

This is being refiled due to the Reinsurance Attestation Supplement not being included in the first filing.



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

United Ohio Insurance Company

NAIC Group Code 0963 0963 NAIC Company Code 13072 Employer's ID Number 34-1008736
(Current) (Prior)

0963 0963 NAIC Company Code 13072 Employer's ID Number 34-1008736
(Current) (Prior)

Organized under the Laws of _____ (Current) (Former) _____, State of Domicile or Port of Entry _____ OH
Country of Domicile _____ Ohio _____, United States of America

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

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

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

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

Primary Location of Books and Records _____ 1725 Hopley Avenue
(Street and Number)
Bucyrus , OH, US 44820-0111 , 419-562-3011
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address _____ www.omig.com

Statutory Statement Contact Charles Elmer Easum Mr., 419-563-0810
(Name) (Area Code) (Telephone Number)
ceasum@omig.com, 877-753-0580
(E-mail Address) (FAX Number)

OFFICERS

President Mark Clarence Russell, Mr. Secretary David Anthony Siebenburgen, Mr.
Treasurer David Gary Hendrix, Mr.

OTHER

Todd Emery Albert, Mr., Vice President Information Systems	Howard Lowell Barber, Mr., Vice President Sales	Michael Alexander Brogan, Mr., Vice President Claims
Chad Philip Combs, Mr., Vice President Personal Lines Underwriting	John Richard DeLucia, Mr. #, Vice President Claims Operations	David Alan Grove, Mr., Vice President Product Management
Gary Thomas Johnson, Mr., Vice President Commercial Lines Underwriting	Susan Elizabeth Kent, Mrs., Vice President Business Analytics	Marcella Sloane Smith, Mrs., Vice President Human Resources

DIRECTORS OR TRUSTEES

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

State of Ohio SS: _____
County of Crawford _____

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

Mark Clarence Russell
President and CEO

David Gary Hendrix
Treasurer and CFO

Michael Alexander Brogan
Assistant Secretary

Subscribed and sworn to before me this
day of

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	9,107	8,576		3,146		(56)	101		(1)	7	1,868	131
2.1 Allied lines	19,042	18,418		6,395		11,083	11,708				3,909	274
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)	1,163,819	1,186,747		561,296	418,632	498,061	380,545	20,140	.48,699	146,540	239,708	.16,735
5.2 Commercial multiple peril (liability portion)	1,842,345	1,841,094		913,088	754,588	1,282,890	2,101,909	583,811	839,665	965,613	378,988	26,492
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	(1,383)	1,389		.467		(72)	5		(5)	.1	(250)	(20)
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	268,423	282,056		121,972		.63,801	241,797		(5,224)	.25,446	.42,189	3,860
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	2,158	2,420		1,014		(21)	4			6	.448	.31
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	3,303,588	2,167,619		1,821,988	717,753	1,970,386	1,844,844	2,124	102,980	155,456	455,004	.47,504
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	3,095,547	3,107,021		1,594,418	3,152,592	2,894,144	5,098,563	493,366	486,323	.692,466	.473,144	.44,512
21.1 Private passenger auto physical damage	2,219,390	1,424,213		1,228,790	921,480	1,011,803	152,708	2,184	3,084	1,955	309,607	31,913
21.2 Commercial auto physical damage	919,990	914,380		463,540	562,670	528,274	81,045	19,650	19,702	6,234	140,448	13,229
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)	12,842,026	10,953,932		6,716,114	6,527,715	8,260,293	9,913,230	1,121,275	1,495,222	1,993,723	2,045,063	184,660
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 \$ 139,705

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....	.21,824	18,902		14,005		(107)	.281				20	4,525
2.1 Allied lines	11,408	11,131		8,134		.61	.530					2,387
2.2 Multiple peril crop												164
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) .....	.17,522	.19,815		6,280	.16,967	.16,196	.2,588	.290	(.111)	.875	3,551	252
5.2 Commercial multiple peril (liability portion)	10,327	11,558		4,705		.24,761	.26,963	.5,694	.17,750	.12,891	1,896	148
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	700	700		394		222	.630		(.4)	.66	120	10
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	17,264	.21,382		3,226	.5,728	.2,957	.5,763		(.339)	.744	2,718	248
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	6,029	.7,172		1,221	.446	.232	.211		(.8)	.15	963	.87
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)	85,074	90,659		37,965	23,141	44,321	36,967	5,984	17,289	14,612	16,160	1,223
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 \$ 615

(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 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Iowa		DURING THE YEAR 2017							NAIC Company Code	13072	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied lines													
2.2 Multiple peril crop													
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)													
5.2 Commercial multiple peril (liability portion)													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine													
10. Financial guaranty													
11. Medical professional liability													
12. Earthquake													
13. Group accident and health (b)													
14. Credit accident and health (group and individual)													
15.1 Collectively renewable accident and health (b)													
15.2 Non-cancellable accident and health(b)													
15.3 Guaranteed renewable accident and health(b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other accident and health (b)													
15.8 Federal employees health benefits plan premium (b)													
16. Workers' compensation													
17.1 Other Liability - occurrence													
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability													
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability													
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability													
21.1 Private passenger auto physical damage													
21.2 Commercial auto physical damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business													
35. TOTALS (a)													
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....	.21,645	.23,369		.12,760		(231)	.237		(7)	.17	.4,757	.311
2.1 Allied lines .....		.11,244		.6,360		(19)	.410				.2,456	.162
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) .....	.963,029	.955,887		.488,160	.235,186	.188,635	.245,860	.24,387	(9,479)	.87,609	.209,916	.13,848
5.2 Commercial multiple peril (liability portion) .....	.877,358	.855,515		.450,411	.204,644	.141,521	.234,756	.76,691	.35,627	.85,300	.189,474	.12,616
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine .....	.161,793	.167,110		.88,094	.47,634	.46,517	.1,639	.4,725	.4,711	.189	.35,462	.2,326
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence .....	.78,155	.73,108		.37,271		.31,768	.70,626		.737	.7,432	.15,316	.1,124
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability .....	.13,374	.13,205		.6,943		(91)	.27		.10	.37	.2,880	.192
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability .....	.2,051,055	.1,660,482		.1,051,997	.1,053,769	.1,694,925	.1,317,678	.11,178	.60,812	.112,083	.258,919	.29,493
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability .....	.837,124	.761,449		.461,135	.229,408	.328,739	.1,543,060	.14,679	.44,443	.153,229	.133,654	.12,037
21.1 Private passenger auto physical damage .....	.1,704,881	.1,405,438		.858,268	.994,964	.1,044,603	.151,681	.2,272	.2,499	.1,954	.219,154	.24,515
21.2 Commercial auto physical damage .....	.250,905	.222,663		.137,396	.287,298	.219,670	.21,909	.31,351	.27,868	.580	.39,464	.3,608
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)	6,970,563	6,149,895		3,598,796	3,052,904	3,696,037	3,587,884	165,282	167,220	448,429	1,111,450	100,232
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 \$ 111,963

(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 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	4,370	4,452		1,907		(38)	.50		(1)	4	.912	.63
2.1 Allied lines	5,479	5,242		2,351		37	205				1,135	.79
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)	396,846	367,656		193,707	.49,696	88,942	.96,404	.2,106	.14,480	.34,055	.81,721	5,706
5.2 Commercial multiple peril (liability portion)	847,740	819,268		423,613	602,645	407,152	398,580	107,891	7,243	166,793	173,157	12,190
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	153,537	.152,376		81,948		(957)	1,646		(2)	190	.32,013	2,208
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	78,651	.75,795		35,073		31,499	69,664		755	7,331	.14,017	1,131
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	13,160	.12,520		5,927		(88)	.25		.8	.35	.2,731	189
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	1,125,596	.955,617		596,522	.491,397	940,038	859,306	1,526	.37,390	.73,790	.160,138	.16,185
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability .....	.505,365	.468,390		.259,451	.830,181	.264,559	.367,754	.1,868	(54,041)	.51,878	.77,450	.7,267
21.1 Private passenger auto physical damage	1,300,422	.1,124,090		.665,886	.766,084	.819,620	.120,850	3,807	.4,226	.1,558	.186,332	.18,699
21.2 Commercial auto physical damage	199,348	.178,397		103,720	.38,495	.45,295	19,091	6,690	.7,796	1,475	.30,360	2,867
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	4,630,514	4,163,803		2,370,105	2,778,498	2,596,059	1,933,576	123,888	17,855	337,109	759,966	66,584
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 \$ 54,685

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2017							NAIC Company Code	13072
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	15,175,831	15,252,073		7,728,778	5,213,504	4,730,030	863,280	204,139	201,807	.64,527	2,642,212	218,219
2.1 Allied lines	91,708	90,187		46,616	70,360	70,482	3,402	1,385	1,385		21,184	1,319
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril	19,413,895	19,893,851		9,166,479	9,663,862	10,822,722	5,205,220	204,946	245,660	259,675	4,029,880	279,160
4. Homeowners multiple peril	17,314,654	18,289,295		8,900,500	8,102,614	7,790,571	2,120,093	250,447	326,427	233,818	3,094,394	248,974
5.1 Commercial multiple peril (non-liability portion)	10,379,313	10,271,604		5,000,775	4,481,498	4,902,178	3,017,742	127,115	199,846	1,086,873	2,108,868	149,248
5.2 Commercial multiple peril (liability portion)	6,641,270	6,477,815		3,084,419	2,026,415	2,375,227	4,082,111	775,730	774,825	1,603,477	1,376,688	95,497
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	332,994	351,619		156,796	82,009	82,140	6,828		294	789	.65,627	4,788
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)	3,018	3,140		1,627	355	(645)					515	.43
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	4,893,494	4,919,974		2,351,801	2,803,755	3,105,437	7,828,852	185,006	162,841	1,074,042	778,445	.70,365
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	146,620	142,975		.64,463	4,365	386	1,288	1,866	2,401	1,764	(24,693)	2,108
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	14,186,487	14,219,807		3,468,741	9,322,378	7,400,468	9,333,137	305,755	92,684	680,502	2,045,370	203,993
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	10,013,692	9,833,840		4,640,002	5,429,872	4,808,608	8,477,673	364,245	455,736	1,167,713	1,691,807	143,991
21.1 Private passenger auto physical damage	8,294,630	8,344,932		2,014,672	4,107,470	4,053,816	471,343	35,970	31,106	7,258	1,295,461	119,272
21.2 Commercial auto physical damage	5,169,791	4,925,135		2,416,377	2,859,139	2,849,798	415,240	77,804	88,881	.31,800	855,182	.74,338
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	332,363	.465,144		235,140	.59,865	27,682	26,629	.5	(526)		.79,386	4,779
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	112,389,760	113,481,389		49,277,186	54,227,463	53,018,900	41,852,839	2,534,413	2,583,368	6,212,238	20,060,326	1,616,095
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,517,737

(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 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	787	3,609		515		(111)	22		(5)	2	217	11
2.1 Allied lines	2,328	3,722		494		(117)	106				520	33
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)	1,952,419	1,976,709		938,451	449,392	551,010	554,038	51,315	74,439	200,011	408,831	28,075
5.2 Commercial multiple peril (liability portion)	2,505,770	2,524,288		1,153,777	1,283,258	2,307,312	3,780,947	333,839	598,546	1,521,945	521,995	36,031
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	350	810		60		(39)	4		(3)		93	5
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	330,119	331,701		167,682	1,962	103,965	297,154		(2,354)	31,271	52,507	4,747
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	12,856	13,105		8,249		(103)	24		3	33	2,698	185
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	5,708,445	6,107,780		2,920,612	3,610,162	4,273,819	5,196,841	76,299	106,563	449,900	869,780	82,084
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	3,080,860	3,095,110		1,457,995	1,571,866	1,506,242	2,728,524	65,585	91,917	394,176	477,800	44,301
21.1 Private passenger auto physical damage	3,544,281	3,708,604		1,796,759	2,821,443	2,710,782	206,646	24,717	21,981	2,634	544,029	50,965
21.2 Commercial auto physical damage	911,863	903,792		432,599	613,189	622,620	73,855	16,016	18,224	5,658	141,611	13,112
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	122	122		63		(1)	2				26	2
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	18,050,200	18,669,353		8,877,255	10,351,271	12,075,379	12,838,162	567,771	909,311	2,605,631	3,020,105	259,551
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 \$ 171,920

(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 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	11,814	12,413		5,889		(106)	139		(2)		10	2,615
2.1 Allied lines	7,022	7,493		3,371		(4)	279					1,562
2.2 Multiple peril crop												101
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)	410,935	350,607		214,398	213,709	473,849	325,101	15,664	135,263	144,974	88,674	5,909
5.2 Commercial multiple peril (liability portion)	436,073	351,876		223,386	51,697	63,121	102,100	4,741	2,599	35,371	93,523	6,270
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	169,187	158,375		87,335	21,353	20,461	1,712	6,308	6,313	198	36,916	2,433
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	51,365	47,402		23,493		22,486	44,760		872	4,710	10,019	739
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	17,576	14,189		6,856		(50)	36		29	49	3,696	253
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	1,725,499	1,248,366		913,302	872,015	1,189,014	1,024,433	5,698	26,786	.86,710	239,576	24,812
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	498,308	414,426		239,857	85,488	287,880	329,077	5,402	35,246	.45,914	.79,448	.7,165
21.1 Private passenger auto physical damage	1,902,525	1,381,802		989,512	882,085	953,969	168,931	4,326	4,860	2,176	269,187	27,357
21.2 Commercial auto physical damage	306,700	257,321		142,349	215,992	220,348	25,595	3,981	4,808	1,964	.48,564	4,410
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	5,537,004	4,244,268		2,849,746	2,342,339	3,230,966	2,022,162	46,121	216,774	322,075	873,782	79,619
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 \$ 57,920

(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 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2017

NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire	15,245,378	15,323,393		7,766,999	5,213,504	4,729,380	864,110	204,139	201,792	.64,585	2,657,106	219,219	
2.1 Allied lines		148,231			73,721	70,360	81,523	16,640	1,385	1,385		33,152	2,131
2.2 Multiple peril crop													
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril	19,413,895	19,893,851			9,166,479	9,663,862	10,822,722	5,205,220	204,946	245,660	259,675	4,029,880	279,160
4. Homeowners multiple peril	17,314,654	18,289,295			8,900,500	8,102,614	7,790,571	2,120,093	250,447	326,427	233,818	3,094,394	248,974
5.1 Commercial multiple peril (non-liability portion)	15,283,883	15,129,024			7,403,066	5,865,080	6,718,870	4,622,279	241,017	463,136	1,700,937	3,141,269	219,773
5.2 Commercial multiple peril (liability portion)	13,160,883	12,881,414			6,253,398	4,923,247	6,601,985	10,727,366	1,888,396	2,276,255	4,391,391	2,735,721	189,245
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine	816,478	831,678			414,701	150,997	148,050	11,834	11,033	11,309	1,367	169,861	.11,740
10. Financial guaranty													
11. Medical professional liability													
12. Earthquake													
13. Group accident and health (b)													
14. Credit accident and health (group and individual)													
15.1 Collectively renewable accident and health (b)													
15.2 Non-cancellable accident and health(b)	3,018	3,140			1,627	355	(645)					515	.43
15.3 Guaranteed renewable accident and health(b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other accident and health (b)													
15.8 Federal employees health benefits plan premium (b)													
16. Workers' compensation													
17.1 Other Liability - occurrence	5,700,907	5,730,736			2,737,687	2,805,717	3,359,177	8,553,483	185,006	157,622	1,150,299	912,613	.81,976
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability	205,744	198,413			.93,451	4,365	.32	1,405	1,866	2,452	1,924	(12,239)	2,958
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability	28,100,670	26,359,670			10,773,161	16,067,473	17,468,649	19,576,239	402,581	427,216	1,558,440	4,028,788	404,070
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability	18,048,160	17,701,618			8,656,083	11,305,135	10,093,130	18,550,413	945,144	1,059,285	2,506,120	2,936,020	259,521
21.1 Private passenger auto physical damage	18,966,129	17,389,079			7,553,887	10,493,526	10,594,592	1,272,160	73,275	.67,755	.17,534	2,823,770	272,721
21.2 Commercial auto physical damage	7,764,626	7,408,860			3,697,201	4,577,230	4,486,237	636,946	155,494	167,271	.47,727	1,256,592	111,651
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft	332,485	.465,266			235,203	.59,865	.27,681	.26,631	.5	(.526)		.79,411	4,781
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business													
35. TOTALS (a)	160,505,141	157,753,299			73,727,166	79,303,332	82,921,955	72,184,820	4,564,734	5,407,038	11,933,817	27,886,852	2,307,965
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 \$ 3,054,545

(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 2017 OF THE United Ohio Insurance Company

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8	9	10	11	12	13	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH	143,583		34,245	34,245			67,686				
0199999. Affiliates - U.S. Intercompany Pooling				143,583		34,245	34,245			67,686				
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates				143,583		34,245	34,245			67,686				
0999998. Other U.S. Unaffiliated Insurers Reinsurance for which the total of Column 8 is less than \$100,000														
0999999. Total Other U.S. Unaffiliated Insurers														
1099998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Mandatory Pools														
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools														
AA-9995035 ..00000 ..MUTUAL REINSURANCE BUREAU			IL	128										
1199998. Pools and Associations - Reinsurance for which the total of Column 8 is less than \$100,000 - Voluntary Pools														
1199999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools				128										
1299999. Total - Pools and Associations				128										
1399998. Other Non-U.S. Insurers - Reinsurance for which the total of Column 8 is less than \$100,000														
1399999. Total Other Non-U.S. Insurers														
.....
.....
.....
.....
.....
9999999 Totals				143,711		34,245	34,245			67,686				

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commiss- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
.34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH		147,380			37,208		22,499		69,394		129,101			129,101		
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					147,380			37,208		22,499		69,394		129,101			129,101		
0499999. Total Authorized - Affiliates - U.S. Non-Pool																			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999. Total Authorized - Affiliates					147,380			37,208		22,499		69,394		129,101			129,101		
.95-4387273	19489	ALLIED WORLD ASSURANCE COMPANY	DE		372											.4			
.36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN		126	.6		.48				.50		.104	.11		.93		
.06-1430254	10348	ARCH REINSURANCE COMPANY	DE																
.47-0574325	32603	BERKLEY INSURANCE COMPANY	DE		.95	.5		.36				.38		.79	.8		.71		
.42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		104	.5		.39				.41		.85	.9		.76		
.22-2005057	26921	EVEREST REINSURANCE COMPANY	DE		.84											.1	(.1)		
.05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		356	.16		.5				.167		.188	.20		.168		
.42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		.60	.3		.23				.24		.50	.5		.45		
.13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		7,370	1,192	.151	3,761		7,931		.3,440		.16,475	.515		.15,960	1,873	
.06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		914	.5		.71				.448		.524	.50		.474		
.31-4259550	14621	MOTORIST MUTUAL INSURANCE COMPANY	OH																
.13-4924125	10227	MUNICH REINSURANCE AMERICA, INC	DE		.7													450	
.47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		135											.1	(.1)		
.52-1952955	10357	RENAISSANCE REINSURANCE US INC	MD																
.35-6021485	12416	PROTECTIVE INSURANCE COMPANY	IN		.85											.1	(.1)		
.23-1641984	10219	QBE REINSURANCE CORPORATION	PA																
.43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		161											.2	(.2)		
.13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY		220	.7		.52				.54		.113	.13		.100		
.13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		112	.5		.43				.45		.93	.10		.83		
.13-5616275	19453	TRANSATLANTIC REINSURANCE COMPANY	NY																
.13-1290712	20588	XI REINSURANCE AMERICA	NY		2							1		.1			.1		
0999998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					10,203	1,244	151	4,528		7,931		4,308		18,162	650		17,512	1,873	
.23-7024436	32573	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH		13							7		7	.3		4		
1099999. Total Authorized - Pools - Mandatory Pools					13							7		7	3		4		
.AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL		361											.4	(.4)		
1199999. Total Authorized - Pools - Voluntary Pools					361											4	(4)		
.AA-1126033	00000	LLOYD'S SYNDICATE #0033	GBR		.36														
.AA-1126435	00000	LLOYD'S SYNDICATE #0435	GBR		127											.2	(.2)		
.AA-1126623	00000	LLOYD'S SYNDICATE #0623	GBR		.19														
.AA-1126780	00000	LLOYD'S SYNDICATE #0780	GBR																
.AA-1126958	00000	LLOYD'S SYNDICATE #0958	GBR																
.AA-1120085	00000	LLOYD'S SYNDICATE #1274	GBR																
.AA-1127414	00000	LLOYD'S SYNDICATE #1414	GBR																
.AA-1120157	00000	LLOYD'S SYNDICATE #1729	GBR		.15														
.AA-1128001	00000	LLOYD'S SYNDICATE #2001	GBR		.143											(4)	4		
.AA-1128003	00000	LLOYD'S SYNDICATE #2003	GBR		389											.4	(.4)		
.AA-1120071	00000	LLOYD'S SYNDICATE #2007	GBR		.58											(9)	9		
.AA-1128010	00000	LLOYD'S SYNDICATE #2010	GBR		283											(17)	.17		
.AA-1120158	00000	LLOYD'S SYNDICATE #2014	GBR		.73											.1	(.1)		
.AA-1128623	00000	LLOYD'S SYNDICATE #2623	GBR		.86											.1	(.1)		
.AA-1128791	00000	LLOYD'S SYNDICATE #2791	GBR		213											(6)	6		
.AA-1128987	00000	LLOYD'S SYNDICATE #2987	GBR																
.AA-1120086	00000	LLOYD'S SYNDICATE #4141	GBR																
.AA-1126004	00000	LLOYD'S SYNDICATE #4444	GBR																
.AA-1120181	00000	LLOYD'S SYNDICATE #5886	GBR		.60											60	(60)		
1299998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																			

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
1299999. Total Authorized - Other Non-U.S. Insurers					1,502											32		(32)	
1399999. Total Authorized					159,459	1,244	151	41,736		30,430				73,709		147,270	689	146,581	
1499999. Total Unauthorized - Affiliates - U.S. Intercompany Pooling																		1,873	
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool																			
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)																			
2199999. Total Unauthorized - Affiliates																			
2299998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
2299999. Total Unauthorized - Other U.S. Unaffiliated Insurers																			
AA-3194139 ..00000 ..AXIS SPECIALTY LIMITED ..	BMU																		
AA-3194161 ..00000 ..CATLIN INSURANCE COMPANY LTD ..	BMU				270												.3	(.3)	
AA-3194122 ..00000 ..DAVINCI REINSURANCE LTD ..	BMU				135												.1	(.1)	
AA-1340125 ..00000 ..HANNOVER RUCKVERSICHERUNGS AG ..	DEU				48	2			18								.35		
AA-3190875 ..00000 ..HISCOX INSURANCE COMPANY ..	BMU				126												.1	(.1)	
AA-1840000 ..00000 ..MAPFRE RE COMPANIA DE REASEGUROS, S.A. ..	ESP																		
AA-1460019 ..00000 ..MS AMLIN AG ..	CHE				17												(.17)	.17	
AA-3190339 ..00000 ..RENAISSANCE REINSURANCE, LTD ..	BMU				203												.2	(.2)	
AA-1340192 ..00000 ..R&V VERSICHERUNG AG ..	DEU				375												.3	(.3)	
AA-1440076 ..00000 ..SIRIUS INTERNATIONAL CORPORATION ..	SWE																		
2599998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																			
2599999. Total Unauthorized - Other Non-U.S. Insurers					1,174	2		18							19		39	(3)	
2699999. Total Unauthorized					1,174	2		18							19		39	(3)	
2799999. Total Certified - Affiliates - U.S. Intercompany Pooling																			
3099999. Total Certified - Affiliates - U.S. Non-Pool																			
3399999. Total Certified - Affiliates - Other (Non-U.S.)																			
3499999. Total Certified - Affiliates																			
3599998. Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)																			
3599999. Total Certified - Other U.S. Unaffiliated Insurers																			
3899998. Total Certified - Other Non-U.S. Insurers (Under \$100,000)																			
3899999. Total Certified - Other Non-U.S. Insurers																			
3999999. Total Certified																			
4099999. Total Authorized, Unauthorized and Certified					160,633	1,246	151	41,754		30,430					73,728		147,309	686	146,623
4199999. Total Protected Cells																			
9999999 Totals					160,633	1,246	151	41,754		30,430					73,728		147,309	686	146,623
9999999 Totals																			

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1. FACTORY MUTUAL INSURANCE COMPANY ..	.35.000	.356,202
2. GENERAL REINSURANCE CORPORATION ..	.32.500	.3,332,953
3. HARTFORD STEAM BOILER INSPECTION & INS ..	.30.000	.914,458
4. SWISS REINSURANCE AMERICA CORPORATION ..	.25.000	.136,056
5. AMERICAN AGRICULTURAL INSURANCE COMPANY ..	.25.000	.125,852

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1. GENERAL REINSURANCE CORPORATION ..	.16,476,837	.7,369,097	Yes [] No [X]
2. HARTFORD STEAM BOILER INSPECTION & INS ..	.524,231	.914,458	Yes [] No [X]
3. MUNICH REINSURANCE AMERICA, INC ..	.450,000	.7,186	Yes [] No [X]
4. FACTORY MUTUAL INSURANCE COMPANY ..	.187,837	.356,202	Yes [] No [X]
5. SWISS REINSURANCE AMERICA CORPORATION ..	.112,312	.220,477	Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE F - PART 4

Aging of Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9/Col. 11		
				5 Current	Overdue									
					6 1 to 29 Days	7 30 to 90 Days	8 91 to 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9					
0499999. Total Authorized - Affiliates - U.S. Non-Pool														
0799999. Total Authorized - Affiliates - Other (Non-U.S.)														
0899999. Total Authorized - Affiliates														
.36-2661954 ..10103 AMERICAN AGRICULTURAL INSURANCE COMPANY	IN.		6								6			
.47-0574325 ..32603 BERKLEY INSURANCE COMPANY	DE.		5								5			
.42-0234980 ..21415 EMPLOYERS MUTUAL CASUALTY CO	IA.		5								5			
.05-0316605 ..21482 FACTORY MUTUAL INSURANCE COMPANY	RI.		16								16			
.42-0245840 ..13897 FARMERS MUTUAL HAIL INSURANCE COMPANY	IA.		3								3			
.13-2673100 ..22039 GENERAL REINSURANCE CORPORATION	DE.		1,343								1,343			
.06-0384680 ..11452 HARTFORD STEAM BOILER INSPECTION & INS	CT.		5								5			
.13-1675535 ..25364 SWISS REINSURANCE AMERICA CORPORATION	NY.		7								7			
.13-2918573 ..42439 THE TOA REINSURANCE COMPANY OF AMERICA	DE.		5								5			
0999999. Total Authorized - Other U.S. Unaffiliated Insurers			1,395								1,395			
1399999. Total Authorized			1,395								1,395			
1799999. Total Unauthorized - Affiliates - U.S. Non-Pool														
2099999. Total Unauthorized - Affiliates - Other (Non-U.S.)														
2199999. Total Unauthorized - Affiliates														
.AA-1340125 ..00000 HANNOVER RUCKVERSICHERUNGS AG	DEU		2								2			
2599999. Total Unauthorized - Other Non-U.S. Insurers			2								2			
2699999. Total Unauthorized			2								2			
3099999. Total Certified - Affiliates - U.S. Non-Pool														
3399999. Total Certified - Affiliates - Other (Non-U.S.)														
3499999. Total Certified - Affiliates														
3999999. Total Certified														
4099999. Total Authorized, Unauthorized and Certified			1,397								1,397			
4199999. Total Protected Cells														
9999999 Totals			1,397								1,397			

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE F - PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domi- ciliary Juris- diction	5 Special Code	6 Reinsurance Recoverable all Items Schedule F Part 3, Col. 15	7 Funds Held By Company Under Reinsurance Treaties	8 Letters of Credit	9 Issuing or Confirming Bank Reference Number (a)	10 Ceded Balances Payable	11 Miscellaneous Balances Payable	12 Trust Funds and Other Allowed Offset Items	13 Total Collateral and Offsets Allowed (Cols. 7+8+10+11 +12 but not in Excess of Col. 6)	14 Provision for Unauthorized Reinsurance (Col. 6 Minus Col. 13)	15 Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	16 20% of Amount in Dispute Included in Column 15	17 20% of Amount in Dispute Included in Column 6	18 Provision for Overdue Reinsurance (Col. 16 plus Col. 17)	19 Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 14 plus Col. 18 but not in Excess of Col. 6)
		0499999. Total - U.S. Non-Pool						XXX										
		0799999. Total - Other (Non-U.S.)						XXX										
		0899999. Total - Affiliates						XXX										
AA-3194139	..00000	AXIS SPECIALTY LIMITED	BMU															
AA-3194161	..00000	CATLIN INSURANCE COMPANY LTD	BMU															
AA-3194122	..00000	DAVINCI REINSURANCE LTD	BMU															
AA-1340125	..00000	HANNOVER RUCKVERSICHERUNGS AG	DEU															
AA-3190875	..00000	HISCOX INSURANCE COMPANY	BMU															
AA-1840000	..00000	MAPPFRE RE COMPAÑIA DE REASEGUROS, S.A.	ESP															
AA-1460019	..00000	MS Amlin AG	CHE															
AA-3190339	..00000	RENAISSANCE REINSURANCE, LTD	BMU															
AA-1340192	..00000	R&V VERSICHERUNG AG	DEU															
AA-1440076	..00000	SIRIUS INTERNATIONAL CORPORATION	SWE															
1299999. Total Other Non-U.S. Insurers					39			XXX		(3)			42	39				
1399999. Total Affiliates and Others								XXX		(3)			42	39				
1499999. Total Protected Cells								XXX										
9999999 Totals								39		XXX		(3)	42	39				

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

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

NO
NE

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

N O N E

Schedule F - Part 6 - Section 1 - Bank Footnote

N O N E

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

N O N E

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE F - PART 8

Provision for Overdue Reinsurance as of December 31, Current Year

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Reinsurance Recoverable All Items	5 Funds Held By Company Under Reinsurance Treaties	6 Letters of Credit	7 Ceded Balances Payable	8 Other Miscellaneous Balances	9 Other Allowed Offset Items	10 Sum of Cols. 5 through 9 but not in excess of Col. 4	11 Col. 4 minus Col. 10	12 Greater of Col. 11 or Schedule F - Part 4 Cols. 8 + 9
AA-1340192	00000	R&V VERSICHERUNG AG	23			3,089			23		
.....
.....
.....
.....
.....
.....
.....
99999999 Totals			23			3,089			23		
1. Total											
2. Line 1 x .20											
3. Schedule F - Part 7 Col. 11											
4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)											
5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F - Part 5 Col. 19 x1000)											
6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F- Part 6, Section 1, Col. 21 x 1000)											
7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F - Part 6, Section 2, Col 15 x 1000)											
8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)											

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	274,398,140		274,398,140
2. Premiums and considerations (Line 15)	35,795,618		35,795,618
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	1,397,344	(1,397,344)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	28,927,915		28,927,915
6. Net amount recoverable from reinsurers		144,746,975	144,746,975
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	340,519,017	143,349,631	483,868,648
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	66,880,836	72,184,820	139,065,656
10. Taxes, expenses, and other obligations (Lines 4 through 8)	18,957,534		18,957,534
11. Unearned premiums (Line 9)	67,686,041	73,720,521	141,406,562
12. Advance premiums (Line 10)	931,217		931,217
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	685,511	(682,417)	3,094
15. Funds held by company under reinsurance treaties (Line 13)	1,873,293	(1,873,293)	
16. Amounts withheld or retained by company for account of others (Line 14)	12,996		12,996
17. Provision for reinsurance (Line 16)			
18. Other liabilities	11,094,117		11,094,117
19. Total liabilities excluding protected cell business (Line 26)	168,121,545	143,349,631	311,471,176
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	172,397,472	XXX	172,397,472
22. Totals (Line 38)	340,519,017	143,349,631	483,868,648

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

Yes [] No []

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Non-Cancelable		Guaranteed Renewable		Other Individual Contracts					
													13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %						
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written		1,962	XXX		XXX		XXX		XXX		1,962	XXX		XXX		XXX		XXX
2. Premiums earned		2,042	XXX		XXX		XXX		XXX		2,042	XXX		XXX		XXX		XXX
3. Incurred claims		(419)	(20.5)								(419)	(20.5)						
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)		(419)	(20.5)								(419)	(20.5)						
6. Increase in contract reserves																		
7. Commissions (a)		335	16.4								335	16.4						
8. Other general insurance expenses		303	14.8								303	14.8						
9. Taxes, licenses and fees																		
10. Total other expenses incurred		638	31.2								638	31.2						
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds		1,823	89.3								1,823	89.3						
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds		1,823	89.3								1,823	89.3						
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	1,057					1,057			
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	1,057					1,057			
5. Total premium reserves, prior year	1,137					1,137			
6. Increase in total premium reserves	(80)					(80)			
B. Contract Reserves:									
1. Additional reserves (a)									
2. Reserve for future contingent benefits									
3. Total contract reserves, current year									
4. Total contract reserves, prior year									
5. Increase in contract reserves									
C. Claim Reserves and Liabilities:									
1. Total current year									
2. Total prior year	650					650			
3. Increase	(650)					(650)			

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year									
1.2 On claims incurred during current year	231					231			
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year									
2.2 On claims incurred during current year									
3. Test:									
3.1 Line 1.1 and 2.1									
3.2 Claim reserves and liabilities, December 31, prior year	650					650			
3.3 Line 3.1 minus Line 3.2	(650)					(650)			

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	1,962					1,962			
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	3,018					3,018			
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims				(419) (419)
2. Beginning claim reserves and liabilities				
3. Ending claim reserves and liabilities				
4. Claims paid			(419)	(419)
B. Assumed Reinsurance:				
5. Incurred Claims.....				
6. Beginning claim reserves and liabilities				
7. Ending claim reserves and liabilities				
8. Claims paid				
C. Ceded Reinsurance:				
9. Incurred Claims.....				
10. Beginning claim reserves and liabilities				
11. Ending claim reserves and liabilities				
12. Claims paid				
D. Net:				
13. Incurred Claims.....				(419) (419)
14. Beginning claim reserves and liabilities				
15. Ending claim reserves and liabilities				
16. Claims paid			(419)	(419)
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses				
18. Beginning reserves and liabilities				
19. Ending reserves and liabilities				
20. Paid claims and cost containment expenses				

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2008	25,971	1,842	24,129	21,821	7,085	647	298	1,548			129	16,633	
3. 2009	27,002	2,418	24,584	17,973	4,059	359	33	1,518			289	15,758	
4. 2010	28,247	1,717	26,530	14,565	221	403	1	1,426			179	16,172	
5. 2011	29,774	2,402	27,372	25,838	5,182	597	182	2,184			120	23,255	
6. 2012	31,827	4,014	27,813	32,779	15,927	1,342	754	2,737			140	20,177	
7. 2013	34,098	2,992	31,106	20,183	835	354	2	2,324			296	22,024	
8. 2014	36,413	3,585	32,828	14,826	97	268	1	1,782			418	16,778	
9. 2015	37,495	3,210	34,285	12,903	116	324	1	1,424			260	14,534	
10. 2016	38,237	3,280	34,957	13,582	675	278	3	1,624			290	14,806	
11. 2017	39,304	3,304	36,000	15,428	949	296	7	1,617			90	16,385	
12. Totals	XXX	XXX	XXX	189,898	35,146	4,868	1,282	18,184			2,211	176,522	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2008	33		17				2					52	1
3. 2009													
4. 2010	10		5				1					16	1
5. 2011	3		1									4	1
6. 2012	128		64			10						202	6
7. 2013	22		9			2						33	4
8. 2014	28		8			8						44	5
9. 2015	229	4	138	41		53		4				379	11
10. 2016	513	3	398	75		93		45				971	26
11. 2017	3,898	489	1,673	171		320		429				5,660	213
12. Totals	4,864	496	2,313	287		489		478				7,361	268

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008	24,068	7,383	16,685	92.7	400.8	69.1			65.0	50	2
3. 2009	19,850	4,092	15,758	73.5	169.2	64.1			65.0		
4. 2010	16,410	222	16,188	58.1	12.9	61.0			65.0	15	1
5. 2011	28,623	5,364	23,259	96.1	223.3	85.0			65.0	4	
6. 2012	37,060	16,681	20,379	116.4	415.6	73.3			65.0	192	10
7. 2013	22,894	837	22,057	67.1	28.0	70.9			65.0	31	2
8. 2014	16,920	98	16,822	46.5	2.7	51.2			65.0	36	8
9. 2015	15,075	162	14,913	40.2	5.0	43.5			65.0	322	57
10. 2016	16,533	756	15,777	43.2	23.0	45.1			65.0	833	138
11. 2017	23,661	1,616	22,045	60.2	48.9	61.2			65.0	4,911	749
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	6,394	967

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(11)		1		(1)		11	(11)	XXX	
2. 2008	30,510	1,866	28,644	18,771	1,517	1,001	34	1,610	52	823	19,779	4,379	
3. 2009	31,716	2,003	29,713	20,520	1,931	1,052	.66	1,786	.63	811	21,298	4,985	
4. 2010	32,274	1,260	31,014	20,884	1,428	1,240	125	1,853	28	.983	22,396	5,998	
5. 2011	30,091	382	29,709	17,229	68	1,085	1	1,335		.709	19,580	3,283	
6. 2012	27,009	249	26,760	16,946	.474	975	.32	1,239		.795	18,654	2,510	
7. 2013	25,776	183	25,593	15,280	.43	582	2	1,199		.490	17,016	2,459	
8. 2014	26,807	131	26,676	16,948		562		1,437		.547	18,947	2,376	
9. 2015	27,851	154	27,697	16,364	.47	429		1,966		.682	18,712	2,309	
10. 2016	29,724	155	29,569	14,775	.2	172		1,906		.376	16,851	2,319	
11. 2017	32,909	206	32,703	9,380	7	79		1,491		171	10,943	2,381	
12. Totals	XXX	XXX	XXX	167,086	5,517	7,178	260	15,821	143	6,398	184,165	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2008	3		2									5	1
3. 2009	5	1										5	1
4. 2010	16	2										19	1
5. 2011	66		13									90	3
6. 2012	.97		55	10								190	4
7. 2013	430		211	5								.708	11
8. 2014	795		365	87								1,244	31
9. 2015	1,944	60	.473	183								2,674	.75
10. 2016	4,130	12	2,136	385								6,902	227
11. 2017	7,940	29	6,029	672								15,379	847
12. Totals	15,426	104	9,284	1,342								27,216	1,201

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008	21,387	1,603	19,784	70.1	85.9	.69.1			.65.0	5	
3. 2009	23,364	2,061	21,303	73.7	102.9	.71.7			.65.0	4	1
4. 2010	23,998	1,583	22,415	74.4	125.6	.72.3			.65.0	14	.5
5. 2011	19,739	.69	19,670	.65.6	18.1	.66.2			.65.0	.79	.11
6. 2012	19,360	516	18,844	71.7	207.2	.70.4			.65.0	.142	.48
7. 2013	17,774	.50	17,724	.69.0	27.3	.69.3			.65.0	.636	.72
8. 2014	20,278	.87	20,191	.75.6	66.4	.75.7			.65.0	.1,073	.171
9. 2015	21,676	290	21,386	.77.8	188.3	.77.2			.65.0	.2,174	.500
10. 2016	24,152	399	23,753	.81.3	257.4	.80.3			.65.0	.5,869	.1,033
11. 2017	27,030	708	26,322	.82.1	343.7	.80.5			.65.0	.13,268	.2,111
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	23,264	3,952

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2008	4,796	382	4,414	1,166	7	188		109			10	1,456	
3. 2009	5,870	606	5,264	2,038	57	168	5	198			255	2,342	
4. 2010	6,392	520	5,872	3,747	345	265	6	330	1		33	3,990	
5. 2011	7,026	443	6,583	2,296		303		282			45	2,881	
6. 2012	7,968	471	7,497	3,978	313	299	21	412			42	4,355	
7. 2013	9,102	495	8,607	4,779	347	508	15	556			63	5,481	
8. 2014	10,339	551	9,788	7,315	607	584	27	769			44	8,034	
9. 2015	10,641	617	10,024	4,414	346	175	5	520			48	4,758	
10. 2016	11,040	706	10,334	3,444	65	105		489			24	3,973	
11. 2017	11,506	846	10,660	1,969		33		453			26	2,455	
12. Totals	XXX	XXX	XXX	35,146	2,087	2,628	79	4,118	1	590	39,725	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2008													
3. 2009													
4. 2010													
5. 2011							14		2			16	
6. 2012	100		46	1		29			12			186	2
7. 2013	254		77	3		97			60			485	5
8. 2014	1,042	211	367	8		245			70			1,505	17
9. 2015	2,142	658	899	316		233			55			2,355	31
10. 2016	1,320		1,239	274		473			133			2,891	49
11. 2017	2,032	2	2,538	388		538			484			5,202	137
12. Totals	6,890	871	5,166	990		1,629			816			12,640	241

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008	1,463	7	1,456	30.5	1.8	33.0				65.0	
3. 2009	2,404	62	2,342	41.0	10.2	44.5				65.0	
4. 2010	4,342	352	3,990	67.9	67.7	67.9				65.0	
5. 2011	2,897		2,897	41.2		44.0				65.0	16
6. 2012	4,876	335	4,541	61.2	71.1	60.6				65.0	145
7. 2013	6,331	365	5,966	69.6	73.7	69.3				65.0	328
8. 2014	10,392	853	9,539	100.5	154.8	97.5				65.0	1,190
9. 2015	8,438	1,325	7,113	79.3	214.7	71.0				65.0	2,067
10. 2016	7,203	339	6,864	65.2	48.0	66.4				65.0	2,285
11. 2017	8,047	390	7,657	69.9	46.1	71.8				65.0	4,180
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	10,195	2,445

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

**SCHEDULE P - PART 1D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2008													
3. 2009													
4. 2010													
5. 2011													
6. 2012													
7. 2013													
8. 2014													
9. 2015													
10. 2016													
11. 2017													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2008																
3. 2009																
4. 2010																
5. 2011																
6. 2012																
7. 2013																
8. 2014																
9. 2015																
10. 2016																
11. 2017																
12. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)				Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	35 Losses Unpaid		36 Loss Expenses Unpaid	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX				XXX		
2. 2008												
3. 2009												
4. 2010												
5. 2011												
6. 2012												
7. 2013												
8. 2014												
9. 2015												
10. 2016												
11. 2017												
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX				XXX		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	40		39		2		2	81	XXX	
2. 2008	7,813	848	6,965	4,346	1,208	414	.43	.283		18	3,792	610	
3. 2009	8,756	1,182	7,574	4,248	.694	490	.10	.379		48	4,413	757	
4. 2010	9,537	1,238	8,299	4,819	.182	726	.6	.457		43	5,814	1,353	
5. 2011	10,346	1,331	9,015	7,327	1,737	693	.56	.716		121	6,943	787	
6. 2012	11,584	1,534	10,050	6,440	1,612	495	.64	.737		96	5,996	810	
7. 2013	13,770	1,716	12,054	8,775	1,591	1,124	.73	.993		80	9,228	706	
8. 2014	16,070	2,078	13,992	7,066	.536	970	.25	.922		74	8,397	760	
9. 2015	16,706	2,079	14,627	4,544	.122	745	.12	.600		.110	5,755	710	
10. 2016	17,618	2,161	15,457	5,729	348	324	.1	.741		62	6,445	637	
11. 2017	18,207	2,204	16,003	3,829	80	185	.1	.539		87	4,472	524	
12. Totals	XXX	XXX	XXX	57,163	8,110	6,205	291	6,369		741	61,336	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2008													
3. 2009													
4. 2010	29		15	1			3		4		50	2	
5. 2011			98	26			54		4		130		
6. 2012	.62		63	2			54		1		178	3	
7. 2013	222		54	29			210		8		465	12	
8. 2014	774	.3	325	258			409		.31		1,278	35	
9. 2015	1,901	233	529	.359			987		.19		2,844	62	
10. 2016	845	13	842	151			881		.100		2,504	66	
11. 2017	2,054	368	2,164	438			1,362		.471		5,245	116	
12. Totals	5,887	617	4,090	1,264			3,960		.638		12,694	296	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008	5,043	1,251	3,792	.64.5	147.5	.54.4			.65.0		
3. 2009	5,117	704	4,413	.58.4	59.6	.58.3			.65.0		
4. 2010	6,053	189	5,864	.63.5	15.3	70.7			.65.0	.43	.7
5. 2011	8,892	1,819	.7,073	.85.9	136.7	.78.5			.65.0	.72	.58
6. 2012	7,852	1,678	6,174	.67.8	109.4	.61.4			.65.0	.123	.55
7. 2013	11,386	1,693	9,693	.82.7	98.7	.80.4			.65.0	.247	.218
8. 2014	10,497	822	9,675	.65.3	39.6	.69.1			.65.0	.838	.440
9. 2015	9,325	726	8,599	.55.8	34.9	.58.8			.65.0	1,838	1,006
10. 2016	9,462	513	8,949	.53.7	23.7	.57.9			.65.0	1,523	.981
11. 2017	10,604	887	9,717	.58.2	40.2	.60.7			.65.0	3,412	1,833
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	8,096	4,598

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 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	60				8			68	XXX	
2. 2008	3,863	1,338	2,525	860		198		86		1	1,144	334	
3. 2009	3,773	1,370	2,403	1,182	585	93		83		1	773	879	
4. 2010	3,680	1,429	2,251	904	433	135	4	116		10	718	218	
5. 2011	3,914	1,589	2,325	874	132	185	32	89		4	984	114	
6. 2012	4,250	1,832	2,418	415		50		65		5	530	125	
7. 2013	4,544	1,981	2,563	1,948	1,122	213		193		3	1,232	112	
8. 2014	4,700	2,150	2,550	1,988	1,498	111	20	265		2	846	105	
9. 2015	4,783	2,143	2,640	996	585	50		86		2	547	77	
10. 2016	4,451	2,169	2,282	224		25		51		1	300	81	
11. 2017	4,066	2,251	1,815	410	295	4		103			222	35	
12. Totals	XXX	XXX	XXX	9,861	4,650	1,064	56	1,145		29	7,364	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.	10											10	1
2. 2008													
3. 2009													
4. 2010													
5. 2011													
6. 2012	126		82	9			44					243	1
7. 2013	652	293	326	119			163		33			.762	3
8. 2014	141		263	209			30		7			.232	8
9. 2015	16		246	134			29		28			.185	5
10. 2016	974	585	636	312			255		27			.995	23
11. 2017	335	12	1,871	1,399			232		123			1,150	10
12. Totals	2,254	890	3,424	2,182			753		218			3,577	51

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	10	
2. 2008	1,144		1,144	29.6		45.3				65.0	
3. 2009	1,358	585	773	36.0	42.7	32.2				65.0	
4. 2010	1,155	437	718	31.4	30.6	31.9				65.0	
5. 2011	1,148	164	984	29.3	10.3	42.3				65.0	
6. 2012	782	9	773	18.4	0.5	32.0				65.0	199
7. 2013	3,528	1,534	1,994	77.6	77.4	77.8				65.0	.566
8. 2014	2,805	1,727	1,078	59.7	80.3	42.3				65.0	.195
9. 2015	1,451	719	732	30.3	33.6	27.7				65.0	.128
10. 2016	2,192	897	1,295	49.2	41.4	56.7				65.0	.713
11. 2017	3,078	1,706	1,372	75.7	75.8	75.6				65.0	.795
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,606	971

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2008													
3. 2009													
4. 2010													
5. 2011													
6. 2012													
7. 2013													
8. 2014													
9. 2015													
10. 2016													
11. 2017													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2008													
3. 2009													
4. 2010													
5. 2011													
6. 2012													
7. 2013													
8. 2014													
9. 2015													
10. 2016													
11. 2017													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008											
3. 2009											
4. 2010											
5. 2011											
6. 2012											
7. 2013											
8. 2014											
9. 2015											
10. 2016											
11. 2017											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)**
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	.....(36)	.....1	.....6		.....(2)		.....42	.....(33)	XXX
2. 2016	13,689	854	12,835	4,175		119		476		79	4,770	XXX	
3. 2017	13,410	794	12,616	3,970		123		430		50	4,523	XXX	
4. Totals	XXX	XXX	XXX	8,109	1	248		904		171	9,260	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior			7				1						8			
2. 2016	70		44	5			8		7			124	2			
3. 2017	666		308	125			77		61			987	42			
4. Totals	736		359	130			86		68			1,119	44			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	7	1
2. 2016	4,899	5	4,894	35.8	0.6	38.1			65.0	109	15
3. 2017	5,635	125	5,510	42.0	15.7	43.7			65.0	849	138
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	965	154

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(177)	28	14		(13)		217	(204)	XXX	
2. 2016	26,914	578	26,336	16,666		177		2,136		2,568	18,979	1	
3. 2017	29,706	577	29,129	17,022		157		1,968		1,627	19,147	319	
4. Totals	XXX	XXX	XXX	33,511	28	348		4,091		4,412	37,922	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	5	9	21	4			8					21	3			
2. 2016	3		33	6			7		10			47	1			
3. 2017	1,167		919	67			46		138			2,203	319			
4. Totals	1,175	9	973	77			61		148			2,271	323			

	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	13	8
2. 2016	19,032	6	19,026	70.7	1.0	72.2			.65.0	30	17
3. 2017	21,417	67	21,350	72.1	11.6	73.3			.65.0	2,019	184
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2,062	209

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2016												XXX	
3. 2017												XXX	
4. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2016																
3. 2017																
4. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX					
2. 2016											
3. 2017											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE**NONE****NONE**

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2016		2		2	1							1	
3. 2017		2		2								XXX	
4. Totals	XXX	XXX	XXX	1							1	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2016																
3. 2017																
4. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX		XXX			
2. 2016		1		1	50.0		50.0				
3. 2017											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX		XXX			

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 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2008	200	21	179	.4		.4		2	1		9	11	
3. 2009	176	4	172	19		.23		2			44	.46	
4. 2010	146	2	144	.7		.8		1			16	.119	
5. 2011	123	1	122	20		.12		3			35	.10	
6. 2012	118	1	117	15		.1		1	1		16	.4	
7. 2013	125	1	124	18		.11		2			31	.4	
8. 2014	137	1	136	.1		.8					9	.4	
9. 2015	137	1	136	.1		.1					2	.3	
10. 2016	126	1	125	.4		.1					5	.3	
11. 2017	129	1	128										
12. Totals	XXX	XXX	XXX	89		69		11	2		167	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.													
2. 2008													
3. 2009													
4. 2010													
5. 2011	.1							.1				2	1
6. 2012													
7. 2013													
8. 2014													
9. 2015													
10. 2016								.1					1
11. 2017													
12. Totals	1							2				3	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008	10	1	9	5.0	4.8	5.0				65.0	
3. 2009	44		44	25.0		25.6				65.0	
4. 2010	16		16	11.0		11.1				65.0	
5. 2011	37		37	30.1		30.3				65.0	1
6. 2012	17	1	16	14.4	100.0	13.7				65.0	
7. 2013	31		31	24.8		25.0				65.0	
8. 2014	9		9	6.6		.66				65.0	
9. 2015	2		2	1.5		.15				65.0	
10. 2016	6		6	4.8		.48				65.0	
11. 2017										65.0	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1	2

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

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty
N O N E

Schedule P - Part 1T - Warranty
N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior	3,400	1,528	1,095	1,008	991	979	975	975	976	976		1
2. 2008	17,219	15,560	15,196	15,129	15,087	15,091	15,106	15,106	15,135	15,137	2	31
3. 2009	XXX	15,551	14,429	14,429	14,518	14,262	14,253	14,249	14,250	14,240	(10)	(9)
4. 2010	XXX	XXX	16,346	15,222	14,907	14,832	14,755	14,746	14,746	14,762	16	16
5. 2011	XXX	XXX	XXX	22,751	21,667	21,522	21,091	21,090	21,079	21,075	(4)	(15)
6. 2012	XXX	XXX	XXX	XXX	18,263	17,745	17,657	17,715	17,650	17,642	(8)	(73)
7. 2013	XXX	XXX	XXX	XXX	XXX	21,168	20,023	19,739	19,729	19,733	.4	(6)
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	16,937	15,552	15,174	15,040	(134)	(512)
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,512	13,733	13,485	(248)	(1,027)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,547	14,108	(1,439)	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,999	XXX	XXX
										12. Totals	(1,821)	(1,594)

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

1. Prior	9,317	7,721	6,716	6,460	6,303	6,277	6,243	6,258	6,244	6,234	(10)	(24)
2. 2008	20,940	18,784	18,942	18,383	18,327	18,313	18,300	18,256	18,226	18,226		(30)
3. 2009	XXX	22,727	21,354	20,598	20,428	19,944	19,821	19,696	19,583	19,579	(4)	(117)
4. 2010	XXX	XXX	22,523	22,353	21,881	21,545	20,979	20,618	20,637	20,586	(51)	(32)
5. 2011	XXX	XXX	XXX	21,118	20,011	19,361	18,728	18,633	18,524	18,333	(191)	(300)
6. 2012	XXX	XXX	XXX	XXX	20,164	19,301	18,278	18,091	17,644	17,595	(49)	(496)
7. 2013	XXX	XXX	XXX	XXX	XXX	17,709	17,856	17,378	16,468	16,513	45	(865)
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	19,508	19,302	19,241	18,694	(547)	(608)
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,043	21,350	19,300	(2,050)	(2,743)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,874	21,481	(1,393)	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,631	XXX	XXX
										12. Totals	(4,250)	(5,215)

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

1. Prior	1,833	2,053	2,120	1,610	1,596	1,578	1,578	1,578	1,578	1,578		
2. 2008	1,674	1,821	1,788	1,365	1,472	1,405	1,407	1,347	1,347	1,347		
3. 2009	XXX	2,583	2,602	2,331	2,180	2,157	2,161	2,144	2,144	2,144		
4. 2010	XXX	XXX	5,569	4,792	4,375	4,001	3,728	3,727	4,285	3,661	(624)	(66)
5. 2011	XXX	XXX	XXX	4,491	3,573	2,970	2,711	2,581	2,627	2,613	(14)	32
6. 2012	XXX	XXX	XXX	XXX	4,407	4,490	4,533	4,306	4,006	4,117	111	(189)
7. 2013	XXX	XXX	XXX	XXX	XXX	4,813	4,370	4,390	5,601	5,350	(251)	960
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	7,989	8,437	8,389	8,700	311	263
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,772	6,858	6,538	(320)	(234)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,895	6,242	347	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,720	XXX	XXX
										12. Totals	(440)	766

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

1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XXX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX											
10. 2016	XXX											
11. 2017	XXX	XXX	XXX									
										12. Totals		

NONE

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior	2,293	1,254	1,266	1,238	907	905	903	968	1,039	1,069	30	101
2. 2008	3,541	3,357	3,652	3,626	3,554	3,513	3,489	3,493	3,509	3,509		16
3. 2009	XXX	4,280	4,040	4,071	3,762	3,712	3,718	3,875	4,007	4,034	27	159
4. 2010	XXX	XXX	5,881	5,790	5,796	5,275	5,381	5,533	5,563	5,403	(160)	(130)
5. 2011	XXX	XXX	XXX	6,389	6,671	6,445	6,484	6,335	6,372	6,353	(19)	18
6. 2012	XXX	XXX	XXX	XXX	7,004	5,785	5,384	5,429	5,578	5,436	(142)	7
7. 2013	XXX	XXX	XXX	XXX	XXX	9,089	9,492	9,531	8,721	8,692	(29)	(839)
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	7,801	7,852	8,902	8,722	(180)	870
9. 2015	XXX	7,186	7,271	7,980	709	794						
10. 2016	XXX	7,994	8,108	114	XXX							
11. 2017	XXX	8,707	XXX	XXX								
										12. Totals	350	996

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$'000 OMITTED)										DEVELOPMENT	
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XX							
8. 2014	XXX	XXX	XXX	XXX	XX	XX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

ONE

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

NONE

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

NON

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

SCHEDULE I - PART II - SECTION I - OTHER EXEMPT - SOURCE													
1.	Prior	1,555	1,232	996	960	853	849	793	785	785	767	(18)	(18)
2.	2008	1,469	1,349	926	907	878	871	1,067	1,058	1,058	1,058		
3.	2009	XXX	891	913	707	712	702	709	691	690	690		(1)
4.	2010	XXX	XXX	571	931	830	932	617	598	603	602	(1)	4
5.	2011	XXX	XXX	XXX	708	1,169	1,052	1,103	927	912	895	(17)	(32)
6.	2012	XXX	XXX	XXX	XXX	667	875	631	683	703	708	5	25
7.	2013	XXX	XXX	XXX	XXX	XXX	1,191	1,226	1,579	1,693	1,768	75	189
8.	2014	XXX	XXX	XXX	XXX	XXX	XXX	1,210	1,344	936	806	(130)	(538)
9.	2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,002	899	618	(281)	(384)
10.	2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,386	1,217	(169)	XXX
11.	2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,146	XXX	XXX	
											12. Totals	(536)	(755)

XXX	XXX	XXX	XXX	XXX
XXX	XXX	1,191	1,226	1,57
XXX	XXX	XXX	1,210	1,34
XXX	XXX	XXX	XXX	1,00
XXX	XXX	XXX	XXX	XXX
XXX	XXX	XXX	XXX	XXX

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,331	668	607	(61)	(724)
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,643	4,411	(232)	XXX
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,019	XXX	XXX
										4. Totals	(293)	(724)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	2,108	629	457	(172)	(1,651)						
2. 2016	XXX	18,468	16,880	(1,588)	XXX							
3. 2017	XXX	XXX	19,244	XXX	XXX							
										4. Totals	(1,760)	(1,651)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior	XXX											
2. 2016	XXX					XXX						
3. 2017	XXX				XXX	XXX						
										4. Totals		

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

1. Prior	XXX	3				(3)						
2. 2016	XXX	2	1	(1)	XXX							
3. 2017	XXX	XXX	XXX									
										4. Totals	(1)	(3)

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XX							
8. 2014	XXX	XXX	XXX	XX	XX	XX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XX	XX					
10. 2016	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	11 One Year	12 Two Year
1. Prior	121	185	150	98	93	91	91	91	91	91		
2. 2008	26	23	10	9	8	8	8	8	8	8		
3. 2009	XXX	151	69	55	44	42	42	42	42	42		
4. 2010	XXX	XXX	28	11	14	15	15	15	15	15		
5. 2011	XXX	XXX	XXX	92	54	48	32	32	32	34	2	2
6. 2012	XXX	XXX	XXX	XXX	29	28	16	16	16	16		
7. 2013	XXX	XXX	XXX	XXX	XXX	44	48	32	29	29		(3)
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	34	68	9	9		(59)
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3	2	(1)	(1)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	6	3	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
											12. Totals	4 (61)

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

1. Prior												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XX	XX							
8. 2014	XXX	XXX	XXX	XX	XX	XX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XX					
10. 2016	XXX			XXX								
11. 2017	XXX	XXX										
											12. Totals	

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

1. Prior	XXX											
2. 2016	XXX					XXX						
3. 2017	XXX	XXX	XXX	XX	XX	XX	XX					XXX
											4. Totals	

SCHEDULE P - PART 2T - WARRANTY

1. Prior	XXX											
2. 2016	XXX					XXX						
3. 2017	XXX	XXX	XXX	XX	XX	XX	XX					XXX
											4. Totals	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior	.000	.860	.938	.966	.962	.974	.975	.975	.976	.976	31	
2. 2008	11,978	14,507	14,741	14,999	15,021	15,027	15,039	15,039	15,079	15,085	4,126	607
3. 2009	XXX	11,899	13,748	14,086	14,157	14,229	14,241	14,240	14,240	14,240	3,316	754
4. 2010	XXX	XXX	12,220	14,377	14,653	14,735	14,746	14,746	14,746	14,746	2,425	2,511
5. 2011	XXX	XXX	XXX	17,926	20,500	20,948	21,032	21,051	21,069	21,071	3,632	498
6. 2012	XXX	XXX	XXX	XXX	14,270	16,663	17,160	17,287	17,434	17,440	3,881	437
7. 2013	XXX	XXX	XXX	XXX	XXX	15,474	19,266	19,453	19,683	19,700	2,222	423
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	13,029	14,915	14,966	14,996	1,542	343
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,248	12,795	13,110	1,394	333
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,573	13,182	1,313	295
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,768	1,454	297

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

1. Prior	.000	3,368	4,871	5,688	6,010	6,098	6,161	6,226	6,244	6,234	6,649	
2. 2008	8,169	12,971	15,740	17,330	17,948	18,108	18,234	18,216	18,226	18,221	3,581	797
3. 2009	XXX	8,545	14,990	17,350	18,788	19,129	19,482	19,517	19,564	19,575	3,591	1,393
4. 2010	XXX	XXX	9,401	15,627	17,702	19,381	20,132	20,352	20,525	20,571	3,525	2,472
5. 2011	XXX	XXX	XXX	9,023	13,656	15,841	17,224	18,042	18,199	18,245	2,707	573
6. 2012	XXX	XXX	XXX	XXX	7,378	12,274	15,218	16,767	17,136	17,415	2,134	372
7. 2013	XXX	XXX	XXX	XXX	XXX	6,386	11,804	14,217	15,528	15,817	2,122	326
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	7,692	12,846	16,013	17,510	2,026	319
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,672	13,860	16,746	1,891	343
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,618	14,945	1,733	359
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,452	1,311	223

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

1. Prior	.000	.727	1,399	1,485	1,578	1,578	1,578	1,578	1,578	1,578	.135	
2. 2008	.604	.868	1,010	1,176	1,244	1,316	1,318	1,347	1,347	1,347	246	.46
3. 2009	XXX	741	1,217	1,481	1,839	2,028	2,112	2,144	2,144	2,144	278	109
4. 2010	XXX	XXX	1,072	2,040	3,037	3,516	3,541	3,555	3,649	3,661	343	267
5. 2011	XXX	XXX	XXX	1,075	1,586	2,060	2,356	2,450	2,547	2,599	359	63
6. 2012	XXX	XXX	XXX	XXX	1,260	2,009	3,140	3,368	3,710	3,943	357	74
7. 2013	XXX	XXX	XXX	XXX	XXX	1,459	2,673	3,101	3,766	4,925	388	61
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	2,260	4,410	5,859	7,265	483	54
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,121	3,213	4,238	508	68
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,856	3,484	429	66
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,002	313	46

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

1. Prior	.000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XXX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	.395	.658	.803	.859	.862	.903	.960	.990	.1,069	.56	
2. 2008	1,898	1,982	2,593	3,323	3,375	3,384	3,398	3,492	3,509	3,509	493	117
3. 2009	XXX	2,503	3,210	3,403	3,477	3,625	3,667	3,746	4,002	4,034	500	257
4. 2010	XXX	XXX	2,490	3,755	4,689	4,887	5,018	5,201	5,234	5,357	671	680
5. 2011	XXX	XXX	XXX	3,526	4,791	5,276	5,761	6,010	6,127	6,227	642	145
6. 2012	XXX	XXX	XXX	XXX	3,516	4,720	4,883	5,160	5,226	5,259	663	144
7. 2013	XXX	XXX	XXX	XXX	XXX	3,766	5,762	6,565	7,871	8,235	562	132
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	4,078	5,691	6,465	7,475	580	145
9. 2015	XXX	3,066	4,374	5,155	530	118						
10. 2016	XXX	4,027	5,704	459	112							
11. 2017	XXX	3,933	342	66								

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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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior	.000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XX								
7. 2013	XXX	XXX	XXX	XX	XX							
8. 2014	XXX	XXX	XXX	XXX	XX	XXX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

1. Prior	.000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XX							
8. 2014	XXX	XXX	XXX	XX	XX	XX						
9. 2015	XXX	XXX	XXX	XX	XX	XX	XX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	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. 2008											XXX	XXX
3. 2009	XXX										XXX	XXX
4. 2010	XXX	XXX									XXX	XXX
5. 2011	XXX	XXX	XXX								XXX	XXX
6. 2012	XXX	XXX	XXX	XXX							XXX	XXX
7. 2013	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2014	XXX	XXX	XXX	XX	XX	XX					XXX	XXX
9. 2015	XXX	XXX	XXX	XX	XX	XX	XX				XXX	XXX
10. 2016	XXX	XXX	XXX	XXX	XX	XX	XX	XX	XX	XXX	XXX	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior	.000	394	625	678	679	682	684	697	697	757	53	
2. 2008	200	563	709	737	861	870	900	1,058	1,058	1,058	263	71
3. 2009	XXX	148	402	607	633	658	658	690	690	690	736	143
4. 2010	XXX	XXX	138	275	409	489	581	586	602	602	111	107
5. 2011	XXX	XXX	XXX	204	297	754	805	895	895	895	83	31
6. 2012	XXX	XXX	XXX	XXX	214	392	450	459	465	465	90	34
7. 2013	XXX	XXX	XXX	XXX	XXX	164	425	617	770	1,039	78	31
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	211	397	506	581	71	26
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	86	262	461	51	21
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90	249	44	14
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	119	21	4

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

1. Prior	.000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX								
8. 2014	XXX	XXX	XXX	XX	XX	XX						
9. 2015	XXX	XXX	XXX	XX	XX	XX	XX					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	630	.599	XXX	XXX
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,601	4,294	XXX	XXX
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,093	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	.000	627	.436								
2. 2016	XXX	16,388	16,843									
3. 2017	XXX	XXX	17,179									

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX			XXX	XXX							
2. 2016	XXX			XXX	XXX							
3. 2017	XXX		XXX	XXX								

NONE

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

1. Prior	XXX	.000			XXX	XXX						
2. 2016	XXX	1	1	XXX	XXX							
3. 2017	XXX	XXX		XXX	XXX							

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2008											XXX	XXX
3. 2009	XXX										XXX	XXX
4. 2010	XXX	XXX									XXX	XXX
5. 2011	XXX	XXX	XXX								XXX	XXX
6. 2012	XXX	XXX	XXX	XXX							XXX	XXX
7. 2013	XXX	XXX	XXX	XXX	XX						XXX	XXX
8. 2014	XXX	XXX	XXX	XXX	XX	XX					XXX	XXX
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017		
1. Prior	.000	56	62	91	91	91	91	91	91	91	.7	
2. 2008	2	4	8	.8	.8	8	8	8	8	8	.5	.6
3. 2009	XXX	7	17	23	42	42	42	42	42	42	22	24
4. 2010	XXX	XXX	7	7	.8	15	15	15	15	15	55	64
5. 2011	XXX	XXX	XXX	21	22	31	32	32	32	32	7	2
6. 2012	XXX	XXX	XXX	XXX	4	15	16	16	16	16	.3	1
7. 2013	XXX	XXX	XXX	XXX	XXX	15	16	29	29	29	.3	1
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	8	9	9	9	.2	2
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	.2	1
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	.5	.2	1
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	.000											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	XXX								
7. 2013	XXX	XXX	XXX	XXX	XX	XX						
8. 2014	XXX	XXX	XXX	XXX	XX	XX	XX					
9. 2015	XXX	XXX	XXX	XXX	XX	XX	XX	XX				
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	XXX	.000			XXX	XXX						
2. 2016	XXX			XXX	XXX							
3. 2017	XXX	XXX	XXX	XXX	XX	XX	XX	XX	XXX		XXX	XXX

NONE

SCHEDULE P - PART 3T - WARRANTY

1. Prior	XXX	.000										
2. 2016	XXX											
3. 2017	XXX	XXX	XXX	XXX	XX	XX	XX	XX	XXX			

NONE

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SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	2,036	483	.96	21	8	.5				
2. 2008	2,893	.553	130	43	22	20	24	.24	20	.19
3. 2009	XXX	1,882	193	253	130	10	5	.3	4	
4. 2010	XXX	XXX	2,532	.655	198	.89	8			.6
5. 2011	XXX	XXX	XXX	2,351	689	280	26	10	3	.1
6. 2012	XXX	XXX	XXX	XXX	1,862	386	208	137	.77	.74
7. 2013	XXX	XXX	XXX	XXX	XXX	2,102	.549	.101	.19	.11
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	1,940	.373	.115	.16
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,445	.376	.150
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,854	.416
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,822

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

1. Prior	3,915	1,621	591	.298	.79	12	(2)	(1)		
2. 2008	5,619	1,968	1,116	.327	151	107	.37	.11		.2
3. 2009	XXX	5,532	.2,348	1,177	583	299	113	.29	6	
4. 2010	XXX	XXX	.5,163	2,809	1,656	1,009	420	.106	.27	.1
5. 2011	XXX	XXX	XXX	4,802	2,277	1,298	555	.358	.207	.22
6. 2012	XXX	XXX	XXX	XXX	.4,893	2,345	1,091	.578	.272	.83
7. 2013	XXX	XXX	XXX	XXX	XXX	4,273	2,615	1,318	.286	.266
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	4,326	1,990	.1,195	.389
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,897	.2,568	.670
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.5,099	.2,418
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,268

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

1. Prior	546	501	564	44	18					
2. 2008	756	742	559	.75	.95	40	.40			
3. 2009	XXX	1,160	848	268	.72	33	.14			
4. 2010	XXX	XXX	2,796	1,493	810	445	.88	.65	.538	
5. 2011	XXX	XXX	XXX	2,752	1,624	454	.243	.46	.31	.14
6. 2012	XXX	XXX	XXX	XXX	1,869	1,234	.822	.414	.92	.74
7. 2013	XXX	XXX	XXX	XXX	XXX	2,087	.970	.456	.767	.171
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	2,922	1,814	.965	.604
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,433	.1,284	.816
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,943	.1,438
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,688

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

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX						
7. 2013	XXX	XXX	XXX	XXX						
8. 2014	XXX	XXX	XXX	XXX						
9. 2015	XXX	XXX	XXX	XXX						
10. 2016	XXX	XXX	XXX	XXX						
11. 2017	XXX	XXX	XXX	XXX						

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior	1,894	.653	210	159	22	17		.2		
2. 2008	936	.702	439	218	107	64	.38			
3. 2009	XXX	1,052	562	.452	152	.56	.25	.64	.5	
4. 2010	XXX	XXX	1,879	1,183	890	256	.218	.179	.179	.17
5. 2011	XXX	XXX	XXX	1,661	1,339	.576	.417	.192	.164	.126
6. 2012	XXX	XXX	XXX	XXX	2,422	.752	.276	.173	.303	.115
7. 2013	XXX	XXX	XXX	XXX	XXX	3,038	.2,126	.1,571	.498	.235
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	2,231	1,014	.1,014	.476
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,589	.1,579	.1,157
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2,438	.1,572
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,088

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX	XX						
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XX	XX					
8. 2014	XXX	XXX	XX	XXX	XX		XX			
9. 2015	XXX	XXX	XX	XXX	XX	XXX	XXX			
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XX	XXX						
7. 2013	XXX	XXX	XX	XXX	XX					
8. 2014	XXX	XXX	XX	XX	XX		XX			
9. 2015	XXX	XXX	XX	XX	XX		XX	XXX		
10. 2016	XXX	XXX	XX	XXX	XX		XX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	

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

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XX	XXX						
7. 2013	XXX	XXX	XX	XXX	XX					
8. 2014	XXX	XXX	XX	XX	XX		XX			
9. 2015	XXX	XXX	XX	XX	XX		XX	XXX		
10. 2016	XXX	XXX	XX	XXX	XX		XX	XXX		
11. 2017	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	

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

1. Prior	.786	.336	106	92	.43	.37	8			
2. 2008	903	.622	111	86	.17	.1	89			
3. 2009	XXX	.433	306	49	.42	.15	22	.1		
4. 2010	XXX	XXX	262	.457	265	.344	20	12	1	
5. 2011	XXX	XXX	XXX	.158	352	98	155	.29	.17	
6. 2012	XXX	XXX	XXX	XXX	.299	.382	.85	.97	.112	117
7. 2013	XXX	XXX	XXX	XXX	XXX	.794	.310	.419	.347	.370
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.701	.719	.258	.84
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.678	.490	.141
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.990	.579
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	704

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

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XX	XXX						
7. 2013	XXX	XXX	XX	XXX	XX					
8. 2014	XXX	XXX	XX	XX	XX					
9. 2015	XXX	XXX	XX	XX	XX					
10. 2016	XXX	XXX	XX	XXX	XX					
11. 2017	XXX	XXX	XXX	XXX	XXX					

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	546	36	8
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX		296	47
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		260

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	1,180	23	25						
2. 2016	XXX		964	34						
3. 2017	XXX		898							

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX									
2. 2016	XXX									
3. 2017	XXX									

NONE

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

1. Prior	XXX	1								
2. 2016	XXX									
3. 2017	XXX									

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX						
7. 2013	XXX	XXX	XXX	XXX	XXX					
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2015	XXX									
10. 2016	XXX									
11. 2017	XXX									

NONE

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS LIABILITY - OCCURENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior.....	80	110	75	7	2					
2. 2008.....	25	14	3	1						
3. 2009.....	XXX	137	34	15	2					
4. 2010.....	XXX	XXX	21	4	5					
5. 2011.....	XXX	XXX	XXX	61	28	7				1
6. 2012.....	XXX	XXX	XXX	XXX	11	13				
7. 2013.....	XXX	XXX	XXX	XXX	XXX	21	22	3		
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	15	58		
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	1
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2008.....										
3. 2009.....	XXX									
4. 2010.....	XXX	XXX								
5. 2011.....	XXX	XXX	XXX							
6. 2012.....	XXX	XXX	XX	XXX						
7. 2013.....	XXX	XXX	XX	XXX	XX					
8. 2014.....	XXX	XXX	XX	XXX	XX	X				
9. 2015.....	XXX	XXX	XX	XXX	XXX	X	X			
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	XXX									
2. 2016.....	XXX	XXX	XX	XXX	XX	X	XX	XXX		
3. 2017.....	XXX	XXX	XX	XX	XX	X	XX	XXX	XXX	

SCHEDULE P - PART 4T - WARRANTY

1. Prior.....	XXX									
2. 2016.....	XXX	XXX	XX	XXX	XX	X	XX	XXX		
3. 2017.....	XXX	XXX	XX	XX	XX	X	XX	XXX	XXX	

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	631	(8)	24	3	6	3	2		1	
2. 2008	3,518	4,065	4,104	4,111	4,118	4,120	4,124	4,124	4,124	4,126
3. 2009	XXX	2,935	3,266	3,295	3,307	3,313	3,316	3,316	3,316	3,316
4. 2010	XXX	XXX	2,116	2,390	2,413	2,421	2,424	2,425	2,425	2,425
5. 2011	XXX	XXX	XXX	3,234	3,593	3,613	3,626	3,629	3,631	3,632
6. 2012	XXX	XXX	XXX	XXX	3,516	3,838	3,861	3,870	3,880	3,881
7. 2013	XXX	XXX	XXX	XXX	XXX	1,851	2,183	2,206	2,220	2,222
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	1,297	1,512	1,538	1,542
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,174	1,362	1,394
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,105	1,313
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,454

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	56	12	5	2	2					
2. 2008	435	37	10	7	4	4	3	3	3	1
3. 2009	XXX	207	29	10	5	1	1	1	1	
4. 2010	XXX	XXX	192	22	7	2	1			1
5. 2011	XXX	XXX	XXX	259	25	9	4	3	2	1
6. 2012	XXX	XXX	XXX	XXX	223	36	21	15	7	6
7. 2013	XXX	XXX	XXX	XXX	XXX	276	24	8	3	4
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	177	19	9	5
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	185	33	11
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	192	26
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	213

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	260	742	43		7	2	3		1	
2. 2008	4,315	4,656	4,720	4,724	4,729	4,731	4,734	4,734	4,734	4,734
3. 2009	XXX	3,500	4,041	4,058	4,065	4,067	4,070	4,070	4,070	4,070
4. 2010	XXX	XXX	4,765	4,915	4,928	4,933	4,935	4,936	4,936	4,937
5. 2011	XXX	XXX	XXX	3,911	4,108	4,118	4,126	4,129	4,130	4,131
6. 2012	XXX	XXX	XXX	XXX	4,110	4,305	4,318	4,321	4,324	4,324
7. 2013	XXX	XXX	XXX	XXX	XXX	2,479	2,623	2,636	2,645	2,649
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	1,774	1,866	1,888	1,890
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,643	1,721	1,738
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,543	1,634
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,964

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	1,719	181	129	6,286	26	16	8	2	1	
2. 2008	1,916	2,417	2,562	3,511	3,547	3,564	3,571	3,577	3,580	3,581
3. 2009	XXX	1,617	2,310	3,451	3,524	3,557	3,578	3,585	3,588	3,591
4. 2010	XXX	XXX	1,747	3,228	3,392	3,476	3,505	3,515	3,520	3,525
5. 2011	XXX	XXX	XXX	1,815	2,397	2,590	2,658	2,693	2,706	2,707
6. 2012	XXX	XXX	XXX	XXX	1,253	1,906	2,041	2,095	2,124	2,134
7. 2013	XXX	XXX	XXX	XXX	XXX	1,433	1,939	2,053	2,104	2,122
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	1,238	1,787	1,958	2,026
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,245	1,736	1,891
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,151	1,733
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,311

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	134	.97	.37	21	.12	.5	3	.1		
2. 2008	322	198	.86	37	.12	.4	2	2		.1
3. 2009	XXX	941	235	113	.44	22	11	.3	1	.1
4. 2010	XXX	XXX	1,010	266	.93	30	.17	.3	4	.1
5. 2011	XXX	XXX	XXX	1,061	254	96	.35	.4	3	3
6. 2012	XXX	XXX	XXX	XXX	873	251	.84	.15	13	.4
7. 2013	XXX	XXX	XXX	XXX	XXX	825	191	.41	20	.11
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.934	.193	.80	.31
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.720	.284	.75
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,028	.227
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	847

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	257	2,879	205	7,804	21	.12	7			
2. 2008	2,967	3,036	3,249	4,342	4,354	4,364	4,370	4,376	4,377	4,379
3. 2009	XXX	2,802	3,637	4,948	4,957	4,969	4,979	4,979	4,981	4,985
4. 2010	XXX	XXX	4,821	5,919	5,944	5,973	5,992	5,989	5,995	5,998
5. 2011	XXX	XXX	XXX	3,259	3,185	3,251	3,262	3,269	3,282	3,283
6. 2012	XXX	XXX	XXX	XXX	2,322	2,497	2,492	2,481	2,508	2,510
7. 2013	XXX	XXX	XXX	XXX	XXX	2,433	2,426	2,415	2,449	2,459
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	2,336	2,269	2,350	2,376
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,148	2,333	2,309
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,397	2,319
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,381

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	.93	.15	.7	.109	2	1	1			
2. 2008	168	220	228	242	244	245	245	246	246	246
3. 2009	XXX	166	236	263	268	272	275	277	277	278
4. 2010	XXX	XXX	211	305	330	339	340	341	342	343
5. 2011	XXX	XXX	XXX	235	321	341	352	355	359	359
6. 2012	XXX	XXX	XXX	XXX	222	309	335	345	353	357
7. 2013	XXX	XXX	XXX	XXX	XXX	248	346	364	375	388
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	301	430	462	483
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	344	464	508
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	306	429
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	313

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	8	.12	.7	1						
2. 2008	21	.15	10	.3	2	1	1			
3. 2009	XXX	78	.24	10	7	.4	1			
4. 2010	XXX	XXX	118	31	.12	.3	1	.1	1	
5. 2011	XXX	XXX	XXX	103	.30	12	4	.3	1	
6. 2012	XXX	XXX	XXX	XXX	123	42	.16	.7	3	2
7. 2013	XXX	XXX	XXX	XXX	XXX	.116	.38	.31	20	5
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	156	.61	33	17
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	175	75	31
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	154	.49
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	.32	104	.10	.116	.1	.2	1			
2. 2008	231	267	279	290	292	292	292	292	292	292
3. 2009	XXX	269	365	381	384	385	385	386	386	387
4. 2010	XXX	XXX	572	599	608	608	608	609	610	610
5. 2011	XXX	XXX	XXX	.377	.412	.416	.419	.421	.423	.422
6. 2012	XXX	XXX	XXX	XXX	389	419	424	426	430	433
7. 2013	XXX	XXX	XXX	XXX	XXX	398	439	453	456	454
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	488	537	546	554
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	549	600	607
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	499	544
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	496

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	116	21	18	9	4	1	3			
2. 2008	325	441	467	479	486	489	489	490	492	493
3. 2009	XXX	304	451	472	486	490	494	495	497	500
4. 2010	XXX	XXX	514	618	644	655	661	668	669	671
5. 2011	XXX	XXX	XXX	433	576	600	622	632	639	642
6. 2012	XXX	XXX	XXX	XXX	479	614	639	652	660	663
7. 2013	XXX	XXX	XXX	XXX	XXX	367	485	516	547	562
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	370	510	548	580
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	343	484	530
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	330	459
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	342

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	17	17	13	5	2	4	1	2	1	
2. 2008	57	25	16	7	3	3	4	3		
3. 2009	XXX	77	21	10	5	5	3	3	1	
4. 2010	XXX	XXX	109	29	18	13	11	6	5	2
5. 2011	XXX	XXX	XXX	129	46	31	16	8	4	
6. 2012	XXX	XXX	XXX	XXX	107	31	16	7	5	3
7. 2013	XXX	XXX	XXX	XXX	XXX	127	51	46	23	12
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	155	74	57	35
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	161	86	62
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	136	66
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	116

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	51	153	35	6	1	3	1	(1)	(1)	
2. 2008	473	545	597	602	605	608	610	610	609	610
3. 2009	XXX	443	721	736	745	749	752	754	755	757
4. 2010	XXX	XXX	1,252	1,315	1,337	1,346	1,351	1,353	1,354	1,353
5. 2011	XXX	XXX	XXX	660	757	773	783	785	788	787
6. 2012	XXX	XXX	XXX	XXX	678	776	794	801	808	810
7. 2013	XXX	XXX	XXX	XXX	XXX	573	653	690	701	706
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	620	715	745	760
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	573	676	710
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	544	637
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	524

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 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE
SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	463	26	17	4	3	1	1	1		
2. 2008	93	244	255	259	262	262	262	263	263	263
3. 2009	XXX	688	725	733	734	735	735	736	736	736
4. 2010	XXX	XXX	65	90	100	104	109	110	111	111
5. 2011	XXX	XXX	XXX	54	70	75	79	82	83	83
6. 2012	XXX	XXX	XXX	XXX	51	80	87	88	90	90
7. 2013	XXX	XXX	XXX	XXX	XXX	42	60	71	76	78
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	36	56	68	71
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	42	51
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	44
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	13	20	10	8	4	4	3	2		1
2. 2008	23	14	6	3	1	1	1			
3. 2009	XXX	31	14	6	2	1	1			
4. 2010	XXX	XXX	34	19	11	5	1			
5. 2011	XXX	XXX	XXX	31	12	7	3	1		
6. 2012	XXX	XXX	XXX	XXX	38	14	5	1		1
7. 2013	XXX	XXX	XXX	XXX	XXX	34	23	13		3
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	42	22	1	8
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22	1	5
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	23
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	48	(1,253)	28	3	1	1			(2)	1
2. 2008	153	313	332	333	334	334	334	334	334	334
3. 2009	XXX	802	878	881	879	879	879	879	879	879
4. 2010	XXX	XXX	192	212	216	215	217	217	218	218
5. 2011	XXX	XXX	XXX	103	112	113	113	114	114	114
6. 2012	XXX	XXX	XXX	XXX	111	123	123	121	123	125
7. 2013	XXX	XXX	XXX	XXX	XXX	94	111	114	107	112
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	90	98	92	105
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61	62	77
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	81
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	.9	3	2	.2						
2. 2008	2	2	5	.5	5	5	5	.5	5	5
3. 2009	XXX	3	.21	.21	.22	.22	.22	.22	.22	.22
4. 2010	XXX	XXX	.54	.54	.54	.55	.55	.55	.55	.55
5. 2011	XXX	XXX	XXX	.2	.5	.5	.7	.7	.7	.7
6. 2012	XXX	XXX	XXX	XXX	.1	.2	.3	.3	.3	.3
7. 2013	XXX	XXX	XXX	XXX	.1	.2	.3	.3	.3	.3
8. 2014	XXX	XXX	XXX	XXX	XXX	.1	.2	.2	.2	.2
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.1	.2	.2	.2
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1	.1	.2
11. 2017	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior		3	2							
2. 2008		1	.1							
3. 2009	XXX	1	2	.2						
4. 2010	XXX	XXX		1	.1					
5. 2011	XXX	XXX	XXX	1	1	1				.1
6. 2012	XXX	XXX	XXX	XXX	.1					
7. 2013	XXX	XXX	XXX	XXX	XXX	2	1			
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	1	.1		
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1		
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	.5	.12	3							
2. 2008	2	4	10	11	11	11	11	11	11	11
3. 2009	XXX	5	.46	.46	.46	.46	.46	.46	.46	.46
4. 2010	XXX	XXX	116	118	119	119	119	119	119	119
5. 2011	XXX	XXX	XXX	4	7	8	9	.9	.9	.10
6. 2012	XXX	XXX	XXX	XXX	2	2	4	4	4	4
7. 2013	XXX	XXX	XXX	XXX	XXX	3	4	4	4	4
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	2	.3	4	4
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.3	3	3
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	3
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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 2017 OF THE United Ohio Insurance Company
**SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	4,796	4,796	4,796	4,796	4,796	4,796	4,796	4,796	4,796	4,796	
3. 2009.....	XXX	5,870	5,870	5,870	5,870	5,870	5,870	5,870	5,870	5,870	
4. 2010.....	XXX	XXX	6,392	6,392	6,392	6,392	6,392	6,392	6,392	6,392	
5. 2011.....	XXX	XXX	XXX	7,026	7,026	7,026	7,026	7,026	7,026	7,026	
6. 2012.....	XXX	XXX	XXX	XXX	7,968	7,968	7,968	7,968	7,968	7,968	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	9,102	9,102	9,102	9,102	9,102	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	10,339	10,339	10,339	10,339	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,641	10,641	10,641	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,040	11,040	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,506	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,506
13. Earned Premiums (Sch P-Pt. 1)	4,796	5,870	6,392	7,026	7,968	9,102	10,339	10,641	11,040	11,506	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	382	382	382	382	382	382	382	382	382	382	
3. 2009.....	XXX	606	606	606	606	606	606	606	606	606	
4. 2010.....	XXX	XXX	520	520	520	520	520	520	520	520	
5. 2011.....	XXX	XXX	XXX	443	443	443	443	443	443	443	
6. 2012.....	XXX	XXX	XXX	XXX	471	471	471	471	471	471	
7. 2013.....	XXX	XXX	XXX	XXX	495	495	495	495	495	495	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	551	551	551	551	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	617	617	617	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	706	706	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	846	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	846
13. Earned Premiums (Sch P-Pt. 1)	382	606	520	443	471	495	551	617	706	846	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX	XXX								
6. 2012.....	XXX	XXX	XXX	XXX							
7. 2013.....	XXX	XXX	XXX	XXX	XXX						
8. 2014.....	XXX	XXX	XXX	XXX	X	XX					
9. 2015.....	XXX	XXX	XXX	X	XX	XXX	XXX				
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX	XXX								
6. 2012.....	XXX	XXX	XXX	XXX							
7. 2013.....	XXX	XXX	XXX	XXX	XXX						
8. 2014.....	XXX	XXX	XXX	X	XX	XXX					
9. 2015.....	XXX	XXX	XXX	X	XX	XXX	XXX				
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	7,813	7,813	7,813	7,813	7,813	7,813	7,813	7,813	7,813	7,813	
3. 2009.....	XXX	8,756	8,756	8,756	8,756	8,756	8,756	8,756	8,756	8,756	
4. 2010.....	XXX	XXX	9,537	9,537	9,537	9,537	9,537	9,537	9,537	9,537	
5. 2011.....	XXX	XXX	XXX	10,346	10,346	10,346	10,346	10,346	10,346	10,346	
6. 2012.....	XXX	XXX	XXX	XXX	11,584	11,584	11,584	11,584	11,584	11,584	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	13,770	13,770	13,770	13,770	13,770	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	16,070	16,070	16,070	16,070	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	16,706	16,706	16,706	16,706	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,618	17,618	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,207	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,207
13. Earned Premiums (Sch P-Pt. 1)	7,813	8,756	9,537	10,346	11,584	13,770	16,070	16,706	17,618	18,207	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	848	848	848	848	848	848	848	848	848	848	
3. 2009.....	XXX	1,182	1,182	1,182	1,182	1,182	1,182	1,182	1,182	1,182	
4. 2010.....	XXX	XXX	1,238	1,238	1,238	1,238	1,238	1,238	1,238	1,238	
5. 2011.....	XXX	XXX	XXX	1,331	1,331	1,331	1,331	1,331	1,331	1,331	
6. 2012.....	XXX	XXX	XXX	XXX	1,534	1,534	1,534	1,534	1,534	1,534	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	1,716	1,716	1,716	1,716	1,716	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	2,078	2,078	2,078	2,078	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,079	2,079	2,079	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,161	2,161	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,204	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,204
13. Earned Premiums (Sch P-Pt. 1)	848	1,182	1,238	1,331	1,534	1,716	2,078	2,079	2,161	2,204	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	3,863	3,863	3,863	3,863	3,863	3,863	3,863	3,863	3,863	3,863	
3. 2009.....	XXX	3,773	3,773	3,773	3,773	3,773	3,773	3,773	3,773	3,773	
4. 2010.....	XXX	XXX	3,680	3,680	3,680	3,680	3,680	3,680	3,680	3,680	
5. 2011.....	XXX	XXX	XXX	3,914	3,914	3,914	3,914	3,914	3,914	3,914	
6. 2012.....	XXX	XXX	XXX	XXX	4,250	4,250	4,250	4,250	4,250	4,250	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	4,544	4,544	4,544	4,544	4,544	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	4,700	4,700	4,700	4,700	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,783	4,783	4,783	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,451	4,451	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,066	4,066	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,066
13. Earned Premiums (Sch P-Pt. 1)	3,863	3,773	3,680	3,914	4,250	4,544	4,700	4,783	4,451	4,066	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	1,338	1,338	1,338	1,338	1,338	1,338	1,338	1,338	1,338	1,338	
3. 2009.....	XXX	1,370	1,370	1,370	1,370	1,370	1,370	1,370	1,370	1,370	
4. 2010.....	XXX	XXX	1,429	1,429	1,429	1,429	1,429	1,429	1,429	1,429	
5. 2011.....	XXX	XXX	XXX	1,589	1,589	1,589	1,589	1,589	1,589	1,589	
6. 2012.....	XXX	XXX	XXX	XXX	1,832	1,832	1,832	1,832	1,832	1,832	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	1,981	1,981	1,981	1,981	1,981	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	2,150	2,150	2,150	2,150	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,143	2,143	2,143	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,169	2,169	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,251	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,251
13. Earned Premiums (Sch P-Pt. 1)	1,338	1,370	1,429	1,589	1,832	1,981	2,150	2,143	2,169	2,251	XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	200	200	200	200	200	200	200	200	200	200	
3. 2009.....	XXX	176	176	176	176	176	176	176	176	176	
4. 2010.....	XXX	XXX	146	146	146	146	146	146	146	146	
5. 2011.....	XXX	XXX	XXX	123	123	123	123	123	123	123	
6. 2012.....	XXX	XXX	XXX	XXX	118	118	118	118	118	118	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	125	125	125	125	125	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	137	137	137	137	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137	137	137	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	126	126	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	129	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	129
13. Earned Premiums (Sch P-Pt. 1)	200	176	146	123	118	125	137	137	126	129	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....	.21	21	21	21	21	21	21	21	21	21	
3. 2009.....	XXX	.5	.5	5	5	5	.5	.5	.5	.5	
4. 2010.....	XXX	XXX	2	2	2	2	2	2	2	2	
5. 2011.....	XXX	XXX	XXX	1	1	1	1	1	1	1	
6. 2012.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1
13. Earned Premiums (Sch P-Pt. 1)	21	5	2	1	1	1	1	1	1	1	XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX	XXX								
6. 2012.....	XXX	XXX	XXX	XXX							
7. 2013.....	XXX	XXX	XXX	XXX							
8. 2014.....	XXX	XXX	XXX	X							
9. 2015.....	XXX	XXX	XXX	X							
10. 2016.....	XXX	XXX	XXX	X							
11. 2017.....	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 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	
1. Prior.....											
2. 2008.....											
3. 2009.....	XXX										
4. 2010.....	XXX	XXX									
5. 2011.....	XXX	XXX	XXX								
6. 2012.....	XXX	XXX	XXX	XXX							
7. 2013.....	XXX	XXX	XXX	XXX							
8. 2014.....	XXX	XXX	XXX	X							
9. 2015.....	XXX	XXX	XXX	X							
10. 2016.....	XXX	XXX	XXX	X							
11. 2017.....	XXX	XXX	XXX	XXX							
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)
SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	7,361				.36,783	
2. Private Passenger Auto Liability/Medical	27,216				.34,310	
3. Commercial Auto/Truck Liability/Medical	12,640				.10,816	
4. Workers' Compensation						
5. Commercial Multiple Peril	12,694				.16,262	
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	3,577				.1,762	
10. Other Liability - Claims-Made						
11. Special Property	1,119				.12,483	
12. Auto Physical Damage	2,271				.31,032	
13. Fidelity/Surety						
14. Other					2	
15. International						
16. Reinsurance - Nonproportional Assumed Property						
17. Reinsurance - Nonproportional Assumed Liability						
18. Reinsurance - Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence	3				.133	
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	66,881				143,583	

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										
	1 2008	2	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	2017
1. Prior											
2. 2008											
3. 2009	XXX										
4. 2010	XXX	XXX									
5. 2011	XXX	XXX	XX								
6. 2012	XXX	XXX	XX	XX							
7. 2013	XXX	XXX	XX	XX	XX						
8. 2014	XXX	XXX	XX	XXX	XXX	XX					
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)										
	1 2008	2	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	2017
1. Prior											
2. 2008											
3. 2009	XXX										
4. 2010	XXX	XXX									
5. 2011	XXX	XXX	XX								
6. 2012	XXX	XXX	XX	XX							
7. 2013	XXX	XXX	XX	XX	XX						
8. 2014	XXX	XXX	XX	XXX	XXX	XX					
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE P INTERROGATORIES

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

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

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

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

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2008		
1.603 2009		
1.604 2010		
1.605 2011		
1.606 2012		
1.607 2013		
1.608 2014		
1.609 2015		
1.610 2016		
1.611 2017		
1.612 Totals		

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

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

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

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

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

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

(in thousands of dollars)

5.1 Fidelity
5.2 Surety

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

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

7.2 (An extended statement may be attached.)

Effective January 1, 2006, Ohio Mutual Insurance Company and its wholly-owned subsidiary, United Ohio Insurance Company entered into a pooling agreement whereby all underwriting results are pooled together and then split out proportionally with 25% going to Ohio Mutual and 75% going to United Ohio. As the pooling agreement was effective for all losses, the loss and LAE reserves, paid losses and paid LAE for the prior years were reallocated on Schedule P to resemble this pooling agreement. Effective January 1, 2011, Ohio Mutual purchased 100% of the shares of Casco Indemnity Company. At that time, Casco was added to the pool with Ohio Mutual and United Ohio. Casco was provided 8% of the pool with United Ohio holding 65% and Ohio Mutual retaining 27% of the pool. For 2011, the history presented on the Schedule P was reallocated once again to resemble this revised pooling agreement.

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

	Responses
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES

APRIL FILING

5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6. Will Management's Discussion and Analysis be filed by April 1?	YES
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES

MAY FILING

8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
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

JUNE 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?	YES
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO

APRIL FILING

29. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
32. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES

35. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
--	----

Explanations:

12.	13.	14.	15.	16.	17.	19.	22.	23.	25.	26.	27.	28.	29.	30.	32.	33.	35.
Bar Codes:																	

12. SIS Stockholder Information Supplement [Document Identifier 420]



13. Financial Guaranty Insurance Exhibit [Document Identifier 240]



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



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



16. Trusteed Surplus Statement [Document Identifier 490]



17. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]



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



22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]



23. Bail Bond Supplement [Document Identifier 500]



25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
OVERFLOW PAGE FOR WRITE-INS

NONE



SUPPLEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company
REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

ANNUAL REPORT FOR 2017

Year Ended December
To Be Filed by March 1

(A) Financial Impact

(A) Financial Impact	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets	340,519,017		340,519,017
A02. Liabilities	168,121,545		168,121,545
A03. Surplus as regards to policyholders	172,397,472		172,397,472
A04. Income before taxes	17,895,789		17,895,789

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

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



SUPPLEMENT FOR THE YEAR 2017 OF THE United Ohio Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 0963

NAIC Company Code 13072

Company Name United Ohio Insurance Company

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

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

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

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

2.31 Amount quantified: \$

2.32 Amount estimated using reasonable assumptions: \$

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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