



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## ANNUAL STATEMENT

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

# Utica National Insurance Company of Ohio

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

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH  
Country of Domicile United States of America

Incorporated/Organized 04/06/2010 Commenced Business 12/22/2010

Statutory Home Office 2 Easton Oval, Suite 225, Columbus , OH, US 43219  
(Street and Number) (City or Town, State, Country and Zip Code)

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

Primary Location of Books and Records \_\_\_\_\_ 180 Genesee Street  
(Street and Number)  
New Hartford , NY, US 13413 \_\_\_\_\_, 315-734-2000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address [www.uticanational.com](http://www.uticanational.com)

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

## OFFICERS

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

## OTHER

Kristen Holly Martin, EVP & COO

## **DIRECTORS OR TRUSTEES**

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

State of New York County of Oneida SS:

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

Richard Patrick Creedon  
Chairman, President & CEO

Brian Wade Miller, Jr.  
CFO & Treasurer

Louisa Suzanne Ruffine  
Secretary

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0201

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2017

NAIC Company Code 13998

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												1,250
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) .....												252
5.2 Commercial multiple peril (liability portion) .....												3,490
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												1,075
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 .....												16,760
17.1 Other Liability - occurrence .....												258
17.2 Other Liability - claims made .....												2
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) .....												1,481
19.4 Other commercial auto liability .....												111
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												25
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) .....												24,704
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0201

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2017

NAIC Company Code 13998

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....	17,007	18,518		10,411		25	93		(59)	2	2,943	1,167
2.1 Allied lines .....	18,437	19,402		13,431							2,913	211
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4. Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....	17,579,699	17,401,837		9,128,651	9,573,339	9,110,952	1,357,250	183,148	120,567	221,961	3,339,325	306,101
5.2 Commercial multiple peril (liability portion) .....	19,569,590	19,019,330		10,097,738	2,135,818	9,556,654	21,315,285	1,431,223	4,352,644	8,931,781	3,733,503	323,379
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....	3,254	6,542		2,371		44	353		16	244	498	350
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) .....	24,317,530	22,552,088		10,438,526	5,433,048	12,508,759	21,907,259	471,540	1,227,451	2,309,093	2,000,240	794,039
16. Workers' compensation .....	8,311,997	8,388,607		3,792,464		9,953,367	13,559,091			52,078	.74,195	1,083,801
17.1 Other Liability - occurrence .....	22,037	21,622		.415								255,303
17.2 Other Liability - claims made .....												4,130
17.3 Excess workers' compensation .....												1,618
18. Products liability .....	1,588	1,566		1,438		28	365			.4	313	.11
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												(2,064)
19.3 Commercial auto no-fault (personal injury protection) .....	462,542	447,506		235,163	200,560	136,968	74,457	9,340	.10,120	.9,615	.85,373	.12,260
19.4 Other commercial auto liability .....	8,456,422	8,245,411		4,243,976	2,290,959	4,020,065	6,335,704	177,816	424,178	851,595	1,573,475	229,062
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....	2,488,740	2,367,164		1,257,573	996,660	997,262	28,834	53,862	.76,044	.43,961	462,289	.46,353
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) .....	81,248,843	78,489,593		39,222,157	20,630,384	46,284,124	64,578,691	2,326,929	6,263,039	12,442,451	12,286,739	1,969,854
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0201	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2017							NAIC Company Code	13998	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4. Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5.1 Commercial multiple peril (non-liability portion) .....	50,690	50,271		23,538	29,801	38,412	9,157	2,248	3,787	1,606	7,812	.18,157	
5.2 Commercial multiple peril (liability portion) .....	32,401	32,505		14,493		2,151	5,949			.774	2,063	4,955	.12,957
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 .....	152	138		14			7	7		.1	.1	14	152
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) .....													.50
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) .....	83,243	82,914		38,045	29,801	40,570	15,113	2,248	4,562	3,670	12,781	31,316	
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0201

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2017

NAIC Company Code 13998

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire .....													
2.1 Allied lines .....													
2.2 Multiple peril crop .....													
2.3 Federal flood .....													
2.4. Private crop .....													
2.5 Private flood .....													
3. Farmowners multiple peril .....													
4. Homeowners multiple peril .....													
5.1 Commercial multiple peril (non-liability portion) .....	214,220	220,876		117,671	21,998	15,904	1,847	5,345	2,859	212	35,606	4,313	
5.2 Commercial multiple peril (liability portion) .....	90,147	96,653		50,814	1,372	16,594	55,147	.85	4,897	17,396	14,815	1,723	
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 .....	1,280,436	969,796		625,418	236,588	602,091	452,145	10,031	.51,737	.50,974	116,988	.59,704	
17.1 Other Liability - occurrence .....	375,464	218,382		187,703		120,938	133,469		634	699	.56,564	6,399	
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) .....	125	158		.59		(3)	2				23	(5)	
19.4 Other commercial auto liability .....	21,380	22,040		11,881	821	137	3,254		(144)	326	3,536	207	
21.1 Private passenger auto physical damage .....													
21.2 Commercial auto physical damage .....	2,940	2,960		1,743		(53)	40			(12)	101	541	.24
22. Aircraft (all perils) .....													
23. Fidelity .....													
24. Surety .....													
26. Burglary and theft .....													
27. Boiler and machinery .....													
28. Credit .....													
30. Warranty .....													
34. Aggregate write-ins for other lines of business .....													
35. TOTALS (a) .....	1,984,712	1,530,865		995,289	260,779	755,608	645,904	15,461	59,971	69,708	228,073	72,365	
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code	0201	BUSINESS IN THE STATE OF	Grand Total	DURING THE YEAR 2017								NAIC Company Code	13998
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written											
1. Fire .....		17,007	18,518		10,411		25	93		(59)		2	2,943
2.1 Allied lines .....		18,437	19,402		13,431								2,913
2.2 Multiple peril crop .....													211
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) .....		17,844,609	17,672,984		9,269,860	9,625,138	9,165,268	1,368,254	190,741	127,213	223,779	3,382,743	328,823
5.2 Commercial multiple peril (liability portion) .....		19,692,138	19,148,488		10,163,045	2,137,190	9,575,399	21,376,381	1,431,308	4,358,315	8,951,240	3,753,273	341,549
6. Mortgage guaranty .....													
8. Ocean marine .....													
9. Inland marine .....		3,254	6,542		2,371		44	353		16	244	498	1,425
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) .....		25,598,118	23,522,022		11,063,958	5,669,636	13,110,857	22,359,411	481,571	1,279,189	2,360,068	2,117,242	870,655
16. Workers' compensation .....		8,687,461	8,606,989		3,980,167		10,074,305	13,692,560		52,712	.74,894	1,140,365	261,960
17.1 Other Liability - occurrence .....		22,037	21,622		.415							4,130	1,620
17.2 Other Liability - claims made .....													
17.3 Excess workers' compensation .....													
18. Products liability .....		1,588	1,566		1,438		28	365			.4	313	.11
19.1 Private passenger auto no-fault (personal injury protection) .....													.50
19.2 Other private passenger auto liability .....													
19.3 Commercial auto no-fault (personal injury protection) .....		.462,667	.447,664		.235,222	.200,560	.136,965	.74,459	.9,340	.10,120	.9,615	.85,396	.13,736
19.4 Other commercial auto liability .....		8,477,802	8,267,451		4,255,857	2,291,780	4,020,202	6,338,958	177,816	424,034	851,921	1,577,011	229,380
21.1 Private passenger auto physical damage .....													
21.2 Commercial auto physical damage .....		2,491,680	2,370,124		1,259,316	.996,660	.997,209	.28,874	.53,862	.76,032	.44,062	462,830	.46,402
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) .....		83,316,798	80,103,372		40,255,491	20,920,964	47,080,302	65,239,708	2,344,638	6,327,572	12,515,829	12,527,593	2,098,239
<b>DETAILS OF WRITE-INS</b>													
3401. ....													
3402. ....													
3403. ....													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

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

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## **SCHEDULE F - PART 1**

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## **SCHEDULE F - PART 2**

#### Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

# **NONE**

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## SCHEDULE F - PART 3

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

1 ID Number	2 NAIC 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			
15-0476880	25976	Utica Mutual Insurance Company	NY		83,317			48,724	2,926	16,516	12,296	40,255		120,718			120,718		
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling				83,317			48,724	2,926	16,516	12,296	40,255		120,718			120,718		
0499999	Total Authorized - Affiliates - U.S. Non-Pool																		
0799999	Total Authorized - Affiliates - Other (Non-U.S.)																		
0899999	Total Authorized - Affiliates				83,317			48,724	2,926	16,516	12,296	40,255		120,718			120,718		
0999998	Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
0999999	Total Authorized - Other U.S. Unaffiliated Insurers																		
1299998	Total Authorized - Other Non-U.S. Insurers (Under \$100,000)																		
1299999	Total Authorized - Other Non-U.S. Insurers																		
1399999	Total Authorized				83,317			48,724	2,926	16,516	12,296	40,255		120,718			120,718		
1799999	Total Unauthorized - Affiliates - U.S. Non-Pool																		
2099999	Total Unauthorized - Affiliates - Other (Non-U.S.)																		
2199999	Total Unauthorized - Affiliates																		
2299998	Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
2299999	Total Unauthorized - Other U.S. Unaffiliated Insurers																		
2599998	Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)																		
2599999	Total Unauthorized - Other Non-U.S. Insurers																		
2699999	Total Unauthorized																		
3099999	Total Certified - Affiliates - U.S. Non-Pool																		
3399999	Total Certified - Affiliates - Other (Non-U.S.)																		
3499999	Total Certified - Affiliates																		
3599998	Total Certified - Other U.S. Unaffiliated Insurers (Under \$100,000)																		
3599999	Total Certified - Other U.S. Unaffiliated Insurers																		
3899998	Total Certified - Other Non-U.S. Insurers (Under \$100,000)																		
3899999	Total Certified - Other Non-U.S. Insurers																		
3999999	Total Certified																		
4099999	Total Authorized, Unauthorized and Certified				83,317			48,724	2,926	16,516	12,296	40,255		120,718			120,718		
4199999	Total Protected Cells																		
9999999	Totals				83,317			48,724	2,926	16,516	12,296	40,255		120,718			120,718		

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

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

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1.		
2.		
3.		
4.		
5.		

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables,

Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1. Utica Mutual Insurance Company	120,718	83,317	Yes [ X ] No [ ]
2.			Yes [ ] No [ ]
3.			Yes [ ] No [ ]
4.			Yes [ ] No [ ]
5.			Yes [ ] No [ ]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## **SCHEDULE F - PART 4**

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## **SCHEDULE F - PART 5**

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

99999999 Totals

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

(a)  Issuing or

(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
			<b>NONE</b>	

Issuing or Consulting Bank Name

## Letters of Credit Amount

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## **SCHEDULE F - PART 6 - SECTION 1**

**Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)**

(a)

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
				<b>NONE</b>	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## **SCHEDULE F - PART 6 - SECTION 2**

Provision for Overdue Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

(a) From Schedule F - Part 4 Columns 8 + 9, total certified, less \$ ..... in dispute.  
(b) From Schedule F - Part 3 Columns 7 + 8, total certified, less \$ ..... in dispute.

(b) From Schedule I – Part 3 Columns 7 + 8, total certified, less \$ \_\_\_\_\_ in dispute.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE F - PART 7**

Provision for Overdue Authorized Reinsurance as of December 31, Current Year

# None

99999999 Totals

(a) From Schedule F - Part 4 Columns 8 + 9, total authorized, less \$ ..... in dispute  
(b) From Schedule F - Part 3 Columns 7 + 8, total authorized, less \$ ..... in dispute

(b) From Schedule F - Part 3 Columns 7 + 8, total authorized, less \$ \_\_\_\_\_ in dispute

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## **SCHEDULE F - PART 8**

Provision for Overdue Reinsurance as of December 31, Current Year

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE F - PART 9**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	17,842,415		17,842,415
2. Premiums and considerations (Line 15) .....			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....			
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....	2,734,768		2,734,768
6. Net amount recoverable from reinsurers .....		120,717,516	120,717,516
7. Protected cell assets (Line 27) .....			
8. <b>Totals (Line 28)</b> .....	20,577,184	120,717,516	141,294,699
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....		80,462,025	80,462,025
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	4,408,458		4,408,458
11. Unearned premiums (Line 9) .....		40,255,491	40,255,491
12. Advance premiums (Line 10) .....			
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....			
15. Funds held by company under reinsurance treaties (Line 13) .....			
16. Amounts withheld or retained by company for account of others (Line 14) .....	959,128		959,128
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....			
19. Total liabilities excluding protected cell business (Line 26) .....	5,367,586	120,717,516	126,085,101
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37)	15,209,598	XXX	15,209,598
<b>Totals (Line 38)</b>	20,577,184	120,717,516	141,294,699

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: Utica National Insurance Company of Ohio (NAIC 13998) has a reinsurance agreement with its parent company, Utica Mutual Insurance Company (NAIC 25976). Under this agreement, Utica National Insurance Company of Ohio cedes 100% of all insurance to Utica Mutual Insurance Company. \_\_\_\_\_

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

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

**NONE**

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

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
<b>PART 2. - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums .....									
2. Advance premiums .....									
3. Reserve for rate credits .....									
4. Total premium reserves, current year .....									
5. Total premium reserves, prior year .....									
6. Increase in total premium reserves .....									
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 .....									
3. Increase .....									

**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 .....									
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 .....									
3.3 Line 3.1 minus Line 3.2 .....									

**PART 4. - REINSURANCE**

A. Reinsurance Assumed:									
1. Premiums written .....									
2. Premiums earned .....									
3. Incurred claims .....									
4. Commissions .....									
B. Reinsurance Ceded:									
1. Premiums written .....									
2. Premiums earned .....									
3. Incurred claims .....									
4. Commissions .....									

(a) Includes \$ ..... premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE H - PART 5 - HEALTH CLAIMS**

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims .....				
2. Beginning claim reserves and liabilities .....				
3. Ending claim reserves and liabilities .....				
4. Claims paid				
B. Assumed Reinsurance:				
5. Incurred Claims.....				
6. Beginning claim reserves and liabilities .....				
7. Ending claim reserves and liabilities .....				
8. Claims paid				
C. Ceded Reinsurance:				
9. Incurred Claims.....				
10. Beginning claim reserves and liabilities .....				
11. Ending claim reserves and liabilities .....				
12. Claims paid				
D. Net:				
13. Incurred Claims.....				
14. Beginning claim reserves and liabilities .....				
15. Ending claim reserves and liabilities .....				
16. Claims paid				
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				

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## 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													
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 UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**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									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
	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											
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 UTICA NATIONAL INSURANCE COMPANY OF OHIO**  
**SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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	263	263		.178	.178	.7	.7					12	
8. 2014	5,697	5,697		991	991	60	60					454	
9. 2015	8,958	8,958		1,808	1,808	87	87	1	1			714	
10. 2016	8,528	8,528		1,906	1,906	136	136	4	4			733	
11. 2017	8,715	8,715		767	767	25	25	7	7			653	
12. Totals	XXX	XXX	XXX	5,649	5,649	314	314	12	12			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. 2009													
4. 2010													
5. 2011													
6. 2012													
7. 2013													
8. 2014													
9. 2015	515	515	.574	.574	.51	.51	.114	.114	.38	.38			9
10. 2016	1,967	1,967	2,192	2,192	.133	.133	.434	.434	.144	.144			43
11. 2017	551	551	614	614	9	9	121	121	41	41			113
12. Totals	3,033	3,033	3,380	3,380	193	193	668	668	223	223			165

	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											
3. 2009											
4. 2010											
5. 2011											
6. 2012											
7. 2013	185	185		70.4	70.4						
8. 2014	1,050	1,050		18.4	18.4						
9. 2015	3,188	3,188		35.6	35.6						
10. 2016	6,916	6,916		81.1	81.1						
11. 2017	2,134	2,134		24.5	24.5						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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	382	382		253	253	.30	.30					6	
7. 2013	3,369	3,369		1,220	1,220	106	106					94	
8. 2014	6,931	6,931		2,238	2,238	.160	.160	0	0		8	202	
9. 2015	13,645	13,645		3,167	3,167	266	266				17	414	
10. 2016	18,398	18,398		3,358	3,358	326	326	1	1		4	489	
11. 2017	23,522	23,522		1,258	1,258	87	87	0	0		1	556	
12. Totals	XXX	XXX	XXX	11,493	11,493	976	976	1	1	31		XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2008																
3. 2009																
4. 2010																
5. 2011																
6. 2012	.88	.88	.73	.73	.4	.4	13	13	.6	.6			1			
7. 2013	413	413	340	340	13	13	61	61	.27	.27			9			
8. 2014	811	811	.668	.668	.30	.30	120	120	.53	.53			14			
9. 2015	1,721	1,721	1,417	1,417	.68	.68	255	255	112	112			45			
10. 2016	5,515	5,515	4,542	4,542	194	.194	818	.818	359	359			95			
11. 2017	3,714	3,714	3,058	3,058	232	232	551	551	241	241			328			
12. Totals	12,261	12,261	10,098	10,098	540	540	1,820	1,820	798	798			492			

	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	.467	467		122.1	122.1						
7. 2013	2,180	2,180		.64.7	.64.7						
8. 2014	4,080	4,080		58.9	58.9						
9. 2015	7,005	7,005		.51.3	.51.3						
10. 2016	15,113	15,113		.82.1	.82.1						
11. 2017	9,141	9,141		38.9	38.9						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO**  
**SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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	693	693		293	293	.8	.8	4	4			17	
8. 2014	20,137	20,137		4,253	4,253	947	947	29	29	.106		718	
9. 2015	36,275	36,275		7,732	7,732	2,558	2,558	.73	.73	.693		1,248	
10. 2016	36,066	36,066		7,262	7,262	822	822	29	29	.364		984	
11. 2017	36,821	36,821		7,406	7,406	332	332	34	34	96		989	
12. Totals	XXX	XXX	XXX	26,946	26,946	4,667	4,667	170	170	1,258		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	1,426	1,426	1,848	1,848	314	314	1,008	1,008	191	191			23
9. 2015	2,985	2,985	3,867	3,867	602	602	2,109	2,109	399	399			61
10. 2016	1,554	1,554	2,014	2,014	506	506	1,098	1,098	209	209			107
11. 2017	3,942	3,942	5,107	5,107	753	753	2,785	2,785	537	537			336
12. Totals	9,908	9,908	12,837	12,837	2,175	2,175	7,000	7,000	1,335	1,335			527

	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	304	304		43.9	43.9						
8. 2014	10,017	10,017		49.7	49.7						
9. 2015	20,325	20,325		56.0	56.0						
10. 2016	13,495	13,495		37.4	37.4						
11. 2017	20,896	20,896		56.7	56.7						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL 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													
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 UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL 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 UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),  
 BOILER AND MACHINERY)**

(\$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												XXX
3. 2009												XXX
4. 2010												XXX
5. 2011												XXX
6. 2012												XXX
7. 2013												XXX
8. 2014												XXX
9. 2015												XXX
10. 2016												XXX
11. 2017												XXX
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 UTICA NATIONAL INSURANCE COMPANY OF OHIO**  
**SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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	456	456										1	
8. 2014	6,474	6,474										1	
9. 2015	9,143	9,143										4	
10. 2016	8,982	8,982										6	
11. 2017	8,607	8,607											
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													1
8. 2014													
9. 2015													1
10. 2016	2,000	2,000	11,693	11,693			75	75	309	309			2
11. 2017													
12. Totals	2,000	2,000	11,693	11,693			75	75	309	309			4

	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	14,077	14,077		156.7	156.7						
11. 2017											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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.....	1.....	1.....											
9. 2015.....	2.....	2.....											
10. 2016.....	0.....	0.....											
11. 2017.....	22.....	22.....										3.....	
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 UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY AND THEFT)**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 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	58	58										XXX	
3. 2017	44	44										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			0	0			0	0	0	0						
4. Totals			0	0			0	0	0	0						

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 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. 2016											
3. 2017	1	1		2.2	2.2						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO**  
**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	1	1	0	0			0		XXX	
2. 2016	2,293	2,293		1,486	1,486	.69	.69	1	1	.502		455	
3. 2017	2,370	2,370		1,038	1,038	44	44	1	1	246		384	
4. Totals	XXX	XXX	XXX	2,526	2,526	113	113	1	1	748		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	.0	.0	0	0	.0	.0	0	0	.0	.0			2			
3. 2017	91	91	(63)	(63)	3	3	41	41	42	42			45			
4. Totals	91	91	(63)	(63)	3	3	41	41	42	42			47			

	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. 2016	1,555	1,555		.67.8	67.8						
3. 2017	1,197	1,197		50.5	50.5						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## 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	XXX			XXX		
2. 2016											
3. 2017											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX		

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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												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	XXX			XXX		
2. 2016											
3. 2017											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX		

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## SCHEDULE P - PART 1M - INTERNATIONAL

(\$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												XXX	
3. 2009												XXX	
4. 2010												XXX	
5. 2011												XXX	
6. 2012												XXX	
7. 2013												XXX	
8. 2014												XXX	
9. 2015												XXX	
10. 2016												XXX	
11. 2017												XXX	
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 UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 1N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY**  
 (\$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												XXX	
3. 2009												XXX	
4. 2010												XXX	
5. 2011												XXX	
6. 2012												XXX	
7. 2013												XXX	
8. 2014												XXX	
9. 2015												XXX	
10. 2016												XXX	
11. 2017												XXX	
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.													XXX
2. 2008													XXX
3. 2009													XXX
4. 2010													XXX
5. 2011													XXX
6. 2012													XXX
7. 2013													XXX
8. 2014													XXX
9. 2015													XXX
10. 2016													XXX
11. 2017													XXX
12. Totals													XXX

	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 UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 10 - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY**

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

	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											
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 UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 1P - REINSURANCE - NONPROPORTIONAL ASSUMED FINANCIAL LINES**

(\$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												XXX	
3. 2009												XXX	
4. 2010												XXX	
5. 2011												XXX	
6. 2012												XXX	
7. 2013												XXX	
8. 2014												XXX	
9. 2015												XXX	
10. 2016												XXX	
11. 2017												XXX	
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	21 Direct and Assumed	22 Ceded			
	1. Prior.												XXX
2. 2008													XXX
3. 2009													XXX
4. 2010													XXX
5. 2011													XXX
6. 2012													XXX
7. 2013													XXX
8. 2014													XXX
9. 2015													XXX
10. 2016													XXX
11. 2017													XXX
12. Totals													XXX

	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		XXX		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 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	0	0											
8. 2014	2	2											
9. 2015	2	2											
10. 2016	2	2											
11. 2017	2	2											
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			0	0			0	0	0	0			
12. Totals			0	0			0	0	0	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2008											
3. 2009											
4. 2010											
5. 2011											
6. 2012											
7. 2013											
8. 2014											
9. 2015											
10. 2016											
11. 2017	0	0		23.7	23.7						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## SCHEDULE P - PART 1R - SECTION 2 - PRODUCTS 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 UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 1S - FINANCIAL GUARANTY/MORTGAGE GUARANTY**

(\$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		XXX			
2. 2016											
3. 2017											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX		XXX			

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## SCHEDULE P - PART 1T - WARRANTY

(\$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												
3. 2017												
4. Totals	XXX	XXX	XXX									XXX

**NONE**

	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																

**NONE**

	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											
3. 2017											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX		

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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												
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	XXX							
9. 2015	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	XXX	XXX	XXX
12. Totals												

**NONE****SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

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								
8. 2014	XXX	XXX	XXX	XX	XX							
9. 2015	XXX	XXX	XXX	XXX	XXX							
10. 2016	XXX					XXX						
11. 2017	XXX											
12. Totals												

**NONE****SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

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								
8. 2014	XXX	XXX	XXX	XX	XX							
9. 2015	XXX	XXX	XXX	XXX	XXX							
10. 2016	XXX					XXX						
11. 2017	XXX											
12. Totals												

**NONE****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	XX								
8. 2014	XXX	XXX	XXX	XX	XX							
9. 2015	XXX	XXX	XXX	XXX	XXX							
10. 2016	XXX					XXX						
11. 2017	XXX											
12. Totals												

**NONE****SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL**

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								
8. 2014	XXX	XXX	XXX	XX	XX							
9. 2015	XXX	XXX	XXX	XXX	XXX							
10. 2016	XXX					XXX						
11. 2017	XXX											
12. Totals												

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**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	XX								
7. 2013	XXX	XXX	XXX	XX	XX							
8. 2014	XXX	XXX	XXX	XXX	XXX							
9. 2015	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	XXX	XXX	XXX
12. Totals												

**NONE**

**SCHEDULE P - PART 2F - 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	XXX	XXX								
7. 2013	XXX	XXX	XXX	XX	XX							
8. 2014	XXX	XXX	XXX	XX	XX	XX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XX	XX					
10. 2016	XXX				XXX							
11. 2017	XXX											
12. Totals												

**NONE**

**SCHEDULE P - PART 2G - 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	XXX	XXX								
7. 2013	XXX	XXX	XXX	XX	XX							
8. 2014	XXX	XXX	XXX	XX	XX	XX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XX	XX					
10. 2016	XXX				XXX							
11. 2017	XXX											
12. Totals												

**NONE**

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

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	XX	XX					
10. 2016	XXX				XXX							
11. 2017	XXX											
12. Totals												

**NONE**

**SCHEDULE P - PART 2H - 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	XXX	XXX								
7. 2013	XXX	XXX	XXX	XX	XX							
8. 2014	XXX	XXX	XXX	XX	XX	XX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XX	XX					
10. 2016	XXX				XXX							
11. 2017	XXX											
12. Totals												

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**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	XX	XX	XX	XX	XX					
2. 2016	XXX	XXX	XXX	XX	XX	XX	XX	XXX				XXX	
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	
										4. Totals			

**SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE**

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

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

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

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

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

**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	XX								
7. 2013	XXX	XXX	XXX	XX	XX							
8. 2014	XXX	XXX	XXX	XXX	XX	XX						
9. 2015	XXX											
10. 2016	XXX				XXX							
11. 2017	XXX		XXX	XXX								
										12. Totals		

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 2N - REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY**

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								
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				XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**SCHEDULE P - PART 2O - REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY**

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	XXX	XXX						
9. 2015	XXX											
10. 2016	XXX				XXX							
11. 2017	XXX		XXX	XXX								
12. Totals												

**SCHEDULE P - PART 2P - REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

1. Prior												
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	XXX	XX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX											
10. 2016	XXX				XXX							
11. 2017	XXX		XXX	XXX								
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**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												
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	X								
7. 2013	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				XXX
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**NONE**

**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	XX								
7. 2013	XXX	XXX	XXX	X	XX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2015	XXX											
10. 2016	XXX				XXX							
11. 2017	XXX		XXX	XXX								
12. Totals												

**NONE**

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

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

**NONE**

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

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

**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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											
2. 2008												
3. 2009	XXX											
4. 2010	XXX	XXX										
5. 2011	XXX	XXX	XXX									
6. 2012	XXX	XXX	XXX	X								
7. 2013	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			

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

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	X	XX							
8. 2014	XXX	XXX	XXX	X	XX	XX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	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 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

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						10	2
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX					219	235
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				303	402
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			281	409
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		210	330

**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								.5
7. 2013	XXX	XXX	XXX	XXX	XXX						75	10
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX					150	38
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				289	80
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			285	109
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		138	90

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

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							.5
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX					300	395
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX				508	679
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			369	508
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		251	402

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**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	X								
7. 2013	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			

**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	X	XX							
8. 2014	XXX	XXX	XXX	X	XX	XX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	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 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	X	XX						XXX	XXX
8. 2014	XXX	XXX	XXX	X	XX	XX					XXX	XXX
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	X				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

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

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	X	XX							
8. 2014	XXX	XXX	XXX	X	XX	XX						1
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	X					3
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				4
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**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	X	XX							
8. 2014	XXX	XXX	XXX	X	XX	XX						
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	X					
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			3

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**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	XXX	XXX	XXX	XXX	XXX
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	.000										
2. 2016	XXX		220		233							
3. 2017	XXX	XXX	129		210							

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

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

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

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

**SCHEDULE P - PART 3M - INTERNATIONAL**

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	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			

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 3N - REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY**

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.....										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.....	XXX.....	XXX.....	XXX.....					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.....

**SCHEDULE P - PART 3O - REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY**

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.....	XXX.....	XXX.....	XXX.....					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.....

**SCHEDULE P - PART 3P - REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

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.....	XXX.....	XXX.....	XXX.....					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.....

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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											
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			

**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	XX								
7. 2013	XXX	XXX	XXX	X	XX							
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2015	XXX	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			

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

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

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

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

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XXX	XX					
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 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

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

**NONE****SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

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

**NONE****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	XX	XX						
6. 2012	XXX	XXX	XX	XX	XX					
7. 2013	XXX	XXX	XX	XX	XX	XX				
8. 2014	XXX	XXX	XX	XX	XX	XX	XX			
9. 2015	XXX	XXX	XX	XXX	XX	XX	XX	XX		
10. 2016	XXX									
11. 2017	XXX									

**NONE****SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL**

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**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							
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XXX	XX					
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	

**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	XX	XX						
6. 2012	XXX	XXX	XX	XX	XX					
7. 2013	XXX	XXX	XX	XX	XX	XX				
8. 2014	XXX	XXX	XX	XX	XX	XX	XX			
9. 2015	XXX	XXX	XX	XXX	XX	XX	XX	XX		
10. 2016	XXX									
11. 2017	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	XX							
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XX	XX					
8. 2014	XXX	XXX	XX	XX	XX	XX				
9. 2015	XXX	XXX	XX	XXX	XX	XX	XX			
10. 2016	XXX									
11. 2017	XXX									

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

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	XX	XX	XX				
9. 2015	XXX	XXX	XX	XXX	XX	XX	XX			
10. 2016	XXX									
11. 2017	XXX									

**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	XX							
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XX	XX					
8. 2014	XXX	XXX	XX	XX	XX	XX				
9. 2015	XXX	XXX	XX	XXX	XX	XX	XX			
10. 2016	XXX									
11. 2017	XXX									

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

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

**SCHEDULE P - PART 4L - AUTO PHYSICAL DAMAGE**

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

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

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

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

1. Prior	XXX	XXX	XX	XXX	XXX	XX	XX			
2. 2016	XXX	XXX	XX	XXX	XX	XX	XXX	XXX		
3. 2017	XXX	XXX	XX	XXX	XX	XX	XXX	XXX	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	XX	XX						
7. 2013	XXX	XXX	XX	XXX	XX					
8. 2014	XXX	XXX	XX	XXX	XXX	XX				
9. 2015	XXX									
10. 2016	XXX									
11. 2017	XXX									

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**SCHEDULE P - PART 4N - REINSURANCE  
NONPROPORTIONAL ASSUMED PROPERTY**

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							
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	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	

**SCHEDULE P - PART 4O - REINSURANCE  
NONPROPORTIONAL ASSUMED LIABILITY**

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	XX	XX	XX				
9. 2015	XXX	XXX	XX	XXX	XXX	XXX	XXX			
10. 2016	XXX									
11. 2017	XXX									

**SCHEDULE P - PART 4P - REINSURANCE  
NONPROPORTIONAL ASSUMED FINANCIAL LINES**

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	XX	XX	XX				
9. 2015	XXX	XXX	XX	XXX	XXX	XXX	XXX			
10. 2016	XXX									
11. 2017	XXX									

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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.....										
2. 2008.....										
3. 2009.....	XXX.....									
4. 2010.....	XXX.....	XXX.....								
5. 2011.....	XXX.....	XXX.....	XX.....							
6. 2012.....	XXX.....	XXX.....	XX.....	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 4R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE**

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.....									
10. 2016.....	XXX.....									
11. 2017.....	XXX.....									

**NONE****SCHEDULE P - PART 4S - FINANCIAL GUARANTY/MORTGAGE GUARANTY**

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

**NONE****SCHEDULE P - PART 4T - WARRANTY**

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

**NONE**

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## 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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

## 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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

## 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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

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**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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

**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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

**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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

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**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL  
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 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		6	9	10	10
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	133	206	216	219
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	234	296	303
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	195	281
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	210

**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										
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		4	1		
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	112	9	2	
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	103	16	9
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	141	43
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	113

**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										
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		12	12	12	12
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	413	447	452	454
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	677	709	714
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	677	733
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	653

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**SCHEDULE P - PART 5D - WORKERS' COMPENSATION**

(EXCLUDING EXCESS WORKERS' COMPENSATION)

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 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			3	.4	4	5
7. 2013	XXX	XXX	XXX	XXX	XXX		52	.66	70	.75
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	39	114	143	150
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.93	242	289
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	120	285
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	138

**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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX			3	.2	2	.1
7. 2013	XXX	XXX	XXX	XXX	XXX		28	.16	13	.9
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	117	.41	19	.14
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	206	.77	.45
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	236	.95
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	328

**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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XXX							
6. 2012	XXX	XXX	XXX	XXX			6	.6	6	.6
7. 2013	XXX	XXX	XXX	XXX	XXX		89	.92	93	.94
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	172	.189	199	.202
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	350	.391	.414
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424	.489
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	556

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**SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 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		5	.5	.5	.5
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	125	260	284	300
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	297	.465	508
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	218	369
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	251

**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										
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	270	.86	.37	.23
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	368	106	.61
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	337	107
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	336

**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										
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		.16	.16	.16	.17
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	.592	.698	.706	.718
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,106	1,219	1,248
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.881	.984
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	989

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## SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL 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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

## 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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

## 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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE  
SECTION 1B**

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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

**SECTION 2B**

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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

**SECTION 3B**

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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE**  
**SECTION 1A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 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							
6. 2012	XXX	XXX	XX	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**

**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										
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				1	1
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX			1	
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	.1
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2
11. 2017	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										
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				1	.1
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX			1	1
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX		4	.4
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	6
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE**  
**SECTION 1B**

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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

**SECTION 2B**

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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

**SECTION 3B**

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										
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	3

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

**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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

**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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 5R - PRODUCTS LIABILITY - CLAIMS-MADE  
SECTION 1B**

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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

**SECTION 2B**

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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

**SECTION 3B**

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										
2. 2008										
3. 2009	XXX									
4. 2010	XXX	XXX								
5. 2011	XXX	XXX	XX							
6. 2012	XXX	XXX	XX	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	

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 5T - WARRANTY**  
**SECTION 1**

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	XXX	XXX	XX	XXX	XXX	XX	IX			
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

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	XXX	XXX	XX	XXX	IX	XX	XX			
2. 2016	XXX	XXX	XX	XXX	XX	XX	XXX	XXX		
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

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	XXX	XXX	XX	XXX	XXX	XX	IX			
2. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 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	263	1,255	1,248	1,248	1,248	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	4,705	8,750	8,744	8,741	(4)
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,920	9,052	9,040	(12)
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,402	8,529	4,127
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,603	4,603
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,715
13. Earned Premiums (Sch P-Pt. 1)						263	5,697	8,958	8,528	8,715	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	263	1,255	1,248	1,248	1,248	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	4,705	8,750	8,744	8,741	(4)
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,920	9,052	9,040	(12)
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,402	8,529	4,127
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,603	4,603
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,715
13. Earned Premiums (Sch P-Pt. 1)						263	5,697	8,958	8,528	8,715	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	382	1,563	1,590	1,587	1,587	1,587	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	2,189	4,749	4,620	4,620	4,614	(5)
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	4,343	8,783	8,794	8,792	(2)
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,337	16,622	16,918	296
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,102	20,627	9,525
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,709	13,709
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,522
13. Earned Premiums (Sch P-Pt. 1)					382	3,369	6,931	13,645	18,398	23,522	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	382	1,563	1,590	1,587	1,587	1,587	
7. 2013.....	XXX	XXX	XXX	XXX	XXX	2,189	4,749	4,620	4,620	4,614	(5)
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	4,343	8,783	8,794	8,792	(2)
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,337	16,622	16,918	296
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,102	20,627	9,525
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13,709	13,709
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,522
13. Earned Premiums (Sch P-Pt. 1)					382	3,369	6,931	13,645	18,398	23,522	XXX

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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											
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	693	2,764	2,760	2,760	2,760	
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	18,067	34,780	34,739	34,739	(1)
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	19,564	38,178	38,175	38,175	(3)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,493	36,221	36,221	18,727
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,098	18,098	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,821
13. Earned Premiums (Sch P-Pt. 1)						693	20,137	36,275	36,066	36,821	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	693	2,764	2,760	2,760	2,760	
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	18,067	34,780	34,739	34,739	(1)
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	19,564	38,178	38,175	38,175	(3)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,493	36,221	36,221	18,727
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,098	18,098	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,821
13. Earned Premiums (Sch P-Pt. 1)						693	20,137	36,275	36,066	36,821	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. 2009	XXX										
4. 2010	XXX	XXX									
5. 2011	XXX	XXX	XXX								
6. 2012	XXX	XXX	XXX	XXX							
7. 2013	XXX	XXX	XXX	XXX	XXX	456	2,179	2,179	2,179	2,177	(3)
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	4,751	8,895	8,895	8,893	(2)
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	4,999	9,292	9,290	9,290	(2)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,689	8,586	8,586	3,896
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,717	4,717	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,607
13. Earned Premiums (Sch P-Pt. 1)						456	6,474	9,143	8,982	8,607	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											
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	456	2,179	2,179	2,179	2,177	(3)
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	4,751	8,895	8,895	8,893	(2)
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,999	9,292	9,290	(2)
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,689	8,586	3,896
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,717	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,607
13. Earned Premiums (Sch P-Pt. 1)						456	6,474	9,143	8,982	8,607	XXX

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE**  
**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 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	XXX	XXX	1	1	1	1	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	20	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22
13. Earned Premiums (Sch P-Pt. 1)							1	2	0	22	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	XXX						
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	20	
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22
13. Earned Premiums (Sch P-Pt. 1)							1	2	0	22	XXX

**SCHEDULE P - PART 6M - INTERNATIONAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 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									
6. 2012.....	XXX	XXX									
7. 2013.....	XXX	XXX									
8. 2014.....	XXX	XXX									
9. 2015.....	XXX	XXX									
10. 2016.....	XXX	XXX									
11. 2017.....	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									
6. 2012.....	XXX	XXX									
7. 2013.....	XXX	XXX									
8. 2014.....	XXX	XXX									
9. 2015.....	XXX	XXX									
10. 2016.....	XXX	XXX									
11. 2017.....	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 UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 6N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY**  
**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	X								
6. 2012	XXX	XXX	X	X							
7. 2013	XXX	XXX	X	X	X						
8. 2014	XXX	XXX	X	X	X						
9. 2015	XXX	XXX	X	X	X						
10. 2016	XXX	XXX	X	X	X						
11. 2017	XXX	XXX	X	X	X						
12. Totals	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	X								
6. 2012	XXX	XXX	X	X							
7. 2013	XXX	XXX	X	X	X						
8. 2014	XXX	XXX	X	X	X						
9. 2015	XXX	XXX	X	X	X						
10. 2016	XXX	XXX	X	X	X						
11. 2017	XXX	XXX	X	X	X						
12. Totals	XXX	XXX	XXX	XXX	XXX						
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SCHEDULE P - PART 6O - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY**  
**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	X								
6. 2012	XXX	XXX	X	X							
7. 2013	XXX	XXX	X	X	X						
8. 2014	XXX	XXX	X	X	X						
9. 2015	XXX	XXX	X	X	X						
10. 2016	XXX	XXX	X	X	X						
11. 2017	XXX	XXX	X	X	X						
12. Totals	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	X								
6. 2012	XXX	XXX	X	X							
7. 2013	XXX	XXX	X	X	X						
8. 2014	XXX	XXX	X	X	X						
9. 2015	XXX	XXX	X	X	X						
10. 2016	XXX	XXX	X	X	X						
11. 2017	XXX	XXX	X	X	X						
12. Totals	XXX	XXX	XXX	XXX	XXX						
13. Earned Premiums (Sch P-Pt. 1)											XXX

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**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.....											
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	0	2	2	2	2	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2	2	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	1
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2
13. Earned Premiums (Sch P-Pt. 1)						0	2	2	2	2	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 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	0	2	2	2	2	
8. 2014.....	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2	2	
9. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	2	0
10. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	2	1
11. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2
13. Earned Premiums (Sch P-Pt. 1)						0	2	2	2	2	XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 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									
6. 2012.....	XXX	XXX									
7. 2013.....	XXX	XXX									
8. 2014.....	XXX	XXX									
9. 2015.....	XXX	XXX									
10. 2016.....	XXX	XXX									
11. 2017.....	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									
6. 2012.....	XXX	XXX									
7. 2013.....	XXX	XXX									
8. 2014.....	XXX	XXX									
9. 2015.....	XXX	XXX									
10. 2016.....	XXX	XXX									
11. 2017.....	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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 7A - PRIMARY 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 .....						
2. Private Passenger Auto Liability/ Medical .....						
3. Commercial Auto/Truck Liability/ Medical .....						
4. Workers' Compensation .....						
5. Commercial Multiple Peril .....						
6. Medical Professional Liability - Occurrence .....						
7. Medical Professional Liability - Claims - Made .....						
8. Special Liability .....						
9. Other Liability - Occurrence .....						
10. Other Liability - Claims-Made .....						
11. Special Property .....						
12. Auto Physical Damage .....						
13. Fidelity/Surety .....						
14. Other .....						
15. International .....						
16. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability - Occurrence .....						
20. Products Liability - Claims-Made .....						
21. Financial Guaranty/Mortgage Guaranty .....						
22. Warranty .....						
23. Totals .....						

**NONE****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 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							
6. 2012 .....	XXX	XXX	XX	XX						
7. 2013 .....	XXX	XXX	XX	XXX	XX					
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	

**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 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							
6. 2012 .....	XXX	XXX	XX	XX						
7. 2013 .....	XXX	XXX	XX	XXX	XX					
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**

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (Continued)****SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS 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							
6. 2012	XXX	XXX	XX	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	

**SECTION 5**

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS 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							
6. 2012	XXX	XXX	XX	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	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**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 .....						
2. Private Passenger Auto Liability/Medical .....						
3. Commercial Auto/Truck Liability/Medical .....						
4. Workers' Compensation .....						
5. Commercial Multiple Peril .....						
6. Medical Professional Liability - Occurrence .....						
7. Medical Professional Liability - Claims - Made .....						
8. Special Liability .....						
9. Other Liability - Occurrence .....						
10. Other Liability - Claims-Made .....						
11. Special Property .....						
12. Auto Physical Damage .....						
13. Fidelity/Surety .....						
14. Other .....						
15. International .....						
16. Reinsurance - Nonproportional Assumed Property .....						
17. Reinsurance - Nonproportional Assumed Liability .....						
18. Reinsurance - Nonproportional Assumed Financial Lines .....						
19. Products Liability - Occurrence .....						
20. Products Liability - Claims-Made .....						
21. Financial Guaranty/Mortgage Guaranty .....						
22. Warranty .....						
23. Totals .....						

**NONE**

**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 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							
6. 2012 .....	XXX	XXX	XX	XX						
7. 2013 .....	XXX	XXX	XX	XXX	XX					
8. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
9. 2015 .....	XXX	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	

**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 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							
6. 2012 .....	XXX	XXX	XX	XX						
7. 2013 .....	XXX	XXX	XX	XXX	XX					
8. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
9. 2015 .....	XXX	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	

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (Continued)**  
**SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS 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	XX	XX						
5. 2011	XXX	XXX	XX	XXX	XX					
6. 2012	XXX	XXX	XX	XXX	XX					
7. 2013	XXX	XXX	XX	XXX	XX					
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	

**SECTION 5**

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS 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	XX							
5. 2011	XXX	XXX	XX	XX						
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XXX	XX					
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	

**SECTION 6**

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS 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	XX							
5. 2011	XXX	XXX	XX	XX						
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XXX	XX					
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	

**SECTION 7**

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS 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	XX							
5. 2011	XXX	XXX	XX	XX						
6. 2012	XXX	XXX	XX	XX						
7. 2013	XXX	XXX	XX	XXX	XX					
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	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

**SCHEDULE P INTERROGATORIES**

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

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

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

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

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....		
1.602 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 claimant .....  
If not the same in all years, explain in Interrogatory 7.

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

7.2 (An extended statement may be attached.)

#3 Adjusting & Other Expenses - The ADO payments in this statement, are actual accident year claim payments. The ADO reserves are a combination of actual accident year data and BULK estimates determined by actuarial data. ....

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

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 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 UTICA NATIONAL INSURANCE COMPANY OF OHIO

## SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Rela- tionship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner- ship Provide Percen- tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re- quired? (Y/N)	*
.0201	Utica National Insurance Group	25796	15-0476880			Utica Mutual Insurance Company	NY	UDP			Board of Directors	.000		N	
.0201	Utica National Insurance Group	25984	13-5274760			Graphic Arts Mutual Insurance Company	NY	IA			Management	.000	Utica Mutual Insurance Company	N	
.0201	Utica National Insurance Group	12475	31-4290270			Republic-Franklin Insurance Company	OH	IA			Ownership	94.000	Utica Mutual Insurance Company	N	1
.0201	Utica National Insurance Group	10687	16-1486064			Utica National Assurance Company	NY	IA			Ownership	100.000	Utica Mutual Insurance Company	N	
.0201	Utica National Insurance Group	43478	75-171221			Utica National Insurance Company of Texas	TX	IA			Ownership	100.000	Utica Mutual Insurance Company	N	
.0201	Utica National Insurance Group	13998	27-2764004			Utica National Insurance Company of Ohio	OH				Ownership	100.000	Utica Mutual Insurance Company	N	
.0201	Utica National Insurance Group	43451	75-1783406			Utica Specialty Risk Insurance Company	TX	IA			Ownership	100.000	Utica Mutual Insurance Company	N	
.0201	Utica National Insurance Group	10990	75-2833000			Utica Lloyd's of Texas	TX	IA			Attorney-In-Fact	.000	Utica Mutual Insurance Company	N	2
			06-1592900			Utica Lloyd's, Inc.	TX	NIA			Ownership	100.000	Utica Mutual Insurance Company	N	
			16-0985531			Uni-Service Operations Corporation	NY	NIA			Ownership	100.000	Utica Mutual Insurance Company	Y	
.0201	Utica National Insurance Group	14249	36-2748795			Founders Insurance Company	IL	IA			Ownership	100.000	Utica Mutual Insurance Company	N	
.0201	Utica National Insurance Group	18180	38-2613776			Founders Insurance Company of Michigan	MI	IA			Ownership	100.000	Utica Mutual Insurance Company	Y	
			36-3250110			Pillar Premium Finance Company	IL	NIA			Ownership	100.000	Utica Mutual Insurance Company	Y	
			16-1228033			Uni-Service Life Agency, Inc.	NY	NIA			Ownership	100.000	Utica Mutual Insurance Company	Y	
			16-1313450			Utica National Group Foundation, Inc.	NY	OTH			Other	.000	Utica Mutual Insurance Company	N	3

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

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
25976	15-047680	Utica Mutual Insurance Company					20,101,622	31,206,749	*		51,308,371	(979,468,289)
25984	13-5274760	Graphic Arts Mutual Insurance Company							*			204,792,874
12475	31-4290270	Republic-Franklin Insurance Company							*			309,993,690
10687	16-1486064	Utica National Assurance Company							*			122,372,071
43478	75-1771221	Utica National Insurance Company of Texas										152,075,451
13998	27-2764004	Utica National Insurance Company of Ohio				(17,917,332)	(25,735,293)				(43,652,625)	120,717,516
43451	75-1783406	Utica Specialty Risk Insurance Company				(434,051)	(2,241,041)				(2,675,092)	3,872,728
10990	75-2833000	Utica Lloyd's of Texas				(1,750,239)	(3,230,415)				(4,980,654)	22,353,104
14249	36-2748795	Founders Insurance Company				74,747			*		74,747	43,290,855
18180	38-2613776	Founders Insurance Company of Michigan				(74,747)					(74,747)	
9999999 Control Totals									XXX			



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

23. Bail Bond Supplement [Document Identifier 500]



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



26. Relief from the one-year cooling off period for independent CPA  
[Document Identifier 225]



27. Relief from the Requirements for Audit Committees [Document Identifier 226]



28. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution  
Contracts [Document Identifier 555]



29. Credit Insurance Experience Exhibit [Document Identifier 230]



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



31. Accident and Health Policy Experience Exhibit [Document Identifier 210]



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



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



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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO  
**OVERFLOW PAGE FOR WRITE-INS**



SUPPLEMENT FOR THE YEAR 2017 OF THE UTICA NATIONAL INSURANCE COMPANY OF OHIO

## DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

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

NAIC Group Code 0201

NAIC Company Code 13998

Company Name UTICA NATIONAL INSURANCE COMPANY OF OHIO .....

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? ..... Yes [  ] 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: ..... \$ ..... 182,139

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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