



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

United Ohio Insurance Company

NAIC Group Code 0963 0963 NAIC Company Code 13072 Employer's ID Number 34-1008736

0963 0963 NAIC Company Code 13072 Employer's ID Number 34-1008736

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

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

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

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

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

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

Internet Website Address _____ www.ormg.com

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

OFFICERS

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

OTHER

Chad Philip Combs, Mr., Vice President Personal Lines Underwriting	John Richard DeLucia, Mr., Vice President Claims Operations
Gary Thomas Johnson, Mr., Vice President Commercial Lines Underwriting	Susan Elizabeth Kent, Mrs., Vice President Business Analytics
Marcella Sloane Smith, Mrs., Vice President Human Resources	

DIRECTORS OR TRUSTEES

DIRECTORS OF TRUSTS

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

State of Ohio SS: _____
County of Crawford _____

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

Mark Clarence Russell
President and CEO

David Gary Hendrix
Treasurer and CFO

Marcella Sloane Smith
Assistant Secretary

Subscribed and sworn to before me this
day of

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2018							NAIC Company Code	13072	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire		8,079	8,583		2,642		.47	148		5	12	1,769	117
2.1 Allied lines		15,359	17,072		4,682	10,803	2,592	3,497	4,134	4,304	170	3,364	223
2.2 Multiple peril crop													
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)		1,018,586	1,090,166		489,715	483,938	507,057	403,664	17,726	22,573	151,387	223,088	14,811
5.2 Commercial multiple peril (liability portion)		1,803,810	1,798,403		918,494	2,486,307	2,389,246	2,004,848	854,852	744,979	855,740	395,065	26,228
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine		8,183	6,810		1,840		352	358		55	56	1,792	119
10. Financial guaranty													
11. Medical professional liability													
12. Earthquake													
13. Group accident and health (b)													
14. Credit accident and health (group and individual)													
15.1 Collectively renewable accident and health (b)													
15.2 Non-cancellable accident and health(b)													
15.3 Guaranteed renewable accident and health(b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other accident and health (b)													
15.8 Federal employees health benefits plan premium (b)													
16. Workers' compensation													
17.1 Other Liability - occurrence		248,768	257,591		113,149	1,388	(54,727)	185,682	544	(6,143)	18,759	.42,515	3,617
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability		181	.971		.224		.5	.9			.6	.40	3
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability		8,423,003	5,888,341		4,356,649	2,240,020	5,998,668	5,603,492	35,063	234,355	354,748	1,280,930	122,474
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability		2,736,465	2,957,331		1,373,552	4,446,039	2,186,227	2,838,751	554,841	130,129	267,754	458,854	39,789
21.1 Private passenger auto physical damage		5,395,155	3,838,266		2,785,680	2,959,829	3,387,361	580,240	14,378	19,904	7,481	832,424	.78,448
21.2 Commercial auto physical damage		820,740	.885,186		399,094	651,042	791,445	221,449	25,300	29,559	10,493	137,384	.11,934
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)		20,478,329	16,748,720		10,445,723	13,279,366	15,208,274	11,842,137	1,506,837	1,179,719	1,666,605	3,377,226	297,764
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 199,470

(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 2018 OF THE United Ohio Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2018							NAIC Company Code	13072	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire		23,224	24,202		13,027		188	470		18		37	5,086
2.1 Allied lines		12,709	13,428		7,416		2,800	3,330		162		162	2,783
2.2 Multiple peril crop													185
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)		17,273	14,030		9,523	5,850	7,345	4,083		484	1,359	3,464	251
5.2 Commercial multiple peril (liability portion)		11,503	9,904		6,305		970	27,933	13,860	13,365	12,396	2,154	167
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine													
10. Financial guaranty													
11. Medical professional liability													
12. Earthquake													
13. Group accident and health (b)													
14. Credit accident and health (group and individual)													
15.1 Collectively renewable accident and health (b)													
15.2 Non-cancellable accident and health(b)													
15.3 Guaranteed renewable accident and health(b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other accident and health (b)													
15.8 Federal employees health benefits plan premium (b)													
16. Workers' compensation													
17.1 Other Liability - occurrence		880	802		472		(86)	544		(11)	55	159	13
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability													
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability													
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability		16,412	15,672		3,966		3,295	9,058		48	792	2,731	239
21.1 Private passenger auto physical damage													
21.2 Commercial auto physical damage		6,351	6,087		1,485	837	1,004	379	(117)	(115)	17	1,073	92
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)		88,352	84,124		42,193	6,687	15,517	45,797	13,744	13,950	14,819	17,450	1,285
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 480

(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 2018 OF THE United Ohio Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Maine		DURING THE YEAR 2018							NAIC Company Code	13072	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire		27,745	24,076		16,430		297	534		26	.43	6,077	403
2.1 Allied lines		12,503	12,018		6,845		2,662	3,072		149	149	2,738	182
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)		984,778	972,326		500,612	108,136	147,047	284,771	9,281	.17,903	.96,230	215,680	.14,319
5.2 Commercial multiple peril (liability portion)		1,033,175	970,203		513,382	160,322	661,268	735,703	59,084	277,388	303,604	226,279	.15,023
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine		153,594	169,671		72,017	322,318	327,739	7,061	25,158	.26,066	1,098	.33,639	2,233
10. Financial guaranty													
11. Medical professional liability													
12. Earthquake													
13. Group accident and health (b)													
14. Credit accident and health (group and individual)													
15.1 Collectively renewable accident and health (b)													
15.2 Non-cancellable accident and health(b)													
15.3 Guaranteed renewable accident and health(b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other accident and health (b)													
15.8 Federal employees health benefits plan premium (b)													
16. Workers' compensation													
17.1 Other Liability - occurrence		89,092	84,570		41,794		(2,884)	67,742		(589)	6,844	.17,793	1,295
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability		12,856	12,146		7,653	2,268	2,742	501		.275	.312	.2,816	.187
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability		2,266,751	2,181,882		1,136,866	917,660	1,546,718	1,946,737	4,877	.17,781	.124,986	.313,528	.32,960
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability .....		.993,698	.931,052		.523,781	.1,197,742	.449,398	.794,716	.34,031	(45,818)	.73,380	.167,192	.14,449
21.1 Private passenger auto physical damage		1,910,452	1,816,028		952,691	1,589,444	1,652,223	214,460	10,703	.11,515	.2,766	.267,082	.27,779
21.2 Commercial auto physical damage		296,913	274,775		159,535	380,250	398,355	40,013	7,860	.9,136	.1,855	.49,827	.4,317
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)		7,781,557	7,448,746		3,931,606	4,678,139	5,185,564	4,095,310	150,993	313,832	611,268	1,302,651	113,147
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 127,840

(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 2018 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Massachusetts		DURING THE YEAR 2018							NAIC Company Code	13072	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire													
2.1 Allied lines													
2.2 Multiple peril crop													
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)													
5.2 Commercial multiple peril (liability portion)													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine													
10. Financial guaranty													
11. Medical professional liability													
12. Earthquake													
13. Group accident and health (b)													
14. Credit accident and health (group and individual)													
15.1 Collectively renewable accident and health (b)													
15.2 Non-cancellable accident and health(b)													
15.3 Guaranteed renewable accident and health(b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other accident and health (b)													
15.8 Federal employees health benefits plan premium (b)													
16. Workers' compensation													
17.1 Other Liability - occurrence													
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability													
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability													
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability													
21.1 Private passenger auto physical damage													
21.2 Commercial auto physical damage													
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business													
35. TOTALS (a)													
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2018

NAIC Company Code 13072

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

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

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

NONE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF New Hampshire		DURING THE YEAR 2018							NAIC Company Code	13072		
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
		1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire		4,240	4,425		1,722		.31	.82		.3		.7	.929	.62
2.1 Allied lines		5,272	5,298		2,325		1,094	1,299		.63		.63	1,155	.77
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)		406,784	392,286		208,205	136,882	168,408	127,930	1,576	12,727	.45,206	.89,091	5,915	
5.2 Commercial multiple peril (liability portion)		894,875	869,410		449,078	112,657	154,315	440,238	86,751	92,022	172,064	195,990	13,012	
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine		147,543	153,308		76,184		6,140	7,786		1,021	1,211	.32,314	2,145	
10. Financial guaranty														
11. Medical professional liability														
12. Earthquake														
13. Group accident and health (b)														
14. Credit accident and health (group and individual)														
15.1 Collectively renewable accident and health (b)														
15.2 Non-cancellable accident and health(b)														
15.3 Guaranteed renewable accident and health(b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other accident and health (b)														
15.8 Federal employees health benefits plan premium (b)														
16. Workers' compensation														
17.1 Other Liability - occurrence .....		.97,874	.86,939		.46,008		5,155	.74,819		.227	.7,559	.18,415	1,423	
17.2 Other Liability - claims made														
17.3 Excess workers' compensation														
18. Products liability		15,705	14,931		6,701		.566	.592	2,840	3,174	.369	.3,440	228	
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability		1,439,332	1,294,032		741,823	861,033	1,045,519	1,043,791	7,550	.155	.66,395	223,113	20,929	
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability		633,341	.568,048		324,744	.179,029	.368,386	.557,111	10,878	.10,809	.51,809	105,965	9,209	
21.1 Private passenger auto physical damage		1,650,978	1,474,755		842,109	1,289,571	1,314,639	145,918	1,723	2,044	1,879	258,369	24,006	
21.2 Commercial auto physical damage		271,745	234,898		140,567	106,469	118,091	30,713	1,730	1,666	1,411	.45,330	3,951	
22. Aircraft (all perils)														
23. Fidelity														
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business														
35. TOTALS (a)		5,567,689	5,098,328		2,839,466	2,685,641	3,182,344	2,430,279	113,047	123,911	347,972	974,110	80,957	
DETAILS OF WRITE-INS														
3401.														
3402.														
3403.														
3498. Summary of remaining write-ins for Line 34 from overflow page														
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)														

(a) Finance and service charges not included in Lines 1 to 35 \$ 58,330

(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 2018 OF THE United Ohio Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2018							NAIC Company Code	13072
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	15,100,877	15,131,376		7,698,278	3,765,700	4,104,569	1,202,149	147,659	181,518	98,386	2,587,795	219,573
2.1 Allied lines	94,589	93,431		47,774	81,410	100,986	22,978	3,896	5,013	1,118	20,917	1,375
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril	18,221,093	18,728,314		8,659,258	8,115,325	5,737,329	2,827,225	169,913	138,394	228,156	3,630,374	264,943
4. Homeowners multiple peril	15,619,773	16,471,022		8,049,251	6,023,721	6,272,046	2,368,419	143,448	102,247	192,617	2,691,148	227,118
5.1 Commercial multiple peril (non-liability portion)	10,738,803	10,497,356		5,242,222	3,713,336	3,923,091	3,227,498	85,838	122,954	1,123,989	2,124,941	156,147
5.2 Commercial multiple peril (liability portion)	6,773,117	6,644,291		3,213,245	1,600,951	1,271,771	3,752,931	600,054	332,631	1,336,054	1,295,200	98,484
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	290,852	310,828		136,820	109,245	120,157	17,740	1,603	3,573	2,759	53,985	4,229
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)	2,518	2,839		1,306							420	.37
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	5,119,362	5,033,888		2,437,274	2,081,058	739,630	6,487,425	218,136	(292,620)	563,286	838,735	74,438
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	133,925	143,727		.54,661	8,410	.11,946	4,824	1,336	2,580	3,008	28,027	1,947
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	13,528,516	13,743,322		3,253,934	7,912,246	6,283,309	7,704,200	271,860	.63,432	472,074	2,069,706	196,711
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	10,665,656	10,374,309		4,931,349	4,732,332	5,532,675	9,278,016	286,046	(52,233)	829,434	1,784,330	155,083
21.1 Private passenger auto physical damage	7,715,052	7,881,586		1,848,138	3,926,538	3,910,983	455,788	37,738	38,795	8,315	1,235,437	112,180
21.2 Commercial auto physical damage	5,924,833	5,582,953		2,758,257	2,583,314	2,809,226	641,152	.57,822	.55,419	.29,397	985,366	.86,150
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	455,491	458,597		232,034	31,318	.34,161	29,472	845	2,335	1,491	.78,320	6,623
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	110,384,457	111,097,840		48,563,803	44,684,902	40,851,881	38,019,817	2,026,194	704,039	4,890,083	19,424,699	1,605,039
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,651,285

(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 2018 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2018							NAIC Company Code	13072	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire		2,438	2,385		567		26	.47		2		.4	533
2.1 Allied lines		3,026	2,992		528	398,756	399,392	742	9,120	9,156		.36	661
2.2 Multiple peril crop .....													.44
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)		1,950,158	1,959,994		928,615	.856,596	.985,864	.683,305	.60,033	.107,287		.247,265	425,715
5.2 Commercial multiple peril (liability portion)		2,408,670	2,436,617		1,125,829	1,792,979	1,596,682	3,584,651	637,840	676,472		1,560,577	525,745
6. Mortgage guaranty .....													.28,356
8. Ocean marine .....													.35,023
9. Inland marine		142	202					(4)					.31
10. Financial guaranty .....													.2
11. Medical professional liability													
12. Earthquake													
13. Group accident and health (b)													
14. Credit accident and health (group and individual)													
15.1 Collectively renewable accident and health (b)													
15.2 Non-cancellable accident and health(b)													
15.3 Guaranteed renewable accident and health(b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other accident and health (b)													
15.8 Federal employees health benefits plan premium (b)													
16. Workers' compensation													
17.1 Other Liability - occurrence		324,550	328,110		164,122		(45,412)	251,742		(5,839)	25,432		55,810
17.2 Other Liability - claims made													4,719
17.3 Excess workers' compensation													
18. Products liability		11,374	11,839		7,784	7,487	7,898	.436	.478	.716	.272		2,482
19.1 Private passenger auto no-fault (personal injury protection) .....													.165
19.2 Other private passenger auto liability		5,581,255	5,522,748		2,979,119	4,424,491	4,204,458	4,976,808	138,731	8,662	319,832		923,907
19.3 Commercial auto no-fault (personal injury protection) .....													.81,154
19.4 Other commercial auto liability		3,070,827	3,059,669		1,469,153	1,373,253	1,534,714	2,889,985	82,039	(41,423)	270,715		512,983
21.1 Private passenger auto physical damage		3,395,210	3,417,200		1,774,768	2,199,273	2,268,870	276,244	31,027	31,948	3,555		566,864
21.2 Commercial auto physical damage		950,609	931,858		451,349	410,072	404,609	68,392	9,941	7,331	3,049		159,145
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft		122	122		.63			3					.27
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business													
35. TOTALS (a)		17,698,381	17,673,738		8,901,898	11,462,905	11,357,098	12,732,355	969,208	794,314	2,430,736		3,173,903
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 154,175

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2018

NAIC Company Code 13072

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF Vermont		DURING THE YEAR 2018							NAIC Company Code	13072	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire		16,084	14,729		7,244		173		312		15	.25	3,523
2.1 Allied lines		9,062	8,423		4,010		658		2,604		2,225		1,985
2.2 Multiple peril crop													132
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)		503,801	470,142		248,057		372,674		201,438		153,865		21,689
5.2 Commercial multiple peril (liability portion)		514,035	501,654		235,767		48,653		100,413		153,859		6,199
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine		208,312	188,162		107,485		36,956		45,615		10,371		3,693
10. Financial guaranty													
11. Medical professional liability													
12. Earthquake													
13. Group accident and health (b)													
14. Credit accident and health (group and individual)													
15.1 Collectively renewable accident and health (b)													
15.2 Non-cancellable accident and health(b)													
15.3 Guaranteed renewable accident and health(b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other accident and health (b)													
15.8 Federal employees health benefits plan premium (b)													
16. Workers' compensation													
17.1 Other Liability - occurrence		64,694	54,102		34,085				4,630		49,389		279
17.2 Other Liability - claims made													4,990
17.3 Excess workers' compensation													12,944
18. Products liability		17,334	14,842		9,348				614		650		357
19.1 Private passenger auto no-fault (personal injury protection)													405
19.2 Other private passenger auto liability		2,616,792	2,187,405		1,342,689		1,045,684		1,813,544		1,792,293		9,925
19.3 Commercial auto no-fault (personal injury protection)													36,860
19.4 Other commercial auto liability		618,126	559,911		298,072		210,035		512,870		631,912		17,039
21.1 Private passenger auto physical damage		2,986,698	2,441,455		1,534,754		2,258,004		2,420,644		331,571		6,197
21.2 Commercial auto physical damage		411,536	357,848		196,037		293,677		382,961		114,879		7,667
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)		7,966,474	6,798,672		4,017,548		4,266,342		5,485,507		3,241,327		72,410
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 80,125

(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 2018 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0963

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2018

NAIC Company Code 13072

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	0963	BUSINESS IN THE STATE OF	Grand Total	DURING THE YEAR 2018								NAIC Company Code	13072
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire	15,182,687	15,209,776		7,739,910	3,765,700	4,105,332	1,203,741	147,659	181,587	.98,513	2,605,712	220,763	
2.1 Allied lines		152,520		73,580	491,627	512,130	37,143	17,150	18,957	1,807	33,604	2,218	
2.2 Multiple peril crop													
2.3 Federal flood													
2.4. Private crop													
2.5 Private flood													
3. Farmowners multiple peril	18,221,093	18,728,314		8,659,258	8,115,325	5,737,329	2,827,225	169,913	138,394	228,156	3,630,374	264,943	
4. Homeowners multiple peril	15,619,773	16,471,022		8,049,251	6,023,721	6,272,046	2,368,419	143,448	102,247	192,617	2,691,148	227,118	
5.1 Commercial multiple peril (non-liability portion)	15,620,183	15,396,300		7,626,949	5,677,412	5,940,250	4,885,118	196,143	214,782	1,719,576	3,192,318	227,124	
5.2 Commercial multiple peril (liability portion)	13,439,185	13,230,483		6,462,100	6,201,869	6,174,666	10,700,163	2,258,639	2,161,759	4,294,511	2,752,991	195,412	
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine	808,626	828,981		394,346	468,518	500,000	43,316	30,454	35,823	6,736	167,384	.11,758	
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)	2,518	2,839		1,306							420	.37	
15.3 Guaranteed renewable accident and health(b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other accident and health (b)													
15.8 Federal employees health benefits plan premium (b)													
16. Workers' compensation													
17.1 Other Liability - occurrence	5,945,220	5,846,002		2,836,905	2,082,445	646,306	7,117,343	218,680	(304,695)	626,924	986,371	.86,446	
17.2 Other Liability - claims made													
17.3 Excess workers' compensation													
18. Products liability	191,375	198,454		.86,372	18,165	23,772	7,012	4,654	7,102	4,372	.40,600	2,783	
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability	33,855,649	30,817,730		13,811,080	17,401,133	20,892,215	23,067,321	468,006	361,245	1,451,680	5,191,419	492,276	
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability	18,734,525	18,465,991		8,924,618	12,138,430	10,587,565	16,999,549	984,873	.32,205	1,553,452	3,135,395	272,408	
21.1 Private passenger auto physical damage	23,053,545	20,869,291		9,738,141	14,222,660	14,954,720	2,004,220	101,766	112,503	.28,271	3,600,774	335,209	
21.2 Commercial auto physical damage	8,682,727	8,273,605		4,106,324	4,425,661	4,905,692	1,116,977	110,203	114,148	.51,672	1,446,953	126,251	
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and theft	455,613	458,719		232,097	31,318	34,162	29,475	845	2,335	1,491	.78,346	6,625	
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business													
35. TOTALS (a)	169,965,239	164,950,169		78,742,236	81,063,982	81,286,184	72,407,022	4,852,432	3,178,392	10,259,777	29,553,806	2,471,369	
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page													
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$ 3,271,705

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8	9	10	11	12	13	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH	162,125		32,541	32,541			76,932				
0199999. Affiliates - U.S. Intercompany Pooling				162,125		32,541	32,541			76,932				
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates				162,125		32,541	32,541			76,932				
AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL	128										
1199999. Total Pools, Associations or Other Similar Facilities - Voluntary Pools				128										
1299999. Total - Pools and Associations				128										
9999999 Totals				162,253		32,541	32,541			76,932				

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Cancelled) during Current Year

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties		
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commiss- ions	15 Columns 7 through 14 Totals	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers						
.34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH.		159,003			32,828		29,493		75,035		137,356					137,356			
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling				159,003			32,828		29,493		75,035		137,356					137,356			
0499999.	Total Authorized - Affiliates - U.S. Non-Pool																					
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)																					
0899999.	Total Authorized - Affiliates				159,003			32,828		29,493		75,035		137,356					137,356			
.95-4387273	19489	ALLIED WORLD ASSURANCE COMPANY	DE.		377														23			
.36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN.		124	3		3										.53	13	(23)		
.06-1430254	10348	ARCH REINSURANCE COMPANY	DE.		1														.40			
.47-0574325	32603	BERKLEY INSURANCE COMPANY	DE.		94	3		2										.40	10	.30		
.42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA.		102	3		2										.44	11	.33		
.22-2005057	26921	EVEREST REINSURANCE COMPANY	DE.		88													.8	(.8)			
.05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI.		337													160	160	140		
.42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA.		59	2		1										22	25	.19		
.13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE.		5,244	1,892	246	2,707		7,342								2,827	15,014	.417		
.06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT.		929	2		22										460	484	.54		
.13-4924125	10227	MUNICH REINSURANCE AMERICA, INC	DE.		277													277		.277		
.47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT.		141															(12)		
.52-1952955	10357	RENAISSANCE REINSURANCE US INC	MD.																			
.35-6021485	12416	PROTECTIVE INSURANCE COMPANY	IN.		.92															(12)		
.43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO.		159															(.7)		
.13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY.		218	4		3										.58	.17	.41		
.13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE.		.67	2		2										29		.22		
.13-1290712	20583	XL REINSURANCE AMERICA	NY.		2													1		1		
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers				8,034	2,188	246	2,742		7,342								3,667	16,185	617	15,568	
AA-9991222	32573	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH.			13												.7	7	3	4	
1099999.	Total Authorized - Pools - Mandatory Pools					13												7	7	3	4	
AA-9995035	.00000	MUTUAL REINSURANCE BUREAU	IL.		367															15	(15)	
1199999.	Total Authorized - Pools - Voluntary Pools				367																(15)	
AA-1126033	.00000	LLOYD'S SYNDICATE #0033	GBR.		.48															14	(14)	
AA-1126435	.00000	LLOYD'S SYNDICATE #0435	GBR.		116															(5)	5	
AA-1126623	.00000	LLOYD'S SYNDICATE #0623	GBR.		20														.2	(2)		
AA-1120157	.00000	LLOYD'S SYNDICATE #1729	GBR.		8														(6)	6		
AA-1120106	.00000	LLOYD'S SYNDICATE #1969	GBR.		16														16	(16)		
AA-1128001	.00000	LLOYD'S SYNDICATE #2001	GBR.		110														(32)	.32		
AA-1128003	.00000	LLOYD'S SYNDICATE #2003	GBR.		394														24	(24)		
AA-1120071	.00000	LLOYD'S SYNDICATE #2007	GBR.																(65)	.65		
AA-1128010	.00000	LLOYD'S SYNDICATE #2010	GBR.		202														(86)	.86		
AA-1120158	.00000	LLOYD'S SYNDICATE #2014	GBR.		.45														(25)	.25		
AA-1128623	.00000	LLOYD'S SYNDICATE #2623	GBR.		.91														.8	(.8)		
AA-1128791	.00000	LLOYD'S SYNDICATE #2791	GBR.		185														(26)	.26		
AA-1120181	.00000	LLOYD'S SYNDICATE #5886	GBR.		248														247	(247)		
1299999.	Total Authorized - Other Non-U.S. Insurers				1,483															66	(66)	
1499999.	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				168,900	2,188	246	35,570		36,835								78,709	153,548	701	152,847	1,144
1899999.	Total Unauthorized - Affiliates - U.S. Non-Pool																					
2199999.	Total Unauthorized - Affiliates - Other (Non-U.S.)																					
2299999.	Total Unauthorized - Affiliates																					
AA-1120337	.00000	ASPEN INSURANCE UK LIMITED	GBR.		.17														6	6	2	4
AA-3194161	.00000	CATLIN INSURANCE COMPANY LTD	BMU		268															11	(11)	
AA-3194122	.00000	DAVINCI REINSURANCE LTD	BMU		134															6	(6)	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 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 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
AA-1340125	.00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		.47	.1		1						18		20	.5		.15
AA-3190875	.00000	HISCOX INSURANCE COMPANY	BMU		125												.5		(.5)
AA-1460019	.00000	MS AMLIN AG																(32)	32
AA-3190339	.00000	RENAISSANCE REINSURANCE, LTD	BMU		228	.1								10		11	11		
AA-1340192	.00000	R&V VERSICHERUNG AG	DEU		375												15		(15)
2699999. Total Unauthorized - Other Non-U.S. Insurers						1,194	2		1					34		37	23		14
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)						1,194	2		1					34		37	23		14
3299999. Total Certified - Affiliates - U.S. Non-Pool																			
3599999. Total Certified - Affiliates - Other (Non-U.S.)																			
3699999. Total Certified - Affiliates																			
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																			
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)						170,094	2,190	246	35,571		36,835		78,743		153,585		724		152,861
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)																			1,144
9999999 Totals						170,094	2,190	246	35,571		36,835		78,743		153,585		724		152,861
																			1,144

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Credit Risk)

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk											
		21	22	23	24				Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28 * 120%)	30	31	32	33	34	35	36
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX		1,457	152,091			16,185	19,422		1,454	17,968			17,968	XXX		655
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX														XXX		
2299999. Total Unauthorized - Affiliates				XXX														XXX		
AA-1120337 ASPEN INSURANCE UK LIMITED					4	6				.6	7	2	.5	4	.1	3				
AA-3194161 CATLIN INSURANCE COMPANY LTD																2				
AA-3194122 DAVINCI REINSURANCE LTD																3				
AA-1340125 HANNOVER RUCKVERSICHERUNGS AG					15	20				20	24	5	19	.15	.4					1
AA-3190875 HISCOX INSURANCE COMPANY																3				
AA-1460019 MS Amlin AG							(32)	32					(32)	.32		32	3			2
AA-3190339 RENAISSANCE REINSURANCE, LTD							.11			.11	.13	.11	.2			2				
AA-1340192 R&V VERSICHERUNG AG																2				
2699999. Total Unauthorized - Other Non-U.S. Insurers				XXX	19	5	32			37	44	(14)	58	19	39	XXX	1	2		
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	19	5	32			37	44	(14)	58	19	39	XXX	1	2		
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX																
3699999. Total Certified - Affiliates				XXX																
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX															XXX	
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)				XXX	19	1,462	152,123			16,222	19,466	1,440	18,026	19	18,007	XXX	1	656		
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)				XXX														XXX		
9999999 Totals				XXX	19	1,462	152,123			16,222	19,466	1,440	18,026	19	18,007	XXX	1	656		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Col. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Col. 40 + 41 - 45)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 43-44)	48	49	50	51	52	53											
			37 Overdue	Overdue																									
				38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41																					
.34-4320350	OHIO MUTUAL INSURANCE COMPANY																			YES									
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling																			XXX									
0499999.	Total Authorized - Affiliates - U.S. Non-Pool																			XXX									
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)																			XXX									
0899999.	Total Authorized - Affiliates																			XXX									
.95-4387273	ALLIED WORLD ASSURANCE COMPANY																			YES									
.36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY																			YES									
.06-1430254	ARCH REINSURANCE COMPANY																			YES									
.47-0574325	BERKLEY INSURANCE COMPANY																			YES									
.42-0234980	EMPLOYERS MUTUAL CASUALTY CO																			YES									
.22-2005057	EVEREST REINSURANCE COMPANY																			YES									
.05-0316605	FACTORY MUTUAL INSURANCE COMPANY																			YES									
.42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY																			YES									
.13-2673100	GENERAL REINSURANCE CORPORATION																			YES									
.06-0384680	HARTFORD STEAM BOILER INSPECTION & INS																			YES									
.13-4924125	MUNICH REINSURANCE AMERICA, INC																			YES									
.47-0698507	ODYSSEY REINSURANCE COMPANY																			YES									
.52-1952955	RENAISSANCE REINSURANCE US INC																			YES									
.35-6021485	PROTECTIVE INSURANCE COMPANY																			YES									
.43-0613000	SHELTER MUTUAL INSURANCE COMPANY																			YES									
.13-1675535	SWISS REINSURANCE AMERICA CORPORATION																			YES									
.13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA																			YES									
.13-1290712	XL REINSURANCE AMERICA																			YES									
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers																			XXX									
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION																			YES									
1099999.	Total Authorized - Pools - Mandatory Pools																			XXX									
AA-9995035	MUTUAL REINSURANCE BUREAU																			YES									
1199999.	Total Authorized - Pools - Voluntary Pools																			XXX									
AA-1126033	LLOYD'S SYNDICATE #0033																			YES									
AA-1126435	LLOYD'S SYNDICATE #0435																			YES									
AA-1126623	LLOYD'S SYNDICATE #0623																			YES									
AA-1120157	LLOYD'S SYNDICATE #1729																			YES									
AA-1120106	LLOYD'S SYNDICATE #1969																			YES									
AA-1128001	LLOYD'S SYNDICATE #2001																			YES									
AA-1128003	LLOYD'S SYNDICATE #2003																			YES									
AA-1120071	LLOYD'S SYNDICATE #2007																			YES									
AA-1128010	LLOYD'S SYNDICATE #2010																			YES									
AA-1120158	LLOYD'S SYNDICATE #2014																			YES									
AA-1128623	LLOYD'S SYNDICATE #2623																			YES									
AA-1128791	LLOYD'S SYNDICATE #2791																			YES									
AA-1120181	LLOYD'S SYNDICATE #5886																			YES									
1299999.	Total Authorized - Other Non-U.S. Insurers																			XXX									

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Col. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50										
		37 Current	Overdue																								
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41																				
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		2,434						2,434										XXX									
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																		XXX									
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																		XXX									
2299999. Total Unauthorized - Affiliates																		XXX									
AA-1120337 ... ASPEN INSURANCE UK LIMITED																		YES									
AA-3194161 ... CATLIN INSURANCE COMPANY LTD																		YES									
AA-3194125 ... DAVINCI RE INSURANCE LTD																		YES									
AA-1340125 ... HANNOVER RUCKVERSICHERUNGS AG		1							1									YES									
AA-3190875 ... HISCOX INSURANCE COMPANY																		YES									
AA-1460019 ... MS Amlin AG										1								YES									
AA-3190339 ... RENAISSANCE REINSURANCE, LTD		1									1							YES									
AA-1340192 ... R&V VERSICHERUNG AG																		YES									
2699999. Total Unauthorized - Other Non-U.S. Insurers		2						2				2						XXX									
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		2						2				2						XXX									
3299999. Total Certified - Affiliates - U.S. Non-Pool																		XXX									
3599999. Total Certified - Affiliates - Other (Non-U.S.)																		XXX									
3699999. Total Certified - Affiliates																		XXX									
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																		XXX									
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		2,436						2,436				2,436						XXX									
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)																		XXX									
9999999 Totals		2,436						2,436				2,436						XXX									

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54 Certified Reinsurer Rating (1 through 6)	55 Effective Date of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catastrophe Recoverables Qualifying for Collateral Deferral	58 Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([(Col. 20 + Col. 21 + Col. 22 + Col. 24) / Col. 58], not to exceed 100%)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days	63 20% of Recoverable on Paid Losses & LAE Past Due Amounts in Dispute (Col. 45 * 20%)	64 Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	65 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	66 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	67 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	68 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	
34-4320350	OHIO MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999.	Total Authorized - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999.	Total Authorized - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.95-4387273	ALLIED WORLD ASSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.06-1430254	ARCH RE INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.47-0574325	BERKLEY INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.42-0234980	EMPLOYERS MUTUAL CASUALTY CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.22-2005057	EVEREST REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.05-0316605	FACTORY MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.13-2673100	GENERAL REINSURANCE CORPORATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.06-0384680	HARTFORD STEAM BOILER INSPECTION & INS.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.13-4924125	MUNICH REINSURANCE AMERICA, INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.47-0698507	ODYSSEY REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.52-1952955	RENAISSANCE REINSURANCE US INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.35-6021485	PROTECTIVE INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.43-0613000	SHELTER MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.13-1675535	SWISS REINSURANCE AMERICA CORPORATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
.13-1290712	XL REINSURANCE AMERICA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999.	Total Authorized - Pools - Mandatory Pools	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9995035	MUTUAL REINSURANCE BUREAU	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1199999.	Total Authorized - Pools - Voluntary Pools	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126033	LLOYD'S SYNDICATE #0033	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126435	LLOYD'S SYNDICATE #0435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126623	LLOYD'S SYNDICATE #0623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120157	LLOYD'S SYNDICATE #1729	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120106	LLOYD'S SYNDICATE #1969	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128001	LLOYD'S SYNDICATE #2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128003	LLOYD'S SYNDICATE #2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120071	LLOYD'S SYNDICATE #2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128010	LLOYD'S SYNDICATE #2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120158	LLOYD'S SYNDICATE #2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623	LLOYD'S SYNDICATE #2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128791	LLOYD'S SYNDICATE #2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120181	LLOYD'S SYNDICATE #5886	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54 Certified Reinsurer Rating (1 through 6)	55 Effective Date of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catastrophe Recoverables Qualifying for Collateral Deferral	58 Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([(Col. 20 + Col. 21 + Col. 22 + Col. 24) / Col. 58], not to exceed 100%)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days	63 20% of Recoverable on Paid Losses & LAE Past Due Amounts in Dispute (Col. 45 * 20%)	64 Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	65 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	67 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	68 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	69 20% of Amount in Col. 67
1299999. Total Authorized - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2299999. Total Unauthorized - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120337 .. ASPEN INSURANCE UK LIMITED		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194161 .. CATLIN INSURANCE COMPANY LTD		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194122 .. DAVINCI REINSURANCE LTD ..		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125 .. HANNOVER RUCKVERSICHERUNGS AG		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190875 .. HISCOX INSURANCE COMPANY		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460019 .. MS AMLIN AG		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190339 .. RENAISSANCE REINSURANCE, LTD		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340192 .. R&V VERSICHERUNG AG		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999. Total Unauthorized - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX															
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX															
3699999. Total Certified - Affiliates		XXX															
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX															
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		XXX															
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)		XXX															
9999999 Totals		XXX															

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
.34-4320350	OHIO MUTUAL INSURANCE COMPANY	XXX	XXX					XXX	XXX	
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling	XXX	XXX					XXX	XXX	
0499999.	Total Authorized - Affiliates - U.S. Non-Pool	XXX	XXX					XXX	XXX	
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)	XXX	XXX					XXX	XXX	
0899999.	Total Authorized - Affiliates	XXX	XXX					XXX	XXX	
.95-4387273	ALLIED WORLD ASSURANCE COMPANY	XXX	XXX					XXX	XXX	
.36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY	XXX	XXX					XXX	XXX	
.06-1430254	ARCH REINSURANCE COMPANY	XXX	XXX					XXX	XXX	
.47-0574325	BERKLEY INSURANCE COMPANY	XXX	XXX					XXX	XXX	
.42-0234980	EMPLOYERS MUTUAL CASUALTY CO	XXX	XXX					XXX	XXX	
.22-2005057	EVEREST REINSURANCE COMPANY	XXX	XXX					XXX	XXX	
.05-0316605	FACTORY MUTUAL INSURANCE COMPANY	XXX	XXX					XXX	XXX	
.42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY	XXX	XXX					XXX	XXX	
.13-2673100	GENERAL REINSURANCE CORPORATION	XXX	XXX					XXX	XXX	
.06-0384680	HARTFORD STEAM BOILER INSPECTION & INS.	XXX	XXX					XXX	XXX	
.13-4924125	MUNICH REINSURANCE AMERICA, INC	XXX	XXX					XXX	XXX	
.47-0698507	ODYSSEY REINSURANCE COMPANY	XXX	XXX					XXX	XXX	
.52-1952955	RENAISSANCE REINSURANCE US INC	XXX	XXX					XXX	XXX	
.35-6021485	PROTECTIVE INSURANCE COMPANY	XXX	XXX					XXX	XXX	
.43-0613000	SHELTER MUTUAL INSURANCE COMPANY	XXX	XXX					XXX	XXX	
.13-1675535	SWISS REINSURANCE AMERICA CORPORATION	XXX	XXX					XXX	XXX	
.13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA	XXX	XXX					XXX	XXX	
.13-1290712	XL REINSURANCE AMERICA	XXX	XXX					XXX	XXX	
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers	XXX	XXX					XXX	XXX	
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	XXX	XXX					XXX	XXX	
1099999.	Total Authorized - Pools - Mandatory Pools	XXX	XXX					XXX	XXX	
AA-9995035	MUTUAL REINSURANCE BUREAU	XXX	XXX					XXX	XXX	
1199999.	Total Authorized - Pools - Voluntary Pools	XXX	XXX					XXX	XXX	
AA-1126033	LLOYD'S SYNDICATE #0033	XXX	XXX					XXX	XXX	
AA-1126435	LLOYD'S SYNDICATE #0435	XXX	XXX					XXX	XXX	
AA-1126623	LLOYD'S SYNDICATE #0623	XXX	XXX					XXX	XXX	
AA-1120157	LLOYD'S SYNDICATE #1729	XXX	XXX					XXX	XXX	
AA-1120106	LLOYD'S SYNDICATE #1969	XXX	XXX					XXX	XXX	
AA-1128001	LLOYD'S SYNDICATE #2001	XXX	XXX					XXX	XXX	
AA-1128003	LLOYD'S SYNDICATE #2003	XXX	XXX					XXX	XXX	
AA-1120071	LLOYD'S SYNDICATE #2007	XXX	XXX					XXX	XXX	
AA-1128010	LLOYD'S SYNDICATE #2010	XXX	XXX					XXX	XXX	
AA-1120158	LLOYD'S SYNDICATE #2014	XXX	XXX					XXX	XXX	
AA-1128623	LLOYD'S SYNDICATE #2623	XXX	XXX					XXX	XXX	
AA-1128791	LLOYD'S SYNDICATE #2791	XXX	XXX					XXX	XXX	
AA-1120181	LLOYD'S SYNDICATE #5886	XXX	XXX					XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
1299999. Total Authorized - Other Non-U.S. Insurers		XXX	XXX					XXX	XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	XXX				XXX	XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					XXX	XXX	XXX		XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)					XXX	XXX	XXX		XXX	
2299999. Total Unauthorized - Affiliates					XXX	XXX	XXX		XXX	
AA-1120337 ... ASPEN INSURANCE UK LIMITED					XXX	XXX	XXX		XXX	
AA-3194161 ... CATLIN INSURANCE COMPANY LTD					XXX	XXX	XXX		XXX	
AA-3194122 ... DAVINCI REINSURANCE LTD ..					XXX	XXX	XXX		XXX	
AA-1340125 ... HANNOVER RUCKVERSICHERUNGS AG					XXX	XXX	XXX		XXX	
AA-3190875 ... HISCOX INSURANCE COMPANY ..					XXX	XXX	XXX		XXX	
AA-1460019 ... MS Amlin AG ..			32		XXX	XXX	XXX		XXX	
AA-3190339 ... RENAISSANCE REINSURANCE, LTD ..					XXX	XXX	XXX		XXX	
AA-1340192 ... R&V VERSICHERUNG AG ..					XXX	XXX	XXX		XXX	
2699999. Total Unauthorized - Other Non-U.S. Insurers			32		XXX	XXX	XXX		XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				32	XXX	XXX	XXX		XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX		XXX	
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX		XXX	
3699999. Total Certified - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX		XXX	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX		XXX	
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)				32						
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)				32						
9999999 Totals				32						

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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:

	<u>1</u> Name of Reinsurer	<u>2</u> Commission Rate	<u>3</u> Ceded Premium
1.	FACTORY MUTUAL INSURANCE COMPANY	35.000	337,147
2.	GENERAL REINSURANCE CORPORATION	32.500	3,514,238
3.	HARTFORD STEAM BOILER INSPECTION & INS	30.000	929,144
4.	SWISS REINSURANCE AMERICA CORPORATION	25.000	134,201
5.	AMERICAN AGRICULTURAL INSURANCE COMPANY	25.000	124,136

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	<u>1</u> Name of Reinsurer	<u>2</u> Total Recoverables	<u>3</u> Ceded Premiums	<u>4</u> Affiliated
6.	GENERAL REINSURANCE CORPORATION	15,013,104	5,242,883	Yes [] No [X]
7.	HARTFORD STEAM BOILER INSPECTION & INS	484,122	929,144	Yes [] No [X]
8.	MUNICH REINSURANCE AMERICA, INC	276,836	.....	Yes [] No [X]
9.	FACTORY MUTUAL INSURANCE COMPANY	159,832	337,147	Yes [] No [X]
10.	SWISS REINSURANCE AMERICA CORPORATION	57,556	217,939	Yes [] No [X]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	288,443,933		288,443,933
2. Premiums and considerations (Line 15)	41,415,036		41,415,036
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	2,435,968	(2,435,968)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	29,495,635		29,495,635
6. Net amount recoverable from reinsurers		151,713,157	151,713,157
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	361,790,572	149,277,189	511,067,761
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	70,104,754	72,407,022	142,511,776
10. Taxes, expenses, and other obligations (Lines 4 through 8)	18,632,140		18,632,140
11. Unearned premiums (Line 9)	76,932,143	78,735,538	155,667,681
12. Advance premiums (Line 10)	1,015,960		1,015,960
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	724,187	(720,989)	3,198
15. Funds held by company under reinsurance treaties (Line 13)	1,144,382	(1,144,382)	
16. Amounts withheld or retained by company for account of others (Line 14)	94,997		94,997
17. Provision for reinsurance (Line 16)			
18. Other liabilities	7,650,726		7,650,726
19. Total liabilities excluding protected cell business (Line 26)	176,299,289	149,277,189	325,576,478
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	185,491,283	XXX	185,491,283
22. Totals (Line 38)	361,790,572	149,277,189	511,067,761

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

Yes [] No []

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Non-Cancelable		Guaranteed Renewable		Other Individual Contracts					
													13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %						
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	1,637	XXX		XXX		XXX		XXX		1,637	XXX		XXX		XXX		XXX	
2. Premiums earned	1,845	XXX		XXX		XXX		XXX		1,845	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)	273	14.8								273	14.8							
8. Other general insurance expenses	237	12.8								237	12.8							
9. Taxes, licenses and fees																		
10. Total other expenses incurred	510	27.6								510	27.6							
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds	1,335	72.4								1,335	72.4							
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	1,335	72.4								1,335	72.4							
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	849					849			
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	849					849			
5. Total premium reserves, prior year	1,057					1,057			
6. Increase in total premium reserves	(208)					(208)			
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	1,637						1,637		
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	2,518						2,518		
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims				
2. Beginning claim reserves and liabilities				
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 2018 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(1)						2	(1)	XXX	
2. 2009	27,002	2,418	24,584	17,973	4,059	359	33	1,518		289	15,758	4,070	
3. 2010	28,247	1,717	26,530	14,565	221	403	1	1,426		179	16,172	4,937	
4. 2011	29,774	2,402	27,372	25,838	5,182	599	182	2,184		120	23,257	4,131	
5. 2012	31,827	4,014	27,813	32,805	15,927	1,347	754	2,738		142	20,209	4,322	
6. 2013	34,098	2,992	31,106	20,183	835	358	2	2,324		296	22,028	2,650	
7. 2014	36,413	3,585	32,828	14,808	91	276	1	1,781		445	16,773	1,889	
8. 2015	37,495	3,210	34,285	13,022	116	356	1	1,430		270	14,691	1,741	
9. 2016	38,237	3,280	34,957	13,692	675	327	3	1,630		307	14,971	1,650	
10. 2017	39,304	3,304	36,000	19,032	1,265	390	8	1,876		188	20,025	2,065	
11. 2018	42,029	3,421	38,608	12,430	52	244	1	1,414		92	14,035	1,722	
12. Totals	XXX	XXX	XXX	184,347	28,423	4,659	986	18,321		2,330	177,918	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.	33											33	1
2. 2009													
3. 2010	11		5									16	1
4. 2011	3		1									4	1
5. 2012	78		39									123	3
6. 2013	22		11									35	4
7. 2014	5		1									8	1
8. 2015	251	4	127									403	5
9. 2016	401	3	260	31								.693	14
10. 2017	574	52	307	26								1,004	32
11. 2018	3,014	44	1,740	112								5,257	228
12. Totals	4,392	103	2,491	169								7,576	290

	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	33	
2. 2009	19,850	4,092	15,758	73.5	169.2	64.1			65.0		
3. 2010	16,410	222	16,188	58.1	12.9	61.0			65.0	16	
4. 2011	28,625	5,364	23,261	96.1	223.3	85.0			65.0	4	
5. 2012	37,013	16,681	20,332	116.3	415.6	73.1			65.0	117	6
6. 2013	22,900	837	22,063	67.2	28.0	70.9			65.0	33	2
7. 2014	16,873	92	16,781	46.3	2.6	51.1			65.0	6	2
8. 2015	15,215	121	15,094	40.6	3.8	44.0			65.0	374	29
9. 2016	16,376	712	15,664	42.8	21.7	44.8			65.0	627	66
10. 2017	22,380	1,351	21,029	56.9	40.9	58.4			65.0	803	201
11. 2018	19,501	209	19,292	46.4	6.1	50.0			65.0	4,598	659
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	6,611	965

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(13)		2		(1)		13	(12)	XXX	
2. 2009	31,716	2,003	29,713	20,516	1,931	1,052	66	1,786	63	815	21,294	4,986	
3. 2010	32,274	1,260	31,014	20,907	1,454	1,243	129	1,853	28	986	22,392	5,999	
4. 2011	30,091	382	29,709	17,263	68	1,094	1	1,337		711	19,625	3,284	
5. 2012	27,009	249	26,760	17,012	475	982	33	1,242		801	18,728	2,515	
6. 2013	25,776	183	25,593	15,409	43	618	2	1,206		498	17,188	2,463	
7. 2014	26,807	131	26,676	17,249		664		1,453		568	19,366	2,388	
8. 2015	27,851	154	27,697	17,554	93	590		2,027		776	20,078	2,327	
9. 2016	29,724	155	29,569	17,305	2	346		2,040		527	19,689	2,327	
10. 2017	32,909	206	32,703	15,314	17	147		1,917		480	17,361	2,410	
11. 2018	37,692	177	37,515	10,655		80		1,562		197	12,297	2,792	
12. Totals	XXX	XXX	XXX	169,171	4,083	6,818	231	16,422	91	6,372	188,006	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.	8											8	1
2. 2009	5	1										4	1
3. 2010	16	2							2			16	1
4. 2011	33		17					6		2		58	1
5. 2012	13		37	1				11		3		63	2
6. 2013	141		82	4				18		6		243	6
7. 2014	425		174	2				53		16		666	14
8. 2015	626		174	42				102		62		922	28
9. 2016	2,294	11	378	132				433		124		3,086	87
10. 2017	4,298	23	2,381	493				665		403		7,231	228
11. 2018	8,289	2	8,590	838				992		1,475		18,506	1,014
12. Totals	16,148	39	11,833	1,512				2,282		2,091		30,803	1,383

	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	8	
2. 2009	23,359	2,061	21,298	73.7	102.9	71.7			65.0	4	
3. 2010	24,021	1,613	22,408	74.4	128.0	72.3			65.0	14	2
4. 2011	19,752	69	19,683	65.6	18.1	66.3			65.0	50	8
5. 2012	19,300	509	18,791	71.5	204.4	70.2			65.0	49	14
6. 2013	17,480	49	17,431	67.8	26.8	68.1			65.0	219	24
7. 2014	20,034	2	20,032	74.7	1.5	75.1			65.0	597	69
8. 2015	21,135	135	21,000	75.9	87.7	75.8			65.0	758	164
9. 2016	22,920	145	22,775	77.1	93.5	77.0			65.0	2,529	557
10. 2017	25,125	533	24,592	76.3	258.7	75.2			65.0	6,163	1,068
11. 2018	31,643	840	30,803	84.0	474.6	82.1			65.0	16,039	2,467
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	26,430	4,373

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2009	5,870	606	5,264	2,038	57	168	5	198		255	2,342	387	
3. 2010	6,392	520	5,872	3,747	345	265	6	330	1	33	3,990	610	
4. 2011	7,026	443	6,583	2,296		303		282		45	2,881	423	
5. 2012	7,968	471	7,497	4,043	313	304	21	416		42	4,429	433	
6. 2013	9,102	495	8,607	4,779	347	618	15	.556		63	5,591	455	
7. 2014	10,339	551	9,788	8,044	607	724	27	812		60	8,946	555	
8. 2015	10,641	617	10,024	6,307	1,004	337	11	593		70	6,222	612	
9. 2016	11,040	706	10,334	5,218	384	234	4	575		27	5,639	552	
10. 2017	11,506	846	10,660	3,496		89		584		61	4,169	572	
11. 2018	12,003	477	11,526	1,903		38		480		28	2,421	485	
12. Totals	XXX	XXX	XXX	41,871	3,057	3,080	89	4,826	1	684	46,630	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. 2009													
3. 2010													
4. 2011													
5. 2012	2		1	1					4		6	1	
6. 2013	247		106	4			7				.356	5	
7. 2014	507	211	200	106			49		.47		.486	7	
8. 2015	410		266	89			63		79		.729	14	
9. 2016	474		1,236	11			.161		.93		.1,953	15	
10. 2017	1,440	4	1,574	324			298		.142		.3,126	49	
11. 2018	1,379		3,207	413			433		.519		.5,125	132	
12. Totals	4,459	215	6,590	948			1,011		884		11,781	223	

	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. 2009	2,404	.62	2,342	.41.0	10.2	.44.5			.65.0		
3. 2010	4,342	352	3,990	.67.9	67.7	.67.9			.65.0		
4. 2011	2,881		2,881	.41.0		.43.8			.65.0		
5. 2012	4,770	335	4,435	.59.9	71.1	.59.2			.65.0	2	.4
6. 2013	6,313	366	5,947	.69.4	73.9	.69.1			.65.0	.349	7
7. 2014	10,383	951	9,432	100.4	172.6	.96.4			.65.0	.390	.96
8. 2015	8,055	1,104	6,951	.75.7	.178.9	.69.3			.65.0	.587	142
9. 2016	7,991	399	7,592	.72.4	.56.5	.73.5			.65.0	.1,699	254
10. 2017	7,623	328	7,295	.66.3	38.8	.68.4			.65.0	2,686	440
11. 2018	7,959	413	7,546	.66.3	86.6	.65.5			.65.0	4,173	952
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	9,886	1,895

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2009													
3. 2010													
4. 2011													
5. 2012													
6. 2013													
7. 2014													
8. 2015													
9. 2016													
10. 2017													
11. 2018													
12. Totals	XXX	XXX	XXX									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. 2009																
3. 2010																
4. 2011																
5. 2012																
6. 2013																
7. 2014																
8. 2015																
9. 2016																
10. 2017																
11. 2018																
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. 2009												
3. 2010												
4. 2011												
5. 2012												
6. 2013												
7. 2014												
8. 2015												
9. 2016												
10. 2017												
11. 2018												
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX					XXX	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(1)						1	(1)	XXX	
2. 2009	8,756	1,182	7,574	4,248	694	490	112	379		48	4,311	759	
3. 2010	9,537	1,238	8,299	4,819	182	736	6	457		43	5,824	1,355	
4. 2011	10,346	1,331	9,015	7,327	1,737	693	.56	716		121	6,943	787	
5. 2012	11,584	1,534	10,050	6,460	1,612	500	64	738		96	6,022	810	
6. 2013	13,770	1,716	12,054	8,789	1,591	1,319	.73	.994		79	9,438	710	
7. 2014	16,070	2,078	13,992	7,676	588	1,252	.31	954		76	9,263	763	
8. 2015	16,706	2,079	14,627	5,907	.447	1,235	.70	660		.110	7,285	719	
9. 2016	17,618	2,161	15,457	6,032	.348	560	.1	759		79	7,002	660	
10. 2017	18,207	2,204	16,003	5,612	.433	387	.3	662		.141	6,225	602	
11. 2018	18,607	1,800	16,807	3,630	127	175	1	534		33	4,211	491	
12. Totals	XXX	XXX	XXX	60,499	7,759	7,347	417	6,853		827	66,523	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		Case Basis							
	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. 2009																
3. 2010	.29		15				10					54	3			
4. 2011																
5. 2012	13		126	1			24		1			163	1			
6. 2013	417		139	2			181		1			736	8			
7. 2014	578	.3	342	2			276		28			1,219	18			
8. 2015	1,253	237	673	116			520		.52			2,145	39			
9. 2016	786		.632	.312			649		.15			1,770	.46			
10. 2017	730		1,228	619			977		106			2,422	.55			
11. 2018	1,465	14	1,704	267			1,272		485			4,645	127			
12. Totals	5,271	254	4,859	1,319			3,909		688			13,154	297			

	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. 2009	5,117	806	4,311	58.4	68.2	56.9			65.0		
3. 2010	6,066	188	5,878	63.6	15.2	70.8			65.0	44	10
4. 2011	8,736	1,793	6,943	84.4	134.7	77.0			65.0		
5. 2012	7,862	1,677	6,185	.67.9	109.3	.61.5			65.0	.138	.25
6. 2013	11,840	1,666	10,174	.86.0	97.1	.84.4			65.0	.554	.182
7. 2014	11,106	624	10,482	.69.1	30.0	.74.9			65.0	.915	.304
8. 2015	10,300	870	9,430	.61.7	41.8	.64.5			65.0	.1,573	.572
9. 2016	9,433	661	8,772	.53.5	30.6	.56.8			65.0	.1,106	.664
10. 2017	9,702	1,055	8,647	.53.3	47.9	.54.0			65.0	.1,339	.1,083
11. 2018	9,265	409	8,856	49.8	22.7	52.7			65.0	2,888	1,757
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	8,557	4,597

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(1)						1	(1)	XXX	
2. 2009	3,773	1,370	2,403	1,182	585	93		83		1	773	879	
3. 2010	3,680	1,429	2,251	904	433	135	4	116		10	718	218	
4. 2011	3,914	1,589	2,325	874	132	185	32	89		4	984	114	
5. 2012	4,250	1,832	2,418	418		50		65		5	533	125	
6. 2013	4,544	1,981	2,563	2,469	1,303	258		213		3	1,637	114	
7. 2014	4,700	2,150	2,550	2,102	1,498	143	20	272		2	999	104	
8. 2015	4,783	2,143	2,640	1,077	585	63		91		2	646	77	
9. 2016	4,451	2,169	2,282	609		68		74		1	751	80	
10. 2017	4,066	2,251	1,815	637	295	17		124			483	39	
11. 2018	4,219	2,412	1,807	57		8		67		2	132	31	
12. Totals	XXX	XXX	XXX	10,328	4,831	1,020	56	1,194		31	7,655	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.	10											10	1
2. 2009													
3. 2010													
4. 2011													
5. 2012	123		62				39					224	1
6. 2013	7		43	12			7		23			68	1
7. 2014	23		18	14			4		8			39	4
8. 2015	7		300	116			22		6			219	2
9. 2016	682	585	398	226			168		26			463	7
10. 2017	139	29	1,233	883			30		24			514	4
11. 2018	694	600	983	529			145		82			775	10
12. Totals	1,685	1,214	3,037	1,780			415		169			2,312	30

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX	10	
2. 2009	1,358	585	773	36.0	42.7	32.2			65.0		
3. 2010	1,155	437	718	31.4	30.6	31.9			65.0		
4. 2011	1,148	164	984	29.3	10.3	42.3			65.0		
5. 2012	757		757	17.8		31.3			65.0	185	39
6. 2013	3,020	1,315	1,705	66.5	66.4	66.5			65.0	38	30
7. 2014	2,570	1,532	1,038	54.7	71.3	40.7			65.0	27	12
8. 2015	1,566	701	865	32.7	32.7	32.8			65.0	191	28
9. 2016	2,025	811	1,214	45.5	37.4	53.2			65.0	269	194
10. 2017	2,204	1,207	997	54.2	53.6	54.9			65.0	460	54
11. 2018	2,036	1,129	907	48.3	46.8	50.2			65.0	548	227
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,728	584

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2009													
3. 2010													
4. 2011													
5. 2012													
6. 2013													
7. 2014													
8. 2015													
9. 2016													
10. 2017													
11. 2018													
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. 2009													
3. 2010													
4. 2011													
5. 2012													
6. 2013													
7. 2014													
8. 2015													
9. 2016													
10. 2017													
11. 2018													
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. 2009											
3. 2010											
4. 2011											
5. 2012											
6. 2013											
7. 2014											
8. 2015											
9. 2016											
10. 2017											
11. 2018											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)**
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	21		12		1		9	34	XXX	
2. 2017	13,410	794	12,616	4,523		153		479		147	5,155	XXX	
3. 2018	13,321	783	12,538	3,088		117		338		38	3,543	XXX	
4. Totals	XXX	XXX	XXX	7,632		282		818		194	8,732	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior			5	2			1					4				
2. 2017	.6		20	2			7		9			40	2			
3. 2018	633		279	2			100		61			1,071	43			
4. Totals	639		304	6			108		70			1,115	45			

	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	3	1
2. 2017	5,197	2	5,195	38.8	0.3	41.2			.65.0	24	16
3. 2018	4,616	2	4,614	34.7	0.3	36.8			.65.0	910	161
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	937	178

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(231)	23	9		(14)		204	(259)	XXX	
2. 2017	29,706	577	29,129	18,125		186		2,160		2,715	20,471	4	
3. 2018	34,621	674	33,947	20,503		153		2,356		2,147	23,012	465	
4. Totals	XXX	XXX	XXX	38,397	23	348		4,502		5,066	43,224	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	62		42	3			7					108	2			
2. 2017	9	1	38	7			6		19			64	4			
3. 2018	1,704		1,234	36			56		226			3,184	465			
4. Totals	1,775	1	1,314	46			69		245			3,356	471			

	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	101	7
2. 2017	20,543	8	20,535	69.2	1.4	70.5			.65.0	39	25
3. 2018	26,232	36	26,196	75.8	5.3	77.2			.65.0	2,902	282
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3,042	314

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2017												XXX	
3. 2018												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. 2017																
3. 2018																
4. Totals																

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior	XXX	XXX	XXX	XXX	XXX					
2. 2017											
3. 2018											
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2017		2		2								XXX	
3. 2018		2		2								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. 2017																
3. 2018																
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		XXX	XXX
2. 2017										.65.0	
3. 2018										65.0	
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

Schedule P - Part 1M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX									XXX	
2. 2009	176	4	172	19		23		2			44	46	
3. 2010	146	2	144	7		8		1			16	119	
4. 2011	123	1	122	20		12		3			35	10	
5. 2012	118	1	117	15		1		1	1		16	4	
6. 2013	125	1	124	18		11		2			31	4	
7. 2014	137	1	136	1		8					.9	4	
8. 2015	137	1	136	1		.1					.2	3	
9. 2016	126	1	125	.4		.1					.5	4	
10. 2017	129	1	128	.3							.3		
11. 2018	129		129	9		3		1			13	4	
12. Totals	XXX	XXX	XXX	97		68		10	1		174	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. 2009													
3. 2010													
4. 2011													
5. 2012													
6. 2013													
7. 2014													
8. 2015													
9. 2016													
10. 2017													
11. 2018			5					3				8	
12. Totals			5					3				8	

	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. 2009	44		44	25.0		.25.6			.65.0		
3. 2010	16		16	11.0		11.1			.65.0		
4. 2011	35		35	28.5		.28.7			.65.0		
5. 2012	17	1	16	14.4	100.0	13.7			.65.0		
6. 2013	31		31	24.8		.25.0			.65.0		
7. 2014	9		9	6.6		.6.6			.65.0		
8. 2015	2		2	1.5		.1.5			.65.0		
9. 2016	5		5	4.0		.4.0			.65.0		
10. 2017	3		3	2.3		.2.3			.65.0		
11. 2018	21		21	16.3		.16.3			.65.0	5	3
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	5	3

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior	1,721	924	770	711	703	714	714	744	746	726	(20)	(18)
2. 2009	15,551	14,429	14,429	14,518	14,262	14,253	14,249	14,250	14,240	14,240		(10)
3. 2010	XXX	16,346	15,222	14,907	14,832	14,755	14,746	14,746	14,762	14,762		16
4. 2011	XXX	XXX	22,751	21,667	21,522	21,091	21,090	21,079	21,075	21,077	2	(2)
5. 2012	XXX	XXX	XXX	18,263	17,745	17,657	17,715	17,650	17,642	17,594	(48)	(56)
6. 2013	XXX	XXX	XXX	XXX	21,168	20,023	19,739	19,729	19,733	19,739	6	10
7. 2014	XXX	XXX	XXX	XXX	XXX	16,937	15,552	15,174	15,040	15,000	(40)	(174)
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	14,512	13,733	13,485	13,662	177	(71)
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,547	14,108	14,032	(76)	(1,515)
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,999	19,071	(928)	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,457	XXX	XXX
										12. Totals	(927)	(1,820)

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

1. Prior	10,166	9,319	8,504	8,291	8,251	8,204	8,175	8,131	8,121	8,113	(8)	(18)
2. 2009	22,727	21,354	20,598	20,428	19,944	19,821	19,696	19,583	19,579	19,575	(4)	(8)
3. 2010	XXX	22,523	22,353	21,881	21,545	20,979	20,618	20,637	20,586	20,583	(3)	(54)
4. 2011	XXX	XXX	21,118	20,011	19,361	18,728	18,633	18,524	18,333	18,344	11	(180)
5. 2012	XXX	XXX	XXX	20,164	19,301	18,278	18,091	17,644	17,595	17,546	(49)	(98)
6. 2013	XXX	XXX	XXX	XXX	17,709	17,856	17,378	16,468	16,513	16,219	(294)	(249)
7. 2014	XXX	XXX	XXX	XXX	XXX	19,508	19,302	19,241	18,694	18,563	(131)	(678)
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	22,043	21,350	19,300	18,911	(389)	(2,439)
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22,874	21,481	20,611	(870)	(2,263)
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,631	22,272	(1,359)	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,766	XXX	XXX	XXX
										12. Totals	(3,096)	(5,987)

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

1. Prior	2,279	2,313	1,380	1,473	1,388	1,390	1,330	1,330	1,330	1,330		
2. 2009	2,583	2,602	2,331	2,180	2,157	2,161	2,144	2,144	2,144	2,144		
3. 2010	XXX	5,569	4,792	4,375	4,001	3,728	3,727	4,285	3,661	3,661		(624)
4. 2011	XXX	XXX	4,491	3,573	2,970	2,711	2,581	2,627	2,613	2,599	(14)	(28)
5. 2012	XXX	XXX	XXX	4,407	4,490	4,533	4,306	4,006	4,117	4,015	(102)	9
6. 2013	XXX	XXX	XXX	XXX	4,813	4,370	4,390	5,601	5,350	5,391	41	(210)
7. 2014	XXX	XXX	XXX	XXX	XXX	7,989	8,437	8,389	8,700	8,573	(127)	184
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	6,772	6,858	6,538	6,279	(259)	(579)
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,895	6,242	6,924	682	1,029
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,720	6,569	(151)	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,547	XXX	XXX	XXX
										12. Totals	70	(219)

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XXX	XXX							
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
										12. Totals		

NONE

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior	2,234	2,541	2,487	2,084	2,041	2,015	2,084	2,171	2,201	2,200	(1)	29
2. 2009	.4,280	.4,040	4,071	3,762	3,712	3,718	3,875	4,007	4,034	3,932	(102)	(75)
3. 2010	XXX	5,881	5,790	5,796	5,275	5,381	5,533	5,563	5,403	5,421	18	(142)
4. 2011	XXX	XXX	6,389	6,671	6,445	6,484	6,335	6,372	6,353	6,227	(126)	(145)
5. 2012	XXX	XXX	XXX	7,004	5,785	5,384	5,429	5,578	5,436	5,446	10	(132)
6. 2013	XXX	XXX	XXX	XXX	9,089	9,492	9,531	8,721	8,692	9,179	487	458
7. 2014	XXX	XXX	XXX	XXX	XXX	7,801	7,852	8,902	8,722	9,500	778	598
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	7,186	7,271	7,980	8,718	738	1,447
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,994	8,108	7,998	(110)	4
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,707	7,879	(828)	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,837	XXX	XXX	XXX
										12. Totals	864	2,042

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XX								
8. 2015	XXX	XXX	XXX	XX								
9. 2016	XXX	XXX	XXX	XXX								
10. 2017	XXX	XXX	XXX	XXX	XXX							XXX
11. 2018	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. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XX								
9. 2016	XXX	XXX	XXX	XX								
10. 2017	XXX	XXX	XXX	XXX								XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XX								
9. 2016	XXX	XXX	XXX	XX								
10. 2017	XXX	XXX	XXX	XXX								XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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

1. Prior	1,624	.965	.910	.774	.763	.903	.886	.886	.868	.867	(1)	(19)
2. 2009	.891	.913	.707	.712	.702	.709	.691	.690	.690	.690		
3. 2010	XXX	.571	.931	.830	.932	.617	.598	.603	.602	.602		
4. 2011	XXX	XXX	.708	1,169	1,052	1,103	.927	.912	.895	.895	(17)	
5. 2012	XXX	XXX	XXX	.667	.875	.631	.683	.703	.708	.692	(16)	(11)
6. 2013	XXX	XXX	XXX	XXX	1,191	1,226	1,579	1,693	1,768	1,469	(299)	(224)
7. 2014	XXX	XXX	XXX	XXX	XXX	1,210	1,344	.936	.806	.758	(48)	(178)
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1,002	.899	.618	.768	.150	(131)
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,386	1,217	1,114	(103)	(272)
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,146	.849	(297)	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.758	(614)	(853)
12. Totals												

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XX								
9. 2016	XXX	XXX	XXX	XX								
10. 2017	XXX	XXX	XXX	XXX								XXX
11. 2018	XXX											
12. Totals												

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,080	787	699	(88)	(381)
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,019	4,707	(312)	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,215	XXX	XXX
										4. Totals	(400)	(381)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	2,082	322	127	(195)	(1,955)						
2. 2017	XXX	19,244	18,356	(888)	XXX							
3. 2018	XXX	XXX	23,614	XXX	XXX							
										4. Totals	(1,083)	(1,955)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior	XXX											
2. 2017	XXX					XXX						
3. 2018	XXX				XXX	XXX						
										4. Totals		

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

1. Prior	XXX	1				(1)						
2. 2017	XXX				XXX							
3. 2018	XXX		XXX	XXX								
										4. Totals		(1)

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XX							
8. 2015	XXX	XXX	XXX	XX	XX	XX						
9. 2016	XXX	XXX	XXX	XXX	XX	XX	XX					
10. 2017	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

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

N O N E

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

N O N E

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

N O N E

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SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 Two Year
1. Prior	148	100	47	41	39	39	39	39	39	39		
2. 2009	151	69	55	44	42	42	42	42	42	42		
3. 2010	XXX	28	11	14	15	15	15	15	15	15		
4. 2011	XXX	XXX	92	54	48	32	32	32	34	32	(2)	
5. 2012	XXX	XXX	XXX	29	28	16	16	16	16	16		
6. 2013	XXX	XXX	XXX	XXX	44	48	32	29	29	29		
7. 2014	XXX	XXX	XXX	XXX	XXX	34	68	9	9	9		
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	3	3	2	2		(1)
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	6	5	(1)	2
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	XXX	XXX
												12. Totals
												1

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

1. Prior												
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XX	XX							
8. 2015	XXX	XXX	XXX	XX	XX	XX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XX					
10. 2017	XXX		XXX									
11. 2018	XXX		XXX									
												12. Totals

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

1. Prior	XXX											
2. 2017	XXX					XXX						
3. 2018	XXX	XXX	XXX	XX	XX	XX	XX					XXX
												4. Totals

SCHEDULE P - PART 2T - WARRANTY

1. Prior	XXX											
2. 2017	XXX					XXX						
3. 2018	XXX	XXX	XXX	XX	XX	XX	XX					XXX
												4. Totals

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SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	.000	312	598	616	634	647	647	688	694	693	100	
2. 2009	11,899	13,748	14,086	14,157	14,229	14,241	14,240	14,240	14,240	14,240	3,316	754
3. 2010	XXX	12,220	14,377	14,653	14,735	14,746	14,746	14,746	14,746	14,746	2,425	2,511
4. 2011	XXX	XXX	17,926	20,500	20,948	21,032	21,051	21,069	21,071	21,073	3,632	498
5. 2012	XXX	XXX	XXX	14,270	16,663	17,160	17,287	17,434	17,440	17,471	3,882	437
6. 2013	XXX	XXX	XXX	XXX	15,474	19,266	19,453	19,683	19,700	19,704	2,223	423
7. 2014	XXX	XXX	XXX	XXX	XXX	13,029	14,915	14,966	14,996	14,992	1,545	343
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	10,248	12,795	13,110	13,261	1,402	334
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,573	13,182	13,341	1,334	302
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,768	18,149	1,687	346
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,621	1,230	264

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

1. Prior	.000	4,272	6,679	7,619	7,867	8,056	8,103	8,131	8,116	8,105	7,632	
2. 2009	8,545	14,990	17,350	18,788	19,129	19,482	19,517	19,564	19,575	19,571	3,592	1,393
3. 2010	XXX	9,401	15,627	17,702	19,381	20,132	20,352	20,525	20,571	20,567	3,526	2,472
4. 2011	XXX	XXX	9,023	13,656	15,841	17,224	18,042	18,199	18,245	18,288	2,710	573
5. 2012	XXX	XXX	XXX	7,378	12,274	15,218	16,767	17,136	17,415	17,486	2,141	372
6. 2013	XXX	XXX	XXX	XXX	6,386	11,804	14,217	15,528	15,817	15,982	2,130	327
7. 2014	XXX	XXX	XXX	XXX	XXX	7,692	12,846	16,013	17,510	17,913	2,054	320
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	8,672	13,860	16,746	18,051	1,950	349
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,618	14,945	17,649	1,854	386
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,452	15,444	1,817	365
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,735	1,522	256

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

1. Prior	.000	.814	1,066	1,227	1,299	1,301	1,330	1,330	1,330	1,330	.146	
2. 2009	.741	1,217	1,481	1,839	2,028	2,112	2,144	2,144	2,144	2,144	278	109
3. 2010	XXX	1,072	2,040	3,037	3,516	3,541	3,555	3,649	3,661	3,661	343	267
4. 2011	XXX	XXX	1,075	1,586	2,060	2,356	2,450	2,547	2,599	2,599	360	63
5. 2012	XXX	XXX	XXX	1,260	2,009	3,140	3,368	3,710	3,943	4,013	358	74
6. 2013	XXX	XXX	XXX	XXX	1,459	2,673	3,101	3,766	4,925	5,035	389	61
7. 2014	XXX	XXX	XXX	XXX	XXX	2,260	4,410	5,859	7,265	8,134	494	54
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	2,121	3,213	4,238	5,629	527	71
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,856	3,484	5,064	469	68
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,002	3,585	450	73
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,941	311	42

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

1. Prior	.000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	.874	1,749	1,857	1,869	1,924	2,075	2,122	2,201	2,200	87	
2. 2009	2,503	3,210	3,403	3,477	3,625	3,667	3,746	4,002	4,034	3,932	501	258
3. 2010	XXX	2,490	3,755	4,689	4,887	5,018	5,201	5,234	5,357	5,367	672	680
4. 2011	XXX	XXX	3,526	4,791	5,276	5,761	6,010	6,127	6,227	6,227	642	145
5. 2012	XXX	XXX	XXX	3,516	4,720	4,883	5,160	5,226	5,259	5,284	664	145
6. 2013	XXX	XXX	XXX	XXX	3,766	5,762	6,565	7,871	8,235	8,444	569	133
7. 2014	XXX	XXX	XXX	XXX	XXX	4,078	5,691	6,465	7,475	8,309	597	148
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	3,066	4,374	5,155	6,625	555	125
9. 2016	XXX	4,027	5,704	6,243	492	122						
10. 2017	XXX	3,933	5,563	439	108							
11. 2018	XXX	3,677	307	57								

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	.000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XX								
7. 2014	XXX	XXX	XXX	XX	XX							
8. 2015	XXX	XXX	XXX	XXX	XX	XX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	.000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XX							
8. 2015	XXX	XXX	XXX	XX	XX							
9. 2016	XXX	XXX	XXX	XX	XX							
10. 2017	XXX	XXX	XXX	XXX	XX	XX						
11. 2018	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. 2009											XXX	XXX
3. 2010	XXX										XXX	XXX
4. 2011	XXX	XXX									XXX	XXX
5. 2012	XXX	XXX	XXX								XXX	XXX
6. 2013	XXX	XXX	XXX	XXX							XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2015	XXX	XXX	XXX	XX	XX						XXX	XXX
9. 2016	XXX	XXX	XXX	XX	XX						XXX	XXX
10. 2017	XXX	XXX	XXX	XX	XX						XXX	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

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

1. Prior	.000	377	458	583	595	627	798	798	858	857	46	
2. 2009	148	402	607	633	658	658	690	690	690	690	736	143
3. 2010	XXX	138	275	409	489	581	586	602	602	602	111	107
4. 2011	XXX	XXX	204	297	754	805	895	895	895	895	83	31
5. 2012	XXX	XXX	XXX	214	392	450	459	465	465	468	90	34
6. 2013	XXX	XXX	XXX	164	425	617	770	1,039	1,424	82	31	
7. 2014	XXX	XXX	XXX	XXX	211	397	506	581	727	73	27	
8. 2015	XXX	XXX	XXX	XXX	XXX	86	262	461	555	53	22	
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	90	249	677	58	15	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	119	359	27	8	
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65	18	3	

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

1. Prior	.000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX								
8. 2015	XXX	XXX	XXX	XX	XX							
9. 2016	XXX	XXX	XXX	XX	XX							
10. 2017	XXX	XXX	XXX	XX	XX							
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	662	.695	XXX	XXX
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,093	4,676	XXX	XXX
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,205	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	.000	264	19								
2. 2017	XXX	17,179	18,311									
3. 2018	XXX	XXX	20,656									

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX			XXX	XXX							
2. 2017	XXX			XXX	XXX							
3. 2018	XXX		XXX	XXX								

NONE

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

1. Prior	XXX	.000			XXX	XXX						
2. 2017	XXX			XXX	XXX							
3. 2018	XXX	XXX		XXX	XXX							

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000										XXX	XXX
2. 2009											XXX	XXX
3. 2010	XXX										XXX	XXX
4. 2011	XXX	XXX									XXX	XXX
5. 2012	XXX	XXX	XXX								XXX	XXX
6. 2013	XXX	XXX	XXX	XXX							XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XX						XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XX	XX					XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

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

N O N E

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

N O N E

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

N O N E

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SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018		
1. Prior	.000	10	39	39	39	39	39	39	39	39	.7	
2. 2009	7	17	23	42	42	42	42	42	42	42	22	.24
3. 2010	XXX	7	7	8	15	15	15	15	15	15	55	.64
4. 2011	XXX	XXX	21	22	31	32	32	32	32	32	7	.3
5. 2012	XXX	XXX	XXX	4	15	16	16	16	16	16	.3	.1
6. 2013	XXX	XXX	XXX	XXX	15	16	29	29	29	29	.3	.1
7. 2014	XXX	XXX	XXX	XXX	XXX	8	9	9	9	9	.2	.2
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	.2	.1
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	5	5	.3	.1
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	4	

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

1. Prior	.000											
2. 2009												
3. 2010	XXX											
4. 2011	XXX	XXX										
5. 2012	XXX	XXX	XXX									
6. 2013	XXX	XXX	XXX	XXX								
7. 2014	XXX	XXX	XXX	XXX	XXX							
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior	XXX	.000			XXX	XXX						
2. 2017	XXX			XXX	XXX							
3. 2018	XXX	XXX		XXX	XXX							

SCHEDULE P - PART 3T - WARRANTY

1. Prior	XXX	.000										
2. 2017	XXX											
3. 2018	XXX	XXX										

NONE

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SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	1,036	226	64	30	25	24	24	20	19	
2. 2009	1,882	193	253	130	10	5	3	4		
3. 2010	XXX	2,532	655	198	89	8			6	5
4. 2011	XXX	XXX	2,351	689	280	26	.10	.3	1	1
5. 2012	XXX	XXX	XXX	1,862	386	208	137	77	74	.45
6. 2013	XXX	XXX	XXX	XXX	2,102	549	101	.19	11	.13
7. 2014	XXX	XXX	XXX	XXX	XXX	1,940	.373	.115	.16	.3
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1,445	.376	.150	.154
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,854	.416	.293
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,822	.400
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,866

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

1. Prior	3,589	1,707	625	.230	119	35	.10		2	
2. 2009	5,532	2,348	1,177	.583	299	113	.29	.6		
3. 2010	XXX	5,163	.2,809	1,656	1,009	.420	106	.27	1	2
4. 2011	XXX	XXX	4,802	2,277	1,298	.555	.358	.207	.22	.23
5. 2012	XXX	XXX	XXX	4,893	2,345	1,091	.578	.272	.83	.47
6. 2013	XXX	XXX	XXX	XXX	4,273	2,615	1,318	.286	.266	.96
7. 2014	XXX	XXX	XXX	XXX	XXX	4,326	.1,990	.1,195	.389	.225
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	4,897	.2,568	.670	.234
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.5,099	.2,418	.679
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.6,268	.2,553
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,744

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

1. Prior	1,243	1,123	119	113	.40	40				
2. 2009	1,160	.848	268	.72	.33	14				
3. 2010	XXX	2,796	1,493	.810	445	.88	.65	.538		
4. 2011	XXX	XXX	2,752	1,624	454	243	.46	.31	.14	
5. 2012	XXX	XXX	XXX	1,869	1,234	.822	.414	.92	.74	
6. 2013	XXX	XXX	XXX	XXX	2,087	970	.456	.767	.171	.109
7. 2014	XXX	XXX	XXX	XXX	XXX	2,922	.1,814	.965	.604	.143
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	2,433	.1,284	.816	.240
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,943	.1,438	.1,386
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2,688	.1,548
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,227

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XXX	XXX						
7. 2014	XXX	XXX	XXX	XXX	XXX					
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX				

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior	1,355	.649	.377	129	81	.38	2			
2. 2009	1,052	.562	.452	.152	.56	.25	.64	.5		
3. 2010	XXX	1,879	1,183	.890	.256	218	.179	.179	.17	.25
4. 2011	XXX	XXX	1,661	1,339	.576	.417	.192	.164	.126	
5. 2012	XXX	XXX	XXX	2,422	.752	.276	.173	.303	.115	.149
6. 2013	XXX	XXX	XXX	XXX	3,038	2,126	1,571	.498	.235	.318
7. 2014	XXX	XXX	XXX	XXX	XXX	2,231	1,014	1,014	.476	.616
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	2,589	.1,579	.1,157	.1,077
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,438	.1,572	.969
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.3,088	.1,586
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,709

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XX	XX						
6. 2013	XXX	XXX	XX	XX						
7. 2014	XXX	XXX	XX	XX	XX					
8. 2015	XXX	XXX	XX	XXX	XX					
9. 2016	XXX	XXX	XX	XXX	XXX					
10. 2017	XXX	XXX	XXX	XXX	XXX					
11. 2018	XXX	XXX	XXX	XXX	XXX					

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XX	XXX						
7. 2014	XXX	XXX	XX	XXX	XX					
8. 2015	XXX	XXX	XX	XXX	XX					
9. 2016	XXX	XXX	XX	XXX	XX					
10. 2017	XXX	XXX	XX	XXX	XX					
11. 2018	XXX	XXX	XXX	XXX	XXX					

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XX	XXX						
7. 2014	XXX	XXX	XX	XXX	XX					
8. 2015	XXX	XXX	XX	XXX	XX					
9. 2016	XXX	XXX	XX	XXX	XX					
10. 2017	XXX	XXX	XX	XXX	XX					
11. 2018	XXX	XXX	XXX	XXX	XXX					

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

1. Prior	958	217	178	60	.38	.97				
2. 2009	433	306	49	42	.15	.22	.1			
3. 2010	XXX	262	457	265	344	20	.12	.1		
4. 2011	XXX	XXX	158	352	.98	.155	.29	.17		
5. 2012	XXX	XXX	XXX	299	382	.85	.97	.112	.117	101
6. 2013	XXX	XXX	XXX	XXX	794	.310	.419	.347	.370	.38
7. 2014	XXX	XXX	XXX	XXX	XXX	.701	.719	.258	.84	.8
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.678	.490	.141	.206
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.990	.579	.340
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.704	.380
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	599

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XX	XXX						
7. 2014	XXX	XXX	XX	XXX	XX					
8. 2015	XXX	XXX	XX	XXX	XX					
9. 2016	XXX	XXX	XX	XXX	XX					
10. 2017	XXX	XXX	XX	XXX	XX					
11. 2018	XXX	XXX	XXX	XXX	XXX					

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	332	55	4
2. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	260	25
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	377

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	987	59	46						
2. 2017	XXX	898	37							
3. 2018	XXX	1,254								

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2017	XXX	XXX	X	XXX	XXX	X	XXX	XXX		
3. 2018	XXX	XXX	X	XXX	X	X	XXX	XXX	XXX	

NONE

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

1. Prior	XXX									
2. 2017	XXX									
3. 2018	XXX									

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	X	XXX						
7. 2014	XXX	XXX	X	XXX	XX					
8. 2015	XXX	XXX	X	XXX	XX	X				
9. 2016	XXX	XXX	X	XXX	XXX	X	X			
10. 2017	XXX									
11. 2018	XXX									

NONE

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P - PART 4R - SECTION 1 - PRODUCTS 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	124	78	8	2						
2. 2009	137	34	15	2						
3. 2010	XXX	21	4	5						
4. 2011	XXX	XXX	61	28	7				1	
5. 2012	XXX	XXX	XXX	11	13					
6. 2013	XXX	XXX	XXX	XXX	21	22	3			
7. 2014	XXX	XXX	XXX	XXX	XXX	15	58			
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1	1		
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	1	
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8

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

1. Prior										
2. 2009										
3. 2010	XXX									
4. 2011	XXX	XXX								
5. 2012	XXX	XXX	XXX							
6. 2013	XXX	XXX	XX	XXX						
7. 2014	XXX	XXX	XX	XXX	XX					
8. 2015	XXX	XXX	XX	XXX	XX	X				
9. 2016	XXX	XXX	XX	XXX	XXX	X	X			
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior	XXX									
2. 2017	XXX	XXX	XX	XXX	XX	X	XX	XXX		
3. 2018	XXX	XXX	XX	XX	XX	X	XX	XXX	XXX	

NONE

SCHEDULE P - PART 4T - WARRANTY

1. Prior	XXX									
2. 2017	XXX	XXX	XX	XXX	XX	X	XX	XXX		
3. 2018	XXX	XXX	XX	XX	XX	X	XX	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	539	.63	10	13	5	.6		.1	.2	
2. 2009	2,935	3,266	3,295	3,307	3,313	3,316	3,316	3,316	3,316	3,316
3. 2010	XXX	2,116	2,390	2,413	2,421	2,424	2,425	2,425	2,425	2,425
4. 2011	XXX	XXX	3,234	3,593	3,613	3,626	3,629	3,631	3,632	3,632
5. 2012	XXX	XXX	XXX	3,516	3,838	3,861	3,870	3,880	3,881	3,882
6. 2013	XXX	XXX	XXX	XXX	1,851	2,183	2,206	2,220	2,222	2,223
7. 2014	XXX	XXX	XXX	XXX	XXX	1,297	1,512	1,538	1,542	1,545
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1,174	1,362	1,394	1,402
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,105	1,313	1,334
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,454	1,687
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,230

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	.49	.15	9	.6	4	.3	3	.3	.1	.1
2. 2009	207	29	10	.5	1	1	1	.1		
3. 2010	XXX	192	22	7	2	1			1	1
4. 2011	XXX	XXX	259	25	9	.4	3	2	1	.1
5. 2012	XXX	XXX	XXX	223	.36	21	.15	.7	6	3
6. 2013	XXX	XXX	XXX	XXX	276	24	8	.3	4	4
7. 2014	XXX	XXX	XXX	XXX	XXX	177	.19	.9	5	1
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	185	.33	.11	.5
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	192	26	14
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.213	.32
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		228

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	1,083	107	4	12	4	.6		.1		
2. 2009	3,500	4,041	4,058	4,065	4,067	4,070	4,070	4,070	4,070	4,070
3. 2010	XXX	4,765	4,915	4,928	4,933	4,935	4,936	4,936	4,937	4,937
4. 2011	XXX	XXX	3,911	4,108	4,118	4,126	4,129	4,130	4,131	4,131
5. 2012	XXX	XXX	XXX	4,110	4,305	4,318	4,321	4,324	4,324	4,322
6. 2013	XXX	XXX	XXX	XXX	2,479	2,623	2,636	2,645	2,649	2,650
7. 2014	XXX	XXX	XXX	XXX	XXX	1,774	1,866	1,888	1,890	1,889
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1,643	1,721	1,738	1,741
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,543	1,634	1,650
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,964	2,065
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1,722

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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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	682	274	7,235	62	.33	15	8	.4	1	
2. 2009	1,617	2,310	3,451	3,524	3,557	3,578	3,585	3,588	3,591	3,592
3. 2010	XXX	1,747	3,228	3,392	3,476	3,505	3,515	3,520	3,525	3,526
4. 2011	XXX	XXX	1,815	2,397	2,590	2,658	2,693	2,706	2,707	2,710
5. 2012	XXX	XXX	XXX	1,253	1,906	2,041	2,095	2,124	2,134	2,141
6. 2013	XXX	XXX	XXX	XXX	1,433	1,939	2,053	2,104	2,122	2,130
7. 2014	XXX	XXX	XXX	XXX	XXX	1,238	1,787	1,958	2,026	2,054
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1,245	1,736	1,891	1,950
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,151	1,733	1,854
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,311	1,817
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,522

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	295	123	58	24	9	.5	3		1	.1
2. 2009	941	235	113	44	22	11	3	.1	1	.1
3. 2010	XXX	1,010	266	93	.30	17	3	.4	1	.1
4. 2011	XXX	XXX	1,061	254	.96	35	4	.3	3	.1
5. 2012	XXX	XXX	XXX	873	251	84	.15	13	4	2
6. 2013	XXX	XXX	XXX	XXX	825	191	41	.20	11	.6
7. 2014	XXX	XXX	XXX	XXX	XXX	934	193	.80	31	.14
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	720	284	.75	.28
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,028	.227	.87
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.847	.228
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,014

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	2,948	418	8,897	33	22	13	6	.1	2	
2. 2009	2,802	3,637	4,948	4,957	4,969	4,979	4,979	4,981	4,985	4,986
3. 2010	XXX	4,821	5,919	5,944	5,973	5,992	5,989	5,995	5,998	5,999
4. 2011	XXX	XXX	3,259	3,185	3,251	3,262	3,269	3,282	3,283	3,284
5. 2012	XXX	XXX	XXX	2,322	2,497	2,492	2,481	2,508	2,510	2,515
6. 2013	XXX	XXX	XXX	XXX	2,433	2,426	2,415	2,449	2,459	2,463
7. 2014	XXX	XXX	XXX	XXX	XXX	2,336	2,269	2,350	2,376	2,388
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	2,148	2,333	2,309	2,327
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,397	2,319	2,327
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,381	2,410
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,792

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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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	67	.15	123	4	2	1	1			
2. 2009	166	236	263	268	272	275	277	277	278	278
3. 2010	XXX	211	305	330	339	340	341	342	343	343
4. 2011	XXX	XXX	235	321	341	352	355	359	359	360
5. 2012	XXX	XXX	XXX	222	309	335	345	353	357	358
6. 2013	XXX	XXX	XXX	XXX	248	346	364	375	388	389
7. 2014	XXX	XXX	XXX	XXX	XXX	301	430	462	483	494
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	344	464	508	527
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	306	429	469
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	313	450
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	311

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	27	.17	4	2	1	1				
2. 2009	78	24	10	7	4	1				
3. 2010	XXX	118	31	12	3	1	1	1		
4. 2011	XXX	XXX	103	30	12	.4	3	.1		
5. 2012	XXX	XXX	XXX	123	.42	16	7	.3	2	.1
6. 2013	XXX	XXX	XXX	XXX	116	38	31	.20	5	.5
7. 2014	XXX	XXX	XXX	XXX	XXX	156	61	.33	17	.7
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	175	.75	.31	.14
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	154	.49	.15
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137	.49
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	132

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	140	22	127	3	2	.1				
2. 2009	269	.365	381	384	385	385	386	386	387	387
3. 2010	XXX	.572	599	608	608	608	.609	610	.610	.610
4. 2011	XXX	XXX	377	412	416	419	421	423	.422	.423
5. 2012	XXX	XXX	XXX	389	419	424	426	430	.433	.433
6. 2013	XXX	XXX	XXX	XXX	398	439	453	456	.454	.455
7. 2014	XXX	XXX	XXX	XXX	XXX	488	537	546	.554	.555
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	549	600	.607	.612
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	499	.544	.552
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.496	.572
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	485

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	137	.44	.21	.11	4	.3	1	2	1	
2. 2009	304	451	472	486	490	494	495	497	500	501
3. 2010	XXX	514	618	644	655	661	668	669	671	672
4. 2011	XXX	XXX	433	576	600	622	632	639	642	642
5. 2012	XXX	XXX	XXX	479	614	639	652	660	663	664
6. 2013	XXX	XXX	XXX	XXX	367	485	516	547	562	569
7. 2014	XXX	XXX	XXX	XXX	XXX	370	510	548	580	597
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	343	484	530	555
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	330	459	492
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	342	439
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	307

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	42	29	12	.5	7	.5	5	.1		
2. 2009	77	21	10	.5	5	.3	3	.1		
3. 2010	XXX	109	29	18	13	11	6	.5	2	3
4. 2011	XXX	XXX	129	46	.31	16	8	.4		
5. 2012	XXX	XXX	XXX	107	.31	16	7	.5	3	.1
6. 2013	XXX	XXX	XXX	XXX	127	51	46	.23	12	.8
7. 2014	XXX	XXX	XXX	XXX	XXX	155	74	.57	35	.18
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	161	.86	62	.39
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	136	66	.46
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	116	.55
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	225	.87	.11	.4	6	.2	1	(2)		
2. 2009	443	721	736	745	749	752	754	755	757	759
3. 2010	XXX	1,252	1,315	1,337	1,346	1,351	1,353	1,354	1,353	1,355
4. 2011	XXX	XXX	660	757	773	783	785	788	787	787
5. 2012	XXX	XXX	XXX	678	776	794	801	808	.810	.810
6. 2013	XXX	XXX	XXX	XXX	573	653	690	.701	.706	.710
7. 2014	XXX	XXX	XXX	XXX	XXX	620	715	.745	.760	.763
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	573	.676	.710	.719
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.544	.637	.660
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.524	.602
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	491

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE
SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	177	28	8	6	1	1	2			
2. 2009	688	725	733	734	735	735	736	736	736	736
3. 2010	XXX	65	90	100	104	109	110	111	111	111
4. 2011	XXX	XXX	54	70	75	79	82	83	83	83
5. 2012	XXX	XXX	XXX	51	80	87	88	90	90	90
6. 2013	XXX	XXX	XXX	XXX	42	60	71	76	78	82
7. 2014	XXX	XXX	XXX	XXX	XXX	36	56	68	71	73
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	27	42	51	53
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	44	58
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	27
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	34	16	11	5	5	4	2		1	1
2. 2009	31	14	6	2	1	1				
3. 2010	XXX	34	19	11	5	1				
4. 2011	XXX	XXX	31	12	7	3	1			
5. 2012	XXX	XXX	XXX	38	14	5	1		1	1
6. 2013	XXX	XXX	XXX	XXX	34	23	13		3	1
7. 2014	XXX	XXX	XXX	XXX	XXX	42	22	1	8	4
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	22	1	5	2
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	23	7
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	4
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	(1,093)	47	4	2	1			(2)	1	
2. 2009	802	878	881	879	879	879	879	879	879	879
3. 2010	XXX	192	212	216	215	217	217	218	218	218
4. 2011	XXX	XXX	103	112	113	113	114	114	114	114
5. 2012	XXX	XXX	XXX	111	123	123	121	123	125	125
6. 2013	XXX	XXX	XXX	XXX	.94	111	114	107	112	114
7. 2014	XXX	XXX	XXX	XXX	XXX	90	98	92	105	104
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	61	62	77	77
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45	81	80
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	39
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	.3	5	2							
2. 2009	.3	21	21	22	22	22	22	22	22	22
3. 2010	XXX	54	54	54	55	55	55	55	55	55
4. 2011	XXX	XXX	2	5	5	7	7	7	7	7
5. 2012	XXX	XXX	XXX	1	2	3	3	3	3	3
6. 2013	XXX	XXX	XXX	XXX	1	2	3	3	3	3
7. 2014	XXX	XXX	XXX	XXX	XXX	1	2	2	2	2
8. 2015	XXX	XXX	XXX	XXX	XXX	1	2	2	2	2
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2	3
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	.4	3								
2. 2009	.1	2	2							
3. 2010	XXX		1	1						
4. 2011	XXX	XXX	1	1	1					1
5. 2012	XXX	XXX	XXX	1						
6. 2013	XXX	XXX	XXX	XXX	2	1				
7. 2014	XXX	XXX	XXX	XXX	XXX	1	1			
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1			
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1		
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018
1. Prior	14	9	1							
2. 2009	5	.46	.46	46	.46	46	.46	.46	.46	.46
3. 2010	XXX	116	118	119	119	119	119	119	119	119
4. 2011	XXX	XXX	4	7	8	.9	9	9	10	10
5. 2012	XXX	XXX	XXX	.2	2	.4	4	.4	.4	.4
6. 2013	XXX	XXX	XXX	XXX	3	.4	4	.4	.4	.4
7. 2014	XXX	XXX	XXX	XXX	XXX	2	3	.4	.4	.4
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	3	.3	.3	.3
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	3	.4
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	5,870	5,870	5,870	5,870	5,870	5,870	5,870	5,870	5,870	5,870	
3. 2010.....	XXX	6,392	6,392	6,392	6,392	6,392	6,392	6,392	6,392	6,392	
4. 2011.....	XXX	XXX	7,026	7,026	7,026	7,026	7,026	7,026	7,026	7,026	
5. 2012.....	XXX	XXX	XXX	7,968	7,968	7,968	7,968	7,968	7,968	7,968	
6. 2013.....	XXX	XXX	XXX	XXX	9,102	9,102	9,102	9,102	9,102	9,102	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	10,339	10,339	10,339	10,339	10,339	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	10,641	10,641	10,641	10,641	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	11,040	11,040	11,040	11,040	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,506	11,506	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,003	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,003
13. Earned Premiums (Sch P-Pt. 1)	5,870	6,392	7,026	7,968	9,102	10,339	10,641	11,040	11,506	12,003	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	606	606	606	606	606	606	606	606	606	606	
3. 2010.....	XXX	520	520	520	520	520	520	520	520	520	
4. 2011.....	XXX	XXX	443	443	443	443	443	443	443	443	
5. 2012.....	XXX	XXX	XXX	471	471	471	471	471	471	471	
6. 2013.....	XXX	XXX	XXX	XXX	495	495	495	495	495	495	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	551	551	551	551	551	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	617	617	617	617	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	706	706	706	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	846	846	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	477	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	477
13. Earned Premiums (Sch P-Pt. 1)	606	520	443	471	495	551	617	706	846	477	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....											
3. 2010.....	XXX										
4. 2011.....	XXX	XXX									
5. 2012.....	XXX	XXX	XXX								
6. 2013.....	XXX	XXX	XXX	XXX							
7. 2014.....	XXX	XXX	XXX	XXX	X						
8. 2015.....	XXX	XXX	XXX	X	XX						
9. 2016.....	XXX	XXX	XXX	X	XX	X					
10. 2017.....	XXX	XXX	XXX	X	XX	X	XXX				
11. 2018.....	XXX	XXX	XXX	X	XX	X	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....											
3. 2010.....	XXX										
4. 2011.....	XXX	XXX									
5. 2012.....	XXX	XXX	XXX								
6. 2013.....	XXX	XXX	XXX	XXX							
7. 2014.....	XXX	XXX	XXX	XXX	X						
8. 2015.....	XXX	XXX	XXX	X	XX	X					
9. 2016.....	XXX	XXX	XXX	X	XX	X	XXX				
10. 2017.....	XXX	XXX	XXX	X	XX	X	XXX	XXX			
11. 2018.....	XXX	XXX	XXX	X	XX	X	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 2018 OF THE United Ohio Insurance Company

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	8,756	8,756	8,756	8,756	8,756	8,756	8,756	8,756	8,756	8,756	
3. 2010.....	XXX	9,537	9,537	9,537	9,537	9,537	9,537	9,537	9,537	9,537	
4. 2011.....	XXX	XXX	10,346	10,346	10,346	10,346	10,346	10,346	10,346	10,346	
5. 2012.....	XXX	XXX	XXX	11,584	11,584	11,584	11,584	11,584	11,584	11,584	
6. 2013.....	XXX	XXX	XXX	XXX	13,770	13,770	13,770	13,770	13,770	13,770	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	16,070	16,070	16,070	16,070	16,070	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	16,706	16,706	16,706	16,706	16,706	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	17,618	17,618	17,618	17,618	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,207	18,207	18,207	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,607	18,607	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,607
13. Earned Premiums (Sch P-Pt. 1)	8,756	9,537	10,346	11,584	13,770	16,070	16,706	17,618	18,207	18,607	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	1,182	1,182	1,182	1,182	1,182	1,182	1,182	1,182	1,182	1,182	
3. 2010.....	XXX	1,238	1,238	1,238	1,238	1,238	1,238	1,238	1,238	1,238	
4. 2011.....	XXX	XXX	1,331	1,331	1,331	1,331	1,331	1,331	1,331	1,331	
5. 2012.....	XXX	XXX	XXX	1,534	1,534	1,534	1,534	1,534	1,534	1,534	
6. 2013.....	XXX	XXX	XXX	XXX	1,716	1,716	1,716	1,716	1,716	1,716	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	2,078	2,078	2,078	2,078	2,078	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	2,079	2,079	2,079	2,079	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	2,161	2,161	2,161	2,161	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,204	2,204	2,204	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,800	1,800	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,800
13. Earned Premiums (Sch P-Pt. 1)	1,182	1,238	1,331	1,534	1,716	2,078	2,079	2,161	2,204	1,800	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	3,773	3,773	3,773	3,773	3,773	3,773	3,773	3,773	3,773	3,773	
3. 2010.....	XXX	3,680	3,680	3,680	3,680	3,680	3,680	3,680	3,680	3,680	
4. 2011.....	XXX	XXX	3,914	3,914	3,914	3,914	3,914	3,914	3,914	3,914	
5. 2012.....	XXX	XXX	XXX	4,250	4,250	4,250	4,250	4,250	4,250	4,250	
6. 2013.....	XXX	XXX	XXX	XXX	4,544	4,544	4,544	4,544	4,544	4,544	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	4,700	4,700	4,700	4,700	4,700	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	4,783	4,783	4,783	4,783	4,783	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	4,451	4,451	4,451	4,451	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,066	4,066	4,066	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,219	4,219	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,219
13. Earned Premiums (Sch P-Pt. 1)	3,773	3,680	3,914	4,250	4,544	4,700	4,783	4,451	4,066	4,219	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	1,370	1,370	1,370	1,370	1,370	1,370	1,370	1,370	1,370	1,370	
3. 2010.....	XXX	1,429	1,429	1,429	1,429	1,429	1,429	1,429	1,429	1,429	
4. 2011.....	XXX	XXX	1,589	1,589	1,589	1,589	1,589	1,589	1,589	1,589	
5. 2012.....	XXX	XXX	XXX	1,832	1,832	1,832	1,832	1,832	1,832	1,832	
6. 2013.....	XXX	XXX	XXX	XXX	1,981	1,981	1,981	1,981	1,981	1,981	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	2,150	2,150	2,150	2,150	2,150	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	2,143	2,143	2,143	2,143	2,143	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	2,169	2,169	2,169	2,169	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,251	2,251	2,251	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,412	2,412	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,412
13. Earned Premiums (Sch P-Pt. 1)	1,370	1,429	1,589	1,832	1,981	2,150	2,143	2,169	2,251	2,412	XXX

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

N O N E

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

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	176	176	176	176	176	176	176	176	176	176	
3. 2010.....	XXX	146	146	146	146	146	146	146	146	146	
4. 2011.....	XXX	XXX	123	123	123	123	123	123	123	123	
5. 2012.....	XXX	XXX	XXX	118	118	118	118	118	118	118	
6. 2013.....	XXX	XXX	XXX	XXX	125	125	125	125	125	125	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	137	137	137	137	137	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	137	137	137	137	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	126	126	126	126	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	129	129	129	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	129	129	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)		176	146	123	118	125	137	137	126	129	129
											XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....	5	5	5	5	5	5	5	5	5	5	
3. 2010.....	XXX	2	2	2	2	2	2	2	2	2	
4. 2011.....	XXX	XXX	1	1	1	1	1	1	1	1	
5. 2012.....	XXX	XXX	XXX	1	1	1	1	1	1	1	
6. 2013.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	
7. 2014.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)		5	2	1	1	1	1	1	1	1	XXX

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....											
3. 2010.....	XXX										
4. 2011.....	XXX	XXX									
5. 2012.....	XXX	XXX	XXX								
6. 2013.....	XXX	XXX	XXX	XXX							
7. 2014.....	XXX	XXX	XXX	XXX	X						
8. 2015.....	XXX	XXX	XXX	XXX	X						
9. 2016.....	XXX	XXX	XXX	XXX	X						
10. 2017.....	XXX	XXX	XXX	XXX	X						
11. 2018.....	XXX	XXX	XXX	XXX	X						
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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	
1. Prior.....											
2. 2009.....											
3. 2010.....	XXX										
4. 2011.....	XXX	XXX									
5. 2012.....	XXX	XXX	XXX								
6. 2013.....	XXX	XXX	XXX	XXX							
7. 2014.....	XXX	XXX	XXX	XXX	X						
8. 2015.....	XXX	XXX	XXX	XXX	X						
9. 2016.....	XXX	XXX	XXX	XXX	X						
10. 2017.....	XXX	XXX	XXX	XXX	X						
11. 2018.....	XXX	XXX	XXX	XXX	X						
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)
SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	7,576			.40,851		
2. Private Passenger Auto Liability/Medical	30,803			.40,831		
3. Commercial Auto/Truck Liability/Medical	11,781			.11,884		
4. Workers' Compensation						
5. Commercial Multiple Peril	13,154			.17,281		
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	2,312			.1,811		
10. Other Liability - Claims-Made						
11. Special Property	1,115			.12,507		
12. Auto Physical Damage	3,356			.36,835		
13. Fidelity/Surety						
14. Other				2		
15. International						
16. Reinsurance - Nonproportional Assumed Property						
17. Reinsurance - Nonproportional Assumed Liability						
18. Reinsurance - Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence	8			.124		
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	70,105			162,125		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										
	1 2009	2	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	2018
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XX								
6. 2013	XXX	XXX	XX	XX							
7. 2014	XXX	XXX	XX	XX	XX						
8. 2015	XXX	XXX	XX	XXX	XXX	XX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	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 2009	2	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017	2018
1. Prior											
2. 2009											
3. 2010	XXX										
4. 2011	XXX	XXX									
5. 2012	XXX	XXX	XX								
6. 2013	XXX	XXX	XX	XX							
7. 2014	XXX	XXX	XX	XX	XX						
8. 2015	XXX	XXX	XX	XXX	XXX	XX					
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

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

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A [X]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2009		
1.603 2010		
1.604 2011		
1.605 2012		
1.606 2013		
1.607 2014		
1.608 2015		
1.609 2016		
1.610 2017		
1.611 2018		
1.612 Totals		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []

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

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

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

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

(in thousands of dollars)

5.1 Fidelity
 5.2 Surety

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

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

- 7.2 (An extended statement may be attached.)

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

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

NONExpo

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	MAY FILING	
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement, however, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		
	MARCH FILING	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusted Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	YES
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
35.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
37.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:		
12.	.....
13.	.....
14.	.....
15.	.....
16.	.....
17.	.....
19.	.....
22.	.....
23.	.....
25.	.....
26.	.....
27.	.....
28.	.....
29.	.....
30.	.....
32.	.....
33.	.....
35.	.....
36.	.....
37.	.....
Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 3 0 7 2 2 0 1 8 4 2 0 0 0 0 0 0 0
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	 1 3 0 7 2 2 0 1 8 2 4 0 0 0 0 0 0 0
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 1 3 0 7 2 2 0 1 8 3 6 0 0 0 0 0 0 0
15.	Supplement A to Schedule T [Document Identifier 455]	 1 3 0 7 2 2 0 1 8 4 5 5 0 0 0 0 0 0
16.	Trusted Surplus Statement [Document Identifier 490]	 1 3 0 7 2 2 0 1 8 3 8 5 0 0 0 0 0 0
17.	Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]	 1 3 0 7 2 2 0 1 8 4 9 0 0 0 0 0 0 0
19.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 3 0 7 2 2 0 1 8 3 6 5 0 0 0 0 0 0
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 3 0 7 2 2 0 1 8 3 6 5 0 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
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]



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. Life, Health & Annuity Guaranty Association Model Act Assessment Base
Reconciliation Exhibit [Document Identifier 290]



36. Adjustments to the Life, Health & Annuity Guaranty Association Model Act
Assessment Base Reconciliation Exhibit [Document Identifier 300]



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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
OVERFLOW PAGE FOR WRITE-INS

NONE



SUPPLEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company
REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

For The Year Ended December 31, 2018

Year Ended December
To Be Filed by March 1

To Be Filed by March
(A) Financial Impact

(+) / (−) Financial Impact	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets	361,790,572		361,790,572
A02. Liabilities	176,299,289		176,299,289
A03. Surplus as regards to policyholders	185,491,282		185,491,282
A04. Income before taxes	17,813,388		17,813,388

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE United Ohio Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2018
(To Be Filed by March 1)

NAIC Group Code 0963

NAIC Company Code 13072

Company Name United Ohio Insurance Company

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

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

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

2.31 Amount quantified: \$

2.32 Amount estimated using reasonable assumptions: \$

19,201

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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