



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 (Current)	0963 (Prior)	NAIC Company Code	13072	Employer's ID Number	34-1008736
Organized under the Laws of	Ohio			State of Domicile or Port of Entry		OH
Country of Domicile	United States of America					
Incorporated/Organized	12/01/1966			Commenced Business		03/01/1967
Statutory Home Office	1725 Hopley Avenue (Street and Number)			Bucyrus, OH, US 44820-0111 (City or Town, State, Country and Zip Code)		
Main Administrative Office	1725 Hopley Avenue (Street and Number)			Bucyrus, OH, US 44820-0111 (City or Town, State, Country and Zip Code)		
	1725 Hopley Avenue (Street and Number)			419-562-3011 (Area Code) (Telephone Number)		
Mail Address	1725 Hopley Avenue (Street and Number or P.O. Box)			Bucyrus, OH, US 44820-0111 (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 (City or Town, State, Country and Zip Code)		
	1725 Hopley Avenue (Street and Number)			419-562-3011 (Area Code) (Telephone Number)		
Internet Website Address	www.omig.com					
Statutory Statement Contact	Charles Elmer Easum Mr. (Name)			419-563-0810 (Area Code) (Telephone Number)		
	ceasum@omig.com (E-mail Address)			877-753-0580 (FAX Number)		

OFFICERS

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

OTHER

Howard Lowell Barber, Mr., Vice President Sales	Chad Philip Combs, Mr., Vice President Personal Lines Underwriting	John Richard DeLucia, Mr., Vice President Claims Operations
David Alan Grove, Mr., Vice President Product Management	Gary Thomas Johnson, Mr., Vice President Commercial Lines Underwriting	Susan Elizabeth Kent, Mrs., Vice President Business Analytics
James Bradly McCormack, Mr. #, Vice President Information Systems	Marcella Slone Smith, Mrs., Vice President Human Resources	

DIRECTORS OR TRUSTEES

Karen Riley Haeffling, 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
County of Crawford SS:

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

Mark Clarence Russell President and CEO	David Gary Hendrix Treasurer and CFO	Marcella Slone Smith Assistant Secretary
Subscribed and sworn to before me this		a. Is this an original filing? Yes [X] No []
day of		b. If no,
		1. State the amendment number.....
		2. Date filed
		3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	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	338
2.1 Allied lines	12,709	13,428		7,416		2,800	3,330		162	162	2,783	185
2.2 Multiple peril crop												
2.3 Federal flood												
2.4. Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	17,273	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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	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		Dividends Paid or Credited to Policyholders on Direct Business	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned		Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
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 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		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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b).....												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees.....												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	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

			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
Line of Business			1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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-cancelable 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

			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	
Line of Business			1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire		2,438	2,385		567		26	47		2	4	533	35
2.1	Allied lines		3,026	2,992		528	398,756	399,392	742	9,120	9,156	36	661	44
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)		1,950,158	1,959,994		928,615	856,596	985,864	683,305	60,033	107,287	247,265	425,715	28,356
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	35,023
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine		142	202				(4)					31	2
10.	Financial guaranty													
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)													
14.	Credit accident and health (group and individual)													
15.1	Collectively renewable accident and health (b)													
15.2	Non-cancelable accident and health(b)													
15.3	Guaranteed renewable accident and health(b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other accident and health (b)													
15.8	Federal employees health benefits plan premium (b)													
16.	Workers' compensation													
17.1	Other Liability - occurrence		324,550	328,110		164,122		(45,412)	251,742		(5,839)	25,432	55,810	4,719
17.2	Other Liability - claims made													
17.3	Excess workers' compensation													
18.	Products liability		11,374	11,839		7,784	7,487	7,898	436	478	716	272	2,482	165
19.1	Private passenger auto no-fault (personal injury protection)													
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	81,154
19.3	Commercial auto no-fault (personal injury protection)													
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	44,651
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	49,368
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	13,822
22.	Aircraft (all perils)													
23.	Fidelity													
24.	Surety													
26.	Burglary and theft		122	122		63			3				27	2
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	257,342
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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
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 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		Dividends Paid or Credited to Policyholders on Direct Business	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned		Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	16,084	14,729		7,244		173	312		15	25	3,523	234
2.1 Allied lines	9,062	8,423		4,010	658	2,604	2,225		108	108	1,985	132
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)	503,801	470,142		248,057	372,674	201,438	153,865	21,689	(69,145)	54,139	110,339	7,325
5.2 Commercial multiple peril (liability portion)	514,035	501,654		235,767	48,653	100,413	153,859	6,199	24,903	54,075	112,558	7,474
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	208,312	188,162		107,485	36,956	45,615	10,371	3,693	5,108	1,613	45,623	3,029
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence	64,694	54,102		34,085		4,630	49,389		279	4,990	12,944	941
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	17,334	14,842		9,348		614	650		357	405	3,796	252
19.1 Private passenger auto no-fault (personal injury protection)												
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	36,860	113,645	380,235	38,049
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	618,126	559,911		298,072	210,035	512,870	631,912	17,039	30,694	59,569	103,340	8,988
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	8,297	4,276	440,597	43,428
21.2 Commercial auto physical damage	411,536	357,848		196,037	293,677	382,961	114,879	7,667	11,152	5,449	68,828	5,984
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	48,628	298,294	1,283,768	115,836
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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
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 Wisconsin 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-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
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 Grand Total

DURING THE YEAR 2018

NAIC Company Code 13072

			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
Line of Business			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	152,661		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-cancelable 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)

[illegible]

SCHEDULE F - PART 2

1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
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 Com- pany 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		
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				47		53		13		40	
06-1430254	10348	ARCH REINSURANCE COMPANY	DE		1														
47-0574325	32603	BERKLEY INSURANCE COMPANY	DE		94	3		2				35		40		10		30	
42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		102	3		2				39		44		11		33	
22-2005057	26921	EVEREST REINSURANCE COMPANY	DE		88											8		(8)	
05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		337							160		160		20		140	
42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		59	2		1				22		25		6		19	
13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		5,244	1,892	246	2,707		7,342		2,827		15,014		417		14,597	1,144
06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		929	2		22				460		484		54		430	
13-4924125	10227	MUNICH REINSURANCE AMERICA, INC	DE			277								277				277	
47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		141											12		(12)	
52-1952955	10357	RENAISSANCE REINSURANCE US INC	MD																
35-6021485	12416	PROTECTIVE INSURANCE COMPANY	IN		92											12		(12)	
43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		159											7		(7)	
13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY		218	4		3				51		58		17		41	
13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		67	2		2				25		29		7		22	
13-1290712	20583	XL REINSURANCE AMERICA	NY		2							1		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	1,144
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		(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	2	3	4	5	6	Reinsurance Recoverable On									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Com- pany Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis- sions	Columns 7 through 14 Totals	Amount in Dispute included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	Funds Held by Company Under Reinsurance Treaties
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	1,144
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)																			
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)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	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)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
34-4320350	OHIO MUTUAL INSURANCE COMPANY						137,356		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999.	Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX			137,356		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
0799999.	Total Authorized - Affiliates - Other (Non-U.S.)			XXX											XXX		
0899999.	Total Authorized - Affiliates			XXX			137,356								XXX		
95-4387273	ALLIED WORLD ASSURANCE COMPANY														3.		
36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY					13	40		53	64	13	51		51	3.		2
06-1430254	ARCH REINSURANCE COMPANY														2.		
47-0574325	BERKLEY INSURANCE COMPANY					10	30		40	48	10	38		38	2.		2
42-0234980	EMPLOYERS MUTUAL CASUALTY CO					11	33		44	53	11	42		42	3.		2
22-2005057	EVEREST REINSURANCE COMPANY														2.		
05-0316605	FACTORY MUTUAL INSURANCE COMPANY					20	140		160	192	20	172		172	2.		7
42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY					6	19		25	30	6	24		24	4.		1
13-2673100	GENERAL REINSURANCE CORPORATION					1,561	13,453		15,014	18,017	1,561	16,456		16,456	1.		592
06-0384680	HARTFORD STEAM BOILER INSPECTION & INS					54	430		484	581	54	527		527	1.		19
13-4924125	MUNICH REINSURANCE AMERICA, INC						277		277	332		332		332	2.		14
47-0698507	ODYSSEY REINSURANCE COMPANY														3.		
52-1952955	RENAISSANCE REINSURANCE US INC														2.		
35-6021485	PROTECTIVE INSURANCE COMPANY														3.		
43-0613000	SHELTER MUTUAL INSURANCE COMPANY														3.		
13-1675535	SWISS REINSURANCE AMERICA CORPORATION					17	41		58	70	17	53		53	2.		2
13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA					7	22		29	35	7	28		28	3.		1
13-1290712	XL REINSURANCE AMERICA						1		1	1		1		1	2.		
0999999.	Total Authorized - Other U.S. Unaffiliated Insurers			XXX		1,699	14,486		16,185	19,422	1,699	17,723		17,723	XXX		643
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION					3	4		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999.	Total Authorized - Pools - Mandatory Pools			XXX		3	4		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9995035	MUTUAL REINSURANCE BUREAU														3.		
1199999.	Total Authorized - Pools - Voluntary Pools			XXX											XXX		
AA-1126033	LLOYD'S SYNDICATE #0033														3.		
AA-1126435	LLOYD'S SYNDICATE #0435					(5)	5				(5)	5		5	3.		
AA-1126623	LLOYD'S SYNDICATE #0623														3.		
AA-1120157	LLOYD'S SYNDICATE #1729					(6)	6				(6)	6		6	3.		
AA-1120106	LLOYD'S SYNDICATE #1969														3.		
AA-1128001	LLOYD'S SYNDICATE #2001					(32)	32				(32)	32		32	3.		2
AA-1128003	LLOYD'S SYNDICATE #2003														3.		
AA-1120071	LLOYD'S SYNDICATE #2007					(65)	65				(65)	65		65	3.		3
AA-1128010	LLOYD'S SYNDICATE #2010					(86)	86				(86)	86		86	3.		4
AA-1120158	LLOYD'S SYNDICATE #2014					(25)	25				(25)	25		25	3.		1
AA-1128623	LLOYD'S SYNDICATE #2623														3.		
AA-1128791	LLOYD'S SYNDICATE #2791					(26)	26				(26)	26		26	3.		1
AA-1120181	LLOYD'S SYNDICATE #5886														3.		
1299999.	Total Authorized - Other Non-U.S. Insurers			XXX		(245)	245				(245)	245		245	XXX		12

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				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	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)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
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
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	2	1	
AA-3190875 ... HISCOX INSURANCE COMPANY															3		
AA-1460019 ... MS AML IN AG						(32)	32				(32)	32		32	3		2
AA-3190339 ... RENAISSANCE REINSURANCE, LTD						11			11	13	11	2		2	2		
AA-1340192 ... R&V VERSICHERUNG AG														2	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
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX											XXX		
3699999. Total Certified - Affiliates				XXX											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	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 Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	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/(Cols. 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					43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)												
			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	3						3			3								YES	
06-1430254 ...	ARCH REINSURANCE COMPANY																		YES	
47-0574325 ...	BERKLEY INSURANCE COMPANY	3						3			3								YES	
42-0234980 ...	EMPLOYERS MUTUAL CASUALTY CO	3						3			3								YES	
22-2005057 ...	EVEREST REINSURANCE COMPANY																		YES	
05-0316605 ...	FACTORY MUTUAL INSURANCE COMPANY																		YES	
42-0245840 ...	FARMERS MUTUAL HAIL INSURANCE COMPANY	2						2			2								YES	
13-2673100 ...	GENERAL REINSURANCE CORPORATION	2, 138						2, 138			2, 138								YES	
06-0384680 ...	HARTFORD STEAM BOILER INSPECTION & INS	2						2			2								YES	
13-4924125 ...	MUNICH REINSURANCE AMERICA, INC	277						277			277								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	4						4			4								YES	
13-2918573 ...	THE TOA REINSURANCE COMPANY OF AMERICA	2						2			2								YES	
13-1290712 ...	XL REINSURANCE AMERICA																		YES	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		2, 434						2, 434			2, 434								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 Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	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/[(Cols. 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	Overdue															43
			38	39	40	41	42											

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													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	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 Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68 20% of Amount in Col. 67		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)											
34-4320350	OHIO MUTUAL INSURANCE COMPANY	XXX	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
0499999. Total Authorized - Affiliates - U.S. Non-Pool				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
0899999. Total Authorized - Affiliates				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	XXX
36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
06-1430254	ARCH REINSURANCE COMPANY	XXX	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	XXX
42-0234980	EMPLOYERS MUTUAL CASUALTY CO	XXX	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	XXX
05-0316605	FACTORY MUTUAL INSURANCE COMPANY	XXX	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	XXX
13-2673100	GENERAL REINSURANCE CORPORATION	XXX	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	XXX
13-4924125	MUNICH REINSURANCE AMERICA, INC	XXX	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	XXX
52-1952955	RENAISSANCE REINSURANCE US INC	XXX	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	XXX
43-0613000	SHELTER MUTUAL INSURANCE COMPANY	XXX	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	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	XXX
13-1290712	XL REINSURANCE AMERICA	XXX	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
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	XXX	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
AA-9995035	MUTUAL REINSURANCE BUREAU	XXX	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
AA-1126033	LLOYD'S SYNDICATE #0033	XXX	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	XXX
AA-1126623	LLOYD'S SYNDICATE #0623	XXX	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	XXX
AA-1120106	LLOYD'S SYNDICATE #1969	XXX	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	XXX
AA-1128003	LLOYD'S SYNDICATE #2003	XXX	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	XXX
AA-1128010	LLOYD'S SYNDICATE #2010	XXX	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	XXX
AA-1128623	LLOYD'S SYNDICATE #2623	XXX	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	XXX
AA-1120181	LLOYD'S SYNDICATE #5886	XXX	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															
		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)	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 Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
														66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68 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	
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	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				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	
2299999. Total Unauthorized - Affiliates				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	
AA-3194161	CATLIN INSURANCE COMPANY LTD	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	
AA-1340125	HANNOVER RUCKVERSICHERUNGS AG	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	
AA-1460019	MS AMLIN AG	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	
AA-1340192	R&V VERSICHERUNG AG	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	
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	
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX				XXX	XXX								
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX				XXX	XXX								
3699999. Total Certified - Affiliates				XXX				XXX	XXX								
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX				XXX	XXX								
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)				XXX				XXX	XXX								
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)				XXX				XXX	XXX								
9999999 Totals				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 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
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 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)			Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
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 ...	IMS 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)										
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)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
			NONE	
Total				

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:

	1	2	3
	Name of Reinsurer	Commission Rate	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.

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	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.

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 [X] 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		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	1,637	XXX		XXX		XXX		XXX	1,637	XXX		XXX		XXX		XXX		XXX
2. Premiums earned	1,845	XXX		XXX		XXX		XXX	1,845	XXX		XXX		XXX		XXX		XXX
3. Incurred claims																		
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Lines 3 and 4)																		
6. Increase in contract reserves																		
7. Commissions (a)	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	2	3	4	Other Individual Contracts				
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	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	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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				6					123	3
6. 2013.....	22		11				2					35	4
7. 2014.....	5		1				2					8	1
8. 2015.....	251	4	127				27		2			403	5
9. 2016.....	401	3	260	31			64		2			693	14
10. 2017.....	574	52	307	26			119		82			1,004	32
11. 2018.....	3,014	44	1,740	112			238		421			5,257	228
12. Totals	4,392	103	2,491	169			458		507			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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	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	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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

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

(\$000 OMITTED)

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

NONE

	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		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2009.....													
3. 2010.....													
4. 2011.....													
5. 2012.....													
6. 2013.....													
7. 2014.....													
8. 2015.....													
9. 2016.....													
10. 2017.....													
11. 2018.....													
12. Totals													

NONE

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

NONE

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	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
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	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	Inter- Company Pooling Participation Percentage	35	36
										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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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 11 - 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior			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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX	.3	.1
2. 2017	5,197	.2	5,195	38.8	.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	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX	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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX	NONE								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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2017.....													
3. 2018.....													
4. Totals.....													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2017.....											
3. 2018.....											
4. Totals.....	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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2017													
3. 2018													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2017									65.0		
3. 2018									65.0		
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 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
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 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

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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	XXX	27,766	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	XXX	6,547	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	XXX	XXX	XXX	XXX	XXX		
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

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	XXX	7,837	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	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				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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	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				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

**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	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				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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		(1)
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	XXX	XXX
12. Totals											(614)	(853)

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	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				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	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	XXX	XXX	XXX	XXX	XXX	XXX	2,082	322	127	(195)	(1,955)
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,244	18,356	(888)	XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,614	XXX	XXX
4. Totals											(1,083)	(1,955)

SCHEDULE P - PART 2K - FIDELITY/SURETY

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

NONE

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

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1				(1)
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

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		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	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				XXX
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

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

SCHEDULE P - PART 2T - WARRANTY

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

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	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.4,027	.5,704	.6,243	.492	.122
10. 2017.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.3,933	.5,563	.439	.108
11. 2018.....	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.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	2	3	4	5	6	7	8	9	10		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
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 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	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 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	XXX	XXX	XXX					XXX	XXX
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				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

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	XXX	164	425	617	770	1,039	1,424	82	31
7. 2014.....	XXX	XXX	XXX	XXX	XXX	211	397	506	581	727	73	27
8. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	86	262	461	555	53	22
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	90	249	677	58	15
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	119	359	27	8
11. 2018.....	XXX	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	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			

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	XXX	XXX	XXX	XXX	XXX	.000	.264	.19		
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,179	18,311		
3. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,656		

SCHEDULE P - PART 3K - FIDELITY/SURETY

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

NONE

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

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

SCHEDULE P - PART 3T - WARRANTY

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

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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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	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 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

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

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

1. Prior.....										
2. 2009.....										
3. 2010.....	XXX									
4. 2011.....	XXX	XXX								
5. 2012.....	XXX	XXX	XXX							
6. 2013.....	XXX	XXX	XXX	XXX						
7. 2014.....	XXX	XXX	XX	XXX	XXX					
8. 2015.....	XXX	XXX	XX	XX	XX	XX				
9. 2016.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2017.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	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	XXX	XXX						
7. 2014.....	XXX	XXX	XX	XXX	XXX					
8. 2015.....	XXX	XXX	XX	XX	XX	XX				
9. 2016.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2017.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2018.....	XXX	XXX	XXX	XXX	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	XXX	XXX	XXX	XXX	XXX	XXX	987	59	46
2. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	898	37
3. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,254

SCHEDULE P - PART 4K - FIDELITY/SURETY

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

NONE

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

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

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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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	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 4S - FINANCIAL GUARANTY/MORTGAGE GUARANTY

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

SCHEDULE P - PART 4T - WARRANTY

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

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

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

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

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SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

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

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SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

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

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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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	1	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	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	12,003
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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	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		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	16,706	16,706	16,706	16,706	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,618	17,618	17,618	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,207	18,207	
11. 2018.....	XXX	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	2,161	2,161	2,161	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,204	2,204	
11. 2018.....	XXX	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	4,783	4,783	4,783	4,783	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,451	4,451	4,451	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,066	4,066	
11. 2018.....	XXX	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	2,143	2,143	2,143	2,143	
9. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,169	2,169	2,169	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,251	2,251	
11. 2018.....	XXX	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	XXX	126	126	126	
10. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	129	129	
11. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	129	129
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	129
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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	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	2	3	4	5	6	7	8	9	10	
	2009	2010	2011	2012	2013	2014	2015	2016	2017	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	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		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2B

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

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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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	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	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	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	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	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

[illegible]

NONE

Asterisk
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

[illegible]

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
MARCH FILING		
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management’s Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant’s Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing **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 Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	YES
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?.....	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
25.	Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity’s state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity’s state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?.....	NO
APRIL FILING		
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit’s Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?.....	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
35.	Will 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.		
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Bar Codes:	
12.	SIS Stockholder Information Supplement [Document Identifier 420]
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
15.	Supplement A to Schedule T [Document Identifier 455]
16.	Trusteed Surplus Statement [Document Identifier 490]
17.	Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]
19.	Medicare Part D Coverage Supplement [Document Identifier 365]
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23.	Bail Bond Supplement [Document Identifier 500]	<div><div></div><div>130722018500000000</div></div>
25.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	<div><div></div><div>130722018224000000</div></div>
26.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	<div><div></div><div>130722018225000000</div></div>
27.	Relief from the Requirements for Audit Committees [Document Identifier 226]	<div><div></div><div>130722018226000000</div></div>
28.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	<div><div></div><div>130722018555000000</div></div>
29.	Credit Insurance Experience Exhibit [Document Identifier 230]	<div><div></div><div>130722018230000000</div></div>
30.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	<div><div></div><div>130722018306000000</div></div>
32.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	<div><div></div><div>130722018216000000</div></div>
33.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	<div><div></div><div>130722018217000000</div></div>
35.	Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]	<div><div></div><div>130722018290000000</div></div>
36.	Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]	<div><div></div><div>130722018300000000</div></div>
37.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	<div><div></div><div>130722018223000000</div></div>

OVERFLOW PAGE FOR WRITE-INS

NONE



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

(A) Financial Impact		1	2	3
		As Reported	Interrogatory 9 Reinsurance Effect	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

[illegible]



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 Code0963NAIC Company Code13072

Company NameUnited 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 [X] No []

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

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

2.31 Amount quantified:\$

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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