



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2017
OF THE CONDITION AND AFFAIRS OF THE

Utica National Insurance Company of Ohio

NAIC Group Code 0201 0201 NAIC Company Code 13998 Employer's ID Number 27-2764004
(Current) (Prior)

Organized under the Laws of _____, 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, Columbus, OH, US 43219
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 180 Genesee Street
(Street and Number) New Hartford, NY, US 13413, 315-734-2000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address Post Office Box 530, Utica, NY, US 13503-0530
(Street and Number or P.O. Box) (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, 315-734-2000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.uticanational.com
Statutory Statement Contact Sandra Jean Giehl, 315-734-2192
(Name) sandy.giehl@uticanational.com, 315-734-2994
(E-mail Address) (FAX Number)

OFFICERS

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

OTHER

Kristen Holly Martin, EVP & COO

DIRECTORS OR TRUSTEES

<u>John Martin Anderson</u>	<u>Jolene Marie Casatelli</u>	<u>Paul Lewis Cohen</u>
<u>Richard Patrick Creedon</u>	<u>Steven Paul Guzski</u>	<u>Kristen Holly Martin</u>
<u>Louisa Suzanne Ruffine</u>		

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

Subscribed and sworn to before me this
day of _____

a. Is this an original filing?
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Yes [] No []

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	16,005,760		16,005,760	15,942,931
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 101,499), cash equivalents (\$) and short-term investments (\$)	101,499		101,499	110,575
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	16,107,260		16,107,260	16,053,506
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	116,187		116,187	112,161
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	2,272,620		2,272,620	2,120,960
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	18,496,067		18,496,067	18,286,627
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	18,496,067		18,496,067	18,286,627
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)			
2. Reinsurance payable on paid losses and loss adjustment expenses			
3. Loss adjustment expenses			
4. Commissions payable, contingent commissions and other similar charges	1,244,632	2,945,204	
5. Other expenses (excluding taxes, licenses and fees)	2,961	3,003	
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	287,500	38,500	
7.1 Current federal and foreign income taxes (including \$ 4,948 on realized capital gains (losses))	1,190,238	584,951	
7.2 Net deferred tax liability	5,685	4,722	
8. Borrowed money \$ and interest thereon \$			
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 48,465,721 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)			
10. Advance premium			
11. Dividends declared and unpaid:			
11.1 Stockholders			
11.2 Policyholders			
12. Ceded reinsurance premiums payable (net of ceding commissions)			
13. Funds held by company under reinsurance treaties			
14. Amounts withheld or retained by company for account of others	733,952	840,634	
15. Remittances and items not allocated			
16. Provision for reinsurance (including \$ certified)			
17. Net adjustments in assets and liabilities due to foreign exchange rates			
18. Drafts outstanding			
19. Payable to parent, subsidiaries and affiliates			
20. Derivatives			
21. Payable for securities			
22. Payable for securities lending			
23. Liability for amounts held under uninsured plans			
24. Capital notes \$ and interest thereon \$			
25. Aggregate write-ins for liabilities			
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	3,464,968	4,417,014	
27. Protected cell liabilities			
28. Total liabilities (Lines 26 and 27)	3,464,968	4,417,014	
29. Aggregate write-ins for special surplus funds			
30. Common capital stock	4,000,000	4,000,000	
31. Preferred capital stock			
32. Aggregate write-ins for other than special surplus funds			
33. Surplus notes			
34. Gross paid in and contributed surplus	6,229,204	6,229,204	
35. Unassigned funds (surplus)	4,801,895	3,640,409	
36. Less treasury stock, at cost:			
36.1 shares common (value included in Line 30 \$)			
36.2 shares preferred (value included in Line 31 \$)			
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	15,031,099	13,869,613	
38. Totals (Page 2, Line 28, Col. 3)	18,496,067	18,286,627	
DETAILS OF WRITE-INS			
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page			
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)			
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page			
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)			
3201.			
3202.			
3203.			
3298. Summary of remaining write-ins for Line 32 from overflow page			
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)			

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 70,284,843)	58,861,187	55,211,010	74,326,768
1.2 Assumed (written \$)			
1.3 Ceded (written \$ 70,284,843)	58,861,187	55,211,010	74,326,768
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	31,407,000	20,693,070	30,570,667
2.2 Assumed	200	200	200
2.3 Ceded	31,407,200	20,693,270	30,570,867
2.4 Net			
3. Loss adjustment expenses incurred		129	
4. Other underwriting expenses incurred	(1,417,387)	(1,314,651)	(1,545,547)
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)	(1,417,387)	(1,314,522)	(1,545,547)
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	1,417,387	1,314,522	1,545,547
INVESTMENT INCOME			
9. Net investment income earned	336,660	291,530	387,058
10. Net realized capital gains (losses) less capital gains tax of \$ 4,948	8,740	(3,652)	1,589
11. Net investment gain (loss) (Lines 9 + 10)	345,401	287,877	388,647
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			
15. Total other income (Lines 12 through 14)			
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,762,788	1,602,399	1,934,194
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,762,788	1,602,399	1,934,194
19. Federal and foreign income taxes incurred	600,339	563,892	747,933
20. Net income (Line 18 minus Line 19)(to Line 22)	1,162,449	1,038,507	1,186,261
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	13,869,613	12,653,368	12,653,368
22. Net income (from Line 20)	1,162,449	1,038,507	1,186,261
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$		24,269	27,146
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(963)	(337)	(623)
27. Change in nonadmitted assets		1,913	3,462
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	1,161,486	1,064,352	1,216,246
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	15,031,099	13,717,720	13,869,613
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)			
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance			
2. Net investment income	380,485	346,193	445,320
3. Miscellaneous income			
4. Total (Lines 1 to 3)	380,485	346,193	445,320
5. Benefit and loss related payments			
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	33,390	355,814	(1,536,129)
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 4,948 tax on capital gains (losses)			655,283
10. Total (Lines 5 through 9)	33,390	355,814	(880,846)
11. Net cash from operations (Line 4 minus Line 10)	347,095	(9,621)	1,326,166
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	3,288,299	2,597,220	3,834,668
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		171	171
12.7 Miscellaneous proceeds		106,236	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,288,299	2,703,627	3,834,840
13. Cost of investments acquired (long-term only):			
13.1 Bonds	3,385,333	3,084,912	6,013,761
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	3,385,333	3,084,912	6,013,761
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(97,034)	(381,285)	(2,178,921)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(259,137)	(525,825)	(145,435)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(259,137)	(525,825)	(145,435)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(9,076)	(916,731)	(998,190)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	110,575	1,108,765	1,108,765
19.2 End of period (Line 18 plus Line 19.1)	101,499	192,034	110,575

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO
NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Utica National Insurance Company of Ohio are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Ohio Insurance Laws. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state of Ohio has adopted some practices that differ from NAIC SAP; however, none of those changes would impact the financial results of Utica National Insurance Company of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Ohio is not required since there are no differences.

<u>Net Income</u>	<u>SSAP#</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2017</u>	<u>2016</u>
(1) Net Income, state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 1,162,449	\$ 1,186,261
(2) State Prescribed Practices that increase/(decrease) NAIC SAP				0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP				0	0
(4) Net Income, NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	<u>\$ 1,162,449</u>	<u>\$ 1,186,261</u>
<u>Surplus</u>					
(1) Statutory surplus, state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 15,031,099	\$ 13,869,613
(2) State Prescribed Practices that increase/(decrease) NAIC SAP				0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP				0	0
(4) Statutory Surplus, NAIC SAP (1 - 2 - 3 = 4)	XXX	XXX	XXX	<u>\$ 15,031,099</u>	<u>\$ 13,869,613</u>

B. No change.

C. Accounting Policies

- 1. – 5. No change.
- 6. Loan-backed securities are stated at either amortized cost, or the lower of amortized cost or fair market value. The prospective adjustment method is used to value all loan-backed securities.
- 7. - 13. No change.

D. Management's evaluation of the financial condition of the Company did not indicate any going concern issues.

Note 2 – Accounting Changes and Corrections of Errors

No change.

Note 3 – Business Combinations and Goodwill

No change.

Note 4 – Discontinued Operations

No change.

Note 5 - Investments

- A. No change.
- B. No change.
- C. No change.
- D. Loan-Backed Securities

- (1) Our asset manager uses a proprietary model for loss assumptions and widely accepted models for prepayment assumptions in valuing mortgage-backed and asset-backed securities with inputs from major third party data providers. The models combine the effects of interest rates, volatility, and pre-payment speeds based on various scenarios (Monte Carlo), simulations with resulting effective analytics (spreads, duration, convexity) and cash flows on a monthly basis. Credit sensitive cash flows are calculated using a proprietary model which estimates future loan defaults in terms of timing and severity. Model assumptions are specific to asset class and collateral types and are regularly evaluated and adjusted where appropriate.
- (2) Not applicable.
- (3) Not applicable.

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO
NOTES TO FINANCIAL STATEMENTS

(4) **Unrealized Losses**

a. The aggregate amount of unrealized losses:

Less than 12 months	Greater than 12 months	Total
20,686	16,314	37,000

b. The aggregate related fair value of securities with unrealized losses:

Less than 12 months	Greater than 12 months	Total
2,811,048	644,283	3,455,331

(5) There are a number of factors considered in determining if an other-than-temporary impairment does not exist for an investment, including but not limited to, debt burden, credit rating, sector, liquidity, financial flexibility, company management, expected earnings and cash flow stream, and economic prospects associated with the investment.

- E. Not applicable.
- F. Not applicable.
- G. Not applicable.
- H. No change.
- I. Not applicable.
- J. Not applicable.
- K. Not applicable.
- L. Not applicable.
- M. Not applicable.
- N. Not applicable.

Note 6 – Joint Ventures, Partnerships, and Limited Liability Companies

No change.

Note 7 – Investment Income

No change.

Note 8 – Derivative Instruments

No change.

Note 9 – Income Taxes

No change.

Note 10 – Information Concerning Parent, Subsidiaries, and Affiliates

No change.

Note 11 - Debt

No change.

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences, and Other Postretirement Benefit Plans

No change.

Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

No change.

Note 14 - Contingencies

No change.

Note 15 – Leases

No change.

Note 16 – Information About Financial Instruments With Off-Balance-Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No change.

Note 17 – Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

- A. No change.
- B. No change.
- C. Not applicable.

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO
NOTES TO FINANCIAL STATEMENTS

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Plans

No change.

Note 19 – Direct Premium Written / Produced by Managing General Agents / Third Party Administrators

No change.

Note 20 – Fair Value Measurement

A. Assets Measured at Fair Value on a Recurring Basis

- (1) (a) Assets at Fair Value – Not applicable
- (b) Liabilities at Fair Value – Not applicable
- (2) Not applicable.
- (3) Not applicable.

(4) The following are the levels of the hierarchy and a brief description of the type of valuation inputs that are used to establish each level:

Pricing Level 1 – Valuations based on unadjusted quoted prices in active markets for identical assets that our pricing sources have the ability to access. Since the valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these securities does not entail a significant amount or degree of judgment.

Pricing Level 2 – Valuations based upon quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets; or valuations based on models where significant inputs are observable (e.g. interest rates, yield curves, prepayment speeds, default rates, loss severities) or can be corroborated by observable market data.

Pricing Level 3 – Valuations that are derived from techniques in which one or more of the significant inputs are unobservable, including broker quotes which are non-binding.

- (5) Not applicable.

B. Not applicable.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	16,238,578	16,005,760	0	16,238,578	0	0

D. Not applicable.

Note 21 – Other Items

No change.

Note 22 – Events Subsequent

No change.

Property & Casualty Specific Notes

Note 23 – Reinsurance

No change.

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

No change.

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

No change.

Note 26 – Intercompany Pooling Arrangements

No change.

Note 27 – Structured Settlements

No change.

Note 28 – Health Care Receivables

No change.

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO
NOTES TO FINANCIAL STATEMENTS

Note 29 –Participating Policies

No change.

Note 30 –Premium Deficiency Reserves

No change.

Note 31 – High Deductibles

No change.

Note 32 – Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

No change.

Note 33 – Asbestos / Environmental Reserves

No change.

Note 34 – Subscriber Savings Accounts

No change

Note 35 –Multiple Peril Crop Insurance

No change.

Note 36 –Financial Guaranty Insurance

No change.

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No []

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X] If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/30/2016

6.4 By what department or departments?
 Ohio Department of Insurance

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No []

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 2,272,620

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
 13. Amount of real estate and mortgages held in short-term investments: \$
 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$	\$
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
 If no, attach a description with this statement.

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
16.3 Total payable for securities lending reported on the liability page.	\$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No []

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of New York Mellon	One Wall Street, New York, NY

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No []

17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Conning Asset Management	U.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107423	Conning, Inc.	549300Z0G14KK37BDV40	SEC	DS.....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [] No []

18.2 If no, list exceptions:

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO
GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] N/A [X]
 If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
 If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

3.2 If yes, give full and complete information thereto.

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT			DISCOUNT TAKEN DURING PERIOD			10 IBNR	11 TOTAL
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE		
TOTAL										

5. Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %

6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date \$.....

6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

6.4 If yes, please provide the balance of the funds administered as of the reporting date \$.....

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	N					
2. Alaska	AK	N					
3. Arizona	AZ	N					
4. Arkansas	AR	N					
5. California	CA	N					
6. Colorado	CO	N					
7. Connecticut	CT	N					
8. Delaware	DE	N					
9. District of Columbia	DC	N					
10. Florida	FL	N					
11. Georgia	GA	L					
12. Hawaii	HI	N					
13. Idaho	ID	N					
14. Illinois	IL	N					
15. Indiana	IN	N					
16. Iowa	IA	N					
17. Kansas	KS	N					
18. Kentucky	KY	N					
19. Louisiana	LA	N					
20. Maine	ME	N					
21. Maryland	MD	N					
22. Massachusetts	MA	N					
23. Michigan	MI	N					
24. Minnesota	MN	N					
25. Mississippi	MS	N					
26. Missouri	MO	N					
27. Montana	MT	N					
28. Nebraska	NE	N					
29. Nevada	NV	N					
30. New Hampshire	NH	N					
31. New Jersey	NJ	N					
32. New Mexico	NM	N					
33. New York	NY	L	68,572,872	64,037,853	16,161,142	10,725,986	53,637,258
34. North Carolina	NC	N					
35. North Dakota	ND	N					
36. Ohio	OH	L	60,263	57,503	8,314	11,690	7,758
37. Oklahoma	OK	N					
38. Oregon	OR	N					
39. Pennsylvania	PA	L	1,651,708	896,274	174,134	6,613	498,763
40. Rhode Island	RI	N					
41. South Carolina	SC	N					
42. South Dakota	SD	N					
43. Tennessee	TN	N					
44. Texas	TX	N					
45. Utah	UT	N					
46. Vermont	VT	N					
47. Virginia	VA	N					
48. Washington	WA	N					
49. West Virginia	WV	N					
50. Wisconsin	WI	N					
51. Wyoming	WY	N					
52. American Samoa	AS	N					
53. Guam	GU	N					
54. Puerto Rico	PR	N					
55. U.S. Virgin Islands	VI	N					
56. Northern Mariana Islands	MP	N					
57. Canada	CAN	N					
58. Aggregate Other Alien OT	XXX						
59. Totals	(a) 4	70,284,843	64,991,629	16,343,590	10,744,288	54,143,779	32,764,495
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX						

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state (other than their state of domicile - see DSLI); (D) DSLI - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write Surplus Lines in the state of domicile; (N) None of the above - Not allowed to write business in the state.

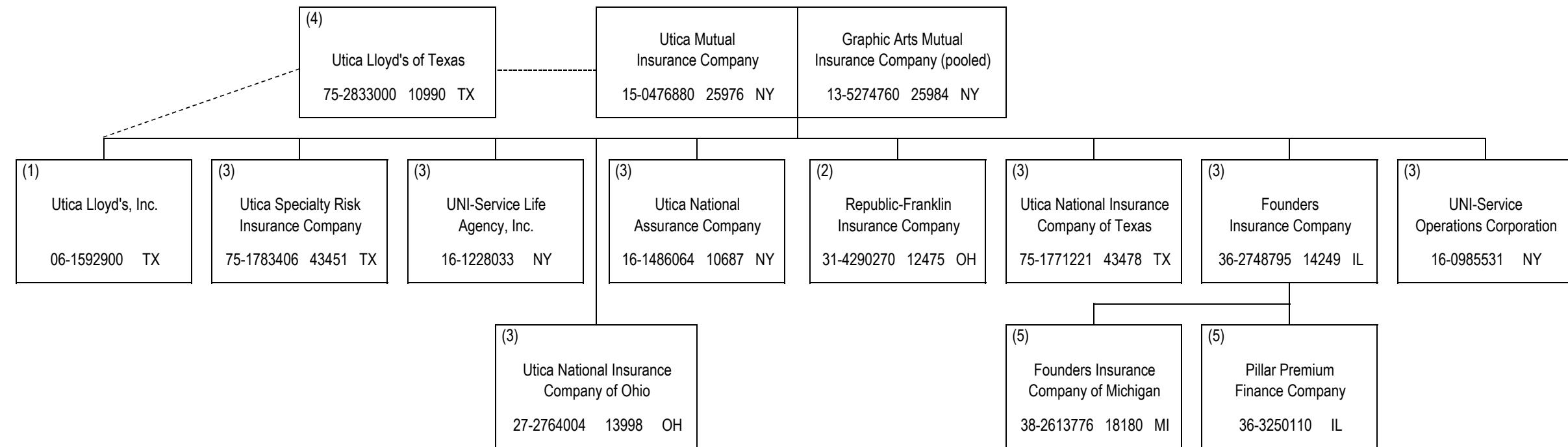
(a) Insert the number of D and L responses except for Canada and Other Alien.

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

UTICA NATIONAL INSURANCE GROUP ORGANIZATION STRUCTURE SEPTEMBER 30, 2017



1. Owned 100% by Utica Mutual Insurance Company; operates as attorney-in-fact for Utica Lloyd's of Texas.
2. Owned 94% by Utica Mutual Insurance Company and 6% by Graphic Arts Mutual Insurance Company.
3. Owned 100% by Utica Mutual Insurance Company.
4. A Texas Lloyd's association of twelve underwriters under sponsorship of the Utica Mutual Insurance Company.
5. Owned 100% by Founders Insurance Company.
6. Shares common management with the group.

(6)
Utica National Group Foundation, Inc.
16-1313450 NY

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

12

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.

PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	14,416	20	.0.1	0.1
2. Allied Lines	14,612			
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril	27,218,833	16,236,777	59.7	38.8
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	5,301	.33	.0.6	0.2
10. Financial guaranty				
11.1 Medical professional liability - occurrence				
11.2 Medical professional liability - claims-made				
12. Earthquake				
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation	16,999,142	9,908,107	58.3	50.1
17.1 Other liability - occurrence	6,405,786	1,272,894	19.9	4.9
17.2 Other liability - claims-made	21,193			
17.3 Excess workers' compensation				
18.1 Products liability - occurrence	1,125	.16	.1.4	6.9
18.2 Products liability - claims-made				
19.1,19.2 Private passenger auto liability				
19.3,19.4 Commercial auto liability	6,435,971	3,351,794	.52.1	.36.2
21. Auto physical damage	1,744,809	637,359	.36.5	.53.7
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft				
27. Boiler and machinery				
28. Credit				
29. International				
30. Warranty				
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business				
35. Totals	58,861,187	31,407,000	53.4	37.5
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire	15,781	15,781	20,089
2. Allied Lines	14,224	14,224	13,541
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril	29,129,111	34,184,522	33,365,549
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine	3,254	3,254	(510)
10. Financial guaranty			
11.1 Medical professional liability - occurrence			
11.2 Medical professional liability - claims-made			
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation	5,290,797	18,526,161	14,853,547
17.1 Other liability - occurrence	3,811,352	7,349,808	7,157,474
17.2 Other liability - claims-made		22,037	
17.3 Excess workers' compensation			
18.1 Products liability - occurrence		(70)	707
18.2 Products liability - claims-made			
19.1,19.2 Private passenger auto liability			
19.3,19.4 Commercial auto liability	5,919,662	7,922,894	7,531,529
21. Auto physical damage	1,841,379	2,246,233	2,049,704
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Warranty			
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business			
35. Totals	46,025,559	70,284,843	64,991,629
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	4 2017 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2017 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2017 Loss and LAE Payments (Cols. 4+5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7+8+9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4+7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2014 + Prior													
2. 2015													
3. Subtotals 2015 + Prior													
4. 2016													
5. Subtotals 2016 + Prior													
6. 2017	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders	13,870										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8 4.

STATEMENT AS OF SEPTEMBER 30, 2017 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. 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 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.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	YES

Explanations:

- 1.
- 2.
- 3.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]



2. Supplement A to Schedule T [Document Identifier 455]



3. Medicare Part D Coverage Supplement [Document Identifier 365]



STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO
OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	15,942,933	13,788,653
2. Cost of bonds and stocks acquired	3,385,333	6,013,766
3. Accrual of discount	4,880	6,792
4. Unrealized valuation increase (decrease)		41,753
5. Total gain (loss) on disposals	13,688	3,138
6. Deduct consideration for bonds and stocks disposed of	3,288,299	3,834,669
7. Deduct amortization of premium	52,774	76,500
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9)	16,005,761	15,942,933
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	16,005,761	15,942,933

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	13,404,263	178,258	179,441	(39,739)	14,784,307	13,404,263	13,363,341	12,968,288
2. NAIC 2 (a)	2,666,934	76,022	124,776	24,241	3,072,034	2,666,934	2,642,421	2,974,643
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	16,071,197	254,280	304,217	(15,498)	17,856,341	16,071,197	16,005,762	15,942,931
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	16,071,197	254,280	304,217	(15,498)	17,856,341	16,071,197	16,005,762	15,942,931

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$; NAIC 2 \$; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Premium	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals		xx			

NONE**SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		400,393
2. Cost of short-term investments acquired		
3. Accrual of discount		3
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		171
6. Deduct consideration received on disposals		400,359
7. Deduct amortization of premium		207
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

SCHEDULE DB - PART A - VERIFICATION

Options, Caps, Floors, Collars, Swaps and Forwards

1. Book/Adjusted Carrying Value, December 31, prior year (Line 9, prior year)
2. Cost Paid/(Consideration Received) on additions
3. Unrealized Valuation increase/(decrease)
4. Total gain (loss) on termination recognized
5. Considerations received/(paid) on terminations
6. Amortization
7. Adjustment to the Book/Adjusted Carrying Value of hedged item
8. Total foreign exchange change in Book/Adjusted Carrying Value
9. Book/Adjusted Carrying Value at End of Current Period (Lines 1+2+3+4-5+6+7+8)
10. Deduct nonadmitted assets
11. Statement value at end of current period (Line 9 minus Line 10)

NONE**SCHEDULE DB - PART B - VERIFICATION**

Futures Contracts

1. Book/Adjusted carrying value, December 31 of prior year (Line 6, prior year)
2. Cumulative cash change (Section 1, Broker Name/Net Cash Deposits Footnote - Cumulative Cash Change column)
- 3.1 Add:
 - Change in variation margin on open contracts - Highly Effective Hedges
 - 3.11 Section 1, Column 15, current year to date minus
 - 3.12 Section 1, Column 15, prior year
 - Change in variation margin on open contracts - All Other
 - 3.13 Section 1, Column 18, current year to date minus
 - 3.14 Section 1, Column 18, prior year
- 3.2 Add:
 - Change in adjustment to basis of hedged item
 - 3.21 Section 1, Column 17, current year to date minus
 - 3.22 Section 1, Column 17, prior year
 - Change in amount recognized
 - 3.23 Section 1, Column 19, current year to date minus
 - 3.24 Section 1, Column 19, prior year
- 3.3 Subtotal (Line 3.1 minus Line 3.2)
- 4.1 Cumulative variation margin on terminated contracts during the year
- 4.2 Less:
 - 4.21 Amount used to adjust basis of hedged item
 - 4.22 Amount recognized
- 4.3 Subtotal (Line 4.1 minus Line 4.2)
5. Dispositions gains (losses) on contracts terminated in prior year:
 - 5.1 Total gain (loss) recognized for terminations in prior year
 - 5.2 Total gain (loss) adjusted into the hedged item(s) for terminations in prior year
6. Book/Adjusted carrying value at end of current period (Lines 1+2+3.3-4.3-5.1-5.2)
7. Deduct total nonadmitted amounts
8. Statement value at end of current period (Line 6 minus Line 7)

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE DB - PART C - SECTION 1

Replication (Synthetic Asset) Transactions Open as of Current Statement Date

NONE

9999999 - Totals

X

100

XXX

100

XXX

1000

XXX

1000

1000

X

1

1000

10 of 10

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE DB - PART C - SECTION 2

Replication (Synthetic Asset) Transactions Open

	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year To Date	
	1 Number of Positions	2 Total Replication (Synthetic Asset) Transactions Statement Value	3 Number of Positions	4 Total Replication (Synthetic Asset) Transactions Statement Value	5 Number of Positions	6 Total Replication (Synthetic Asset) Transactions Statement Value	7 Number of Positions	8 Total Replication (Synthetic Asset) Transactions Statement Value	9 Number of Positions	10 Total Replication (Synthetic Asset) Transactions Statement Value
1. Beginning Inventory										
2. Add: Opened or Acquired Transactions.....										
3. Add: Increases in Replication (Synthetic Asset) Transactions Statement Value.....	XXX									
4. Less: Closed or Disposed of Transactions.....										
5. Less: Positions Disposed of for Failing Effectiveness Criteria.....										
6. Less: Decreases in Replication (Synthetic Asset) Transactions Statement Value	XXX									
7. Ending Inventory										

NONE

SCHEDULE DB - VERIFICATION

Verification of Book/Adjusted Carrying Value, Fair Value and Potential Exposure of all Open Derivative Contracts

Book/Adjusted Carrying Value Check

1. Part A, Section 1, Column 14
2. Part B, Section 1, Column 15 plus Part B, Section 1 Footnote - Total Ending Cash Balance
3. Total (Line 1 plus Line 2)
4. Part D, Section 1, Column 5
5. Part D, Section 1, Column 6
6. Total (Line 3 minus Line 4 minus Line 5)

NONE

Fair Value Check

7. Part A, Section 1, Column 16
8. Part B, Section 1, Column 13
9. Total (Line 7 plus Line 8)
10. Part D, Section 1, Column 8
11. Part D, Section 1, Column 9
12. Total (Line 9 minus Line 10 minus Line 11)

Potential Exposure Check

13. Part A, Section 1, Column 21
14. Part B, Section 1, Column 20
15. Part D, Section 1, Column 11
16. Total (Line 13 plus Line 14 minus Line 15)

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of cash equivalents acquired		1,399,836
3. Accrual of discount		164
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		1,400,000
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE A - PART 2

Showing All Real Estate ACQUIRED AND ADDITIONS MADE During the Current Quarter

1 Description of Property	Location		4 Date Acquired	5 Name of Vendor	6 Actual Cost at Time of Acquisition	7 Amount of Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances	9 Additional Investment Made After Acquisition
	2 City	3 State						
0399999 - Totals								
NONE								

SCHEDULE A - PART 3

Showing All Real Estate DISPOSED During the Quarter, Including Payments During the Final Year on "Sales Under Contract"

1 Description of Property	Location		4 Disposal Date	5 Name of Purchaser	6 Actual Cost	7 Expended for Additions, Permanent Improvements and Changes in Encumbrances	8 Book/Adjusted Carrying Value Less Encumbrances Prior Year	Change in Book/Adjusted Carrying Value Less Encumbrances					14 Book/Adjusted Carrying Value Less Encumbrances on Disposal	15 Amounts Received During Year	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Gross Income Earned Less Interest Incurred on Encumbrances	20 Taxes, Repairs and Expenses Incurred
	2 City	3 State						9 Current Year's Depreciation	10 Other Than Temporary Impairment Recognized	11 Current Year's Change in Encumbrances	12 Total Change in Book/Adjusted Carrying Value (11-9-10)	13 Total Foreign Exchange Change in Book/Adjusted Carrying Value							
0399999 - Totals																			
NONE																			

E01

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE B - PART 2

Showing All Mortgage Loans ACQUIRED AND ADDITIONS MADE During the Current Quarter

SCHEDULE B - PART 3

Showing All Mortgage Loans DISPOSED, Transferred or Repaid During the Current Quarter

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

ЕОЗ

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Desig- nation or Market Indicator (a)
3128MJ-29-4	F6 608767		.08/16/2017	MIZUHO SECURITIES	77,997	73,833		.164	1.
3199999. Subtotal - Bonds - U.S. Special Revenues					77,997	73,833		164	XXX
023135-BD-7	AMAZON.COM INC		.08/16/2017	J.P. MORGAN	100,261	100,000			1FE
29273R-BK-4	ENERGY TRANSFER LP		.09/21/2017	J.P. MORGAN	76,022	75,000		2,170	2FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					176,283	175,000		2,170	XXX
8399997. Total - Bonds - Part 3					254,280	248,833		2,334	XXX
8399998. Total - Bonds - Part 5					XXX	XXX	XXX		XXX
8399999. Total - Bonds					254,280	248,833		2,334	XXX
8999997. Total - Preferred Stocks - Part 3					XXX				XXX
8999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX		XXX
8999999. Total - Preferred Stocks					XXX				XXX
9799997. Total - Common Stocks - Part 3					XXX				XXX
9799998. Total - Common Stocks - Part 5					XXX	XXX	XXX		XXX
9799999. Total - Common Stocks					XXX				XXX
9899999. Total - Preferred and Common Stocks					XXX				XXX
9999999 - Totals						254,280	XXX	2,334	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain Value at Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- ation or Market In- dicator (a)	
										11 Unrealized Valuation Increase/ Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value								
36178I-GL-7	GN AB9203		09/01/2017	MBS PAYMENT		6,823	,6,823	,7,290	,6,866		(42)		(42)			,6,823				,135	11/15/2042	1
36202F-H7-8	G2 4892		09/01/2017	MBS PAYMENT		4,971	,4,971	,5,086	,4,984		(13)		(13)			,4,971				,133	12/20/2041	1
36202F-PF-7	G2 4922		09/01/2017	MBS PAYMENT		4,793	,4,793	,4,916	,4,807		(14)		(14)			,4,793				,127	01/20/2041	1
36202F-TL-0	G2 5055		09/01/2017	MBS PAYMENT		6,686	,6,686	,7,083	,6,745		(59)		(59)			,6,686				,201	05/20/2041	1
36202F-UE-4	G2 5081		09/01/2017	MBS PAYMENT		4,277	,4,277	,4,398	,4,296		(19)		(19)			,4,277				,113	06/20/2041	1
36202F-UF-1	G2 5082		09/01/2017	MBS PAYMENT		4,308	,4,308	,4,550	,4,344		(36)		(36)			,4,308				,130	06/20/2041	1
36202F-V5-9	G2 5232		09/01/2017	MBS PAYMENT		14,501	,14,501	,15,019	,14,549		(48)		(48)			,14,501				,339	11/20/2041	1
36241L-S3-1	GN 783238		09/01/2017	MBS PAYMENT		3,882	,3,882	,4,001	,3,900		(18)		(18)			,3,882				,104	01/15/2041	1
0599999. Subtotal - Bonds - U.S. Governments					50,241	50,241	52,343	50,491		(249)		(249)			50,241					1,282	XXX	XXX
3128M9-2M-3	FG G07680		09/01/2017	MBS PAYMENT		,1,922	,1,922	,2,030	,1,932		(10)		(10)			,1,922				,51	04/01/2044	1
3128MJ-V2-3	FG G08632		09/01/2017	MBS PAYMENT		2,300	,2,300	,2,402	,2,310		(10)		(10)			,2,300				,53	03/01/2045	1
3128MJ-Z9-4	FG G08767		09/01/2017	MBS PAYMENT		,555	,555	,586								,555				,2	06/01/2047	1
3128MJ-ZF-0	FG G08741		09/01/2017	MBS PAYMENT		,1,738	,1,738	,1,711								,1,738				,22	01/01/2047	1
3128MJ-ZH-6	FG G08743		09/01/2017	MBS PAYMENT		,3,027	,3,027	,3,186								,3,027				,59	01/01/2047	1
3128MJ-V2-3	FG G18631		09/01/2017	MBS PAYMENT		,4,202	,4,202	,4,217								,4,202				,53	02/01/2032	1
31307N-E3-4	FG J31954		09/01/2017	MBS PAYMENT		,3,261	,3,261	,3,424								,3,261				,57	12/01/2028	1
3132GD-RW-4	FG 000501		09/01/2017	MBS PAYMENT		,489	,489	,507	,489							,489				,15	05/01/2041	1
3132GK-5A-0	FG Q04741		09/01/2017	MBS PAYMENT		,328	,328	,351	,331		(2)		(2)			,328				,10	11/01/2041	1
3132M9-2R-4	FG Q29184		09/01/2017	MBS PAYMENT		,2,010	,2,010	,2,147	,2,026		(16)		(16)			,2,010				,53	10/01/2044	1
31335A-S7-4	FG G60542		09/01/2017	MBS PAYMENT		,1,405	,1,405	,1,503	,1,418		(13)		(13)			,1,405				,37	09/01/2045	1
3138E7-TV-6	FG AK3263		09/01/2017	MBS PAYMENT		,4,455	,4,455	,4,597	,4,478		(23)		(23)			,4,455				,88	02/01/2027	1
3138EJ-3Y-2	FN AL2614		09/01/2017	MBS PAYMENT		,2,639	,2,639	,2,770	,2,651		(12)		(12)			,2,639				,59	11/01/2042	1
3138E0-7L-0	FN AL8098		09/01/2017	MBS PAYMENT		,3,404	,3,404	,3,652	,3,436		(32)		(32)			,3,404				,92	06/01/2043	1
3138MO-AK-6	FN A08109		09/01/2017	MBS PAYMENT		,3,776	,3,776	,3,921	,3,784		(8)		(8)			,3,776				,95	08/01/2042	1
3138MS-EA-3	FN AP1928		09/01/2017	MBS PAYMENT		,3,617	,3,617	,3,853	,3,639		(22)		(22)			,3,617				,98	08/01/2042	1
3138MS-LP-2	FN AP2133		09/01/2017	MBS PAYMENT		,1,710	,1,710	,1,775	,1,716		(6)		(6)			,1,710				,39	08/01/2042	1
3138MB-XL-5	FN AP7882		09/01/2017	MBS PAYMENT		,2,093	,2,093	,2,153	,2,098		(5)		(5)			,2,093				,48	10/01/2042	1
3138W6-SU-1	FN AR8630		09/01/2017	MBS PAYMENT		,6,174	,6,174	,6,292	,6,185		(11)		(11)			,6,174				,121	04/01/2043	1
3138W9-BF-6	FN A50037		09/01/2017	MBS PAYMENT		,1,605	,1,605	,1,685	,1,611		(6)		(6)			,1,605				,37	07/01/2043	1
3138W8-AR-6	FN AS1815		09/01/2017	MBS PAYMENT		,1,753	,1,753	,1,826	,1,760		(7)		(7)			,1,753				,47	02/01/2044	1
3138W8-BK-9	FN AS2385		09/01/2017	MBS PAYMENT		,2,304	,2,304	,2,432	,2,316		(12)		(12)			,2,304				,56	05/01/2044	1
3138W8-ME-8	FN AS3956		09/01/2017	MBS PAYMENT		,2,865	,2,865	,3,067	,2,885		(21)		(21)			,2,865				,75	12/01/2044	1
3138W8-6G-9	FN AS5370		09/01/2017	MBS PAYMENT		,3,391	,3,391	,3,530	,3,400		(10)		(10)			,3,391				,79	07/01/2045	1
3138W8-KB-4	FN AS4789		09/01/2017	MBS PAYMENT		,2,453	,2,453	,2,551	,2,460		(7)		(7)			,2,453				,50	04/01/2045	1
3138W8-KG-3	FG A54794		09/01/2017	MBS PAYMENT		,1,622	,1,622	,1,693	,1,628		(6)		(6)			,1,622				,37	04/01/2045	1
3138W8-NN-2	FN AS5796		09/01/2017	MBS PAYMENT		,3,074	,3,074	,3,208	,3,093		(19)		(19)			,3,074				,62	09/01/2030	1
3138W8-GA-1	FN AS6332		09/01/2017	MBS PAYMENT		,3,335	,3,335	,3,509	,3,350		(15)		(15)			,3,335				,78	12/01/2045	1
3138W8-BW-3	FN AS6352		09/01/2017	MBS PAYMENT		,3,195	,3,195	,3,344			(7)		(7)			,3,195				,57	12/01/2045	1
3138W8-DN-1	FN AS6408		09/01/2017	MBS PAYMENT		,2,097	,2,097	,2,194	,2,106		(9)		(9)			,2,097				,50	10/01/2046	1
3138W8-H3-5	FN AS8249		09/01/2017	MBS PAYMENT		,2,920	,2,920	,3,003	,2,928		(7)		(7)			,2,920				,62	11/01/2036	1
3138W8-K5-6	FN AS8415		09/01/2017	MBS PAYMENT		,1,086	,1,086	,1,081								,1,086				,16	11/01/2046	1
3138W8-V5-5	FN AT7899		09/01/2017	MBS PAYMENT		,3,905	,3,905	,4,095	,3,920		(15)		(15)			,3,905				,91	07/01/2043	1
3138X4-V9-8	FN AU5139		09/01/2017	MBS PAYMENT		,1,624	,1,624	,1,693	,1,629		(5)		(5)			,1,624				,37	08/01/2043	1
3138Y6-3S-1	FN AX5308		09/01/2017	MBS PAYMENT		,1,872	,1,872	,1,863	,1,883		(12)		(12)			,1,872				,44	01/01/2042	1
3140EV-17-2	FN BC1473		09/01/2017	MBS PAYMENT		,4,640	,4,640	,4,634								,4,640				,49	07/01/2031	1
3140FM-DF-0	FN BE1901		09/01/2017	MBS PAYMENT		,1,409	,1,409	,1,410	,1,409							,1,409				,27	12/01/2046	1
31417B-7A-9	FN AB5388		09/01/2017	MBS PAYMENT		,2,725	,2,725	,2,915	,2,754		(29)		(29)									

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain Value at Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- ation or Market In- dicator (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recog- nized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value							
.88166H-AD-9	TEVA PHARMA FIN IV LLC		.08/09/2017	BANK AMERICA		.48,984	.50,000	.49,978	.49,989		2		2		.49,991		(1,028)	(1,028)	.1,019	03/18/2020	2FE
.94989X-AY-1	WFCM 2015-NX\$4 A1		.09/01/2017	MBS PAYMENT		.3,402	.3,402	.3,402	.3,402						.3,402				.43	12/17/2048	1FM
.88167A-AD-3	TEVA PHARMACEUTICALS NE		.08/09/2017	BANK AMERICA		.71,116	.75,000	.74,750	.74,764		20		20		.74,784		(3,669)	(3,669)	.2,234	07/21/2023	2FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						134,190	139,110	138,837	137,802		25		25		138,885		(4,697)	(4,697)	3,387	XXX	XXX
8399997. Total - Bonds - Part 4						299,523	304,443	310,831	277,058		(665)		(665)		304,218		(4,697)	(4,697)	7,121	XXX	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX
8399999. Total - Bonds						299,523	304,443	310,831	277,058		(665)		(665)		304,218		(4,697)	(4,697)	7,121	XXX	XXX
8999997. Total - Preferred Stocks - Part 4						XXX														XXX	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						XXX														XXX	XXX
9799997. Total - Common Stocks - Part 4						XXX														XXX	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						XXX														XXX	XXX
9899999. Total - Preferred and Common Stocks						XXX														XXX	XXX
9999999 - Totals						299,523	XXX	310,831	277,058		(665)		(665)		304,218		(4,697)	(4,697)	7,121	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE DB - PART A - SECTION 1

Showing all Options, Caps, Floors, Collars, Swaps and Forwards Open as of Current Statement Date

1 Description	2 Description of Item(s) Hedged, Used for Income Generation or Replicated	3 Schedule/ Exhibit Identifier	4 Type(s) of Risk(s) (a)	5 Exchange, Counterparty or Central Clearinghouse	6 Trade Date	7 Date of Maturity or Expiration	8 Number of Contracts	9 National Index Received Amount Paid	10 Strike Price Received (Paid)	11 Cumulative Principle Years Remaining Initial Cost Index Received (Paid)	12 Premium Received (Paid)	13 Current Year Income	14 Book/ Adjusted Carrying Value	15	16	17 Unrealized Valuation Increase/ (Decrease)	18 Total Foreign Exchange Change in B.A.C.V.	19 Current Year's (Amorti- zation)/ Accretion	20 Adjustment to Carrying Value of Hedged Item	21	22 Credit Quality of Reference Entity	23 Hedge Effectiveness at Inception and at Quarter-end (b)	
1449999 - Totals													XXX									XXX	XXX

(a)	Code	Description of Hedged Risk(s)

(b)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE DB - PART B - SECTION 1

Futures Contracts Open as of the Current Statement Date

1449999 - Totals

100

1

Broker Name	NONE	Beginning Cash Balance	Cumulative Cash Change	Ending Cash Balance
Total Net Cash Deposits				

Total Net Cash Deposits

NON

Cash

Description of Hedged Risks

Description of Hedged Risk(s)

(a)

(b)

Financial or Economic Impact of the Hedge at the End of the Reporting Period

Financial or Economic Impact of the Hedge at the End of the Reporting Period

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE DB - PART D - SECTION 1

Counterparty Exposure for Derivative Instruments Open as of Current Statement Date

1 Description of Exchange, Counterparty or Central Clearinghouse	2 Master Agreement (Y or N)	3 Credit Support Annex (Y or N)	4 Fair Value of Acceptable Collateral	Book/Adjusted Carrying Value			Fair Value			11 Potential Exposure	12 Off-Balance Sheet Exposure
				5 Contracts With Book/Adjusted Carrying Value >0	6 Contracts With Book/Adjusted Carrying Value <0	7 Exposure Net of Collateral	8 Contracts With Fair Value >0	9 Contracts With Fair Value <0	10 Exposure Net of Collateral		
0199999 - Aggregate Sum of Exchange Traded Derivatives	XXX	XXX	XXX								
0999999 - Gross Totals											
1. Offset per SSAP No. 64											
2. Net after right of offset per SSAP No. 64											

NONE

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE DB - PART D - SECTION 2

Collateral for Derivative Instruments Open as of Current Statement Date

Collateral Pledged by Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
0199999 - Total							XXX	XXX

Collateral Pledged to Reporting Entity

1 Exchange, Counterparty or Central Clearinghouse	2 Type of Asset Pledged	3 CUSIP Identification	4 Description	5 Fair Value	6 Par Value	7 Book/Adjusted Carrying Value	8 Maturity Date	9 Type of Margin (I, V or IV)
0299999 - Total							XXX	XXX

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

9999999 - Totals

General Interrogatories:

1. Total activity for the year to date Fair Value \$ Book/Adjusted Carrying Value \$
2. Average balance for the year to date Fair Value \$ Book/Adjusted Carrying Value \$
3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:

NAIC 1 \$	NAIC 2 \$	NAIC 3 \$	NAIC 4 \$	NAIC 5 \$	NAIC 6 \$
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STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE DL - PART 2
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

9999999 - Totals

General Interrogatories:

1. Total activity for the year to date Fair Value \$ Book/Adjusted Carrying Value \$
 2. Average balance for the year to date Fair Value \$ Book/Adjusted Carrying Value \$

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
BANK OF NEW YORK	NEW YORK, NY	0.010			32,658	79,035	101,499	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX			32,658	79,035	101,499	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX			32,658	79,035	101,499	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX			32,658	79,035	101,499	XXX

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

NONE

8699999 - Total Cash Equivalents

13



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended SEPTEMBER 30, 2017

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

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$	\$	\$

2. Commercial Multiple Peril (CMP) Packaged Policies

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

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

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

2.31 Amount quantified: \$ 135,951

2.32 Amount estimated using reasonable assumptions: \$

2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies. \$