39	.855	9					.472		.99		3,260			
10. 2014	4,466		1,308						.682		288		6,744			
11. 2015	8,556	82	3,662	114					1,349		1,056		14,427			
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 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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

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

**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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				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. 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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				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 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 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
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 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				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. 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 Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY AND THEFT)**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 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)		
				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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior			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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	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

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

**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	2		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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
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

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

**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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				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. 2014												XXX	
3. 2015												XXX	
4. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2014																
3. 2015																
4. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
2. 2014											
3. 2015											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company  
**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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				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. 2014		5		5	7				1			8	
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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				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 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2006													
3. 2007													
4. 2008													
5. 2009													
6. 2010													
7. 2011													
8. 2012													
9. 2013													3
10. 2014	1		1										59
11. 2015													1
12. Totals	1		1										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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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	.50			65.0		
5. 2009	44		44	25.0		.256			65.0		
6. 2010	16		16	11.0		11.1			65.0		
7. 2011	35		35	28.5		.287			65.0		
8. 2012	17	1	16	14.4	100.0	13.7			65.0		
9. 2013	34		34	27.2		.274			65.0		3
10. 2014	68		68	49.6		.500			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	14,512	XXX	XXX	
12. Totals											(1,625)	(1,979)

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

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

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

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

SCHEDULE 1 PART 2 COMMERCIAL MOU 2014-2016												
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

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

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 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	XX	XXX							
8. 2012	XXX	XXX	XXX	XX	XXX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XX	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 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	XX							
8. 2012	XXX	XXX	XXX	XXX	XX	XXX						
9. 2013	XXX	XXX	XXX	XX	XXX	XXX	XX					
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX				XXX
11. 2015	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
										12. Totals		

**NONE****SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)**

1. Prior												
2. 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	XX	XXX	XXX	XX					
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX				XXX
11. 2015	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
										12. Totals		

**NONE****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	1,002	XXX	309	(151)
										12. Totals		

**NONE****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	XX							
8. 2012	XXX	XXX	XXX	XXX	XX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XX	XXX						
10. 2014	XXX	XXX	XXX	XXX	XX	XXX						XXX
11. 2015	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	1,704	1,069	.943	(126)	(761)						
2. 2014	XXX	17,033	15,950	(1,083)	XXX							
3. 2015	XXX	XXX	17,751	XXX	XXX							
										4. Totals	(1,209)	(761)

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

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

**NONE**

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

1. Prior	XXX											
2. 2014	XXX					XXX						
3. 2015	XXX				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								
7. 2011	XXX	XXX	XXX	XXX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2013	XXX											
10. 2014	XXX					XXX						
11. 2015	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**

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company  
**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											
10. 2014	XXX				XXX							
11. 2015	XXX			XXX	XXX							
											12. Totals	

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

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

**SCHEDULE P - PART 2T - WARRANTY**

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company  
**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	2,091	.236
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  
(INCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior	.000											
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	2,091	.236
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

**NONE**

**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	3,766	5,762	6,565	516	.128						
10. 2014	XXX	4,078	5,691	510	.131							
11. 2015	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	.000											
2. 2006												
3. 2007	XXX											
4. 2008	XXX	XXX										
5. 2009	XXX	XXX	XXX									
6. 2010	XXX	XXX	XXX	XX								
7. 2011	XXX	XXX	XXX	XX	XXX							
8. 2012	XXX	XXX	XXX	XXX	XX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
11. 2015	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	XX							
8. 2012	XXX	XXX	XXX	XXX	XX	XXX						
9. 2013	XXX	XXX	XXX	XXX	XX	XXX	XX					
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX				
11. 2015	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	XX						XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XX	XXX	XX				XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX			XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX			XXX	XXX
11. 2015	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	1,033	1,046	176
3. 2007	XXX	288	603	844	876	897	898	901	903	903	903	155
4. 2008	XXX	XXX	200	563	709	737	861	870	900	900	1,058	263
5. 2009	XXX	XXX	XXX	148	402	607	633	658	658	658	690	736
6. 2010	XXX	XXX	XXX	XXX	138	275	409	489	581	581	586	110
7. 2011	XXX	XXX	XXX	XXX	204	297	754	805	895	895	895	82
8. 2012	XXX	XXX	XXX	XXX	XXX	214	392	450	459	459	459	88
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	164	425	617	617	617	30
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	211	397	397	397	20
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	86	86	86	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	XX							
8. 2012	XXX	XXX	XXX	XXX	XX	XXX	XX					
9. 2013	XXX	XXX	XXX	XXX	XX	XXX	XX					
10. 2014	XXX	XXX	XXX	XXX	XX	XXX	XX					
11. 2015	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	.000	1,016	.933								
2. 2014	XXX	15,017	15,915									
3. 2015	XXX	XXX	15,688									

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

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

NONE

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

1. Prior	XXX	.000			XXX	XXX						
2. 2014	XXX	7	7	XXX	XXX							
3. 2015	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	.000		32	39	58	64	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	.000			XXX	XXX						
2. 2014	XXX			XXX	XXX							
3. 2015	XXX	XXX		XXX	XXX							

**SCHEDULE P - PART 3T - WARRANTY**

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

**NONE**

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

**NONE**

**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

**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	XX	XX				
9. 2013	XXX	XXX	XX	XXX	XXX	XX	XX			
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	XX					
8. 2012	XXX	XXX	XX	XX	XX	XX				
9. 2013	XXX	XXX	XX	XX	XX	XX	XX	XXX		
10. 2014	XXX	XXX	XX	XXX	XX	XX	XX	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	XXX	XXX						
7. 2011	XXX	XXX	XX	XXX	XX					
8. 2012	XXX	XXX	XX	XX	XX					
9. 2013	XXX	XXX	XX	XX	XX			XXX		
10. 2014	XXX	XXX	XX	XXX	XX			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		.1
6. 2010	XXX	XXX	XXX	XXX	262	.457	.265	.344		20
7. 2011	XXX	XXX	XXX	XXX	XXX	.158	.352	.98		.29
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.299	.382		.85
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.794		.310
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.419
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		.719

**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	XXX	XXX						
7. 2011	XXX	XXX	XX	XXX	XX					
8. 2012	XXX	XXX	XX	XX	XX					
9. 2013	XXX	XXX	XX	XX	XX			XXX		
10. 2014	XXX	XXX	XX	XXX	XX			XXX		
11. 2015	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	709	45	8						
2. 2014	XXX	929	22							
3. 2015	XXX	1,150								

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

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

**NONE**

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

1. Prior	XXX									
2. 2014	XXX	2								
3. 2015	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									
10. 2014	XXX									
11. 2015	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**

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company  
**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	XX	XXX						
7. 2011.....	XXX	XXX	XX	XX	XX					
8. 2012.....	XXX	XXX	XX	XX	XX	XX				
9. 2013.....	XXX	XXX	XX	XXX	XXX	XX	XX			
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	XXX		
2. 2014.....	XXX	XXX	XX	XXX	XX	XX	XXX	XXX	XXX	
3. 2015.....	XXX	XXX	XX	XX	XX	XX	XX	XXX	XXX	

**SCHEDULE P - PART 4T - WARRANTY**

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

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company**  
**SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company**  
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company**  
**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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**

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company**  
**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	1	2	3	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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			
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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			
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	13,770	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	
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	1,716	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	
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	
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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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	
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	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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			
12. Totals.....	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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			
12. Totals.....	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 [  ]  
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? ..... \$ .....
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? ..... Yes [ ] No [  ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [  ]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? ..... Yes [ ] No [ ] N/A [  ]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....		
1.602 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 [  ] 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 [  ] 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 [  ]

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 [  ] 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

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

NONE

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

## **SCHEDULE Y**

## **PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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

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 <b>NO</b> 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 <b>SEE EXPLANATION</b> 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 Trusted 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
34.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO
	Explanations:	
12.	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.	Trusted 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]



28. Credit Insurance Experience Exhibit [Document Identifier 230]



29. Long-Term Care Experience Reporting Forms [Document Identifier 306]



31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



32. Supplemental Health Care Exhibit's Expense Allocation Report  
[Document Identifier 217]



34. Management's Report of Internal Control Over Financial Reporting  
[Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**



1 3 0 7 2 2 0 1 5 4 0 1 0 0 1

**SUPPLEMENT FOR THE YEAR 2015 OF THE United Ohio Insurance Company**  
**REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)**

For The Year Ended December 31, 2015

To Be Filed by March 1

#### (A) Financial Impact

	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets .....	303,222,752		303,222,752
A02. Liabilities .....	154,962,194		154,962,194
A03. Surplus as regards to policyholders .....	148,260,558		148,260,558
A04. Income before taxes	12,234,444		12,234,444

(B) Summary of Reinsurance Contract Terms	(C) Management's Objectives

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 Code 0963

NAIC Company Code 13072

Company Name United 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 [  ] 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 [  ] 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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