



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

United Ohio Insurance Company

NAIC Group Code	0963 (Current)	0963 (Prior)	NAIC Company Code	13072	Employer's ID Number	34-1008736
Organized under the Laws of Country of Domicile	Ohio			State of Domicile or Port of Entry United States of America		OH
Incorporated/Organized	12/01/1966			Commenced Business	03/01/1967	
Statutory Home Office	1725 Hopley Avenue (Street and Number)			Bucyrus , OH, US 44820-0111 (City or Town, State, Country and Zip Code)		
Main Administrative Office	1725 Hopley Avenue (Street and Number)			Bucyrus , OH, US 44820-0111 (City or Town, State, Country and Zip Code)		
				419-562-3011 (Area Code) (Telephone Number)		
Mail Address	1725 Hopley Avenue (Street and Number or P.O. Box)			Bucyrus , OH, US 44820-0111 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	1725 Hopley Avenue (Street and Number)			Bucyrus , OH, US 44820-0111 (City or Town, State, Country and Zip Code)		
				419-562-3011 (Area Code) (Telephone Number)		
Internet Website Address	www.omig.com					
Statutory Statement Contact	Charles Elmer Easum Mr. (Name)			419-563-0810 (Area Code) (Telephone Number)		
	ceasum@omig.com (E-mail Address)			877-753-0580 (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	Howard Lowell Barber, Mr. #, Vice President Sales	Michael Alexander Brogan, Mr., Vice President Claims
Chad Philip Combs, Mr. #, Vice President Personal Lines Underwriting	David Alan Grove, Mr., Vice President Product Management	Gary Thomas Johnson, Mr. #, Vice President Commercial Lines Underwriting
Susan Elizabeth Kent, Mrs. #, Vice President Business Analytics	Marcella Sloane Smith, Mrs. #, Vice President Human Resources	

DIRECTORS OR TRUSTEES

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

State of Ohio SS: _____
County of Crawford _____

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

Mark Clarence Russell
President and CEO

David Gary Hendrix
Treasurer and CFO

Michael Alexander Brogan
Assistant Secretary

Subscribed and sworn to before me this
____ day of _____

- a. Is this an original filing?
- b. If no,
 - 1. State the amendment number.....
 - 2. Date filed
 - 3. Name of party filing.....



ANNUAL STATEMENT FOR THE YEAR 2016 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 2016

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	7,637	7,390		2,615		(152)	157		(9)		8	1,586
2.1 Allied lines	16,472	15,237		5,771		309	625					3,421
2.2 Multiple peril crop												237
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	1,232,507	1,239,971		584,223	333,162	276,986	301,117	12,714	(1,275)	117,982	254,955	17,743
5.2 Commercial multiple peril (liability portion)	1,904,792	1,931,797		911,837	542,622	782,359	1,573,607	354,883	526,857	709,759	393,681	27,422
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	4,375	3,598		3,239		78	78			6	909	.63
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-cancellable 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	309,851	316,837		135,605		45,147	177,997		8,990	.30,670	.48,927	4,461
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	2,688	2,678		1,276		11	.25		(374)	6	558	.39
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	1,178,741	681,774		686,018	174,935	686,375	592,210	1,011	.46,812	.54,600	170,746	16,969
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	3,193,230	3,178,792		1,605,892	1,704,155	3,111,561	5,357,010	359,174	.512,258	.699,507	.490,859	.45,969
21.1 Private passenger auto physical damage	734,477	403,856		433,614	291,472	340,827	.62,386	.820	.1,314	.1,056	107,222	.10,574
21.2 Commercial auto physical damage	932,441	908,275		457,930	852,776	845,272	115,441	24,383	.22,446	.6,183	143,176	.13,423
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)	9,517,211	8,690,205		4,828,020	3,899,122	6,088,773	8,180,653	752,985	1,117,025	1,619,777	1,616,040	137,010
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 107,175

(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 2016 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 2016

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	19,146	16,087		11,082		(106)	388		(7)		19	4,301
2.1 Allied lines	12,571	10,670		7,858		252	470					2,824
2.2 Multiple peril crop												181
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	17,602	17,258		8,572		184	3,360		100		1,276	3,842
5.2 Commercial multiple peril (liability portion)	12,278	11,151		5,936	246	687	2,202		184		836	2,492
6. Mortgage guaranty												177
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-cancellable 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	700	700		394		112	408		22		70	129
17.2 Other Liability - claims made												10
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	22,612	20,695		7,345	2,038	3,244	8,534	38	151		1,084	3,636
21.1 Private passenger auto physical damage												325
21.2 Commercial auto physical damage	7,134	6,598		2,363	12,530	12,528	426	1,993	1,987		23	1,149
22. Aircraft (all perils)												103
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)	92,043	83,159		43,550	14,814	16,901	15,788	2,031	2,437		3,308	18,373
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 505

(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 2016 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 2016

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												
2.5 Private flood												
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-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2016 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 2016

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												
2.5 Private flood												
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-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2016 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 2016							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		23,797	20,065		14,484		(344)	468		(21)	23	5,180	343
2.1 Allied lines		11,697	9,166		6,783		211	429				2,546	168
2.2 Multiple peril crop													
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)		992,217	994,359		481,018	365,103	390,259	292,412	14,510	32,817	121,475	215,043	14,284
5.2 Commercial multiple peril (liability portion)		849,110	821,081		428,568	74,299	138,704	297,879	54,497	90,328	126,364	182,021	12,224
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine		174,944	163,853		93,411	188,587	(58,656)	2,757	2,667	(10,049)	203	37,654	2,519
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-cancellable 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		67,346	66,574		32,224	1,445	15,184	38,856	335	2,931	6,695	13,272	970
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability		12,682	14,981		6,774		43	119		(1,930)	28	2,729	183
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability		1,223,604	1,050,737		661,425	690,107	667,598	676,523	26,815	9,869	.62,449	168,902	17,614
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability		740,377	706,379		385,460	166,563	236,697	1,443,728	10,765	11,709	123,464	119,084	10,659
21.1 Private passenger auto physical damage		1,056,078	930,719		558,825	682,833	701,738	102,042	4,377	2,520	1,727	146,779	15,203
21.2 Commercial auto physical damage		210,078	190,094		109,155	285,335	347,275	89,537	4,453	7,676	4,063	33,475	3,024
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)		5,361,930	4,968,008		2,778,127	2,454,272	2,438,709	2,944,750	118,419	145,850	446,491	926,685	77,191
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 77,075

(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 2016 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 2016

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												
2.5 Private flood												
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-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2016 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 2016

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												
2.5 Private flood												
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-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2016 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 2016

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												
2.5 Private flood												
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-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2016 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 2016							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		4,369	4,234		1,989		(90)	.89		(5)	4	919	63
2.1 Allied lines		4,475	4,300		2,114		66	167				942	64
2.2 Multiple peril crop													
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)		292,788	290,734		164,517	108,799	101,302	57,158	7,136	4,400	.21,681	.61,148	4,215
5.2 Commercial multiple peril (liability portion)		749,517	679,398		395,141	331,141	610,871	594,073	71,577	213,578	267,441	156,392	10,790
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine		157,801	.153,168		80,787		2,604	2,604		192	192	.33,188	2,272
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-cancellable 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 .....		.64,640	.62,691		32,217		11,162	38,166		2,169	6,576	.11,904	931
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability		11,375	.13,630		5,287		.31	.113		(2,084)	.26	.2,380	164
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability		717,395	.440,934		426,543	180,487	482,656	410,663	3,692	29,616	.37,927	.105,181	.10,328
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability		427,440	.397,780		222,476	125,761	842,356	933,377	3,192	.81,332	.107,787	.66,202	.6,153
21.1 Private passenger auto physical damage		830,713	.511,528		489,554	402,439	443,420	67,314	730	.734	.1,139	.123,531	.11,959
21.2 Commercial auto physical damage		160,891	.147,420		82,769	114,974	.117,793	12,290	.450	.194	.369	.24,834	2,316
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)		3,421,404	2,705,817		1,903,394	1,263,601	2,612,171	2,116,014	86,777	330,126	443,142	586,621	49,255
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 39,705

(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 2016 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 2016							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	15,347,301	15,380,120		7,805,019	4,761,368	4,761,102	1,346,754	140,196	134,098	.66,859	2,702,228	220,941	
2.1 Allied lines .....		.91,210		.45,095	.39,356	.39,996	3,280				.21,327	1,313
2.2 Multiple peril crop													
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril	20,395,807	20,547,883		9,646,436	8,598,229	8,773,834	4,046,361	185,224	236,506	218,961	4,260,025	293,619	
4. Homeowners multiple peril	19,292,506	20,660,000		9,875,141	8,260,631	7,345,902	2,432,137	155,410	.47,364	.157,838	3,442,659	277,736	
5.1 Commercial multiple peril (non-liability portion)	10,156,191	9,956,751		4,893,066	4,290,795	4,733,572	2,597,063	55,585	275,739	1,014,143	2,088,584	146,209	
5.2 Commercial multiple peril (liability portion)	6,209,320	6,111,882		2,920,964	2,521,119	2,588,872	3,733,299	1,018,601	1,358,011	1,604,381	1,911,948	89,390	
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine	365,969	388,623		175,421	230,806	106,703	6,697	3,455	(2,810)	494	.72,536	5,269	
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-cancellable accident and health(b)	3,173	3,451		1,749	635	(2,220)	1,000				545	.46	
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	4,899,730	5,582,370		2,378,281	617,404	2,351,769	7,527,171	152,684	380,324	1,096,207	582,710	.70,537	
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability	133,082	.140,018		.60,818	1,553	3,503	5,268	.30	(84,424)	1,228	(403,790)	1,916	
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability	14,263,742	14,209,426		3,502,059	9,957,827	9,288,448	11,255,047	372,158	(60,151)	893,572	2,077,614	205,342	
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability	9,585,344	9,378,623		4,460,150	4,639,332	5,301,493	9,098,935	405,229	373,336	1,076,223	1,651,185	137,991	
21.1 Private passenger auto physical damage	8,930,920	9,220,819		2,064,974	4,698,765	4,600,697	524,997	.48,141	.34,964	.12,121	1,385,327	128,570	
21.2 Commercial auto physical damage	4,658,286	4,500,974		2,171,721	3,294,347	3,280,137	424,580	.82,059	.76,168	.20,724	793,660	.67,061	
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft	604,544	.779,082			367,921	160,522	162,437	.58,812	1,537	1,100	.531	.83,314	8,703
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business													
35. TOTALS (a)	114,937,125	116,951,654		50,368,815	52,072,689	53,336,245	43,061,401	2,620,309	2,770,225	6,163,282	20,669,872	1,654,643	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,303,046

(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 2016 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 2016

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												
2.5 Private flood												
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-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2016 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 2016							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		6,507	6,668		3,337		(155)	133		(9)		7	1,320
2.1 Allied lines		5,901	5,852		1,888		107	223					1,197
2.2 Multiple peril crop .....													.85
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)		2,041,097	2,030,258		962,741	926,292	826,539	452,419	44,524	10,422	176,887	413,238	29,384
5.2 Commercial multiple peril (liability portion)		2,502,013	2,501,804		1,172,295	1,885,512	969,529	2,756,893	325,732	286,768	1,257,238	505,495	36,019
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine		2,523	2,118		.521		42	42		.3	3	512	.36
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-cancellable 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		338,313	329,395		169,264		.63,206	195,150		.12,093	.33,626	52,896	4,870
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability		13,856	13,936		8,498		.54	128		(1,858)	.30	2,807	199
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability		6,329,919	5,153,684		3,319,947	2,849,986	4,536,092	4,533,183	.63,622	161,412	.419,636	757,971	.91,126
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability		3,036,089	2,986,716		1,472,245	1,222,283	1,278,297	2,794,148	146,124	128,546	367,845	455,064	43,708
21.1 Private passenger auto physical damage		3,733,350	2,987,262		1,961,082	2,557,484	2,648,185	317,308	20,851	16,451	5,369	451,849	53,746
21.2 Commercial auto physical damage		874,094	820,424		424,527	683,741	680,734	64,424	13,907	12,905	3,450	131,469	12,583
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft		122	77		.63		2	3				25	2
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business													
35. TOTALS (a)		18,883,784	16,838,194		9,496,408	10,125,298	11,002,632	11,114,054	614,760	626,733	2,264,091	2,773,843	271,852
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 151,280

(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 2016 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 2016 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 2016							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		12,125	9,694		6,488		(67)	245		(5)		12	2,670
2.1 Allied lines		7,581	5,941		3,842		170	283					175 1,672 109
2.2 Multiple peril crop													
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)		316,349	262,388		154,070	32,991	63,936	64,961	.40	12,838	.25,375	.69,585	4,554
5.2 Commercial multiple peril (liability portion)		308,287	256,213		139,188	110,253	59,592	90,676	6,033	(13,462)	.37,513	.67,587	4,438
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine		160,874	148,435		76,523	30,000	32,604	2,604	1,214	1,406	192	.35,269	2,316
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-cancellable 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		38,117	33,145		19,530	1,146	12,537	22,274		2,062	3,838	7,548	549
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability		8,701	8,846		3,468		.43	.85		(1,072)	.20	.1,918	125
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability		781,341	473,370		436,170	168,700	793,427	707,436	.813	.57,254	.65,622	.120,086	.11,248
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability		356,139	315,577		155,974	.62,200	.84,443	.126,685	.184	.2,304	.16,070	.57,921	5,127
21.1 Private passenger auto physical damage		836,643	511,880		468,788	372,299	439,954	.97,047	1,495	1,870	1,642	.130,532	.12,044
21.2 Commercial auto physical damage		200,924	173,408		92,969	.95,034	.97,230	.21,240	1,385	1,265	1,138	.32,695	2,893
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)		3,027,081	2,198,897		1,557,010	872,623	1,583,869	1,133,536	11,164	64,460	151,422	527,483	43,578
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 30,310

(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 2016 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 2016

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												
2.5 Private flood												
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-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2016 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 2016 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 2016						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		15,420,882	15,444,258		7,845,014	4,761,368	4,760,188	1,348,234	140,196	134,042	.66,932	2,718,204	222,002
2.1 Allied lines		149,907	142,798		73,351	39,356	41,111	5,477				33,929	2,157
2.2 Multiple peril crop													
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril		20,395,807	20,547,883		9,646,436	8,598,229	8,773,834	4,046,361	185,224	236,506	218,961	4,260,025	293,619
4. Homeowners multiple peril		19,292,506	20,660,000		9,875,141	8,260,631	7,345,902	2,432,137	155,410	.47,364	.157,838	3,442,659	277,736
5.1 Commercial multiple peril (non-liability portion)		15,048,751	14,791,719		7,248,207	6,057,142	6,392,778	3,768,490	134,509	335,041	1,478,819	3,106,395	216,642
5.2 Commercial multiple peril (liability portion)		12,535,317	12,313,326		5,973,929	5,465,192	5,150,614	9,048,629	1,831,323	2,462,264	4,003,532	3,219,616	180,460
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine		866,486	859,795		429,902	449,393	.83,375	14,782	7,336	(11,252)	1,090	180,068	12,475
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-cancellable accident and health(b)		3,173	3,451		1,749	635	(2,220)	1,000				545	.46
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		5,718,697	6,391,712		2,767,515	619,995	2,499,117	8,000,022	153,019	408,591	1,177,682	717,386	82,328
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability		182,384	.194,089		.86,121	1,553	3,685	5,738	.30	(91,742)	1,338	(393,398)	2,626
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability		24,494,742	22,009,925		9,032,162	14,022,042	16,454,596	18,175,062	468,111	244,812	1,533,806	3,400,500	352,627
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability		17,361,231	16,984,562		8,309,542	7,922,332	10,858,091	19,762,417	924,706	1,109,636	2,391,980	2,843,951	249,932
21.1 Private passenger auto physical damage		16,122,181	14,566,064		5,976,837	9,005,292	9,174,821	1,171,094	76,414	.57,853	.23,054	2,345,240	232,096
21.2 Commercial auto physical damage		7,043,848	6,747,193		3,341,434	5,338,737	5,380,969	727,938	128,630	122,641	.35,950	1,160,458	101,403
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft		604,666	.779,159		367,984	160,522	162,439	.58,815	1,537	1,100	.531	.83,339	8,705
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business													
35. TOTALS (a)		155,240,578	152,435,934		70,975,324	70,702,419	77,079,300	68,566,196	4,206,445	5,056,856	11,091,513	27,118,917	2,234,854
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,709,096

(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 2016 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	135,781		35,859	35,859			63,159				
0199999. Affiliates - U.S. Intercompany Pooling				135,781		35,859	35,859			63,159				
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates				135,781		35,859	35,859			63,159				
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	128										
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				128										
1299999. Total - Pools and Associations				128										
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				135,909		35,859	35,859			63,159				

ANNUAL STATEMENT FOR THE YEAR 2016 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 2016 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 Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	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 Commiss- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH		141,998			38,823		21,280		66,765		126,868			126,868		
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					141,998			38,823		21,280		66,765		126,868			126,868		
0499999. Total Authorized - Affiliates - U.S. Non-Pool																			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999. Total Authorized - Affiliates					141,998			38,823		21,280		66,765		126,868			126,868		
95-4387273	19489	ALLIED WORLD ASSURANCE COMPANY	DE		415											9		(.9)	
36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN		140	13										65	11	.54	
.06-1430254	10348	ARCH REINSURANCE COMPANY	DE		8											3		3	
47-0574325	32603	BERKLEY INSURANCE COMPANY	DE		105	10										39	49	.8	
42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		115	10										43	53	.9	
22-2005057	26921	EVEREST REINSURANCE COMPANY	DE		92														(.2)
.05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		385	2										180	182	22	160
42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		66	6										24	30	.5	
13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		7,000	229	81	3,891		3,837						3,287	11,325	.469	
06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		928	268		15								452	735	50	685
31-4259550	14621	MOTORIST MUTUAL INSURANCE COMPANY	OH																
13-4924125	10227	MUNICH REINSURANCE AMERICA, INC	DE																721
47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT																(.2)
52-1952955	10357	RENAISSANCE REINSURANCE US INC	MD																
35-6021485	12416	PROTECTIVE INSURANCE COMPANY	IN																(.2)
23-1641984	10219	QBE REINSURANCE CORPORATION	PA																
43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO																(.3)
13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY													56	69	11	.58
13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE													46	57	9	.48
13-5616275	19453	TRANSATLANTIC REINSURANCE COMPANY	NY																(.1)
13-1290712	20588	XI REINSURANCE AMERICA	NY													1	1		1
0999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					10,047	562	81	4,626		3,837		4,184		13,290	613			12,677	1,752
23-7024436	32573	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH													7	7	3	4
1099999. Total Authorized - Pools - Mandatory Pools																7	7	3	4
AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL																(.3)
1199999. Total Authorized - Pools - Voluntary Pools																	3		(.3)
AA-1126033	00000	LLOYD'S SYNDICATE #0033	GBR																(.1)
AA-1126435	00000	LLOYD'S SYNDICATE #0435	GBR																(.2)
AA-1126623	00000	LLOYD'S SYNDICATE #0623	GBR																
AA-1126780	00000	LLOYD'S SYNDICATE #0780	GBR																
AA-1126958	00000	LLOYD'S SYNDICATE #0958	GBR																
AA-1120085	00000	LLOYD'S SYNDICATE #1274	GBR																
AA-1127414	00000	LLOYD'S SYNDICATE #1414	GBR																
AA-1120157	00000	LLOYD'S SYNDICATE #1729	GBR																
AA-1128001	00000	LLOYD'S SYNDICATE #2001	GBR																(.3)
AA-1128003	00000	LLOYD'S SYNDICATE #2003	GBR																(.7)
AA-1120071	00000	LLOYD'S SYNDICATE #2007	GBR																(.1)
AA-1128010	00000	LLOYD'S SYNDICATE #2010	GBR																(.5)
AA-1120158	00000	LLOYD'S SYNDICATE #2014	GBR																(.1)
AA-1128623	00000	LLOYD'S SYNDICATE #2623	GBR																(.2)
AA-1128791	00000	LLOYD'S SYNDICATE #2791	GBR																(.4)
AA-1128987	00000	LLOYD'S SYNDICATE #2987	GBR																
AA-1120086	00000	LLOYD'S SYNDICATE #4141	GBR																
AA-1126004	00000	LLOYD'S SYNDICATE #4444	GBR																
1299998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																			
1299999. Total Authorized - Other Non-U.S. Insurers					1,626												26		(26)

ANNUAL STATEMENT FOR THE YEAR 2016 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 Special Code	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			
1399999. Total Authorized					154,063	562	81	43,449		25,117		70,956		140,165	645		139,520	1,752	
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..	295														5			
AA-3194122 ..00000 DAVINCI REINSURANCE LTD	BMU..	148														.2		(2)	
AA-1340125 ..00000 HANNOVER RUCKVERSICHERUNGS AG	DEU..	53	5													.4		21	
AA-3190875 ..00000 HISCOX INSURANCE COMPANY	BMU..	138														.2		(2)	
AA-1840000 ..00000 MAPFRE RE COMPAÑIA DE REASEGUROS, S.A.	ESP..																		
AA-3194200 ..00000 MS FRONTIER REINSURANCE	BMU..	37														.1		(1)	
AA-3190339 ..00000 RENAISSANCE REINSURANCE, LTD	BMU..	222														.4		(4)	
AA-1340192 ..00000 R&V VERSICHERUNG AG	DEU..	412														.7		(7)	
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						1,305	5									20	25	25	
2699999. Total Unauthorized						1,305	5									20	25	25	
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						155,368	567	81	43,449		25,117		70,976		140,190	670		139,520	1,752
4199999. Total Protected Cells																			
9999999 Totals						155,368	567	81	43,449		25,117		70,976		140,190	670		139,520	1,752

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	385,170
2. GENERAL REINSURANCE CORPORATION	32.500	3,242,157
3. HARTFORD STEAM BOILER INSPECTION & INS	30.000	927,585
4. SWISS REINSURANCE AMERICA CORPORATION	25.000	141,932
5. AMERICAN AGRICULTURAL INSURANCE COMPANY	25.000	139,574

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	11,324,603	7,000,056	Yes [] No [X]
2. HARTFORD STEAM BOILER INSPECTION & INS	735,079	927,585	Yes [] No [X]
3. MUNICH REINSURANCE AMERICA, INC	721,214	13,740	Yes [] No [X]
4. FACTORY MUTUAL INSURANCE COMPANY	182,045	385,170	Yes [] No [X]
5. SWISS REINSURANCE AMERICA CORPORATION	69,210	234,246	Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2016 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														
.36-2661954 ..10103 AMERICAN AGRICULTURAL INSURANCE COMPANY	IN.	.13									13			
.47-0574325 ..32603 BERKLEY INSURANCE COMPANY	DE.	.10									10			
.42-0234980 ..21415 EMPLOYERS MUTUAL CASUALTY CO	IA.	.10									10			
.05-0316605 ..21482 FACTORY MUTUAL INSURANCE COMPANY	RI.	.2									2			
.42-0245840 ..13897 FARMERS MUTUAL HAIL INSURANCE COMPANY	IA.	.6									6			
.13-2673100 ..22039 GENERAL REINSURANCE CORPORATION	DE.	.310									310			
.06-0384680 ..11452 HARTFORD STEAM BOILER INSPECTION & INS	CT.	.268									268			
.13-1675535 ..25364 SWISS REINSURANCE AMERICA CORPORATION	NY.	.13									13			
.13-2918573 ..42439 THE TOA REINSURANCE COMPANY OF AMERICA	DE.	.11									11			
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		643									643			
1399999. Total Authorized		643									643			
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	.5									5			
2599999. Total Unauthorized - Other Non-U.S. Insurers		5									5			
2699999. Total Unauthorized		5									5			
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		648									648			
4199999. Total Protected Cells														
9999999 Totals		648									648			

ANNUAL STATEMENT FOR THE YEAR 2016 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 Special Code	6 Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	7 Funds Held By Company Under Reinsurance Treaties	8 Letters of Credit	9 Issuing or Confirming Bank Reference Number (a)	10 Ceded Balances Payable	11 Miscellaneous Balances Payable	12 Trust Funds and Other Allowed Offset Items	13 Total Collateral and Offsets Allowed (Cols. 7+8+10+11 +12 but not in Excess of Col. 6)	14 Provision for Unauthorized Reinsurance (Col. 6 Minus Col. 13)	15 Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	16 20% of Amount in Dispute Included in Column 15	17 20% of Amount in Dispute Included in Column 6	18 Provision for Overdue Reinsurance (Col. 16 plus Col. 17)	19 Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6)
		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							5			(5)					
AA-3194122	..00000	DAVINCI REINSURANCE LTD	BMU							2			(2)					
AA-1340125	..00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		25					4			21		25			
AA-3190875	..00000	HISCOX INSURANCE COMPANY	BMU							2			(2)					
AA-1840000	..00000	MAPPRE RE COMPANIA DE REASEGUROS, S.A.	ESP							.1			(1)					
AA-3194200	..00000	MS FRONTIER REINSURANCE	BMU							4			(4)					
AA-3190339	..00000	RENAISSANCE REINSURANCE, LTD	BMU							.7								
AA-1340192	..00000	R&V VERSICHERUNG AG	DEU							0001								
AA-1440076	..00000	SIRIUS INTERNATIONAL CORPORATION	SWE															
1299999. Total Other Non-U.S. Insurers					25			18	XXX	25			7	25				
1399999. Total Affiliates and Others					25			18	XXX	25			7	25				
1499999. Total Protected Cells									XXX									
9999999 Totals									25									

1. Amounts in dispute totaling \$ are included in Column 6.
 2. Amounts in dispute totaling \$ are excluded from Column 15.

(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 2016 OF THE United Ohio Insurance Company

SCHEDULE F - PART 8

Provision for Overdue Reinsurance as of December 31, Current Year

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Reinsurance Recoverable All Items	5 Funds Held By Company Under Reinsurance Treaties	6 Letters of Credit	7 Ceded Balances Payable	8 Other Miscellaneous Balances	9 Other Allowed Offset Items	10 Sum of Cols. 5 through 9 but not in excess of Col. 4	11 Col. 4 minus Col. 10	12 Greater of Col. 11 or Schedule F - Part 4 Cols. 8 + 9
AA-1340192	00000	R&V VERSICHERUNG AG			18,737	6,804					
.....
.....
.....
.....
.....
.....
.....
99999999 Totals					18,737	6,804					
					1. Total						
					2. Line 1 x .20						
					3. Schedule F - Part 7 Col. 11						
					4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)						
					5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F - Part 5 Col. 19 x1000)						
					6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F- Part 6, Section 1, Col. 21 x 1000)						
					7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F - Part 6, Section 2, Col 15 x 1000)						
					8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)						

ANNUAL STATEMENT FOR THE YEAR 2016 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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	260,805,940		260,805,940
2. Premiums and considerations (Line 15)	32,819,453		32,819,453
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	648,094	(648,094)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	27,553,605		27,553,605
6. Net amount recoverable from reinsurers		137,760,992	137,760,992
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	321,827,092	137,112,898	458,939,990
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	67,502,027	68,566,196	136,068,223
10. Taxes, expenses, and other obligations (Lines 4 through 8)	19,200,251		19,200,251
11. Unearned premiums (Line 9)	63,159,483	70,968,165	134,127,648
12. Advance premiums (Line 10)	946,330		946,330
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	669,692	(669,692)	
15. Funds held by company under reinsurance treaties (Line 13)	1,751,771	(1,751,771)	
16. Amounts withheld or retained by company for account of others (Line 14)	18,351		18,351
17. Provision for reinsurance (Line 16)			
18. Other liabilities	8,291,985		8,291,985
19. Total liabilities excluding protected cell business (Line 26)	161,539,890	137,112,898	298,652,788
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	160,287,202	XXX	160,287,202
22. Totals (Line 38)	321,827,092	137,112,898	458,939,990

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 2016 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 %						
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written		2,062	XXX		XXX		XXX		XXX		2,062	XXX		XXX		XXX		XXX
2. Premiums earned		2,243	XXX		XXX		XXX		XXX		2,243	XXX		XXX		XXX		XXX
3. Incurred claims		(1,444)	(64.4)								(1,444)	(64.4)						
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)		(1,444)	(64.4)								(1,444)	(64.4)						
6. Increase in contract reserves																		
7. Commissions (a)		354	15.8								354	15.8						
8. Other general insurance expenses		314	14.0								314	14.0						
9. Taxes, licenses and fees																		
10. Total other expenses incurred		668	29.8								668	29.8						
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds		3,019	134.6								3,019	134.6						
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds		3,019	134.6								3,019	134.6						
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

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

ANNUAL STATEMENT FOR THE YEAR 2016 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
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	1,137					1,137			
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	1,137					1,137			
5. Total premium reserves, prior year	1,318					1,318			
6. Increase in total premium reserves	(181)					(181)			
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent 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	650					650			
2. Total prior year	2,506					2,506			
3. Increase	(1,856)					(1,856)			

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year						412			
1.2 On claims incurred during current year							412		
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year						650			
2.2 On claims incurred during current year							650		
3. Test:									
3.1 Line 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year	2,506						2,506		
3.3 Line 3.1 minus Line 3.2	(2,506)						(2,506)		

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	2,062						2,062		
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	3,173						3,173		
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2016 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				
2. Beginning claim reserves and liabilities			2,506	2,506
3. Ending claim reserves and liabilities				
4. Claims paid			2,506	2,506
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				
14. Beginning claim reserves and liabilities			2,506	2,506
15. Ending claim reserves and liabilities				
16. Claims paid			2,506	2,506
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 2016 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. 2007	24,120	1,333	22,787	12,783	402	216	3	1,450			107	14,044	
3. 2008	25,971	1,842	24,129	21,818	7,085	644	298	1,548			129	16,627	
4. 2009	27,002	2,418	24,584	17,973	4,059	359	33	1,518			289	15,758	
5. 2010	28,247	1,717	26,530	14,565	221	403	1	1,426			179	16,172	
6. 2011	29,774	2,402	27,372	25,838	5,182	595	182	2,184			120	23,253	
7. 2012	31,827	4,014	27,813	32,779	15,927	1,336	754	2,737			140	20,171	
8. 2013	34,098	2,992	31,106	20,175	835	345	2	2,324			296	22,007	
9. 2014	36,413	3,585	32,828	14,821	97	243	1	1,782			416	16,748	
10. 2015	37,495	3,210	34,285	12,707	155	244	1	1,411			198	14,206	
11. 2016	38,237	3,280	34,957	12,061	673	187	2	1,449			109	13,022	
12. Totals	XXX	XXX	XXX	185,520	34,636	4,572	1,277	17,829			1,983	172,008	

	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		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. 2007													
3. 2008	.36		18				.2					56	3
4. 2009	6		4									10	1
5. 2010													
6. 2011	7		3									10	2
7. 2012	139		64				13		2			218	7
8. 2013	27		10				9		3			49	3
9. 2014	.93		85	2			32		2			210	9
10. 2015	566	4	299	11			88		.57			.995	.33
11. 2016	2,130	10	2,308	644			190		350			4,324	192
12. Totals	3,004	14	2,791	657			334		414			5,872	250

	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. 2007	14,449	405	14,044	.59.9	30.4	.61.6				65.0	
3. 2008	24,066	7,383	16,683	.92.7	400.8	.69.1				65.0	54
4. 2009	19,860	4,092	15,768	.73.6	.169.2	.64.1				65.0	10
5. 2010	16,394	222	16,172	.58.0	.12.9	.61.0				65.0	
6. 2011	28,627	5,364	23,263	.96.1	.223.3	.85.0				65.0	10
7. 2012	37,070	16,681	20,389	.116.5	.415.6	.73.3				65.0	203
8. 2013	22,893	837	22,056	.67.1	.28.0	.70.9				65.0	37
9. 2014	17,058	100	16,958	.46.8	.2.8	.51.7				65.0	.176
10. 2015	15,372	171	15,201	.41.0	.5.3	.44.3				65.0	.850
11. 2016	18,675	1,329	17,346	.48.8	.40.5	.49.6				65.0	3,784
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		5,124

ANNUAL STATEMENT FOR THE YEAR 2016 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	(5)						10	(5)	XXX	
2. 2007	26,982	1,962	25,020	17,049	1,810	743	67	1,474	.49	.721	17,340	4,004	
3. 2008	30,510	1,866	28,644	18,776	1,517	1,001	.34	1,610	.52	.818	19,784	4,377	
4. 2009	31,716	2,003	29,713	20,509	1,931	1,052	.66	1,785	.63	.806	21,286	4,981	
5. 2010	32,274	1,260	31,014	20,567	1,174	1,207	.75	1,850	.28	.982	22,347	5,995	
6. 2011	30,091	.382	29,709	17,190	.68	1,078	.1	1,333		.705	19,532	3,282	
7. 2012	27,009	.249	26,760	16,697	.449	902	.14	1,227		.751	18,363	2,508	
8. 2013	25,776	.183	25,593	15,020	.23	.532	.1	1,186		.477	16,714	2,449	
9. 2014	26,807	.131	26,676	15,641		.372		.1,366		.491	17,379	2,350	
10. 2015	27,851	.154	27,697	13,607		.253		.1,819		.533	15,679	2,333	
11. 2016	29,724	.155	29,569	8,534		.84		.1,459		.193	10,077	2,397	
12. Totals	XXX	XXX	XXX	163,585	6,972	7,224	258	15,109	192	6,487	178,496	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. 2007										1			1
3. 2008													
4. 2009	14	1	5				1			2			21
5. 2010	92	7	20				7			7			119
6. 2011	118		148				59			6			331
7. 2012	236		182				90			14			522
8. 2013	654		171				115			.59			999
9. 2014	2,033		.778				.417			.152			3,380
10. 2015	5,027	.105	1,680	.52			.940			.337			7,827
11. 2016	9,173	16	4,265	8			.842			1,226			15,482
12. Totals	17,347	129	7,249	60			2,471			1,804			28,682
													1,433

	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. 2007	19,267	1,926	17,341	.71.4	98.2	.69.3			.65.0		1
3. 2008	21,387	1,603	19,784	.70.1	85.9	.69.1			.65.0		
4. 2009	23,368	2,061	21,307	.73.7	102.9	.71.7			.65.0	.18	.3
5. 2010	23,750	1,284	22,466	.73.6	101.9	.72.4			.65.0	.105	.14
6. 2011	19,932	.69	19,863	.66.2	18.1	.66.9			.65.0	.266	.65
7. 2012	19,348	.463	18,885	.71.6	185.9	.70.6			.65.0	.418	.104
8. 2013	17,737	.24	17,713	.68.8	.13.1	.69.2			.65.0	.825	.174
9. 2014	20,759		20,759	.77.4		.77.8			.65.0	.2,811	.569
10. 2015	23,663	.157	23,506	.85.0	101.9	.84.9			.65.0	.6,550	.1,277
11. 2016	25,583	.24	25,559	.86.1	15.5	.86.4			.65.0	13,414	2,068
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	24,407	4,275

ANNUAL STATEMENT FOR THE YEAR 2016 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. 2007	3,996	613	3,383	2,535	602	170	12	195	1	89	2,285	263	
3. 2008	4,796	382	4,414	1,166	7	188		109		10	1,456	292	
4. 2009	5,870	606	5,264	2,038	57	168	5	198		255	2,342	386	
5. 2010	6,392	520	5,872	3,747	345	253	6	330	1	33	3,978	610	
6. 2011	7,026	443	6,583	2,257		290		280		45	2,827	423	
7. 2012	7,968	471	7,497	3,767	313	277	21	400		42	4,110	430	
8. 2013	9,102	495	8,607	3,757	347	371	15	499		46	4,265	456	
9. 2014	10,339	551	9,788	6,098	577	365	27	703		43	6,562	546	
10. 2015	10,641	617	10,024	3,141		73	1	469		41	3,682	600	
11. 2016	11,040	706	10,334	1,827		29		365		17	2,221	499	
12. Totals	XXX	XXX	XXX	30,333	2,248	2,184	87	3,548	2	621	33,728	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. 2007													
3. 2008													
4. 2009													
5. 2010	.98		.488				.50		1		.637	1	
6. 2011	.49		23				.8		7		.87	1	
7. 2012	204		59				33		25		.321	3	
8. 2013	1,068		544	2			225		45		1,880	20	
9. 2014	1,790	225	.571	111			505		111		2,641	33	
10. 2015	3,108	747	1,023	98			359		138		3,783	.75	
11. 2016	2,198	102	1,624	55			374		562		4,601	154	
12. Totals	8,515	1,074	4,332	266			1,554		889		13,950	287	

	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. 2007	2,900	615	2,285	72.6	100.3	67.5			.65.0		
3. 2008	1,463	7	1,456	30.5	1.8	33.0			.65.0		
4. 2009	2,404	62	2,342	41.0	10.2	44.5			.65.0		
5. 2010	4,967	352	4,615	77.7	67.7	78.6			.65.0	.586	.51
6. 2011	2,914		2,914	41.5		44.3			.65.0	.72	.15
7. 2012	4,765	334	4,431	59.8	70.9	59.1			.65.0	.263	.58
8. 2013	6,509	364	6,145	71.5	73.5	71.4			.65.0	1,610	270
9. 2014	10,143	940	9,203	98.1	170.6	94.0			.65.0	2,025	616
10. 2015	8,311	846	7,465	78.1	137.1	74.5			.65.0	3,286	497
11. 2016	6,979	157	6,822	63.2	22.2	66.0			.65.0	3,665	936
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	11,507	2,443

ANNUAL STATEMENT FOR THE YEAR 2016 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. 2007													
3. 2008													
4. 2009													
5. 2010													
6. 2011													
7. 2012													
8. 2013													
9. 2014													
10. 2015													
11. 2016													
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									
	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. 2007																
3. 2008																
4. 2009																
5. 2010																
6. 2011																
7. 2012																
8. 2013																
9. 2014																
10. 2015																
11. 2016																
12. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)				Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	35 Losses Unpaid		36 Loss Expenses Unpaid	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX				XXX		
2. 2007												
3. 2008												
4. 2009												
5. 2010												
6. 2011												
7. 2012												
8. 2013												
9. 2014												
10. 2015												
11. 2016												
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX				XXX		

ANNUAL STATEMENT FOR THE YEAR 2016 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			30						30	XXX
2. 2007	6,398	783	5,615	3,209	274	284	9	264		.176	3,474	393	
3. 2008	7,813	848	6,965	4,346	1,208	414	43	283		.18	3,792	609	
4. 2009	8,756	1,182	7,574	4,248	694	458	10	379		.48	4,381	755	
5. 2010	9,537	1,238	8,299	4,725	182	697	6	452		.43	5,686	1,354	
6. 2011	10,346	1,331	9,015	7,237	1,737	683	56	711		.121	6,838	788	
7. 2012	11,584	1,534	10,050	6,422	1,612	480	.64	736		.96	5,962	808	
8. 2013	13,770	1,716	12,054	8,590	1,591	945	.73	983		.77	8,854	701	
9. 2014	16,070	2,078	13,992	6,287	422	620	.20	.886		.72	7,351	745	
10. 2015	16,706	2,079	14,627	4,120	122	376		.577		.85	4,951	676	
11. 2016	17,618	2,161	15,457	4,175	295	148	1	622		.9	4,649	544	
12. Totals	XXX	XXX	XXX	53,359	8,137	5,135	282	5,893		745	55,968	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.	49											49	1			
2. 2007																
3. 2008																
4. 2009			4				1			7		12	1			
5. 2010	150		61				118					329	5			
6. 2011	.81		46	9			127			3		248	4			
7. 2012	49		168	2			137			1		353	5			
8. 2013	352		72	18			444			42		892	23			
9. 2014	1,530	.107	294	7			727			20		2,457	.57			
10. 2015	1,323	.5	.593	.73			1,059			.77		2,974	.86			
11. 2016	1,553	24	2,008	521			951			431		4,398	136			
12. Totals	5,087	136	3,246	630			3,564			581		11,712	318			

	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	49	
2. 2007	3,757	283	3,474	.58.7	36.1	.61.9			.65.0		
3. 2008	5,043	1,251	3,792	.64.5	147.5	.54.4			.65.0		
4. 2009	5,097	704	4,393	.58.2	.59.6	.58.0			.65.0	.4	.8
5. 2010	6,203	188	6,015	.65.0	.15.2	.72.5			.65.0	.211	.118
6. 2011	8,888	1,802	7,086	.85.9	.135.4	.78.6			.65.0	.118	.130
7. 2012	7,993	1,678	6,315	.69.0	.109.4	.62.8			.65.0	.215	.138
8. 2013	11,428	1,682	9,746	.83.0	.98.0	.80.9			.65.0	.406	.486
9. 2014	10,364	556	9,808	.64.5	.26.8	.70.1			.65.0	.1,710	.747
10. 2015	8,125	200	7,925	.48.6	.9.6	.54.2			.65.0	.1,838	.1,136
11. 2016	9,888	841	9,047	.56.1	.38.9	.58.5			.65.0	.3,016	.1,382
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	7,567	4,145

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 2016 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. 2007	3,918	1,165	2,753	981	.177	100	1	175		10	1,078	188	
3. 2008	3,863	1,338	2,525	860		198		.86		1	1,144	334	
4. 2009	3,773	1,370	2,403	1,182	.585	93		.83		1	.773	879	
5. 2010	3,680	1,429	2,251	904	.433	135	4	116		10	718	218	
6. 2011	3,914	1,589	2,325	874	.132	185	.32	.89		.4	.984	114	
7. 2012	4,250	1,832	2,418	415		.50		.65		.5	.530	123	
8. 2013	4,544	1,981	2,563	1,477	.873	166		.163		3	.933	107	
9. 2014	4,700	2,150	2,550	1,939	1,498	.65		.259		2	.765	.92	
10. 2015	4,783	2,143	2,640	223		.39		.61		2	.323	62	
11. 2016	4,451	2,169	2,282	81		9		.27		1	117	45	
12. Totals	XXX	XXX	XXX	8,936	3,698	1,040	37	1,124		39	7,365	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. 2007													
3. 2008													
4. 2009													
5. 2010													6
6. 2011			9										17
7. 2012	126		68										239
8. 2013	1,044	468	484	234									.954
9. 2014	172		232										.450
10. 2015	732	585	.573	.292									.693
11. 2016	891	585	956	354									1,429
12. Totals	3,053	1,638	2,322	880									3,876
													9

	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. 2007	1,256	178	1,078	32.1	15.3	39.2					.65.0
3. 2008	1,144		1,144	29.6		45.3					.65.0
4. 2009	1,358	585	.773	.36.0	42.7	32.2					.65.0
5. 2010	1,161	437	.724	.31.5	30.6	32.2					.65.0
6. 2011	1,165	164	1,001	29.8	10.3	43.1					.65.0
7. 2012	.769		.769	.18.1		.31.8					.65.0
8. 2013	3,462	1,575	1,887	.76.2	79.5	73.6					.826
9. 2014	2,713	1,498	1,215	.57.7	69.7	47.6					.404
10. 2015	1,893	877	1,016	.39.6	40.9	38.5					.428
11. 2016	2,485	939	1,546	55.8	43.3	67.7					.908
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		1,019

ANNUAL STATEMENT FOR THE YEAR 2016 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. 2007													
3. 2008													
4. 2009													
5. 2010													
6. 2011													
7. 2012													
8. 2013													
9. 2014													
10. 2015													
11. 2016													
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. 2007													
3. 2008													
4. 2009													
5. 2010													
6. 2011													
7. 2012													
8. 2013													
9. 2014													
10. 2015													
11. 2016													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2007											
3. 2008											
4. 2009											
5. 2010											
6. 2011											
7. 2012											
8. 2013											
9. 2014											
10. 2015											
11. 2016											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2016 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	3		2				20	.5	XXX	
2. 2015	13,572	851	12,721	5,015		144		.550		.246	5,709	XXX	
3. 2016	13,689	854	12,835	3,529		72		417		33	4,018	XXX	
4. Totals	XXX	XXX	XXX	8,547		218		967		299	9,732	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			7				1					8	1			
2. 2015	2		23				.5		8			38	2			
3. 2016	746		249				47		67			1,109	54			
4. Totals	748		279				53		75			1,155	57			

	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	7	1
2. 2015	5,747		5,747	42.3		45.2			.65.0	25	13
3. 2016	5,127		5,127	37.5		39.9			.65.0	995	114
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,027	128

ANNUAL STATEMENT FOR THE YEAR 2016 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	(125)	4	11		(8)		145	(126)	XXX	
2. 2015	25,314	563	24,751	16,135		299	1	1,998		2,216	18,431	8	
3. 2016	26,914	578	26,336	16,242		146		2,006		1,476	18,394	594	
4. Totals	XXX	XXX	XXX	32,252	4	456	1	3,996		3,837	36,699	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		2				6					10	2			
2. 2015	15	38	4				11		12			4	8			
3. 2016	1,121	5	922				42		157			2,237	594			
4. Totals	1,138	43	928				59		169			2,251	604			

	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. 2015	18,474	39	18,435	73.0	6.9	74.5			.65.0	(19)	23
3. 2016	20,636	5	20,631	76.7	0.9	78.3			.65.0	2,038	199
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,023	228

ANNUAL STATEMENT FOR THE YEAR 2016 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. 2015												XXX	
3. 2016												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. 2015																
3. 2016																
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					
2. 2015											
3. 2016											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2016 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	(1)						1	(1)	XXX	
2. 2015		4		4	1						1	XXX	
3. 2016		2		2	1						1	XXX	
4. Totals	XXX	XXX	XXX	1						1	1	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. 2015																
3. 2016		1										1	1			
4. Totals		1										1	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. 2015		1		1	25.0		25.0			.65.0	
3. 2016		2		2	100.0		100.0			65.0	1
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		1

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 2016 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. 2007	267	8	259	.172		.23		.13			208	17	
3. 2008	200	21	179	.4		.4		.2	1		.9	11	
4. 2009	176	4	172	.19		.23		.2			.44	46	
5. 2010	146	2	144	.7		.8		.1			.16	119	
6. 2011	123	1	122	.20		.12		.3			.35	9	
7. 2012	118	1	117	.15		.1		.1	1		.16	4	
8. 2013	125	1	124	.18		.11		.2			.31	4	
9. 2014	137	1	136	.1		.8					.9	4	
10. 2015	137	1	136	.1		.1					.2	3	
11. 2016	126	1	125	.1							1	2	
12. Totals	XXX	XXX	XXX	258		91		24	2		371	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. 2007													
3. 2008													
4. 2009													
5. 2010													
6. 2011													
7. 2012													
8. 2013													
9. 2014													
10. 2015								1					1
11. 2016	3			1				1				2	1
12. Totals	3			1				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
	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. 2007	208		208	.77.9		.80.3			.65.0		
3. 2008	10	1	9	5.0	4.8	.5.0			.65.0		
4. 2009	44		44	25.0		.25.6			.65.0		
5. 2010	16		16	11.0		.11.1			.65.0		
6. 2011	35		35	28.5		.28.7			.65.0		
7. 2012	17	1	16	.14.4	.100.0	.13.7			.65.0		
8. 2013	31		31	.24.8		.25.0			.65.0		
9. 2014	9		9	.6.6		.6.6			.65.0		
10. 2015	3		3	.2.2		.2.2			.65.0		1
11. 2016	4	1	3	3.2	100.0	2.4			.65.0	2	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2	1

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 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior	3,342	2,100	1,213	1,067	1,016	1,008	994	991	991	991		
2. 2007	15,217	13,909	12,924	12,637	12,601	12,592	12,594	12,593	12,593	12,594	1	1
3. 2008	XXX	17,219	15,560	15,196	15,129	15,087	15,091	15,106	15,106	15,135	29	29
4. 2009	XXX	XXX	15,551	14,429	14,429	14,518	14,262	14,253	14,249	14,250	1	(3)
5. 2010	XXX	XXX	XXX	16,346	15,222	14,907	14,832	14,755	14,746	14,746		(9)
6. 2011	XXX	XXX	XXX	XXX	22,751	21,667	21,522	21,091	21,090	21,079	(11)	(12)
7. 2012	XXX	XXX	XXX	XXX	XXX	18,263	17,745	17,657	17,715	17,650	(65)	(7)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	21,168	20,023	19,739	19,729	(10)	(294)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,937	15,552	15,174	(378)	(1,763)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,512	13,733	(779)	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,547	XXX	XXX
											12. Totals	(1,212)
												(2,058)

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

1. Prior	9,463	6,909	6,140	5,510	5,483	5,436	5,395	5,379	5,376	5,365	(11)	(14)
2. 2007	19,278	17,444	16,617	16,242	16,013	15,903	15,918	15,900	15,918	15,915	(3)	15
3. 2008	XXX	20,940	18,784	18,942	18,383	18,327	18,313	18,300	18,256	18,226	(30)	(74)
4. 2009	XXX	XXX	22,727	21,354	20,598	20,428	19,944	19,821	19,696	19,583	(113)	(238)
5. 2010	XXX	XXX	XXX	22,523	22,353	21,881	21,545	20,979	20,618	20,637	19	(342)
6. 2011	XXX	XXX	XXX	XXX	21,118	20,011	19,361	18,728	18,633	18,524	(109)	(204)
7. 2012	XXX	XXX	XXX	XXX	XXX	20,164	19,301	18,278	18,091	17,644	(447)	(634)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	17,709	17,856	17,378	16,468	(910)	(1,388)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,508	19,302	19,241	(61)	(267)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,043	21,350	(693)	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,874	XXX	XXX
											12. Totals	(2,358)
												(3,146)

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

1. Prior	975	791	829	766	713	717	713	713	713	713		
2. 2007	2,211	2,268	2,450	2,580	2,123	2,105	2,091	2,091	2,091	2,091		
3. 2008	XXX	1,674	1,821	1,788	1,365	1,472	1,405	1,407	1,347	1,347		(60)
4. 2009	XXX	XXX	2,583	2,602	2,331	2,180	2,157	2,161	2,144	2,144		(17)
5. 2010	XXX	XXX	XXX	5,569	4,792	4,375	4,001	3,728	3,727	4,285	558	557
6. 2011	XXX	XXX	XXX	XXX	4,491	3,573	2,970	2,711	2,581	2,627	46	(84)
7. 2012	XXX	XXX	XXX	XXX	XXX	4,407	4,490	4,533	4,306	4,006	(300)	(527)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	4,813	4,370	4,390	5,601	1,211	1,231
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,989	8,437	8,389	(48)	400
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,772	6,858	86	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,895	XXX	XXX
											12. Totals	1,553
												1,500

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

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014	XXX											
10. 2015	XXX											
11. 2016	XXX											

NONE

12. Totals

1. Prior	2,381	1,677	1,182	907	894	839	842	860	923	994	71	134
2. 2007	.4,311	.3,781	3,237	3,524	3,509	3,233	3,228	3,208	3,210	3,210		2
3. 2008	XXX	.3,541	3,357	3,652	3,626	3,554	3,513	3,489	3,493	3,509	16	20
4. 2009	XXX	XXX	4,280	4,040	4,071	3,762	3,712	3,718	3,875	4,007	132	289
5. 2010	XXX	XXX	XXX	5,881	5,790	5,796	5,275	5,381	5,533	5,563	30	182
6. 2011	XXX	XXX	XXX	XXX	6,389	6,671	6,445	6,484	6,335	6,372	37	(112)
7. 2012	XXX	XXX	XXX	XXX	XXX	7,004	5,785	5,384	5,429	5,578	149	194
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	9,089	9,492	9,531	8,721	(810)	(771)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,801	7,852	8,902	1,050	1,101
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,186	7,271	85	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,994	XXX	XXX
											12. Totals	760
												1,039

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XX	XX							
8. 2013	XXX	XXX	XXX	XX	XX	XX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX
11. 2016	XXX	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. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XX	XX	XX	XX					
9. 2014	XXX	XXX	XXX	XX	XX	XX	XX	XX				
10. 2015	XXX			XXX								
11. 2016	XXX											
12. Totals												

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

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XX	XX	XX	XX					
9. 2014	XXX	XXX	XXX	XX	XX	XX	XX	XX				
10. 2015	XXX			XXX								
11. 2016	XXX											
12. Totals												

NONE**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior	1,981	1,122	1,207	986	946	833	831	.819	.811	.811		(8)
2. 2007	1,808	1,362	954	939	943	949	947	.903	.903			
3. 2008	XXX	1,469	1,349	926	907	878	871	1,067	1,058	1,058		
4. 2009	XXX	XXX	891	913	707	712	702	709	.691	.690	(1)	(19)
5. 2010	XXX	XXX	XXX	571	931	830	932	.617	.598	.603	.5	(14)
6. 2011	XXX	XXX	XXX	XXX	708	1,169	1,052	1,103	.927	.912	(15)	(191)
7. 2012	XXX	XXX	XXX	XXX	XXX	667	875	.631	.683	.703	.20	.72
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,191	1,226	1,579	1,693	.114	.467
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,210	1,344	.936	(408)	(274)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,002	.899	(103)	.XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,386	XXX	XXX	
12. Totals												(388) 24

NONE**SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XX	XX	XX	XX					
9. 2014	XXX	XXX	XXX	XX	XX	XX	XX					
10. 2015	XXX				XXX							
11. 2016	XXX											
12. Totals												

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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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,169	437	420	(17)	(749)
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,835	5,189	(646)	XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,643	XXX	XXX	XXX
										4. Totals	(663)	(749)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	2,069	860	707	(153)	(1,362)						
2. 2015	XXX	17,751	16,425	(1,326)	XXX	XXX						
3. 2016	XXX	18,468	XXX	XXX	XXX							
										4. Totals	(1,479)	(1,362)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior	XXX											
2. 2015	XXX					XXX						
3. 2016	XXX				XXX	XXX						
										4. Totals		

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

1. Prior	XXX	3		(1)	(1)	(4)						
2. 2015	XXX	3	1	(2)	XXX							
3. 2016	XXX	2	XXX	XXX								
										4. Totals	(3)	(4)

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XX							
8. 2013	XXX	XXX	XXX	XX	XX	XX						
9. 2014	XXX	XXX	XXX	XXX	XX	XX	XX					
10. 2015	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

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 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior	109	81	148	124	96	93	93	93	93	93		
2. 2007	228	237	234	223	199	197	195	195	195	195		
3. 2008	XXX	26	23	10	9	8	8	8	8	8		
4. 2009	XXX	XXX	151	69	55	44	42	42	42	42		
5. 2010	XXX	XXX	XXX	28	11	14	15	15	15	15		
6. 2011	XXX	XXX	XXX	XXX	92	54	48	32	32	32		
7. 2012	XXX	XXX	XXX	XXX	XXX	29	28	16	16	16		
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	44	48	32	29	(3)	(19)
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	34	68	9	(59)	(25)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3		XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
											12. Totals	(62) (44)

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

1. Prior												
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XX	XX							
8. 2013	XXX	XXX	XXX	XX	XX	XX						
9. 2014	XXX	XXX	XXX	XXX	XX	XX	XX					
10. 2015	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
											12. Totals	

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

1. Prior	XXX											
2. 2015	XXX					XXX						
3. 2016	XXX	XXX	XXX	XX	XX	XX	XX				XXX	XXX
											4. Totals	

SCHEDULE P - PART 2T - WARRANTY

1. Prior	XXX											
2. 2015	XXX					XXX						
3. 2016	XXX	XXX	XXX	XX	XX	XX	XX				XXX	XXX
											4. Totals	

NONE

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SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	.000	576	961	971	982	979	991	991	991	991	309	
2. 2007	9,946	12,033	12,508	12,576	12,593	12,592	12,592	12,593	12,593	12,594	2,113	385
3. 2008	XXX	11,978	14,507	14,741	14,999	15,021	15,027	15,039	15,039	15,079	4,124	607
4. 2009	XXX	XXX	11,899	13,748	14,086	14,157	14,229	14,241	14,240	14,240	3,316	753
5. 2010	XXX	XXX	XXX	12,220	14,377	14,653	14,735	14,746	14,746	14,746	2,425	2,511
6. 2011	XXX	XXX	XXX	XXX	17,926	20,500	20,948	21,032	21,051	21,069	3,631	497
7. 2012	XXX	XXX	XXX	XXX	XXX	14,270	16,663	17,160	17,287	17,434	3,880	437
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	15,474	19,266	19,453	19,683	2,220	422
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,029	14,915	14,966	1,538	341
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,248	12,795	1,362	326
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,573	1,105	246

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

1. Prior	.000	2,782	4,043	4,724	5,061	5,284	5,313	5,305	5,370	5,365	6,746	
2. 2007	7,136	12,254	14,361	15,183	15,663	15,762	15,821	15,892	15,892	15,915	3,324	680
3. 2008	XXX	8,169	12,971	15,740	17,330	17,948	18,108	18,234	18,216	18,226	3,580	797
4. 2009	XXX	XXX	8,545	14,990	17,350	18,788	19,129	19,482	19,517	19,564	3,588	1,392
5. 2010	XXX	XXX	XXX	9,401	15,627	17,702	19,381	20,132	20,352	20,525	3,520	2,471
6. 2011	XXX	XXX	XXX	XXX	9,023	13,656	15,841	17,224	18,042	18,199	2,706	573
7. 2012	XXX	XXX	XXX	XXX	XXX	7,378	12,274	15,218	16,767	17,136	2,124	371
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	6,386	11,804	14,217	15,528	2,104	325
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	7,692	12,846	16,013	1,958	312	
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,672	13,860	1,736	313	
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,618	1,151	218	

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

1. Prior	.000	209	459	699	713	713	713	713	713	713	.142	
2. 2007	.640	1,017	1,494	1,926	1,998	2,091	2,091	2,091	2,091	2,091	236	.27
3. 2008	XXX	604	868	1,010	1,176	1,244	1,316	1,318	1,347	1,347	246	.46
4. 2009	XXX	XXX	741	1,217	1,481	1,839	2,028	2,112	2,144	2,144	277	109
5. 2010	XXX	XXX	XXX	1,072	2,040	3,037	3,516	3,541	3,555	3,649	342	267
6. 2011	XXX	XXX	XXX	XXX	1,075	1,586	2,060	2,356	2,450	2,547	359	63
7. 2012	XXX	XXX	XXX	XXX	XXX	1,260	2,009	3,140	3,368	3,710	353	.74
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,459	2,673	3,101	3,766	375	.61
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,260	4,410	5,859	462	.51
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,121	3,213	464	.61
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,856	306	39	

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

1. Prior	.000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XXX							
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	.381	.697	.728	.839	.839	.842	.860	.915	.945	.75	
2. 2007	2,077	2,784	2,863	3,095	3,129	3,185	3,185	3,208	3,210	3,210	303	.90
3. 2008	XXX	1,898	1,982	2,593	3,323	3,375	3,384	3,398	3,492	3,509	492	.117
4. 2009	XXX	XXX	2,503	3,210	3,403	3,477	3,625	3,667	3,746	4,002	497	.257
5. 2010	XXX	XXX	XXX	2,490	3,755	4,689	4,887	5,018	5,201	5,234	669	.680
6. 2011	XXX	XXX	XXX	XXX	3,526	4,791	5,276	5,761	6,010	6,127	639	.145
7. 2012	XXX	XXX	XXX	XXX	XXX	3,516	4,720	4,883	5,160	5,226	660	.143
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	3,766	5,762	6,565	7,871	547	.131
9. 2014	XXX	4,078	5,691	6,465	548	.140						
10. 2015	XXX	3,066	4,374	484	.106							
11. 2016	XXX	4,027	330	.78								

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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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	.000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XX								
7. 2012	XXX	XXX	XXX	XX	XX							
8. 2013	XXX	XXX	XXX	XXX	XX	XX						
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	.000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XX							
8. 2013	XXX	XXX	XXX	XX	XX							
9. 2014	XXX	XXX	XXX	XX	XX							
10. 2015	XXX	XXX	XXX	XXX	XX	XX						
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	.000										XXX	XXX
2. 2007											XXX	XXX
3. 2008	XXX										XXX	XXX
4. 2009	XXX	XXX									XXX	XXX
5. 2010	XXX	XXX	XXX								XXX	XXX
6. 2011	XXX	XXX	XXX	XXX							XXX	XXX
7. 2012	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2013	XXX	XXX	XXX	XX	XX						XXX	XXX
9. 2014	XXX	XXX	XXX	XX	XX						XXX	XXX
10. 2015	XXX	XXX	XXX	XX	XX						XXX	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

1. Prior	.000	326	479	678	710	710	710	710	723	723	460	
2. 2007	.288	603	844	876	897	898	901	903	903	903	.155	.33
3. 2008	XXX	200	563	709	737	861	870	900	1,058	1,058	263	.71
4. 2009	XXX	XXX	.148	.402	607	633	658	658	.690	.690	736	.143
5. 2010	XXX	XXX	XXX	.138	275	409	489	581	586	602	.111	.107
6. 2011	XXX	XXX	XXX	XXX	204	297	754	805	895	895	.83	.31
7. 2012	XXX	XXX	XXX	XXX	XXX	214	392	450	459	.465	.90	.33
8. 2013	XXX	XXX	XXX	XXX	XXX	164	425	.617	.770	.76	.31	
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	211	.397	.506	.68	.23	
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.86	.262	.42	.19	
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90	29	9	

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

1. Prior	.000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX								
8. 2013	XXX	XXX	XXX	XX	XX							
9. 2014	XXX	XXX	XXX	XX	XX							
10. 2015	XXX	XXX	XXX	XX	XX							
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	407	.412	XXX	XXX
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,534	5,159	XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,601	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	.000	.815	.697								
2. 2015	XXX	15,688	16,433									
3. 2016	XXX	XXX	16,388									

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX			XXX	XXX							
2. 2015	XXX			XXX	XXX							
3. 2016	XXX		XXX	XXX								

NONE

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

1. Prior	XXX	.000		(1)	XXX	XXX						
2. 2015	XXX		1	XXX	XXX							
3. 2016	XXX	XXX	1	XXX	XXX							

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2007											XXX	XXX
3. 2008	XXX										XXX	XXX
4. 2009	XXX	XXX									XXX	XXX
5. 2010	XXX	XXX	XXX								XXX	XXX
6. 2011	XXX	XXX	XXX	XXX							XXX	XXX
7. 2012	XXX	XXX	XXX	XXX	XX						XXX	XXX
8. 2013	XXX	XXX	XXX	XXX	XX	XX					XXX	XXX
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	.000	16	59	65	93	93	93	93	93	93	8	
2. 2007	129	181	194	194	195	195	195	195	195	195	14	3
3. 2008	XXX	2	4	.8	.8	.8	.8	.8	.8	.8	.5	6
4. 2009	XXX	XXX	7	17	23	42	42	42	42	42	22	24
5. 2010	XXX	XXX	XXX	7	7	8	15	15	15	15	55	64
6. 2011	XXX	XXX	XXX	XXX	21	22	31	32	32	32	7	2
7. 2012	XXX	XXX	XXX	XXX	XXX	.4	15	16	16	16	3	1
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	15	16	29	29	3	1
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	9	9	2	2
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	1
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	

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

1. Prior	.000											
2. 2007												
3. 2008	XXX											
4. 2009	XXX	XXX										
5. 2010	XXX	XXX	XXX									
6. 2011	XXX	XXX	XXX	XXX								
7. 2012	XXX	XXX	XXX	XXX	XX	XX						
8. 2013	XXX	XXX	XXX	XXX	XX	XX	XX					
9. 2014	XXX	XXX	XXX	XXX	XX	XX	XX	XX				
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	XXX	.000			XXX	XXX						
2. 2015	XXX			XXX	XXX							
3. 2016	XXX	XXX		XXX	XXX							

SCHEDULE P - PART 3T - WARRANTY

1. Prior	XXX	.000										
2. 2015	XXX											
3. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	2,228	929	159	35	13	8	3			
2. 2007	2,964	1,107	324	61	8		2			
3. 2008	XXX	2,893	553	130	43	22	20	.24	.24	.20
4. 2009	XXX	XXX	1,882	193	253	130	.10	.5	.3	.4
5. 2010	XXX	XXX	XXX	2,532	655	198	.89	.8		
6. 2011	XXX	XXX	XXX	XXX	2,351	689	.280	.26	.10	.3
7. 2012	XXX	XXX	XXX	XXX	XXX	1,862	.386	.208	.137	.77
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.2,102	.549	.101	.19
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,940	.373	.115
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,445	.376
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,854

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

1. Prior	4,578	1,628	739	205	147	38	(1)	(2)		
2. 2007	5,265	2,287	882	386	151	41	13		(1)	
3. 2008	XXX	5,619	1,968	1,116	327	151	107	.37	.11	
4. 2009	XXX	XXX	5,532	2,348	1,177	583	.299	.113	.29	.6
5. 2010	XXX	XXX	XXX	5,163	2,809	1,656	.1,009	.420	.106	.27
6. 2011	XXX	XXX	XXX	XXX	4,802	2,277	.1,298	.555	.358	.207
7. 2012	XXX	XXX	XXX	XXX	XXX	4,893	.2,345	.1,091	.578	.272
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.4,273	.2,615	.1,318	.286
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.4,326	.1,990	.1,195
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.4,897	.2,568
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,099

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

1. Prior	630	200	104	37		4				
2. 2007	744	.346	397	.527	.44	14				
3. 2008	XXX	.756	742	.559	.75	95	.40	.40		
4. 2009	XXX	XXX	1,160	.848	.268	.72	.33	.14		
5. 2010	XXX	XXX	XXX	2,796	1,493	.810	.445	.88	.65	.538
6. 2011	XXX	XXX	XXX	XXX	2,752	1,624	.454	.243	.46	.31
7. 2012	XXX	XXX	XXX	XXX	XXX	1,869	.1,234	.822	.414	.92
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.2,087	.970	.456	.767
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2,922	.1,814	.965
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2,433	.1,284
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,943

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

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XXX	XXX						
7. 2012	XXX	XXX	XXX	XXX						
8. 2013	XXX	XXX	XXX	XXX						
9. 2014	XXX	XXX	XXX	XXX						
10. 2015	XXX	XXX	XXX	XXX						
11. 2016	XXX	XXX	XXX	XXX						

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior	1,718	1,047	414	79	.48				2	
2. 2007	1,379	.847	239	.131	.111	.22	.17			
3. 2008	XXX	.936	702	.439	.218	.107	.64	.38		
4. 2009	XXX	XXX	1,052	.562	.452	.152	.56	.25	.64	.5
5. 2010	XXX	XXX	XXX	1,879	1,183	.890	.256	.218	.179	.179
6. 2011	XXX	XXX	XXX	XXX	1,661	1,339	.576	.417	.192	.164
7. 2012	XXX	XXX	XXX	XXX	XXX	2,422	.752	.276	.173	.303
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.3,038	.2,126	.1,571	.498
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2,231	.1,014	.1,014
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2,589	.1,579
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,438

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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior.										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XX	XX						
6. 2011	XXX	XXX	XX	XX	XX					
7. 2012	XXX	XXX	XX	XX	XX	XX				
8. 2013	XXX	XXX	XX	XX	XX	XX	XX			
9. 2014	XXX	XXX	XX	XX	XX	XX	XX	XX		
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior.										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XX	XXX						
7. 2012	XXX	XXX	XX	XXX	XX					
8. 2013	XXX	XXX	XX	XXX	XX	XX				
9. 2014	XXX	XXX	XX	XXX	XX	XX	XX			
10. 2015	XXX	XXX	XX	XXX	XX	XX	XX	XXX		
11. 2016	XXX	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. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XX	XXX						
7. 2012	XXX	XXX	XX	XXX	XX					
8. 2013	XXX	XXX	XX	XXX	XX	XX				
9. 2014	XXX	XXX	XX	XXX	XX	XX	XX			
10. 2015	XXX	XXX	XX	XXX	XX	XX	XX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior.	1,041	318	282	87	.75	.21	20	.8		
2. 2007	960	468	.54	19	.17	.22	.17			
3. 2008	XXX	.903	622	.111	.86	.17	.1	.89		
4. 2009	XXX	XXX	433	.306	.49	.42	.15	.22	1	
5. 2010	XXX	XXX	XXX	.262	.457	.265	.344	.20	.12	.1
6. 2011	XXX	XXX	XXX	XXX	.158	.352	.98	.155	.29	.17
7. 2012	XXX	XXX	XXX	XXX	.299	.382	.85	.97	.112	
8. 2013	XXX	XXX	XXX	XXX	XXX	.794	.310	.419	.347	
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.701	.719	.258	
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.678	.490	
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.990

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

1. Prior.										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XX	XXX						
7. 2012	XXX	XXX	XX	XXX	XX					
8. 2013	XXX	XXX	XX	XXX	XX					
9. 2014	XXX	XXX	XX	XXX	XX	XX				
10. 2015	XXX	XXX	XX	XXX	XX	XX	XXX			
11. 2016	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
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	704	23	8
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	523	28
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	296

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	974	30	8						
2. 2015	XXX	1,150	15							
3. 2016	XXX	964								

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2015	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
3. 2016	XXX	XXX	XX	XXX	XX	XX	XXX	XXX	XXX	

NONE

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

1. Prior	XXX	2								
2. 2015	XXX	1								
3. 2016	XXX									

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XX	XXX						
7. 2012	XXX	XXX	XX	XXX	XX					
8. 2013	XXX	XXX	XX	XXX	XX	X				
9. 2014	XXX	XXX	XX	XXX	XXX	X	X			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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

N O N E

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

N O N E

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

N O N E

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										
	1 2007	2	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	10 2016
1. Prior	86	39	76	46	3						
2. 2007	63	41	34	29	4	2					
3. 2008	XXX	25	14	3	1						
4. 2009	XXX	XXX	137	34	15	2					
5. 2010	XXX	XXX	XXX	21	4	5					
6. 2011	XXX	XXX	XXX	XXX	61	28	7				
7. 2012	XXX	XXX	XXX	XXX	XXX	11	13				
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	21	22	3		
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	58		
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	.1	
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	

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

1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XXX							
6. 2011	XXX	XXX	XX	XXX						
7. 2012	XXX	XXX	XX	XXX	XX					
8. 2013	XXX	XXX	XX	XXX	XX	X				
9. 2014	XXX	XXX	XX	XXX	XXX	X	X			
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior	XXX									
2. 2015	XXX	XXX	XX	XXX	XX	X	XX	XXX		
3. 2016	XXX	XXX	XX	XX	XX	X	XX	XXX	XXX	

SCHEDULE P - PART 4T - WARRANTY

1. Prior	XXX									
2. 2015	XXX	XXX	XX	XXX	XX	X	XX	XXX		
3. 2016	XXX	XXX	XX	XX	XX	X	XX	XXX	XXX	

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	681	343	(52)	11	3	1	2	1		
2. 2007	1,760	2,048	2,092	2,105	2,105	2,110	2,111	2,112	2,112	2,113
3. 2008	XXX	3,518	4,065	4,104	4,111	4,118	4,120	4,124	4,124	4,124
4. 2009	XXX	XXX	2,935	3,266	3,295	3,307	3,313	3,316	3,316	3,316
5. 2010	XXX	XXX	XXX	2,116	2,390	2,413	2,421	2,424	2,425	2,425
6. 2011	XXX	XXX	XXX	XXX	3,234	3,593	3,613	3,626	3,629	3,631
7. 2012	XXX	XXX	XXX	XXX	XXX	3,516	3,838	3,861	3,870	3,880
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,851	2,183	2,206	2,220
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,297	1,512	1,538
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,174	1,362
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,105

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	83	9	8	5	2	2				
2. 2007	233	47	4							
3. 2008	XXX	435	37	10	7	4	4	3	3	3
4. 2009	XXX	XXX	207	29	10	5	1	1	1	1
5. 2010	XXX	XXX	XXX	192	22	7	2	1		
6. 2011	XXX	XXX	XXX	XXX	259	25	9	4	3	2
7. 2012	XXX	XXX	XXX	XXX	XXX	223	36	21	15	7
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	276	24	8	3
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	177	19	9
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	185	33
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	192

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	296	148	691	19	1	1	1	2		
2. 2007	2,303	2,415	2,466	2,490	2,489	2,495	2,496	2,497	2,497	2,498
3. 2008	XXX	4,315	4,656	4,720	4,724	4,729	4,731	4,734	4,734	4,734
4. 2009	XXX	XXX	3,500	4,041	4,058	4,065	4,067	4,070	4,070	4,070
5. 2010	XXX	XXX	XXX	4,765	4,915	4,928	4,933	4,935	4,936	4,936
6. 2011	XXX	XXX	XXX	XXX	3,911	4,108	4,118	4,126	4,129	4,130
7. 2012	XXX	XXX	XXX	XXX	XXX	4,110	4,305	4,318	4,321	4,324
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	2,479	2,623	2,636	2,645
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,774	1,866	1,888
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,643	1,721
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,543

ANNUAL STATEMENT FOR THE YEAR 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	1,605	1,048	90	66	5,508	16	.11	.5	.2	
2. 2007	1,702	2,373	2,464	2,527	3,305	3,315	3,320	3,323	3,323	3,324
3. 2008	XXX	1,916	2,417	2,562	3,511	3,547	3,564	3,571	3,577	3,580
4. 2009	XXX	XXX	1,617	2,310	3,451	3,524	3,557	3,578	3,585	3,588
5. 2010	XXX	XXX	XXX	1,747	3,228	3,392	3,476	3,505	3,515	3,520
6. 2011	XXX	XXX	XXX	XXX	1,815	2,397	2,590	2,658	2,693	2,706
7. 2012	XXX	XXX	XXX	XXX	XXX	1,253	1,906	2,041	2,095	2,124
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	1,433	1,939	2,053	2,104
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,238	1,787	1,958
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,245	1,736
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,151

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	245	.19	.35	14	.12	.7	3	.2	.1	
2. 2007	753	115	.62	23	9	.5	2	.1		
3. 2008	XXX	322	198	.86	.37	12	4	.2	.2	
4. 2009	XXX	XXX	941	235	113	44	22	11	.3	.1
5. 2010	XXX	XXX	XXX	1,010	266	93	30	.17	.3	.4
6. 2011	XXX	XXX	XXX	XXX	1,061	254	96	.35	.4	.3
7. 2012	XXX	XXX	XXX	XXX	XXX	873	251	.84	.15	.13
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.825	.191	.41	.20
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.934	.193	.80
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.720	.284
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,028

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	271	184	2,626	.116	6,810	14	8	.5	.1	(1)
2. 2007	2,582	2,655	2,908	2,997	3,991	3,998	4,002	4,004	4,003	4,004
3. 2008	XXX	2,967	3,036	3,249	4,342	4,354	4,364	4,370	4,376	4,377
4. 2009	XXX	XXX	2,802	3,637	4,948	4,957	4,969	4,979	4,979	4,981
5. 2010	XXX	XXX	XXX	4,821	5,919	5,944	5,973	5,992	5,989	5,995
6. 2011	XXX	XXX	XXX	XXX	3,259	3,185	3,251	3,262	3,269	3,282
7. 2012	XXX	XXX	XXX	XXX	XXX	2,322	2,497	2,492	2,481	2,508
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	2,433	2,426	2,415	2,449
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,336	2,269	2,350
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,148	2,333
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,397

ANNUAL STATEMENT FOR THE YEAR 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	95	.43	6	1	.92					
2. 2007	150	200	209	215	232	234	235	236	236	236
3. 2008	XXX	168	220	228	242	244	245	245	246	246
4. 2009	XXX	XXX	166	236	263	268	272	275	277	277
5. 2010	XXX	XXX	XXX	211	305	330	339	340	341	342
6. 2011	XXX	XXX	XXX	XXX	235	321	341	352	355	359
7. 2012	XXX	XXX	XXX	XXX	XXX	222	309	335	345	353
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	248	346	364	375
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	301	430	462
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	344	464
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	306

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	13	1	.4	2						
2. 2007	57	7	8	.5	1					
3. 2008	XXX	21	15	10	3	2	1	1		
4. 2009	XXX	XXX	.78	24	10	.7	4	.1		
5. 2010	XXX	XXX	XXX	118	.31	12	3	.1	1	.1
6. 2011	XXX	XXX	XXX	XXX	103	30	.12	.4	3	.1
7. 2012	XXX	XXX	XXX	XXX	XXX	123	.42	.16	7	.3
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	116	.38	.31	.20
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	156	.61	.33
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	175	.75
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	154

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	31	21	.87		101		1			
2. 2007	207	218	235	245	260	261	262	263	263	263
3. 2008	XXX	.231	267	279	290	292	292	292	292	292
4. 2009	XXX	XXX	269	365	381	384	385	385	386	386
5. 2010	XXX	XXX	XXX	.572	.599	608	.608	.608	.609	.610
6. 2011	XXX	XXX	XXX	XXX	377	412	416	.419	.421	.423
7. 2012	XXX	XXX	XXX	XXX	XXX	389	419	.424	.426	.430
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.398	.439	.453	.456
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	488	.537	.546
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.549	.600
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	499

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 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	84	52	8	9	5	1				
2. 2007	206	270	283	292	296	299	300	303	303	303
3. 2008	XXX	325	441	467	479	486	489	489	490	492
4. 2009	XXX	XXX	304	451	472	486	490	494	495	497
5. 2010	XXX	XXX	XXX	514	618	644	655	661	668	669
6. 2011	XXX	XXX	XXX	XXX	433	576	600	622	632	639
7. 2012	XXX	XXX	XXX	XXX	XXX	479	614	639	652	660
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	367	485	516	547
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	370	510	548
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	343	484
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	330

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	31	3	7	8	1		2	1	2	1
2. 2007	57	14	10	5	4	2	2			
3. 2008	XXX	57	25	16	7	3	3	4	3	
4. 2009	XXX	XXX	77	21	10	5	5	3	3	1
5. 2010	XXX	XXX	XXX	109	29	18	13	11	6	5
6. 2011	XXX	XXX	XXX	XXX	129	46	31	16	8	4
7. 2012	XXX	XXX	XXX	XXX	XXX	107	31	16	7	5
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	127	51	46	23
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	155	74	57
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	161	86
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	136

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	50	25	125	21	1		2	(1)	1	(1)
2. 2007	317	343	371	385	390	391	392	393	393	393
3. 2008	XXX	473	545	597	602	605	608	610	610	609
4. 2009	XXX	XXX	443	721	736	745	749	752	754	755
5. 2010	XXX	XXX	XXX	1,252	1,315	1,337	1,346	1,351	1,353	1,354
6. 2011	XXX	XXX	XXX	XXX	660	757	773	783	785	788
7. 2012	XXX	XXX	XXX	XXX	XXX	678	776	794	801	808
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	573	653	690	701
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	620	715	745
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	573	676
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	544

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 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	484	429	11	14	2	2	1		1	
2. 2007	99	133	148	151	153	154	154	155	155	155
3. 2008	XXX	93	244	255	259	262	262	262	263	263
4. 2009	XXX	XXX	688	725	733	734	735	735	736	736
5. 2010	XXX	XXX	XXX	65	.90	.100	.104	.109	.110	.111
6. 2011	XXX	XXX	XXX	XXX	.54	.70	.75	.79	.82	.83
7. 2012	XXX	XXX	XXX	XXX	XXX	.51	.80	.87	.88	.90
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.42	.60	.71	.76
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.36	.56	.68
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.27	.42
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29

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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	52	5	13	7	7	.3	3	3	2	
2. 2007	33	8	7	3	1	1	1			
3. 2008	XXX	23	14	6	3	1	1	1		
4. 2009	XXX	XXX	31	14	6	2	1	.1		
5. 2010	XXX	XXX	XXX	34	19	11	5	.1		
6. 2011	XXX	XXX	XXX	XXX	.31	12	7	.3	1	
7. 2012	XXX	XXX	XXX	XXX	XXX	38	14	.5	1	
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	34	.23	.13	
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.42	.22	.1
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.22	.1
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	189	161	(1,403)	24	3		1			(2)
2. 2007	146	33	183	187	187	188	188	188	188	188
3. 2008	XXX	153	313	332	333	334	334	334	334	334
4. 2009	XXX	XXX	802	878	881	879	879	879	879	879
5. 2010	XXX	XXX	XXX	192	212	216	215	217	217	218
6. 2011	XXX	XXX	XXX	XXX	103	112	113	.113	114	114
7. 2012	XXX	XXX	XXX	XXX	XXX	.111	123	123	121	123
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.94	.111	.114	.107
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.90	.98	.92
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.61	.62
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45

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 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	9	5	1		2					
2. 2007	6	10	12	14	14	14	14	14	14	14
3. 2008	XXX	2	2	.5	5	5	5	.5	.5	.5
4. 2009	XXX	XXX	.3	21	21	22	22	22	22	22
5. 2010	XXX	XXX	XXX	54	54	54	55	.55	55	.55
6. 2011	XXX	XXX	XXX	XXX	2	.5	5	.7	7	7
7. 2012	XXX	XXX	XXX	XXX	XXX	.1	2	3	3	3
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	.1	2	3	3
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1	.2	.2
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2
11. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	3		2	2						
2. 2007	5		1							
3. 2008	XXX		1	1						
4. 2009	XXX	XXX	.1	2	2					
5. 2010	XXX	XXX	XXX		1	1				
6. 2011	XXX	XXX	XXX	XXX	1	1	1			
7. 2012	XXX	XXX	XXX	XXX	XXX	1				
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	2	.1		
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1	1	
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	3	3	11							
2. 2007	11	13	14	17	17	17	17	17	17	17
3. 2008	XXX	2	4	10	11	11	11	11	11	11
4. 2009	XXX	XXX	5	46	46	46	46	46	46	46
5. 2010	XXX	XXX	XXX	116	118	119	119	119	119	119
6. 2011	XXX	XXX	XXX	XXX	4	7	8	9	9	9
7. 2012	XXX	XXX	XXX	XXX	XXX	2	2	4	4	4
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	3	4	4	4
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	3	4
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

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 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	3,996	3,996	3,996	3,996	3,996	3,996	3,996	3,996	3,996	3,996	
3. 2008.....	XXX	4,796	4,796	4,796	4,796	4,796	4,796	4,796	4,796	4,796	
4. 2009.....	XXX	XXX	5,870	5,870	5,870	5,870	5,870	5,870	5,870	5,870	
5. 2010.....	XXX	XXX	XXX	6,392	6,392	6,392	6,392	6,392	6,392	6,392	
6. 2011.....	XXX	XXX	XXX	XXX	7,026	7,026	7,026	7,026	7,026	7,026	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	7,968	7,968	7,968	7,968	7,968	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	9,102	9,102	9,102	9,102	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,339	10,339	10,339	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,641	10,641	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,040	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,040
13. Earned Premiums (Sch P-Pt. 1)	3,996	4,796	5,870	6,392	7,026	7,968	9,102	10,339	10,641	11,040	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	613	613	613	613	613	613	613	613	613	613	
3. 2008.....	XXX	382	382	382	382	382	382	382	382	382	
4. 2009.....	XXX	XXX	606	606	606	606	606	606	606	606	
5. 2010.....	XXX	XXX	XXX	520	520	520	520	520	520	520	
6. 2011.....	XXX	XXX	XXX	XXX	443	443	443	443	443	443	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	471	471	471	471	471	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	495	495	495	495	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	551	551	551	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	617	617	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	706	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	706
13. Earned Premiums (Sch P-Pt. 1)	613	382	606	520	443	471	495	551	617	706	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....											
3. 2008.....	XXX										
4. 2009.....	XXX	XXX									
5. 2010.....	XXX	XXX	XXX								
6. 2011.....	XXX	XXX	XXX	XXX							
7. 2012.....	XXX	XXX	XXX	XXX	XXX						
8. 2013.....	XXX	XXX	XXX	XXX	X	XX					
9. 2014.....	XXX	XXX	XXX	X	X	XX	XXX				
10. 2015.....	XXX	XXX	XXX	X	X	XX	XXX	XXX			
11. 2016.....	XXX	XXX	XXX	X	X	XX	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....											
3. 2008.....	XXX										
4. 2009.....	XXX	XXX									
5. 2010.....	XXX	XXX	XXX								
6. 2011.....	XXX	XXX	XXX	XXX							
7. 2012.....	XXX	XXX	XXX	XXX	XXX						
8. 2013.....	XXX	XXX	XXX	X	X	XX	XXX				
9. 2014.....	XXX	XXX	XXX	X	X	XX	XXX	XXX			
10. 2015.....	XXX	XXX	XXX	X	X	XX	XXX	XXX	XXX		
11. 2016.....	XXX	XXX	XXX	X	X	XX	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 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	6,398	6,398	6,398	6,398	6,398	6,398	6,398	6,398	6,398	6,398	
3. 2008.....	XXX	7,813	7,813	7,813	7,813	7,813	7,813	7,813	7,813	7,813	
4. 2009.....	XXX	XXX	8,756	8,756	8,756	8,756	8,756	8,756	8,756	8,756	
5. 2010.....	XXX	XXX	XXX	9,537	9,537	9,537	9,537	9,537	9,537	9,537	
6. 2011.....	XXX	XXX	XXX	XXX	10,346	10,346	10,346	10,346	10,346	10,346	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	11,584	11,584	11,584	11,584	11,584	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	13,770	13,770	13,770	13,770	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,070	16,070	16,070	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,706	16,706	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,618	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,618
13. Earned Premiums (Sch P-Pt. 1)	6,398	7,813	8,756	9,537	10,346	11,584	13,770	16,070	16,706	17,618	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	783	783	783	783	783	783	783	783	783	783	
3. 2008.....	XXX	848	848	848	848	848	848	848	848	848	
4. 2009.....	XXX	XXX	1,182	1,182	1,182	1,182	1,182	1,182	1,182	1,182	
5. 2010.....	XXX	XXX	XXX	1,238	1,238	1,238	1,238	1,238	1,238	1,238	
6. 2011.....	XXX	XXX	XXX	XXX	1,331	1,331	1,331	1,331	1,331	1,331	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	1,534	1,534	1,534	1,534	1,534	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	1,716	1,716	1,716	1,716	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,078	2,078	2,078	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,079	2,079	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,161	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,161
13. Earned Premiums (Sch P-Pt. 1)	783	848	1,182	1,238	1,331	1,534	1,716	2,078	2,079	2,161	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	3,918	3,918	3,918	3,918	3,918	3,918	3,918	3,918	3,918	3,918	
3. 2008.....	XXX	3,863	3,863	3,863	3,863	3,863	3,863	3,863	3,863	3,863	
4. 2009.....	XXX	XXX	3,773	3,773	3,773	3,773	3,773	3,773	3,773	3,773	
5. 2010.....	XXX	XXX	XXX	3,680	3,680	3,680	3,680	3,680	3,680	3,680	
6. 2011.....	XXX	XXX	XXX	XXX	3,914	3,914	3,914	3,914	3,914	3,914	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	4,250	4,250	4,250	4,250	4,250	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	4,544	4,544	4,544	4,544	4,544	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	4,700	4,700	4,700	4,700	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,783	4,783	4,783	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,451	4,451	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,451
13. Earned Premiums (Sch P-Pt. 1)	3,918	3,863	3,773	3,680	3,914	4,250	4,544	4,700	4,783	4,451	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	1,165	
3. 2008.....	XXX	1,338	1,338	1,338	1,338	1,338	1,338	1,338	1,338	1,338	
4. 2009.....	XXX	XXX	1,370	1,370	1,370	1,370	1,370	1,370	1,370	1,370	
5. 2010.....	XXX	XXX	XXX	1,429	1,429	1,429	1,429	1,429	1,429	1,429	
6. 2011.....	XXX	XXX	XXX	XXX	1,589	1,589	1,589	1,589	1,589	1,589	
7. 2012.....	XXX	XXX	XXX	XXX	1,832	1,832	1,832	1,832	1,832	1,832	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	1,981	1,981	1,981	1,981	1,981	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	2,150	2,150	2,150	2,150	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,143	2,143	2,143	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,169	2,169	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,169
13. Earned Premiums (Sch P-Pt. 1)	1,165	1,338	1,370	1,429	1,589	1,832	1,981	2,150	2,143	2,169	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 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	267	267	267	267	267	267	267	267	267	267	
3. 2008.....	XXX	200	200	200	200	200	200	200	200	200	
4. 2009.....	XXX	XXX	176	176	176	176	176	176	176	176	
5. 2010.....	XXX	XXX	XXX	146	146	146	146	146	146	146	
6. 2011.....	XXX	XXX	XXX	XXX	123	123	123	123	123	123	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	118	118	118	118	118	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	125	125	125	125	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	137	137	137	137	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	126	126
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	126
13. Earned Premiums (Sch P-Pt. 1)		267	200	176	146	123	118	125	137	137	126
											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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....	10	10	10	10	10	10	10	10	10	10	
3. 2008.....	XXX	21	21	21	21	21	21	21	21	21	
4. 2009.....	XXX	XXX	5	5	5	5	5	5	5	5	
5. 2010.....	XXX	XXX	XXX	2	2	2	2	2	2	2	
6. 2011.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	
7. 2012.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	
11. 2016.....	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)		10	21	5	2	1	1	1	1	1	XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....											
3. 2008.....	XXX										
4. 2009.....	XXX	XXX									
5. 2010.....	XXX	XXX	XXX								
6. 2011.....	XXX	XXX	XXX	XXX							
7. 2012.....	XXX	XXX	XXX	XXX	X						
8. 2013.....	XXX	XXX	XXX	X	XX						
9. 2014.....	XXX	XXX	XXX	X	XX						
10. 2015.....	XXX	XXX	XXX	X	XX						
11. 2016.....	XXX	XXX	XXX	X	XX						
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	
1. Prior.....											
2. 2007.....											
3. 2008.....	XXX										
4. 2009.....	XXX	XXX									
5. 2010.....	XXX	XXX	XXX								
6. 2011.....	XXX	XXX	XXX	XXX							
7. 2012.....	XXX	XXX	XXX	XXX	X						
8. 2013.....	XXX	XXX	XXX	X	XX						
9. 2014.....	XXX	XXX	XXX	X	XX						
10. 2015.....	XXX	XXX	XXX	X	XX						
11. 2016.....	XXX	XXX	XXX	X	XX						
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2016 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	5,872				35,279	
2. Private Passenger Auto Liability/Medical	28,682				31,640	
3. Commercial Auto/Truck Liability/Medical	13,950				10,530	
4. Workers' Compensation						
5. Commercial Multiple Peril	11,712				15,746	
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	3,876				1,828	
10. Other Liability - Claims-Made						
11. Special Property	1,155				12,744	
12. Auto Physical Damage	2,251				27,893	
13. Fidelity/Surety						
14. Other	1				2	
15. International						
16. Reinsurance - Nonproportional Assumed Property						
17. Reinsurance - Nonproportional Assumed Liability						
18. Reinsurance - Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence	3				118	
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	67,502				135,781	

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2007	2	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XX	XX						
6. 2011	XXX	XXX	XX	XX	XX					
7. 2012	XXX	XXX	XX	XX	XX	XX				
8. 2013	XXX	XXX	XX	XXX	XXX	XX	XX			
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	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 2007	2	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior										
2. 2007										
3. 2008	XXX									
4. 2009	XXX	XXX								
5. 2010	XXX	XXX	XX	XX						
6. 2011	XXX	XXX	XX	XX	XX					
7. 2012	XXX	XXX	XX	XX	XX	XX				
8. 2013	XXX	XXX	XX	XXX	XXX	XX	XX			
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2016	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 2016 OF THE United Ohio Insurance Company

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]

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

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

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior
1.602 2007
1.603 2008
1.604 2009
1.605 2010
1.606 2011
1.607 2012
1.608 2013
1.609 2014
1.610 2015
1.611 2016
1.612 Totals

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for:

(in thousands of dollars)

5.1 Fidelity
5.2 Surety

6. Claim count information is reported per claim or per claimant (Indicate which). per claim.....
If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [X] No []

7.2 (An extended statement may be attached.)

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

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

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

Allocated by States and Territories

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 2016 OF THE United Ohio Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2016 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 2016 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		Responses
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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
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The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		Responses
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	YES
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING		
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
32.	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
33.	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
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
35.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

Explanations:

- 12.
- 13.
- 14.
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- 33.
- 35.

Bar Codes:

- 12. SIS Stockholder Information Supplement [Document Identifier 420]



- 13. Financial Guaranty Insurance Exhibit [Document Identifier 240]



- 14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]



- 15. Supplement A to Schedule T [Document Identifier 455]



- 16. Trusteed Surplus Statement [Document Identifier 490]



- 17. Premiums Attributed to Protected Cells Exhibit [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]



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE United Ohio Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
27. Relief from the Requirements for Audit Committees [Document Identifier 226]
28. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]
29. Credit Insurance Experience Exhibit [Document Identifier 230]
30. Long-Term Care Experience Reporting Forms [Document Identifier 306]
32. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
33. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
35. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE United Ohio Insurance Company
OVERFLOW PAGE FOR WRITE-INS

NONE



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SUPPLEMENT FOR THE YEAR 2016 OF THE United Ohio Insurance Company

REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

ANNUAL REPORT FOR 2016

Year Ended December
To Be Filed by March 1

To Be Filled by March

(A) Financial Impact	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets	321,827,092		321,827,092
A02. Liabilities	161,539,890		161,539,890
A03. Surplus as regards to policyholders	160,287,202		160,287,202
A04. Income before taxes	14,932,496		14,932,496

(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 2016 OF THE United Ohio Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2016
(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: \$

18,913

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

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

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