



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

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

Utica National Insurance Company of Ohio

NAIC Group Code	0201 (Current)	0201 (Prior)	NAIC Company Code	13998	Employer's ID Number	27-2764004
Organized under the Laws of	Ohio			State of Domicile or Port of Entry		OH
Country of Domicile	United States of America					
Incorporated/Organized	04/06/2010			Commenced Business		12/22/2010
Statutory Home Office	2 Easton Oval, Suite 225 (Street and Number)			Columbus , OH, US 43219 (City or Town, State, Country and Zip Code)		
Main Administrative Office	180 Genesee Street (Street and Number)					
	New Hartford , NY, US 13413 (City or Town, State, Country and Zip Code)			315-734-2000 (Area Code) (Telephone Number)		
Mail Address	Post Office Box 530 (Street and Number or P.O. Box)			Utica , NY, US 13503-0530 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	180 Genesee Street (Street and Number)					
	New Hartford , NY, US 13413 (City or Town, State, Country and Zip Code)			315-734-2000 (Area Code) (Telephone Number)		
Internet Website Address	www.uticanational.com					
Statutory Statement Contact	Sandra Jean Giehl (Name)			315-734-2192 (Area Code) (Telephone Number)		
	sandy.giehl@uticanational.com (E-mail Address)			315-734-2994 (FAX Number)		

OFFICERS

Chairman #, President & CEO #	Richard Patrick Creedon	Secretary	Louisa Suzanne Ruffine #
CFO & Treasurer	Brian Wade Miller Jr.		

OTHER

DIRECTORS OR TRUSTEES		
John Martin Anderson	Jolene Marie Casatelli	Paul Lewis Cohen
Richard Patrick Creedon	Steven Paul Guzski	Kristen Holly Martin
Louisa Suzanne Ruffine #		

State of	New York	SS:
County of	Oneida	

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

Richard Patrick Creedon Chairman, President & CEO	Brian Wade Miller, Jr. CFO & Treasurer	Louisa Suzanne Ruffine Secretary
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Subscribed and sworn to before me this	a. Is this an original filing?	Yes [X] No []
day of	b. If no,	
	1. State the amendment number.....	
	2. Date filed	
	3. Number of pages attached.....	



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201 BUSINESS IN THE STATE OF Georgia DURING THE YEAR 2016 NAIC Company Code 13998

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												750
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												750
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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201 BUSINESS IN THE STATE OF New York DURING THE YEAR 2016 NAIC Company Code 13998

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	20,411	17,934		11,922		26	68		(41)	61	3,759	1,549
2.1 Allied lines	19,445	16,811		14,396							3,550	119
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)	17,211,234	17,588,547		8,950,789	5,856,296	6,241,456	1,819,637	197,632	149,267	284,542	3,260,544	222,872
5.2 Commercial multiple peril (liability portion)	18,427,938	18,041,820		9,547,478	2,034,223	7,754,749	13,894,449	1,725,511	4,009,723	6,010,360	3,474,178	229,254
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	3,423	22,981		5,659		61	308		67	228	871	778
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	20,241,670	18,188,993		8,673,084	3,153,187	9,865,885	14,831,547	273,853	948,445	1,553,181	1,566,254	664,691
17.1 Other Liability - occurrence	8,491,334	8,951,103		3,869,074		431,498	3,605,724		6,481	22,118	1,151,248	239,748
17.2 Other Liability - claims made		306									2	(3)
17.3 Excess workers' compensation												
18. Products liability	2,340	1,980		1,416		128	337		(2)	4	471	79
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability											38	
19.3 Commercial auto no-fault (personal injury protection)	445,272	466,643		220,127	110,144	148,411	138,049	3,334	2,083	8,835	80,960	10,861
19.4 Other commercial auto liability	8,152,645	8,028,106		4,032,965	1,610,061	4,463,421	4,606,598	69,507	410,522	605,232	1,486,791	196,882
21.1 Private passenger auto physical damage											1,576	
21.2 Commercial auto physical damage	2,286,854	2,284,364		1,135,997	1,508,210	1,499,353	28,232	65,872	84,322	21,779	420,924	34,831
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)	75,302,566	73,609,588		36,462,907	14,272,121	30,404,988	38,924,949	2,335,709	5,610,867	8,506,340	11,451,166	1,601,661
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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2016 NAIC Company Code 13998

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	46,784	43,947		23,119	16,390	13,566	547	419	(565)	67	7,615	34,064
5.2 Commercial multiple peril (liability portion)	28,405	26,418		14,597	1,843	4,652	3,798	15	966	1,290	4,733	21,713
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	75,189	70,365		37,716	18,233	18,218	4,345	434	401	1,357	12,348	55,777
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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201 BUSINESS IN THE STATE OF Pennsylvania DURING THE YEAR 2016 NAIC Company Code 13998

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	236,334	252,744		124,327	5,517	11,080	7,941	4,982	4,935	2,699	37,377	11,040
5.2 Commercial multiple peril (liability portion)	107,619	112,365		57,320	883	24,234	39,925	15	6,957	12,584	17,200	4,835
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	523,621	208,843		314,778	9,260	95,902	86,643	85	9,353	9,268	48,600	23,495
17.1 Other Liability - occurrence	61,750	31,129		30,621		12,531	12,531		65	65	9,263	1,233
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)	167	459		92			4				30	19
19.4 Other commercial auto liability	23,134	32,923		12,541		3,656	3,938	122	553	470	3,716	1,287
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	3,017	8,353		1,763		60	93	185	313	113	537	122
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)	955,642	646,816		541,442	15,660	147,463	151,075	5,389	22,176	25,199	116,723	42,031
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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0201 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2016 NAIC Company Code 13998

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	20,411	17,934		11,922		26	68		(41)	61	3,759	1,549
2.1 Allied lines	19,445	16,811		14,396							3,550	119
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)	17,494,352	17,885,238		9,098,235	5,878,203	6,268,102	1,828,125	203,033	153,637	287,308	3,305,536	268,726
5.2 Commercial multiple peril (liability portion)	18,563,962	18,180,603		9,619,395	2,036,949	7,783,635	13,938,172	1,725,541	4,017,646	6,024,234	3,496,111	255,802
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	3,423	22,981		5,659		61	308		67	228	871	778
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	20,765,291	18,397,836		8,987,862	3,162,447	9,961,787	14,918,190	273,938	957,798	1,562,449	1,614,854	688,186
17.1 Other Liability - occurrence	8,553,084	8,982,232		3,899,695		444,029	3,618,255		6,546	22,183	1,160,511	240,981
17.2 Other Liability - claims made		306									2	(3)
17.3 Excess workers' compensation												
18. Products liability	2,340	1,980		1,416		128	337		(2)	4	471	79
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability											38	
19.3 Commercial auto no-fault (personal injury protection)	445,439	467,102		220,219	110,144	148,411	138,053	3,334	2,083	8,835	80,990	10,880
19.4 Other commercial auto liability	8,175,779	8,061,029		4,045,506	1,610,061	4,467,077	4,610,536	69,629	411,075	605,702	1,490,507	198,169
21.1 Private passenger auto physical damage											1,576	
21.2 Commercial auto physical damage	2,289,871	2,292,717		1,137,760	1,508,210	1,499,413	28,325	66,057	84,635	21,892	421,461	34,953
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)	76,333,397	74,326,769		37,042,065	14,306,014	30,570,669	39,080,369	2,341,532	5,633,444	8,532,896	11,580,237	1,700,219
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

Schedule F - Part 1
N O N E

Schedule F - Part 2
N O N E

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

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	19
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties	
15-0476880	25976	Utica Mutual Insurance Company	NY		76,333			28,303	2,163	10,777	6,412	37,042		84,698			84,698		
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					76,333			28,303	2,163	10,777	6,412	37,042		84,698			84,698		
0499999. Total Authorized - Affiliates - U.S. Non-Pool																			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999. Total Authorized - Affiliates					76,333			28,303	2,163	10,777	6,412	37,042		84,698			84,698		
0999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
0999999. Total Authorized - Other U.S. Unaffiliated Insurers																			
1299998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																			
1299999. Total Authorized - Other Non-U.S. Insurers																			
1399999. Total Authorized					76,333			28,303	2,163	10,777	6,412	37,042		84,698			84,698		
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool																			
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)																			
2199999. Total Unauthorized - Affiliates																			
2299998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
2299999. Total Unauthorized - Other U.S. Unaffiliated Insurers																			
2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																			
2599999. Total Unauthorized - Other Non-U.S. Insurers																			
2699999. Total Unauthorized																			
3099999. Total Certified - Affiliates - U.S. Non-Pool																			
3399999. Total Certified - Affiliates - Other (Non-U.S.)																			
3499999. Total Certified - Affiliates																			
3599998. Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
3599999. Total Certified - Other U.S. Unaffiliated Insurers																			
3899998. Total Certified - Other Non-U.S. Insurers (Under \$100,000)																			
3899999. Total Certified - Other Non-U.S. Insurers																			
3999999. Total Certified																			
4099999. Total Authorized, Unauthorized and Certified					76,333			28,303	2,163	10,777	6,412	37,042		84,698			84,698		
4199999. Total Protected Cells																			
9999999 Totals					76,333			28,303	2,163	10,777	6,412	37,042		84,698			84,698		

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.
2.
3.
4.
5.

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

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1.	Utica Mutual Insurance Company	84,698	76,333	Yes [X] No []
2.	Yes [] No []
3.	Yes [] No []
4.	Yes [] No []
5.	Yes [] No []

Schedule F - Part 4

N O N E

Schedule F - Part 5

N O N E

Schedule F - Part 5 - Bank Footnote

N O N E

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

N O N E

Schedule F - Part 6 - Section 1 - Bank Footnote

N O N E

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

N O N E

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

N O N E

Schedule F - Part 8 - Provision for Overdue Reinsurance

N O N E

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	16,053,506		16,053,506
2. Premiums and considerations (Line 15)			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)			
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	2,233,121		2,233,121
6. Net amount recoverable from reinsurers		84,697,501	84,697,501
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	18,286,627	84,697,501	102,984,128
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)		47,655,436	47,655,436
10. Taxes, expenses, and other obligations (Lines 4 through 8)	3,576,380		3,576,380
11. Unearned premiums (Line 9)		37,042,065	37,042,065
12. Advance premiums (Line 10)			
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)			
15. Funds held by company under reinsurance treaties (Line 13)			
16. Amounts withheld or retained by company for account of others (Line 14)	840,634		840,634
17. Provision for reinsurance (Line 16)			
18. Other liabilities			
19. Total liabilities excluding protected cell business (Line 26)	4,417,014	84,697,501	89,114,515
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	13,869,613	XXX	13,869,613
22. Totals (Line 38)	18,286,627	84,697,501	102,984,128

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [X] No []

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

Schedule H - Part 1

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

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

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

Schedule P - Part 1A - Homeowners/Farmowners

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX									XXX
2. 2007.....												
3. 2008.....												
4. 2009.....												
5. 2010.....												
6. 2011.....												
7. 2012.....												
8. 2013.....	263	263		178	178	7	7					12
9. 2014.....	5,697	5,697		698	698	39	39			4		452
10. 2015.....	8,958	8,958		1,422	1,422	54	54			12		709
11. 2016.....	8,528	8,528		858	858	26	26	4	4	2		677
12. Totals	XXX	XXX	XXX	3,157	3,157	127	127	4	4	18		XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2007.....													
3. 2008.....													
4. 2009.....													
5. 2010.....													
6. 2011.....													
7. 2012.....													
8. 2013.....													
9. 2014.....	208	208	152	152	14	14	40	40	12	12			2
10. 2015.....	649	649	475	475	35	35	124	124	37	37			16
11. 2016.....	1,886	1,886	1,378	1,378	40	40	361	361	112	112			141
12. Totals	2,743	2,743	2,005	2,005	89	89	525	525	161	161			159

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2007.....											
3. 2008.....											
4. 2009.....											
5. 2010.....											
6. 2011.....											
7. 2012.....											
8. 2013.....	185	185		70.4	70.4						
9. 2014.....	1,164	1,164		20.4	20.4						
10. 2015.....	2,798	2,798		31.2	31.2						
11. 2016.....	4,665	4,665		54.7	54.7						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2007.....												
3. 2008.....												
4. 2009.....												
5. 2010.....												
6. 2011.....												
7. 2012.....	382	382		132	132	29	29					6
8. 2013.....	3,369	3,369		952	952	95	95					93
9. 2014.....	6,931	6,931		1,453	1,453	130	130	0	0	2		199
10. 2015.....	13,645	13,645		2,110	2,110	157	157			2		391
11. 2016.....	18,398	18,398		1,175	1,175	83	83					424
12. Totals	XXX	XXX	XXX	5,823	5,823	494	494	0	0	4		XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2007.....													
3. 2008.....													
4. 2009.....													
5. 2010.....													
6. 2011.....													
7. 2012.....	112	112	89	89	5	5	16	16	7	7			2
8. 2013.....	550	550	438	438	27	27	77	77	32	32			13
9. 2014.....	1,666	1,666	1,327	1,327	40	40	234	234	97	97			19
10. 2015.....	2,061	2,061	1,641	1,641	98	98	290	290	120	120			77
11. 2016.....	3,917	3,917	3,119	3,119	224	224	551	551	230	230			236
12. Totals	8,305	8,305	6,613	6,613	394	394	1,168	1,168	485	485			347

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2007.....											
3. 2008.....											
4. 2009.....											
5. 2010.....											
6. 2011.....											
7. 2012.....	389	389		101.9	101.9						
8. 2013.....	2,171	2,171		64.4	64.4						
9. 2014.....	4,948	4,948		71.4	71.4						
10. 2015.....	6,478	6,478		47.5	47.5						
11. 2016.....	9,298	9,298		50.5	50.5						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2007.....												
3. 2008.....												
4. 2009.....												
5. 2010.....												
6. 2011.....												
7. 2012.....												
8. 2013.....	693	693		293	293	8	8	4	4			16
9. 2014.....	20,137	20,137		3,582	3,582	808	808	29	29	105		706
10. 2015.....	36,275	36,275		7,015	7,015	1,862	1,862	70	70	693		1,219
11. 2016.....	36,066	36,066		4,294	4,294	368	368	17	17	172		881
12. Totals	XXX	XXX	XXX	15,184	15,184	3,045	3,045	119	119	970		XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2007.....													
3. 2008.....													
4. 2009.....													
5. 2010.....													
6. 2011.....													
7. 2012.....													
8. 2013.....													
9. 2014.....	1,581	1,581	1,392	1,392	242	242	875	875	153	153			37
10. 2015.....	3,146	3,146	2,770	2,770	855	855	1,742	1,742	304	304			106
11. 2016.....	3,657	3,657	3,221	3,221	571	571	2,026	2,026	354	354			337
12. Totals	8,384	8,384	7,382	7,382	1,668	1,668	4,643	4,643	811	811			480

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2007.....											
3. 2008.....											
4. 2009.....											
5. 2010.....											
6. 2011.....											
7. 2012.....											
8. 2013.....	304	304		43.9	43.9						
9. 2014.....	8,662	8,662		43.0	43.0						
10. 2015.....	17,763	17,763		49.0	49.0						
11. 2016.....	14,507	14,507		40.2	40.2						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2007.....												
3. 2008.....												
4. 2009.....												
5. 2010.....												
6. 2011.....												
7. 2012.....												
8. 2013.....	456	456										1
9. 2014.....	6,474	6,474										1
10. 2015.....	9,143	9,143										4
11. 2016.....	8,982	8,982										5
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2007.....													
3. 2008.....													
4. 2009.....													
5. 2010.....													
6. 2011.....													
7. 2012.....													
8. 2013.....													1
9. 2014.....													1
10. 2015.....													1
11. 2016.....			3,618	3,618			22	22	86	86			2
12. Totals			3,618	3,618			22	22	86	86			5

	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.....	3,726	3,726		41.5	41.5						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2007.....												
3. 2008.....												
4. 2009.....												
5. 2010.....												
6. 2011.....												
7. 2012.....												
8. 2013.....												
9. 2014.....	1	1										
10. 2015.....	2	2										
11. 2016.....	0	0										
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded		
1. Prior	XXX	XXX	XXX								XXX
2. 2015	88	88		5	5	0	0				XXX
3. 2016	58	58									XXX
4. Totals	XXX	XXX	XXX	5	5	0	0				XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2015													
3. 2016			0	0			0	0	0	0			
4. Totals			0	0			0	0	0	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2015	5	5		5.9	5.9						
3. 2016	1	1		1.7	1.7						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	0	0					XXX
2. 2015.....	2,389	2,389		799	799	58	58	0	0	295		467
3. 2016.....	2,293	2,293		1,529	1,529	59	59	0	0	306		420
4. Totals	XXX	XXX	XXX	2,328	2,328	117	117	0	0	601		XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2015													1
3. 2016	71	71	(42)	(42)	2	2	20	20	20	20			51
4. Totals	71	71	(42)	(42)	2	2	20	20	20	20			52

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2015.....	858	858		35.9	35.9						
3. 2016.....	1,659	1,659		72.3	72.3						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 1M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2007.....												
3. 2008.....												
4. 2009.....												
5. 2010.....												
6. 2011.....												
7. 2012.....												
8. 2013.....	0	0										
9. 2014.....	2	2										
10. 2015.....	2	2										
11. 2016.....	2	2										
12. Totals	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2007.....													
3. 2008.....													
4. 2009.....													
5. 2010.....													
6. 2011.....													
7. 2012.....													
8. 2013.....													
9. 2014.....													
10. 2015.....													
11. 2016.....			0	0			0	0	0	0			
12. Totals			0	0			0	0	0	0			

	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.....	0	0		17.3	17.3						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

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

N O N E

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

N O N E

Schedule P - Part 1T - Warranty

N O N E

Schedule P - Part 2A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2I - Special Property

N O N E

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 2M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2T - Warranty

N O N E

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SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

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

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

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			

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

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					10	2
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				216	234
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			296	397
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		195	341

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION
(EXCLUDING 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						4	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX					70	10
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				143	37
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			242	72
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		120	68

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

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					5	11
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				284	385
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			465	648
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		218	326

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

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

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	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			

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	XXX	XXX	XXX					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	XXX

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

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				3
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		3

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	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			

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

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

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000				
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			225	241
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		164	205

SCHEDULE P - PART 3K - FIDELITY/SURETY

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

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		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	XXX						XXX	XXX
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX					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

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 3T - Warranty

N O N E

Schedule P - Part 4A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4G - Special Liability

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4I - Special Property

N O N E

Schedule P - Part 4J - Auto Physical Damage

N O N E

Schedule P - Part 4K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 4M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4T - Warranty

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX		.6	.9	.10
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	133	206	216
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	234	296
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	195

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX		.4	.1	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	112	9	2
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	103	16
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX		.12	.12	.12
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	413	447	452
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	677	709
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	677

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SCHEDULE P - PART 5D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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			3	4	4
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX		52	66	70
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	114	143
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	93	242
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	120

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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			3	2	2
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX		28	16	13
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	117	41	19
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	206	77
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	236

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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			6	6	6
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX		89	92	93
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	172	189	199
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	350	391
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424

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SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX		.5	.5	.5
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	125	260	284
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	297	465
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	218

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX				
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	270	86	37
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	368	106
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	337

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX		.16	.16	.16
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	592	698	706
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,106	1,219
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	881

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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	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	

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX				1
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX				1
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		4
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX	263	1,255	1,248	1,248	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,705	8,750	8,744	(6)
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,920	9,052	4,132
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,402	4,402
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,528
13. Earned Premiums (Sch P-Pt. 1)							263	5,697	8,958	8,528	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX	263	1,255	1,248	1,248	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,705	8,750	8,744	(6)
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,920	9,052	4,132
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,402	4,402
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,528
13. Earned Premiums (Sch P-Pt. 1)							263	5,697	8,958	8,528	XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	382	1,563	1,590	1,587	1,587	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	2,189	4,749	4,620	4,620	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,343	8,783	8,794	11
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,337	16,622	7,285
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,102	11,102
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,398
13. Earned Premiums (Sch P-Pt. 1)						382	3,369	6,931	13,645	18,398	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	382	1,563	1,590	1,587	1,587	
8. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	2,189	4,749	4,620	4,620	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,343	8,783	8,794	11
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,337	16,622	7,285
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,102	11,102
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,398
13. Earned Premiums (Sch P-Pt. 1)						382	3,369	6,931	13,645	18,398	XXX

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SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX	693	2,764	2,760	2,760	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,067	34,780	34,739	(41)
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,564	38,178	18,613
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,493	17,493
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,066
13. Earned Premiums (Sch P-Pt. 1)							693	20,137	36,275	36,066	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX	693	2,764	2,760	2,760	0
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,067	34,780	34,739	(41)
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,564	38,178	18,613
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,493	17,493
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,066
13. Earned Premiums (Sch P-Pt. 1)							693	20,137	36,275	36,066	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX	456	2,179	2,179	2,179	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,751	8,895	8,895	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,999	9,292	4,293
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,689	4,689
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,982
13. Earned Premiums (Sch P-Pt. 1)							456	6,474	9,143	8,982	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX	456	2,179	2,179	2,179	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,751	8,895	8,895	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,999	9,292	4,293
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,689	4,689
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,982
13. Earned Premiums (Sch P-Pt. 1)							456	6,474	9,143	8,982	XXX

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SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX					
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)								1	2	0	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX					
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	0
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)								1	2	0	XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

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

SECTION 2

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

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

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SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX	0	2	2	2	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	1
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2
13. Earned Premiums (Sch P-Pt. 1)							0	2	2	2	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2007	2008	2009	2010	2011	2012	2013	2014	2015	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	XXX	XXX	0	2	2	2	
9. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2	0
10. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	1
11. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2
13. Earned Premiums (Sch P-Pt. 1)							0	2	2	2	XXX

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

SECTION 1B

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

SECTION 2B

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

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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SCHEDULE P INTERROGATORIES

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

Yes [] No [X]

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 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 claimant.....
- If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?
- Yes [] No [X]
- 7.2 (An extended statement may be attached.)
- #3 Adjusting & Other Expenses - The ADO payments in this statement, are actual accident year claim payments. The ADO reserves are a combination of actual accident year data and BULK estimates determined by actuarial data.

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

Allocated by States and Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE Y

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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










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












MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
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?	NO
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.		
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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]	
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	
19.	Medicare Part D Coverage Supplement [Document Identifier 365]	
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO	
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES	
23. Bail Bond Supplement [Document Identifier 500]	
25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
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]	
31. Accident and Health Policy Experience Exhibit [Document Identifier 210]	
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]	



SUPPLEMENT FOR THE YEAR 2016 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

NAIC Group Code 0201 NAIC Company Code 13998

Company Name UTICA NATIONAL INSURANCE COMPANY OF OHIO

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

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

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

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

2.31 Amount quantified:\$ 179,270

2.32 Amount estimated using reasonable assumptions:\$

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

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

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