



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2019
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)			419-562-3011 (Area Code) (Telephone Number)		
	Bucyrus, OH, US 44820-0111 (City or Town, State, Country and Zip Code)			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)			419-562-3011 (Area Code) (Telephone Number)		
	Bucyrus, OH, US 44820-0111 (City or Town, State, Country and Zip Code)			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	Randy Lee Walker, 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 Haefling, Mrs.	Albert Michael Heister, Mr.	Susan Porter, Mrs.
John Redon Purse, Mr.	Mark Clarence Russell, Mr.	David Anthony Siebenburgen, Mr.
Randy Lee Walker, Mr.	Robert H Wheeler Jr, Mr.	Thomas Eugene Woolley, Mr.

State of Ohio SS:
County of Crawford

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

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



ANNUAL STATEMENT FOR THE YEAR 2019 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 2019 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	7,753	7,705		2,690		113	261		1	13	1,671	145
2.1 Allied lines	14,280	14,190		4,772		(1,944)	1,552		(123)	47	3,077	267
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)	932,192	968,510		453,397	675,244	691,911	420,331	24,296	53,786	180,877	200,885	17,426
5.2 Commercial multiple peril (liability portion)	1,775,598	1,796,820		897,272	1,098,389	1,056,857	1,963,316	710,343	757,667	903,064	382,723	33,193
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	6,045	6,550		1,335		(72)	286		(46)	10	1,303	113
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	249,549	241,875		120,823		2,494	188,176		(2,970)	15,789	41,829	4,665
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability	286	285		225		57	67		(3)	3	62	5
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	9,155,298	8,996,332		4,515,615	4,674,236	7,309,680	8,238,937	151,596	344,340	547,492	1,274,775	171,147
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	2,481,020	2,626,598		1,227,974	2,122,965	2,779,741	3,495,527	559,943	721,302	429,112	408,942	46,380
21.1 Private passenger auto physical damage	6,149,777	5,904,989		3,030,468	4,735,141	4,805,531	650,630	21,305	20,970	7,146	871,367	114,963
21.2 Commercial auto physical damage	798,068	810,708		386,454	496,040	318,223	43,631	23,063	15,424	2,854	131,001	14,919
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	21,569,866	21,374,562		10,641,025	13,802,015	16,962,591	15,002,714	1,490,546	1,910,348	2,086,407	3,317,635	403,223
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$218,495
(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 2019 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 2019 NAIC Company Code 13072

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire	21,292	24,029		10,290		244	713		(1)	36	4,614	398
2.1	Allied lines	11,457	13,204		5,669	533	(1,560)	1,238	414	290	38	2,483	214
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)	14,132	14,545		9,110		(364)	3,719		101	1,460	2,850	264
5.2	Commercial multiple peril (liability portion)	10,729	10,231		6,802		70,052	97,986	28,255	62,653	46,794	1,998	201
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	4,751	2,752		2,471		203	747		8	63	810	89
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	24,235	20,195		8,006		3,460	12,517		682	1,474	3,949	453
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage	10,707	8,432		3,760	37,500	37,555	433	635	646	28	1,787	200
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
29.	International												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	97,303	93,388		46,108	38,033	109,590	117,353	29,304	64,379	49,893	18,491	1,819
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 \$765
(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 2019 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 2019 NAIC Company Code 13072

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire	27,979	28,046		16,363		381	914		4	46	6,029	523
2.1	Allied lines	14,031	12,715		8,161		23,424	26,496		655	804	3,023	262
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)	1,029,364	1,006,012		523,964	933,950	1,043,027	393,849	21,981	90,354	164,604	221,816	19,243
5.2	Commercial multiple peril (liability portion)	1,145,380	1,091,792		566,971	345,263	285,279	675,719	84,011	79,834	299,427	246,814	21,412
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	153,405	144,629		80,793	73,188	73,222	7,095	8,639	7,777	236	33,057	2,868
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	102,245	94,185		49,854		22,302	90,044	17,232	20,567	10,178	19,702	1,911
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability	15,750	15,829		7,574	9,483	12,929	3,946		(156)	156	3,394	294
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability	2,217,572	2,257,228		1,097,211	1,086,306	1,207,217	2,067,647	5,172	17,646	137,460	297,929	41,455
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability	1,086,059	1,032,556		577,285	825,784	1,755,197	1,724,130	13,810	136,585	196,155	178,763	20,303
21.1	Private passenger auto physical damage	1,972,451	1,949,530		975,612	1,504,459	1,516,851	226,852	4,145	3,873	2,494	268,055	36,873
21.2	Commercial auto physical damage	491,203	385,216		265,522	489,457	569,126	119,682	8,662	14,417	7,611	80,703	9,182
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
29.	International												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	8,255,439	8,017,738		4,169,310	5,267,890	6,508,955	5,336,374	163,652	371,556	819,171	1,359,285	154,326
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 \$119,260
(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 2019 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 2019 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	5,748	4,602		2,867		107	189		3	10	1,239	107
2.1	Allied lines	6,487	5,507		3,305		(627)	671		(43)	20	1,398	121
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)	427,816	422,743		213,278	75,911	105,582	157,601	11,485	32,572	66,292	92,188	7,998
5.2	Commercial multiple peril (liability portion)	968,880	953,330		464,627	245,017	350,355	545,576	72,833	141,755	240,986	208,777	18,112
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	153,723	157,133		72,773	340,636	340,224	7,374	5,625	4,659	246	33,125	2,874
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	111,910	106,207		51,711		9,141	83,960		(514)	7,045	20,721	2,092
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability	15,900	16,520		6,081		3,724	4,316		(198)	171	3,426	297
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability	1,572,960	1,539,889		774,894	1,106,173	1,209,761	1,147,379	16,726	26,349	76,018	228,695	29,405
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability	716,611	695,005		346,351	218,562	356,962	695,511	28,375	63,207	86,640	116,516	13,396
21.1	Private passenger auto physical damage	1,840,283	1,784,074		898,318	1,105,243	1,131,588	172,262	2,969	2,979	1,889	270,595	34,402
21.2	Commercial auto physical damage	311,519	302,899		149,187	302,219	336,051	64,546	9,824	12,893	4,480	50,459	5,823
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
29.	International												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	6,131,837	5,987,909		2,983,392	3,393,761	3,842,868	2,879,385	147,837	283,662	483,797	1,027,139	114,627
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 \$ 56,425
(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 2019 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 2019 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	14,796,654	14,906,233		7,588,699	6,315,052	6,284,815	1,171,912	142,462	103,311	59,235	2,480,782	276,606
2.1	Allied lines	91,623	91,088		48,309	22,506	17,090	17,562		(585)	533	19,908	1,713
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
2.5	Private flood												
3.	Farmowners multiple peril	17,371,399	17,737,213		8,293,444	6,462,501	5,877,053	2,241,776	222,843	294,377	299,690	3,396,385	324,738
4.	Homeowners multiple peril	14,142,639	14,883,413		7,308,477	6,970,351	6,732,412	2,130,480	120,756	65,350	137,211	2,378,890	264,380
5.1	Commercial multiple peril (non-liability portion)	11,724,114	11,207,159		5,759,177	4,592,741	5,404,670	4,039,427	74,077	621,136	1,671,048	2,274,554	219,168
5.2	Commercial multiple peril (liability portion)	7,931,556	7,426,806		3,717,996	1,462,175	1,784,801	4,075,557	1,036,718	1,487,134	1,786,470	1,499,011	148,271
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	276,721	286,303		127,238	90,756	89,748	16,733	981	(1,121)	657	50,879	5,173
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)	2,496	2,943		859							407	47
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	5,455,203	5,298,203		2,594,274	3,025,151	1,073,001	4,535,274	128,050	14,813	450,049	873,013	101,979
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability	128,634	129,003		54,292		105,683	110,507	5,035	6,408	4,381	27,995	2,405
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability	12,121,802	12,486,284		2,889,452	7,592,385	5,890,618	6,002,433	251,849	222,987	443,213	1,798,340	226,603
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability	11,744,267	11,164,219		5,511,397	4,273,633	5,456,699	10,461,082	264,108	703,606	1,268,932	1,925,732	219,545
21.1	Private passenger auto physical damage	6,982,330	7,174,195		1,656,274	3,729,133	3,684,987	411,642	45,750	44,222	6,787	1,090,283	130,526
21.2	Commercial auto physical damage	6,880,122	6,385,211		3,253,168	3,021,819	2,956,941	576,273	91,575	100,931	38,754	1,117,922	128,616
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft	442,764	448,935		225,862	31,356	21,547	19,663	30	(1,424)	37	74,443	8,277
27.	Boiler and machinery												
28.	Credit												
29.	International												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	110,092,324	109,627,208		49,028,918	47,589,559	45,380,065	35,810,321	2,384,234	3,661,145	6,166,997	19,008,544	2,058,047
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 \$2,480,050
(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 2019 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 2019 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	2,945	2,917		585		51	99		1	5	635	55
2.1	Allied lines	4,672	4,609		591		(238)	504		(21)	15	1,007	87
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)	1,837,433	1,881,186		884,862	376,047	209,389	516,647	25,345	(18,388)	203,532	396,118	34,349
5.2	Commercial multiple peril (liability portion)	2,372,685	2,373,527		1,124,987	1,427,681	996,877	3,153,846	537,825	427,409	1,450,161	511,289	44,355
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	312,270	317,230		159,162		(12,931)	238,810		(5,395)	20,037	52,656	5,838
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability	7,736	8,317		7,203		2,257	2,693		(165)	107	1,667	145
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability	6,095,734	5,883,606		3,191,247	3,568,980	3,405,188	4,813,016	104,079	103,483	319,235	993,620	113,953
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability	2,960,325	2,963,070		1,466,408	2,089,574	1,531,640	2,332,051	62,706	77,537	285,546	485,689	55,340
21.1	Private passenger auto physical damage	3,562,178	3,510,072		1,826,875	2,661,405	2,718,659	333,498	33,550	33,653	3,657	583,628	66,591
21.2	Commercial auto physical damage	985,784	955,513		481,620	547,447	540,331	61,276	18,552	19,549	4,046	162,175	18,428
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft	32	50		45		(2)	1				7	1
27.	Boiler and machinery												
28.	Credit												
29.	International												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	18,141,794	17,900,097		9,143,595	10,671,134	9,391,221	11,452,441	782,057	637,663	2,286,341	3,188,491	339,142
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 \$137,680
(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 2019 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 2019 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	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												
2.1 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												
29. International												
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 2019 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 2019 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	14,910	15,517		6,637		204	517		1	26	3,213	279
2.1	Allied lines	8,421	8,836		3,595		(1,287)	937		(80)	28	1,815	157
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)	651,056	574,315		324,799	106,861	187,143	234,147	9,059	52,936	98,016	140,283	12,171
5.2	Commercial multiple peril (liability portion)	650,940	569,839		316,868	63,965	136,041	225,937	5,066	45,215	94,224	140,259	12,169
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	224,849	213,815		118,519	1,722	31,329	39,978		465	2,077	48,451	4,203
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	73,585	64,768		42,902	12,451	18,258	55,197		(358)	4,631	14,595	1,376
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability	15,012	15,912		8,448		3,351	4,001		(247)	159	3,235	281
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability	3,089,417	2,904,134		1,527,972	1,642,632	2,219,906	2,369,567	15,521	59,000	157,124	427,976	57,753
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability	723,665	671,637		350,100	173,829	656,284	1,114,367	12,105	94,352	141,817	118,167	13,528
21.1	Private passenger auto physical damage	3,739,528	3,413,099		1,861,183	2,512,614	2,526,090	345,047	7,702	7,210	3,784	523,770	69,906
21.2	Commercial auto physical damage	511,245	461,134		246,148	310,691	219,359	23,547	13,581	9,651	1,520	83,558	9,557
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
29.	International												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	9,702,628	8,913,006		4,807,171	4,824,765	5,996,678	4,413,242	63,034	268,145	503,406	1,505,322	181,380
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 \$91,990
(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 2019 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 2019 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	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												
2.1 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												
29. International												
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 2019 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 2019 NAIC Company Code 13072

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	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												
2.1 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												
29. International												
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 2019 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 2019 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	14,877,281	14,989,049		7,628,141	6,315,052	6,285,915	1,174,605	142,462	103,320	59,371	2,498,183	278,113
2.1	Allied lines	150,971	150,149		74,402	23,039	34,858	48,960	414	93	1,485	32,711	2,821
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
2.5	Private flood												
3.	Farmowners multiple peril	17,371,399	17,737,213		8,293,444	6,462,501	5,877,053	2,241,776	222,843	294,377	299,690	3,396,385	324,738
4.	Homeowners multiple peril	14,142,639	14,883,413		7,308,477	6,970,351	6,732,412	2,130,480	120,756	65,350	137,211	2,378,890	264,380
5.1	Commercial multiple peril (non-liability portion)	16,616,107	16,074,470		8,168,587	6,760,754	7,641,358	5,765,721	166,243	832,497	2,385,829	3,328,694	310,619
5.2	Commercial multiple peril (liability portion)	14,855,768	14,222,345		7,095,523	4,642,490	4,680,262	10,737,937	2,475,051	3,001,667	4,821,126	2,990,871	277,713
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	814,743	808,430		400,658	506,302	534,451	71,466	15,245	11,734	3,226	166,815	15,231
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)	2,496	2,943		859							407	47
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	6,309,513	6,125,220		3,021,197	3,037,602	1,112,468	5,192,208	145,282	26,151	507,792	1,023,326	117,950
17.2	Other Liability - claims made												
17.3	Excess workers' compensation												
18.	Products liability	183,318	185,866		83,823	9,483	128,001	125,530	5,035	5,639	4,977	39,779	3,427
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability	34,252,783	34,067,473		13,996,391	19,670,712	21,242,370	24,638,979	544,943	773,805	1,680,542	5,021,335	640,316
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability	19,736,182	19,173,280		9,487,521	9,704,347	12,539,983	19,835,185	941,047	1,797,271	2,409,676	3,237,758	368,945
21.1	Private passenger auto physical damage	24,246,547	23,735,959		10,248,730	16,247,995	16,383,706	2,139,931	115,421	112,907	25,757	3,607,698	453,261
21.2	Commercial auto physical damage	9,988,648	9,309,113		4,785,859	5,205,173	4,977,586	889,388	165,892	173,511	59,293	1,627,605	186,725
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft	442,796	448,985		225,907	31,356	21,545	19,664	30	(1,424)	37	74,450	8,278
27.	Boiler and machinery												
28.	Credit												
29.	International												
30.	Warranty												
34.	Aggregate write-ins for other lines of business												
35.	TOTALS (a)	173,991,191	171,913,908		80,819,519	85,587,157	88,191,968	75,011,830	5,060,664	7,196,898	12,396,012	29,424,907	3,252,564
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 \$3,104,665
(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

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ANNUAL STATEMENT FOR THE YEAR 2019 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
<div>NONE</div>					

ANNUAL STATEMENT FOR THE YEAR 2019 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
34-4320350	10202	OHIO MUTUAL INSURANCE COMPANY	OH		163,372			36,371		31,785		76,946		145,102				145,102	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					163,372			36,371		31,785		76,946		145,102				145,102	
0499999. Total Authorized - Affiliates - U.S. Non-Pool																			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999. Total Authorized - Affiliates					163,372			36,371		31,785		76,946		145,102				145,102	
95-4387273	19489	ALLIED WORLD ASSURANCE COMPANY	DE		258													(1)	
36-2661954	10103	AMERICAN AGRICULTURAL INSURANCE COMPANY	IN			9		1				53		63		11		52	
06-1430254	10348	ARCH REINSURANCE COMPANY	DE		6							2		2				2	
47-0574325	32603	BERKLEY INSURANCE COMPANY	DE		100	7		1				40		48		9		39	
42-0234980	21415	EMPLOYERS MUTUAL CASUALTY CO	IA		109	7		1				43		51		9		42	
22-2005057	26921	EVEREST REINSURANCE COMPANY	DE		39														
05-0316605	21482	FACTORY MUTUAL INSURANCE COMPANY	RI		318	9						152		161		19		142	
42-0245840	13897	FARMERS MUTUAL HAIL INSURANCE COMPANY	IA		63	4		1				25		30		5		25	
13-2673100	22039	GENERAL REINSURANCE CORPORATION	DE		5,155	3,361	157	568		6,266		2,615		12,967		359		12,608	773
06-0384680	11452	HARTFORD STEAM BOILER INSPECTION & INS	CT		965	32	2	15				477		526		56		470	
13-4924125	10227	MUNICH REINSURANCE AMERICA, INC	DE																
47-0698507	23680	ODYSSEY REINSURANCE COMPANY	CT		105											1		(1)	
52-1952955	10357	RENAISSANCE REINSURANCE US INC	MD																
35-6021485	12416	PROTECTIVE INSURANCE COMPANY	IN		79														
43-0613000	23388	SHELTER MUTUAL INSURANCE COMPANY	MO		70														
13-1675535	25364	SWISS REINSURANCE AMERICA CORPORATION	NY		187	9		1				53		63		11		52	
13-2918573	42439	THE TOA REINSURANCE COMPANY OF AMERICA	DE		66	4		1				26		31		6		25	
13-3031176	38636	PARTNER REINSURANCE COMPANY OF THE U.S.	NY		21	1						9		10		2		8	
23-1641984	10219	QBE REINSURANCE CORPORATION	PA		13														
13-1290712	20583	XL REINSURANCE AMERICA	NY		2							1		1				1	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					7,689	3,443	159	589		6,266		3,496		13,953		489		13,464	773
AA-9991222	32573	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	OH		12							6		6		3		3	
1099999. Total Authorized - Pools - Mandatory Pools					12							6		6		3		3	
AA-9995035	00000	MUTUAL REINSURANCE BUREAU	IL		356											2		(2)	
1199999. Total Authorized - Pools - Voluntary Pools					356											2		(2)	
AA-1126033	00000	LLOYD'S SYNDICATE #0033	GBR		40														
AA-1126435	00000	LLOYD'S SYNDICATE #0435	GBR																
AA-1126623	00000	LLOYD'S SYNDICATE #0623	GBR		15														
AA-1120157	00000	LLOYD'S SYNDICATE #1729	GBR																
AA-1120106	00000	LLOYD'S SYNDICATE #1969	GBR		10														
AA-1128001	00000	LLOYD'S SYNDICATE #2001	GBR		84	1								1				1	
AA-1128003	00000	LLOYD'S SYNDICATE #2003	GBR		296											2		(2)	
AA-1120071	00000	LLOYD'S SYNDICATE #2007	GBR		56														
AA-1128010	00000	LLOYD'S SYNDICATE #2010	GBR		121											1		(1)	
AA-1120158	00000	LLOYD'S SYNDICATE #2014	GBR		27														
AA-1128623	00000	LLOYD'S SYNDICATE #2623	GBR		70														
AA-1120085	00000	LLOYD'S SYNDICATE # 1274	GBR		18														
AA-1127206	00000	LLOYD'S SYNDICATE # 1206	GBR		62														
AA-1120096	00000	LLOYD'S SYNDICATE # 1880	GBR		261							148		148		15		133	
AA-1126510	00000	LLOYD'S SYNDICATE # 510	GBR		213							121		121		12		109	
AA-1120086	00000	LLOYD'S SYNDICATE # 4141	GBR		119							67		67		7		60	
AA-1128791	00000	LLOYD'S SYNDICATE #2791	GBR		119	1								1		1		(1)	
AA-1120181	00000	LLOYD'S SYNDICATE #5886	GBR		185											1			
1299999. Total Authorized - Other Non-U.S. Insurers					1,696	2						336		338		39		299	

ANNUAL STATEMENT FOR THE YEAR 2019 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	NAIC	Name of Reinsurer	Domiciliary	Special	Reinsurance	Paid	Paid	Known	Known	IBNR	IBNR	Unearned	Contingent	Columns	Amount in	Ceded	Other	Net Amount	Funds Held
Number	Company					Losses	LAE	Case Loss	Case LAE	Loss	LAE	Premiums	Commis-	7 through	Dispute	Balances	Amounts	Recoverable	by
	Code		Jurisdiction	Code	Premiums			Reserves	Reserves	Reserves	Reserves		sions	14 Totals	included in	Payable	Due to	From	Company
					Ceded										Column 15		Reinsurers	Reinsurers	Under
																		Cols. 15 -	Reinsurance
																		[17 + 18]	Treaties
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					173,125	3,445	159	36,960		38,051		80,784		159,399		533		158,866	773
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	1						7		8		1		7	
AA-3194161	00000	CATLIN INSURANCE COMPANY LTD	BMU		169											1		(1)	
AA-3194122	00000	DAVINCI REINSURANCE LTD	BMU		96														
AA-3190875	00000	HISCOX INSURANCE COMPANY	BMU		72														
AA-1460019	00000	MS AMLIN AG																	
AA-3190339	00000	RENAISSANCE REINSURANCE, LTD	BMU		174	2						11		13		3		10	
AA-1340192	00000	R&V VERSICHERUNG AG	DEU		421	1								1		2		(1)	
2699999. Total Unauthorized - Other Non-U.S. Insurers					949	4						18		22		7		15	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					949	4						18		22		7		15	
3299999. Total Certified - Affiliates - U.S. Non-Pool																			
CR-1340125	00000	HANNOVER RUCKVERSICHERUNGS AG	DEU		47	3		1				18		22		4		18	
3499999. Total Certified - Affiliates - Other (Non-U.S.) - Other					47	3		1				18		22		4		18	
3599999. Total Certified - Affiliates - Other (Non-U.S.)					47	3		1				18		22		4		18	
3699999. Total Certified - Affiliates					47	3		1				18		22		4		18	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					47	3		1				18		22		4		18	
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)					174,121	3,452	159	36,961		38,051		80,820		159,443		544		158,899	773
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)																			
9999999 Totals					174,121	3,452	159	36,961		38,051		80,820		159,443		544		158,899	773

ANNUAL STATEMENT FOR THE YEAR 2019 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						145,102		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX			145,102		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			145,102								XXX		
95-4387273	ALLIED WORLD ASSURANCE COMPANY														3.		
36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY					11	52		63	76	11	65		65	3.		3
06-1430254	ARCH REINSURANCE COMPANY						2		2	2		2		2	2.		
47-0574325	BERKLEY INSURANCE COMPANY					9	39		48	58	9	49		49	2.		2
42-0234980	EMPLOYERS MUTUAL CASUALTY CO					9	42		51	61	9	52		52	3.		3
22-2005057	EVEREST REINSURANCE COMPANY														2.		
05-0316605	FACTORY MUTUAL INSURANCE COMPANY					19	142		161	193	19	174		174	2.		7
42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY					5	25		30	36	5	31		31	4.		2
13-2673100	GENERAL REINSURANCE CORPORATION					1,132	11,835		12,967	15,560	1,132	14,428		14,428	1.		519
06-0384680	HARTFORD STEAM BOILER INSPECTION & INS					56	470		526	631	56	575		575	1.		21
13-4924125	MUNICH REINSURANCE AMERICA, INC														2.		
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					11	52		63	76	11	65		65	2.		3
13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA					6	25		31	37	6	31		31	3.		1
13-3031176	PARTNER REINSURANCE COMPANY OF THE U.S.					2	8		10	12	2	10		10	2.		
23-1641984	QBE REINSURANCE CORPORATION														3.		
13-1290712	XL REINSURANCE AMERICA						1		1	1		1		1	2.		
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX		1,260	12,693		13,953	16,744	1,260	15,484		15,484	XXX		561
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION					3	3		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999	Total Authorized - Pools - Mandatory Pools			XXX		3	3		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														3.		
AA-1126623	LLOYD'S SYNDICATE #0623														3.		
AA-1120157	LLOYD'S SYNDICATE #1729														3.		
AA-1120106	LLOYD'S SYNDICATE #1969														3.		
AA-1128001	LLOYD'S SYNDICATE #2001						1		1	1		1		1	3.		
AA-1128003	LLOYD'S SYNDICATE #2003														3.		
AA-1120071	LLOYD'S SYNDICATE #2007														3.		
AA-1128010	LLOYD'S SYNDICATE #2010														3.		
AA-1120158	LLOYD'S SYNDICATE #2014														3.		
AA-1128623	LLOYD'S SYNDICATE #2623														3.		
AA-1120085	LLOYD'S SYNDICATE # 1274														3.		

ANNUAL STATEMENT FOR THE YEAR 2019 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)
AA-1127206 ...	LLOYD'S SYNDICATE # 1206														3.		
AA-1120096 ...	LLOYD'S SYNDICATE # 1880					15	133		148	178	15	163		163	3.		8
AA-1126510 ...	LLOYD'S SYNDICATE # 510					12	109		121	145	12	133		133	3.		6
AA-1120086 ...	LLOYD'S SYNDICATE # 4141					7	60		67	80	7	73		73	3.		4
AA-1128791 ...	LLOYD'S SYNDICATE #2791					1			1	1	1				3.		
AA-1120181 ...	LLOYD'S SYNDICATE #5886														3.		
1299999. Total Authorized - Other Non-U.S. Insurers				XXX		35	303		338	406	35	371		371	XXX		18
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX		1,298	158,101		14,291	17,149	1,295	15,854		15,854	XXX		579
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				7	8			8	10	1	9	7	2	3.		
AA-3194161 ...	CATLIN INSURANCE COMPANY LTD														3.		
AA-3194122 ...	DAVINCI REINSURANCE LTD														3.		
AA-3190875 ...	HISCOX INSURANCE COMPANY														3.		
AA-1460019 ...	MS AML IN AG														3.		
AA-3190339 ...	RENAISSANCE REINSURANCE, LTD				10	13			13	16	3	13	10	3	2.		
AA-1340192 ...	R&V VERSICHERUNG AG					1			1	1	1				2.		
2699999. Total Unauthorized - Other Non-U.S. Insurers				XXX	17	22			22	26	5	21	17	4	XXX	1	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	17	22			22	26	5	21	17	4	XXX	1	
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
CR-1340125 ...	HANNOVER RUCKVERSICHERUNGS AG				18	22			22	26	4	22	18	4	2.	1	
3499999. Total Certified - Affiliates - Other (Non-U.S.) - Other				XXX	18	22			22	26	4	22	18	4	XXX	1	
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX	18	22			22	26	4	22	18	4	XXX	1	
3699999. Total Certified - Affiliates				XXX	18	22			22	26	4	22	18	4	XXX	1	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX	18	22			22	26	4	22	18	4	XXX	1	
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)				XXX	35	1,342	158,101		14,335	17,202	1,304	15,898	35	15,863	XXX	1	579
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)				XXX											XXX		
9999999 Totals				XXX	35	1,342	158,101		14,335	17,202	1,304	15,898	35	15,863	XXX	1	579

ANNUAL STATEMENT FOR THE YEAR 2019 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	9						9			9								YES	
06-1430254 ...	ARCH REINSURANCE COMPANY																		YES	
47-0574325 ...	BERKLEY INSURANCE COMPANY	7						7			7								YES	
42-0234980 ...	EMPLOYERS MUTUAL CASUALTY CO	7						7			7								YES	
22-2005057 ...	EVEREST REINSURANCE COMPANY																		YES	
05-0316605 ...	FACTORY MUTUAL INSURANCE COMPANY	9						9			9								YES	
42-0245840 ...	FARMERS MUTUAL HAIL INSURANCE COMPANY	4						4			4								YES	
13-2673100 ...	GENERAL REINSURANCE CORPORATION	3,518						3,518			3,518								YES	
06-0384680 ...	HARTFORD STEAM BOILER INSPECTION & INS	34						34			34								YES	
13-4924125 ...	MUNICH REINSURANCE AMERICA, INC																		YES	
47-0698507 ...	ODYSSEY REINSURANCE COMPANY																		YES	
52-1952955 ...	RENAISSANCE REINSURANCE US INC																		YES	
35-6021485 ...	PROTECTIVE INSURANCE COMPANY																		YES	
43-0613000 ...	SHELTER MUTUAL INSURANCE COMPANY																		YES	
13-1675535 ...	SWISS REINSURANCE AMERICA CORPORATION	9						9			9								YES	
13-2918573 ...	THE TOA REINSURANCE COMPANY OF AMERICA	4						4			4								YES	
13-3031176 ...	PARTNER REINSURANCE COMPANY OF THE U.S.	1						1			1								YES	
23-1641984 ...	QBE REINSURANCE CORPORATION																		YES	
13-1290712 ...	XL REINSURANCE AMERICA																		YES	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		3,602						3,602			3,602								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	1						1			1								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-1120085 ...	LLOYD'S SYNDICATE # 1274																		YES	

ANNUAL STATEMENT FOR THE YEAR 2019 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	Overdue					43											
			38	39	40	41	42												
		Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38+39 +40+41	Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
AA-1127206	LLOYD'S SYNDICATE # 1206																	YES	
AA-1120096	LLOYD'S SYNDICATE # 1880																	YES	
AA-1126510	LLOYD'S SYNDICATE # 510																	YES	
AA-1120086	LLOYD'S SYNDICATE # 4141																	YES	
AA-1128791	LLOYD'S SYNDICATE #2791	1						1			1							YES	
AA-1120181	LLOYD'S SYNDICATE #5886																	YES	
1299999. Total Authorized - Other Non-U.S. Insurers		2						2			2							XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		3,604						3,604			3,604							XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																		XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																		XXX	
2299999. Total Unauthorized - Affiliates																		XXX	
AA-1120337	ASPEN INSURANCE UK LIMITED	1						1			1							YES	
AA-3194161	CATLIN INSURANCE COMPANY LTD																	YES	
AA-3194122	DAVINCI REINSURANCE LTD																	YES	
AA-3190875	HISCOX INSURANCE COMPANY																	YES	
AA-1460019	MS AMLIN AG																	YES	
AA-3190339	RENAISSANCE REINSURANCE, LTD	2						2			2							YES	
AA-1340192	R&V VERSICHERUNG AG	1						1			1							YES	
2699999. Total Unauthorized - Other Non-U.S. Insurers		4						4			4							XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		4						4			4							XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool																		XXX	
CR-1340125	HANNOVER RUCKVERSICHERUNGS AG	3						3			3							YES	
3499999. Total Certified - Affiliates - Other (Non-U.S.) - Other		3						3			3							XXX	
3599999. Total Certified - Affiliates - Other (Non-U.S.)		3						3			3							XXX	
3699999. Total Certified - Affiliates		3						3			3							XXX	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		3						3			3							XXX	
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)		3,611						3,611			3,611							XXX	
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)																		XXX	
9999999 Totals		3,611						3,611			3,611							XXX	

ANNUAL STATEMENT FOR THE YEAR 2019 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	61	62	63	64	65	66	67	68		
		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)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
34-4320350	OHIO MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool				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	
0899999. Total Authorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
95-4387273	ALLIED WORLD ASSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36-2661954	AMERICAN AGRICULTURAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
06-1430254	ARCH REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0574325	BERKLEY INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42-0234980	EMPLOYERS MUTUAL CASUALTY CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22-2005057	EVEREST REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
05-0316605	FACTORY MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42-0245840	FARMERS MUTUAL HAIL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-2673100	GENERAL REINSURANCE CORPORATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
06-0384680	HARTFORD STEAM BOILER INSPECTION & INS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-4924125	MUNICH REINSURANCE AMERICA, INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0698507	ODYSSEY REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
52-1952955	RENAISSANCE REINSURANCE US INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35-6021485	PROTECTIVE INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43-0613000	SHELTER MUTUAL INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-1675535	SWISS REINSURANCE AMERICA CORPORATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-2918573	THE TOA REINSURANCE COMPANY OF AMERICA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-3031176	PARTNER REINSURANCE COMPANY OF THE U.S.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23-1641984	QBE REINSURANCE CORPORATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-1290712	XL REINSURANCE AMERICA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-9991222	OHIO FAIR PLAN UNDERWRITING ASSOCIATION	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1099999. Total Authorized - Pools - Mandatory Pools				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-9995035	MUTUAL REINSURANCE BUREAU	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1199999. Total Authorized - Pools - Voluntary Pools				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126033	LLOYD'S SYNDICATE #0033	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126435	LLOYD'S SYNDICATE #0435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126623	LLOYD'S SYNDICATE #0623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120157	LLOYD'S SYNDICATE #1729	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120106	LLOYD'S SYNDICATE #1969	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128001	LLOYD'S SYNDICATE #2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128003	LLOYD'S SYNDICATE #2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120071	LLOYD'S SYNDICATE #2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128010	LLOYD'S SYNDICATE #2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120158	LLOYD'S SYNDICATE #2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128623	LLOYD'S SYNDICATE #2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2019 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)											
AA-1120085	LLOYD'S SYNDICATE # 1274	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127206	LLOYD'S SYNDICATE # 1206	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120096	LLOYD'S SYNDICATE # 1880	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126510	LLOYD'S SYNDICATE # 510	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120086	LLOYD'S SYNDICATE # 4141	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
1299999. Total Authorized - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2299999. Total Unauthorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120337	ASPEN INSURANCE UK LIMITED	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194161	CATLIN INSURANCE COMPANY LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194122	DAVINCI REINSURANCE LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190875	HISCOX INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460019	MS AMLIN AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190339	RENAISSANCE REINSURANCE, LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340192	R&V VERSICHERUNG AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999. Total Unauthorized - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX				XXX	XXX									
CR-1340125	HANNOVER RUCKVERSICHERUNGS AG	2	07/01/2015	10.0		18	2	100.0	100.0			18						
3499999. Total Certified - Affiliates - Other (Non-U.S.) - Other				XXX		18	2	XXX	XXX			18						
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX		18	2	XXX	XXX			18						
3699999. Total Certified - Affiliates				XXX		18	2	XXX	XXX			18						
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX		18	2	XXX	XXX			18						
4399999. Total Authorized, Unauthorized and Certified Excluding Protected Cells (Sum of 1499999, 2899999 and 4299999)				XXX		18	2	XXX	XXX			18						
4499999. Total Protected Cells (Sum of 1399999, 2799999 and 4199999)				XXX				XXX	XXX									
9999999 Totals				XXX		18	2	XXX	XXX			18						

ANNUAL STATEMENT FOR THE YEAR 2019 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	
13-3031176 ...	PARTNER REINSURANCE COMPANY OF THE U.S.		XXX	XXX				XXX	XXX	
23-1641984 ...	QBE REINSURANCE CORPORATION		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	

ANNUAL STATEMENT FOR THE YEAR 2019 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)
AA-1120085	LLOYD'S SYNDICATE # 1274		XXX	XXX				XXX	XXX	
AA-1127206	LLOYD'S SYNDICATE # 1206		XXX	XXX				XXX	XXX	
AA-1120096	LLOYD'S SYNDICATE # 1880		XXX	XXX				XXX	XXX	
AA-1126510	LLOYD'S SYNDICATE # 510		XXX	XXX				XXX	XXX	
AA-1120086	LLOYD'S SYNDICATE # 4141		XXX	XXX				XXX	XXX	
AA-1128791	LLOYD'S SYNDICATE #2791		XXX	XXX				XXX	XXX	
AA-1120181	LLOYD'S SYNDICATE #5886		XXX	XXX				XXX	XXX	
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-3190875	HISCOX INSURANCE COMPANY				XXX	XXX	XXX		XXX	
AA-1460019	MS AMLIN AG				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				XXX	XXX	XXX		XXX	
2899999.	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX		XXX	
3299999.	Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
CR-1340125	HANNOVER RUCKVERSICHERUNGS AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3499999.	Total Certified - Affiliates - Other (Non-U.S.) - Other	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)									
4499999.	Total Protected Cells (Sum of 1399999, 2799999 and 4199999)									
9999999	Totals									

ANNUAL STATEMENT FOR THE YEAR 2019 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 2019 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	.317,681
2.	GENERAL REINSURANCE CORPORATION .....	.32.500	.3,841,743
3.	HARTFORD STEAM BOILER INSPECTION & INS .....	.30.000	.965,470
4.	SWISS REINSURANCE AMERICA CORPORATION .....	.25.000	.132,923
5.	AMERICAN AGRICULTURAL INSURANCE COMPANY .....	.25.000	.132,800

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	12,961,860	5,155,821	Yes [] No [X]
7.	HARTFORD STEAM BOILER INSPECTION & INS	526,821	965,470	Yes [] No [X]
8.	FACTORY MUTUAL INSURANCE COMPANY	161,331	317,681	Yes [] No [X]
9.	LLOYD'S SYNDICATE # 1880	148,353	260,770	Yes [] No [X]
10.	LLOYD'S SYNDICATE # 510	121,380	213,358	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)	311,700,060		311,700,060
2. Premiums and considerations (Line 15)	43,990,096		43,990,096
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	3,611,241	(3,611,241)	
4. Funds held by or deposited with reinsured companies (Line 16.2)			
5. Other assets	30,945,989		30,945,989
6. Net amount recoverable from reinsurers		158,119,403	158,119,403
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	390,247,386	154,508,162	544,755,548
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	75,879,187	75,011,828	150,891,015
10. Taxes, expenses, and other obligations (Lines 4 through 8)	15,447,303		15,447,303
11. Unearned premiums (Line 9)	80,844,125	80,813,176	161,657,301
12. Advance premiums (Line 10)	1,272,014		1,272,014
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	543,740	(543,740)	
15. Funds held by company under reinsurance treaties (Line 13)	773,102	(773,102)	
16. Amounts withheld or retained by company for account of others (Line 14)	517,031		517,031
17. Provision for reinsurance (Line 16)			
18. Other liabilities	9,297,115		9,297,115
19. Total liabilities excluding protected cell business (Line 26)	184,573,617	154,508,162	339,081,779
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	205,673,769	XXX	205,673,769
22. Totals (Line 38)	390,247,386	154,508,162	544,755,548

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 2019 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	1,622	XXX		XXX		XXX		XXX	1,622	XXX		XXX		XXX		XXX		XXX
2. Premiums earned	1,913	XXX		XXX		XXX		XXX	1,913	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)	265	13.9							265	13.9								
8. Other general insurance expenses	227	11.9							227	11.9								
9. Taxes, licenses and fees																		
10. Total other expenses incurred	492	25.7							492	25.7								
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds	1,421	74.3							1,421	74.3								
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	1,421	74.3							1,421	74.3								
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE United Ohio Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	558				558				
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	558				558				
5. Total premium reserves, prior year	849				849				
6. Increase in total premium reserves	(291)				(291)				
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	1,622				1,622				
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	2,496				2,496				
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2019 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 2019 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. 2010.....	28,247	1,717	26,530	14,567	224	403	1	1,426		179	16,171	4,938
3. 2011.....	29,774	2,402	27,372	25,838	5,182	600	182	2,184		120	23,258	4,131
4. 2012.....	31,827	4,014	27,813	32,808	15,930	1,348	754	2,738		143	20,210	4,323
5. 2013.....	34,098	2,992	31,106	20,183	835	378	2	2,324		296	22,048	2,649
6. 2014.....	36,413	3,585	32,828	14,810	91	276	1	1,781		446	16,775	1,891
7. 2015.....	37,495	3,210	34,285	13,022	116	369	1	1,430		271	14,704	1,740
8. 2016.....	38,237	3,280	34,957	13,840	675	382	3	1,637		307	15,181	1,653
9. 2017.....	39,304	3,304	36,000	19,362	1,312	453	9	1,889		224	20,383	2,080
10. 2018.....	42,029	3,421	38,608	15,346	100	410	1	1,634		227	17,289	1,835
11. 2019.....	45,859	3,156	42,703	18,474	300	313	1	1,645		110	20,131	2,258
12. Totals	XXX	XXX	XXX	188,249	24,765	4,932	955	18,688		2,325	186,149	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.....	33											33	1
2. 2010.....	10		5									15	1
3. 2011.....	3		1									4	1
4. 2012.....	72		36				6					114	3
5. 2013.....	18		9									27	2
6. 2014.....	5		12				1					18	1
7. 2015.....	240	4	116	4			13					361	3
8. 2016.....	50	3	20	2			19		2			86	4
9. 2017.....	207	7	170	6			72		4			440	11
10. 2018.....	712	3	329	19			120		57			1,196	26
11. 2019.....	3,157	157	1,924	158			262		444			5,472	205
12. Totals	4,507	174	2,622	189			493		507			7,766	258

	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. 2010.....	16,411	225	16,186	58.1	13.1	61.0			65.0	15	
3. 2011.....	28,626	5,364	23,262	96.1	223.3	85.0			65.0	4	
4. 2012.....	37,008	16,684	20,324	116.3	415.6	73.1			65.0	108	6
5. 2013.....	22,912	837	22,075	67.2	28.0	71.0			65.0	27	
6. 2014.....	16,885	92	16,793	46.4	2.6	51.2			65.0	17	1
7. 2015.....	15,190	125	15,065	40.5	3.9	43.9			65.0	348	13
8. 2016.....	15,950	683	15,267	41.7	20.8	43.7			65.0	65	21
9. 2017.....	22,157	1,334	20,823	56.4	40.4	57.8			65.0	364	76
10. 2018.....	18,608	123	18,485	44.3	3.6	47.9			65.0	1,019	177
11. 2019.....	26,219	616	25,603	57.2	19.5	60.0			65.0	4,766	706
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	6,766	1,000

ANNUAL STATEMENT FOR THE YEAR 2019 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)		1		(1)		20	(13)	XXX
2. 2010.....	32,274	1,260	31,014	20,905	1,454	1,252	134	1,853	28	988	22,394	6,000
3. 2011.....	30,091	382	29,709	17,261	68	1,094	1	1,337		713	19,623	3,285
4. 2012.....	27,009	249	26,760	17,008	475	987	33	1,242		805	18,729	2,515
5. 2013.....	25,776	183	25,593	15,499	43	633	2	1,210		516	17,297	2,467
6. 2014.....	26,807	131	26,676	17,496		698		1,464		574	19,658	2,390
7. 2015.....	27,851	154	27,697	17,969	93	656		2,045		800	20,577	2,334
8. 2016.....	29,724	155	29,569	18,888	13	552		2,109		569	21,536	2,334
9. 2017.....	32,909	206	32,703	18,699	37	295		2,066		692	21,023	2,429
10. 2018.....	37,692	177	37,515	17,237		199		1,957		523	19,393	2,897
11. 2019.....	41,785	166	41,619	11,291		92		1,434		199	12,817	2,916
12. Totals	XXX	XXX	XXX	172,240	2,183	6,459	170	16,716	28	6,399	193,034	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.....													
2. 2010.....	16	2	8	1								21	1
3. 2011.....	16		9				3					28	1
4. 2012.....	7		4				1					12	1
5. 2013.....	19		22	1			7		4			51	3
6. 2014.....	264		146	10			32		13			445	6
7. 2015.....	243		135	12			55		20			441	12
8. 2016.....	752		277	18			111		80			1,202	26
9. 2017.....	1,475		1,424	14			238		151			3,274	73
10. 2018.....	4,057	2	3,221	98			702		408			8,288	253
11. 2019.....	9,399		6,519	183			908		1,478			18,121	990
12. Totals	16,248	4	11,765	337			2,057		2,154			31,883	1,366

	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. 2010.....	24,034	1,619	22,415	74.5	128.5	72.3			65.0	21	
3. 2011.....	19,720	69	19,651	65.5	18.1	66.1			65.0	25	3
4. 2012.....	19,249	508	18,741	71.3	204.0	70.0			65.0	11	1
5. 2013.....	17,394	46	17,348	67.5	25.1	67.8			65.0	40	11
6. 2014.....	20,113	10	20,103	75.0	7.6	75.4			65.0	400	45
7. 2015.....	21,123	105	21,018	75.8	68.2	75.9			65.0	366	75
8. 2016.....	22,769	31	22,738	76.6	20.0	76.9			65.0	1,011	191
9. 2017.....	24,348	51	24,297	74.0	24.8	74.3			65.0	2,885	389
10. 2018.....	27,781	100	27,681	73.7	56.5	73.8			65.0	7,178	1,110
11. 2019.....	31,121	183	30,938	74.5	110.2	74.3			65.0	15,735	2,386
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	27,672	4,211

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE United Ohio Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	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. 2010.....	6,392	520	5,872	3,747	345	265	6	330	1	33	3,990	610
3. 2011.....	7,026	443	6,583	2,295		303		282		46	2,880	423
4. 2012.....	7,968	471	7,497	4,043	313	304	21	416		42	4,429	433
5. 2013.....	9,102	495	8,607	5,673	431	738	44	594		63	6,530	454
6. 2014.....	10,339	551	9,788	8,570	816	824	27	827		61	9,378	555
7. 2015.....	10,641	617	10,024	6,584	1,004	404	16	606		103	6,574	614
8. 2016.....	11,040	706	10,334	5,408	384	341	10	584		28	5,939	558
9. 2017.....	11,506	846	10,660	4,358	9	217		623		130	5,189	582
10. 2018.....	12,003	477	11,526	3,099		94		562		45	3,755	561
11. 2019.....	12,463	269	12,194	2,364		32		356		31	2,752	509
12. Totals	XXX	XXX	XXX	46,141	3,302	3,522	124	5,180	1	582	51,416	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. 2010.....													
3. 2011.....													
4. 2012.....													
5. 2013.....	33		16				10		66			125	1
6. 2014.....	91		80	13			133		26			317	2
7. 2015.....	498	3	233	4			104		23			851	4
8. 2016.....	996	65	511	21			214		16			1,651	10
9. 2017.....	691		714	32			284		70			1,727	16
10. 2018.....	868		1,495	75			401		147			2,836	33
11. 2019.....	3,034	241	3,633	579			420		634			6,901	118
12. Totals	6,211	309	6,682	724			1,566		982			14,408	184

	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. 2010.....	4,342	352	3,990	67.9	67.7	67.9			65.0		
3. 2011.....	2,880		2,880	41.0		43.7			65.0		
4. 2012.....	4,763	334	4,429	59.8	70.9	59.1			65.0		
5. 2013.....	7,130	475	6,655	78.3	96.0	77.3			65.0	49	76
6. 2014.....	10,551	856	9,695	102.1	155.4	99.0			65.0	158	159
7. 2015.....	8,452	1,027	7,425	79.4	166.5	74.1			65.0	724	127
8. 2016.....	8,070	480	7,590	73.1	68.0	73.4			65.0	1,421	230
9. 2017.....	6,957	41	6,916	60.5	4.8	64.9			65.0	1,373	354
10. 2018.....	6,666	75	6,591	55.5	15.7	57.2			65.0	2,288	548
11. 2019.....	10,473	820	9,653	84.0	304.8	79.2			65.0	5,847	1,054
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	11,860	2,548

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
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX									XXX
2. 2010.....												
3. 2011.....												
4. 2012.....												
5. 2013.....												
6. 2014.....												
7. 2015.....												
8. 2016.....												
9. 2017.....												
10. 2018.....												
11. 2019.....												
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				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. 2010.....													
3. 2011.....													
4. 2012.....													
5. 2013.....													
6. 2014.....													
7. 2015.....													
8. 2016.....													
9. 2017.....													
10. 2018.....													
11. 2019.....													
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. 2010.....											
3. 2011.....											
4. 2012.....											
5. 2013.....											
6. 2014.....											
7. 2015.....											
8. 2016.....											
9. 2017.....											
10. 2018.....											
11. 2019.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2019 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									XXX
2. 2010.....	9,537	1,238	8,299	4,819	182	744	6	457		43	5,832	1,355
3. 2011.....	10,346	1,331	9,015	7,327	1,737	693	56	716		121	6,943	788
4. 2012.....	11,584	1,534	10,050	6,460	1,612	504	64	738		96	6,026	810
5. 2013.....	13,770	1,716	12,054	8,943	1,591	1,401	73	1,001		79	9,681	710
6. 2014.....	16,070	2,078	13,992	8,144	630	1,452	44	973		78	9,895	762
7. 2015.....	16,706	2,079	14,627	6,271	447	1,566	40	676		111	8,026	720
8. 2016.....	17,618	2,161	15,457	6,386	348	950	1	775		80	7,762	676
9. 2017.....	18,207	2,204	16,003	5,944	444	601	4	676		151	6,773	627
10. 2018.....	18,607	1,800	16,807	4,739	159	477	3	643		52	5,697	560
11. 2019.....	19,693	1,699	17,994	4,638	118	186	1	485		22	5,190	503
12. Totals	XXX	XXX	XXX	63,671	7,268	8,574	292	7,140		833	71,825	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.....													
2. 2010.....	33		17	1			11					60	3
3. 2011.....													
4. 2012.....	13		7	1			3					22	1
5. 2013.....	225		113	25			95		8			416	3
6. 2014.....	361	3	141	45			182		23			659	10
7. 2015.....	321		282	55			365		19			932	16
8. 2016.....	702		373	117			515		19			1,492	33
9. 2017.....	975		634	71			782		17			2,337	37
10. 2018.....	995	16	1,062	276			1,339		96			3,200	45
11. 2019.....	1,980	17	2,493	344			1,393		586			6,091	98
12. Totals	5,605	36	5,122	935			4,685		768			15,209	246

	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. 2010.....	6,081	189	5,892	63.8	15.3	71.0			65.0	49	11
3. 2011.....	8,736	1,793	6,943	84.4	134.7	77.0			65.0		
4. 2012.....	7,725	1,677	6,048	66.7	109.3	60.2			65.0	19	3
5. 2013.....	11,786	1,689	10,097	85.6	98.4	83.8			65.0	313	103
6. 2014.....	11,276	722	10,554	70.2	34.7	75.4			65.0	454	205
7. 2015.....	9,500	542	8,958	56.9	26.1	61.2			65.0	548	384
8. 2016.....	9,720	466	9,254	55.2	21.6	59.9			65.0	958	534
9. 2017.....	9,629	519	9,110	52.9	23.5	56.9			65.0	1,538	799
10. 2018.....	9,351	454	8,897	50.3	25.2	52.9			65.0	1,765	1,435
11. 2019.....	11,761	480	11,281	59.7	28.3	62.7			65.0	4,112	1,979
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	9,756	5,453

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 2019 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									XXX
2. 2010.....	3,680	1,429	2,251	904	433	135	4	116		10	718	218
3. 2011.....	3,914	1,589	2,325	874	132	185	32	89		4	984	114
4. 2012.....	4,250	1,832	2,418	418		50		65		5	533	125
5. 2013.....	4,544	1,981	2,563	2,469	1,303	258		213		3	1,637	114
6. 2014.....	4,700	2,150	2,550	2,107	1,498	182	20	274		2	1,045	106
7. 2015.....	4,783	2,143	2,640	1,077	585	67		91		2	650	77
8. 2016.....	4,451	2,169	2,282	1,269	585	73		96		1	853	78
9. 2017.....	4,066	2,251	1,815	901	497	34	1	143			580	43
10. 2018.....	4,219	2,412	1,807	1,081	909	43	8	108		2	315	39
11. 2019.....	4,473	2,677	1,796	42		4		87			133	25
12. Totals	XXX	XXX	XXX	11,142	5,942	1,031	65	1,282		29	7,448	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. 2010.....													
3. 2011.....													
4. 2012.....	123		61				39					223	1
5. 2013.....													
6. 2014.....	24		13	1			5		1			42	3
7. 2015.....	7		3	1			8					17	1
8. 2016.....	10		115	2			19		16			158	3
9. 2017.....	72		122	2			63		14			269	3
10. 2018.....	56	15	1,990	1,664			209		31			607	6
11. 2019.....	49	6	813	410			40		67			553	10
12. Totals	341	21	3,117	2,080			383		129			1,869	27

	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. 2010.....	1,155	437	718	31.4	30.6	31.9			65.0		
3. 2011.....	1,148	164	984	29.3	10.3	42.3			65.0		
4. 2012.....	756		756	17.8		31.3			65.0	184	39
5. 2013.....	2,940	1,303	1,637	64.7	65.8	63.9			65.0		
6. 2014.....	2,606	1,519	1,087	55.4	70.7	42.6			65.0	36	6
7. 2015.....	1,253	586	667	26.2	27.3	25.3			65.0	9	8
8. 2016.....	1,598	587	1,011	35.9	27.1	44.3			65.0	123	35
9. 2017.....	1,349	500	849	33.2	22.2	46.8			65.0	192	77
10. 2018.....	3,518	2,596	922	83.4	107.6	51.0			65.0	367	240
11. 2019.....	1,102	416	686	24.6	15.5	38.2			65.0	446	107
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	1,357	512

ANNUAL STATEMENT FOR THE YEAR 2019 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. 2010.....												
3. 2011.....												
4. 2012.....												
5. 2013.....												
6. 2014.....												
7. 2015.....												
8. 2016.....												
9. 2017.....												
10. 2018.....												
11. 2019.....												
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. 2010.....													
3. 2011.....													
4. 2012.....													
5. 2013.....													
6. 2014.....													
7. 2015.....													
8. 2016.....													
9. 2017.....													
10. 2018.....													
11. 2019.....													
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. 2010.....											
3. 2011.....											
4. 2012.....											
5. 2013.....											
6. 2014.....											
7. 2015.....											
8. 2016.....											
9. 2017.....											
10. 2018.....											
11. 2019.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2019 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	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX	.....3		.....9				.....4	.....12	XXX
2. 2018.....	13,321	.....783	12,538	3,652		.....149		.....385		.....73	.....4,186	XXX
3. 2019	13,159	603	12,556	4,586		80		401		82	5,067	XXX
4. Totals	XXX	XXX	XXX	8,241		238		786		159	9,265	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				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	3		4				2					9	1
2. 2018	36		17				8		8			69	1
3. 2019	564		380	10			44		68			1,046	38
4. Totals	603		401	10			54		76			1,124	40

	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	7	2
2. 2018	4,255		4,255	31.9		33.9			65.0	53	16
3. 2019	6,123	10	6,113	46.5	1.7	48.7			65.0	934	112
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	994	130

ANNUAL STATEMENT FOR THE YEAR 2019 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	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	(.85)	4	28		(3)		192	(64)	XXX
2. 2018.....	34,621	674	33,947	21,665		203		2,537		3,745	24,405	8
3. 2019.....	39,201	581	38,620	23,602		191		2,287		2,489	26,080	525
4. Totals.....	XXX	XXX	XXX	45,182	4	422		4,821		6,426	50,421	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			15	6			8					17	2
2. 2018	22		55	14			10		19			92	8
3. 2019	1,787	7	1,361	21			67		233			3,420	525
4. Totals	1,809	7	1,431	41			85		252			3,529	535

	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	9	8
2. 2018.....	24,511	14	24,497	70.8	2.1	72.2			65.0	63	29
3. 2019.....	29,528	28	29,500	75.3	4.8	76.4			65.0	3,120	300
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	3,192	337

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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. 2018												XXX
3. 2019												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. 2018.....													
3. 2019.....													
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. 2018.....											
3. 2019.....											
4. Totals	XXX	XXX	XXX		XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2019 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. 2018.....	2		2									XXX
3. 2019.....	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. 2018													
3. 2019													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2018.....									65.0		
3. 2019.....									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 2019 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 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2010.....	146	2	144	7		8		1			16	119
3. 2011.....	123	1	122	20		12		3			35	10
4. 2012.....	118	1	117	15		1		1	1		16	4
5. 2013.....	125	1	124	18		11		2			31	4
6. 2014.....	137	1	136	1		9					10	5
7. 2015.....	137	1	136	1		1					2	3
8. 2016.....	126	1	125	7		1					8	4
9. 2017.....	129	1	128			3					3	1
10. 2018.....	129		129	9		3		1			13	4
11. 2019.....	121		121	6							6	1
12. Totals	XXX	XXX	XXX	84		49		8	1		140	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. 2010.....													
3. 2011.....													
4. 2012.....													
5. 2013.....													
6. 2014.....													
7. 2015.....													
8. 2016.....									1			1	
9. 2017.....	49		25				1					75	1
10. 2018.....			4				2					6	
11. 2019.....			4						5			9	
12. Totals	49		33				3		6			91	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	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. 2010.....	16		16	11.0		11.1			65.0		
3. 2011.....	35		35	28.5		28.7			65.0		
4. 2012.....	17	1	16	14.4	100.0	13.7			65.0		
5. 2013.....	31		31	24.8		25.0			65.0		
6. 2014.....	10		10	7.3		7.4			65.0		
7. 2015.....	2		2	1.5		1.5			65.0		
8. 2016.....	9		9	7.1		7.2			65.0		1
9. 2017.....	78		78	60.5		60.9			65.0	74	1
10. 2018.....	19		19	14.7		14.7			65.0	4	2
11. 2019.....	15		15	12.4		12.4			65.0	4	5
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	82	9

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

N O N E

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 1T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE United Ohio Insurance Company

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	11 One Year	12 Two Year
1. Prior.....	1,293	1,139	1,169	905	907	903	934	926	906	905	(1)	(21)
2. 2010.....	16,346	15,222	14,907	14,832	14,755	14,746	14,746	14,762	14,762	14,760	(2)	(2)
3. 2011.....	XXX	22,751	21,667	21,522	21,091	21,090	21,079	21,075	21,077	21,078	1	3
4. 2012.....	XXX	XXX	18,263	17,745	17,657	17,715	17,650	17,642	17,594	17,586	(8)	(56)
5. 2013.....	XXX	XXX	XXX	21,168	20,023	19,739	19,729	19,733	19,739	19,751	12	18
6. 2014.....	XXX	XXX	XXX	XXX	16,937	15,552	15,174	15,040	15,000	15,012	12	(28)
7. 2015.....	XXX	XXX	XXX	XXX	XXX	14,512	13,733	13,485	13,662	13,635	(27)	150
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	15,547	14,108	14,032	13,628	(404)	(480)
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,999	19,071	18,930	(141)	(1,069)
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,457	16,794	(663)	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,514	XXX	XXX
12. Totals											(1,221)	(1,485)

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

1. Prior.....	11,411	9,840	9,457	8,933	8,763	8,609	8,452	8,438	8,426	8,402	(24)	(36)
2. 2010.....	22,523	22,353	21,881	21,545	20,979	20,618	20,637	20,586	20,583	20,590	7	4
3. 2011.....	XXX	21,118	20,011	19,361	18,728	18,633	18,524	18,333	18,344	18,314	(30)	(19)
4. 2012.....	XXX	XXX	20,164	19,301	18,278	18,091	17,644	17,595	17,546	17,499	(47)	(96)
5. 2013.....	XXX	XXX	XXX	17,709	17,856	17,378	16,468	16,513	16,219	16,134	(85)	(379)
6. 2014.....	XXX	XXX	XXX	XXX	19,508	19,302	19,241	18,694	18,563	18,626	63	(68)
7. 2015.....	XXX	XXX	XXX	XXX	XXX	22,043	21,350	19,300	18,911	18,953	42	(347)
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	22,874	21,481	20,611	20,549	(62)	(932)
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,631	22,272	22,080	(192)	(1,551)
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,766	25,316	(2,450)	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,026	XXX	XXX
12. Totals											(2,778)	(3,424)

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

1. Prior.....	2,884	1,680	1,622	1,514	1,520	1,443	1,443	1,443	1,443	1,443		
2. 2010.....	5,569	4,792	4,375	4,001	3,728	3,727	4,285	3,661	3,661	3,661		
3. 2011.....	XXX	4,491	3,573	2,970	2,711	2,581	2,627	2,613	2,599	2,598	(1)	(15)
4. 2012.....	XXX	XXX	4,407	4,490	4,533	4,306	4,006	4,117	4,015	4,013	(2)	(104)
5. 2013.....	XXX	XXX	XXX	4,813	4,370	4,390	5,601	5,350	5,391	5,995	604	645
6. 2014.....	XXX	XXX	XXX	XXX	7,989	8,437	8,389	8,700	8,573	8,842	269	142
7. 2015.....	XXX	XXX	XXX	XXX	XXX	6,772	6,858	6,538	6,279	6,796	517	258
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	5,895	6,242	6,924	6,990	66	748
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,720	6,569	6,223	(346)	(497)
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,547	5,882	(665)	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,663	XXX	XXX
12. Totals											442	1,177

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

1. Prior.....												
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	2,497	2,474	1,762	1,669	1,649	1,875	2,094	2,151	2,048	2,048		(103)
2. 2010.....	5,881	5,790	5,796	5,275	5,381	5,533	5,563	5,403	5,421	5,435	14	32
3. 2011.....	XXX	6,389	6,671	6,445	6,484	6,335	6,372	6,353	6,227	6,227		(126)
4. 2012.....	XXX	XXX	7,004	5,785	5,384	5,429	5,578	5,436	5,446	5,310	(136)	(126)
5. 2013.....	XXX	XXX	XXX	9,089	9,492	9,531	8,721	8,692	9,179	9,088	(91)	396
6. 2014.....	XXX	XXX	XXX	XXX	7,801	7,852	8,902	8,722	9,500	9,558	58	836
7. 2015.....	XXX	XXX	XXX	XXX	XXX	7,186	7,271	7,980	8,718	8,263	(455)	283
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	7,994	8,108	7,998	8,460	462	352
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,707	7,879	8,417	538	(290)
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,837	8,158	321	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,210	XXX	XXX
12. Totals											711	1,254

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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 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	11 One Year	12 Two Year
1. Prior.....												
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	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. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	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. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

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

1. Prior.....	1,099	838	707	686	833	798	797	779	778	768	(10)	(11)
2. 2010.....	571	931	830	932	617	598	603	602	602	602		
3. 2011.....	XXX	708	1,169	1,052	1,103	927	912	895	895	895		
4. 2012.....	XXX	XXX	667	875	631	683	703	708	692	691	(1)	(17)
5. 2013.....	XXX	XXX	XXX	1,191	1,226	1,579	1,693	1,768	1,469	1,424	(45)	(344)
6. 2014.....	XXX	XXX	XXX	XXX	1,210	1,344	936	806	758	812	54	6
7. 2015.....	XXX	XXX	XXX	XXX	XXX	1,002	899	618	768	576	(192)	(42)
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1,386	1,217	1,114	899	(215)	(318)
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,146	849	692	(157)	(454)
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	758	783	25	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	532	XXX	XXX
12. Totals											(541)	(1,180)

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

1. Prior.....												
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	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 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,051	651	637	(14)	(414)
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,215	3,862	(353)	XXX
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,644	XXX	XXX
4. Totals											(367)	(414)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,123	1,040	843	(197)	(1,280)
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,614	21,941	(1,673)	XXX
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,980	XXX	XXX
4. Totals											(1,870)	(1,280)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2019.....	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					
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....												
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	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 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	11 One Year	12 Two Year
1. Prior.....	142	75	58	54	54	54	54	54	54	54		
2. 2010.....	28	11	14	15	15	15	15	15	15	15		
3. 2011.....	XXX	92	54	48	32	32	32	34	32	32		(2)
4. 2012.....	XXX	XXX	29	28	16	16	16	16	16	16		
5. 2013.....	XXX	XXX	XXX	44	48	32	29	29	29	29		
6. 2014.....	XXX	XXX	XXX	XXX	34	68	9	9	9	10	1	1
7. 2015.....	XXX	XXX	XXX	XXX	XXX	3	3	2	2	2		
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	3	6	5	8	3	2
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		3	78	75	78
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	18	(2)	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	XXX	XXX
12. Totals											77	79

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

1. Prior.....												
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2019.....	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. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2019.....	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. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2019.....	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		
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior.....	.000	.624	.713	.803	.828	.827	.868	.874	.873	.872	.87	
2. 2010.....	12,220	14,377	14,653	14,735	14,746	14,746	14,746	14,746	14,746	14,745	2,426	2,511
3. 2011.....	XXX	17,926	20,500	20,948	21,032	21,051	21,069	21,071	21,073	21,074	3,632	498
4. 2012.....	XXX	XXX	14,270	16,663	17,160	17,287	17,434	17,440	17,471	17,472	3,883	437
5. 2013.....	XXX	XXX	XXX	15,474	19,266	19,453	19,683	19,700	19,704	19,724	2,224	423
6. 2014.....	XXX	XXX	XXX	XXX	13,029	14,915	14,966	14,996	14,992	14,994	1,547	343
7. 2015.....	XXX	XXX	XXX	XXX	XXX	10,248	12,795	13,110	13,261	13,274	1,403	334
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	11,573	13,182	13,341	13,544	1,346	303
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,768	18,149	18,494	1,720	349
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,621	15,655	1,493	316
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,486	1,663	390

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

1. Prior.....	.000	4,767	7,145	7,734	8,276	8,358	8,433	8,429	8,414	8,402	8,640	
2. 2010.....	9,401	15,627	17,702	19,381	20,132	20,352	20,525	20,571	20,567	20,569	3,526	2,473
3. 2011.....	XXX	9,023	13,656	15,841	17,224	18,042	18,199	18,245	18,288	18,286	2,711	573
4. 2012.....	XXX	XXX	7,378	12,274	15,218	16,767	17,136	17,415	17,486	17,487	2,142	372
5. 2013.....	XXX	XXX	XXX	6,386	11,804	14,217	15,528	15,817	15,982	16,087	2,137	327
6. 2014.....	XXX	XXX	XXX	XXX	7,692	12,846	16,013	17,510	17,913	18,194	2,064	320
7. 2015.....	XXX	XXX	XXX	XXX	XXX	8,672	13,860	16,746	18,051	18,532	1,971	351
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	8,618	14,945	17,649	19,427	1,920	388
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,452	15,444	18,957	1,962	394
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,735	17,436	2,216	428
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,383	1,663	263

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

1. Prior.....	.000	516	1,035	1,296	1,382	1,443	1,443	1,443	1,443	1,443	173	
2. 2010.....	1,072	2,040	3,037	3,516	3,541	3,555	3,649	3,661	3,661	3,661	343	267
3. 2011.....	XXX	1,075	1,586	2,060	2,356	2,450	2,547	2,599	2,599	2,598	360	63
4. 2012.....	XXX	XXX	1,260	2,009	3,140	3,368	3,710	3,943	4,013	4,013	359	74
5. 2013.....	XXX	XXX	XXX	1,459	2,673	3,101	3,766	4,925	5,035	5,936	392	61
6. 2014.....	XXX	XXX	XXX	XXX	2,260	4,410	5,859	7,265	8,134	8,551	499	54
7. 2015.....	XXX	XXX	XXX	XXX	XXX	2,121	3,213	4,238	5,629	5,968	539	71
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1,856	3,484	5,064	5,355	479	69
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,002	3,585	4,566	487	79
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,941	3,193	457	71
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,396	350	41

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

1. Prior.....	.000											
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.000	1,068	1,250	1,410	1,507	1,737	2,040	2,151	2,048	2,048	93	
2. 2010.....	2,490	3,755	4,689	4,887	5,018	5,201	5,234	5,357	5,367	5,375	672	680
3. 2011.....	XXX	3,526	4,791	5,276	5,761	6,010	6,127	6,227	6,227	6,227	643	145
4. 2012.....	XXX	XXX	3,516	4,720	4,883	5,160	5,226	5,259	5,284	5,288	664	145
5. 2013.....	XXX	XXX	XXX	3,766	5,762	6,565	7,871	8,235	8,444	8,680	574	133
6. 2014.....	XXX	XXX	XXX	XXX	4,078	5,691	6,465	7,475	8,309	8,922	604	148
7. 2015.....	XXX	XXX	XXX	XXX	XXX	3,066	4,374	5,155	6,625	7,350	577	127
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	4,027	5,704	6,243	6,987	518	125
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,933	5,563	6,097	472	118
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,677	5,054	425	90
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,705	346	59

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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		
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior.....	.000											
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

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

1. Prior.....	.000											
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	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. 2010.....											XXX	XXX
3. 2011.....	XXX										XXX	XXX
4. 2012.....	XXX	XXX									XXX	XXX
5. 2013.....	XXX	XXX	XXX								XXX	XXX
6. 2014.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2015.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

1. Prior.....	.000	286	437	474	506	709	709	769	768	768	29	
2. 2010.....	138	275	409	489	581	586	602	602	602	602	111	107
3. 2011.....	XXX	204	297	754	805	895	895	895	895	895	83	31
4. 2012.....	XXX	XXX	214	392	450	459	465	465	468	468	90	34
5. 2013.....	XXX	XXX	XXX	164	425	617	770	1,039	1,424	1,424	82	32
6. 2014.....	XXX	XXX	XXX	XXX	211	397	506	581	727	771	75	28
7. 2015.....	XXX	XXX	XXX	XXX	XXX	86	262	461	555	559	53	23
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	90	249	677	757	60	15
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	119	359	437	32	8
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	65	207	25	8
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46	12	3

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

1. Prior.....	.000											
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	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		
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.616	.628	XXX	XXX
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,205	3,801	XXX	XXX
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,666	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.887	.826		
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,656	21,868		
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,793		

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2019.....	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. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	.000										XXX	XXX
2. 2010.....											XXX	XXX
3. 2011.....	XXX										XXX	XXX
4. 2012.....	XXX	XXX									XXX	XXX
5. 2013.....	XXX	XXX	XXX								XXX	XXX
6. 2014.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2015.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2019.....	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		
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019		
1. Prior.....	.000	35	54	54	54	54	54	54	54	54	3	
2. 2010.....	7	7	8	15	15	15	15	15	15	15	55	64
3. 2011.....	XXX	21	22	31	32	32	32	32	32	32	7	3
4. 2012.....	XXX	XXX	4	15	16	16	16	16	16	16	3	1
5. 2013.....	XXX	XXX	XXX	15	16	29	29	29	29	29	3	1
6. 2014.....	XXX	XXX	XXX	XXX	8	9	9	9	9	10	3	2
7. 2015.....	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2	2	1
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1	5	5	8	3	1
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX		3	3		
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12	12	4	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	1	

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

1. Prior.....	.000											
2. 2010.....												
3. 2011.....	XXX											
4. 2012.....	XXX	XXX										
5. 2013.....	XXX	XXX	XXX									
6. 2014.....	XXX	XXX	XXX	XXX								
7. 2015.....	XXX	XXX	XXX	XXX	XXX							
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2019.....	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. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2019.....	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. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
3. 2019.....	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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	419	317	160	35	29	27	24	19		
2. 2010.....	2,532	655	198	89	8			6	5	5
3. 2011.....	XXX	2,351	689	280	26	10	3	1	1	1
4. 2012.....	XXX	XXX	1,862	386	208	137	77	74	45	42
5. 2013.....	XXX	XXX	XXX	2,102	549	101	19	11	13	9
6. 2014.....	XXX	XXX	XXX	XXX	1,940	373	115	16	3	13
7. 2015.....	XXX	XXX	XXX	XXX	XXX	1,445	376	150	154	125
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1,854	416	293	37
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,822	400	236
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,866	430
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,028

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

1. Prior.....	4,055	1,802	813	418	148	39	6	2		
2. 2010.....	5,163	2,809	1,656	1,009	420	106	27	1	2	7
3. 2011.....	XXX	4,802	2,277	1,298	555	358	207	22	23	12
4. 2012.....	XXX	XXX	4,893	2,345	1,091	578	272	83	47	5
5. 2013.....	XXX	XXX	XXX	4,273	2,615	1,318	286	266	96	28
6. 2014.....	XXX	XXX	XXX	XXX	4,326	1,990	1,195	389	225	168
7. 2015.....	XXX	XXX	XXX	XXX	XXX	4,897	2,568	670	234	178
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	5,099	2,418	679	370
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,268	2,553	1,648
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8,744	3,825
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,244

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

1. Prior.....	1,971	387	185	73	54					
2. 2010.....	2,796	1,493	810	445	88	65	538			
3. 2011.....	XXX	2,752	1,624	454	243	46	31	14		
4. 2012.....	XXX	XXX	1,869	1,234	822	414	92	74		
5. 2013.....	XXX	XXX	XXX	2,087	970	456	767	171	109	26
6. 2014.....	XXX	XXX	XXX	XXX	2,922	1,814	965	604	143	200
7. 2015.....	XXX	XXX	XXX	XXX	XXX	2,433	1,284	816	240	333
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1,943	1,438	1,386	704
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,688	1,548	966
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,227	1,821
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,474

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

1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XXX	XXX	XXX					
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	1,211	829	281	137	63	66	5			
2. 2010.....	1,879	1,183	890	256	218	179	179	17	25	27
3. 2011.....	XXX	1,661	1,339	576	417	192	164	126		
4. 2012.....	XXX	XXX	2,422	752	276	173	303	115	149	9
5. 2013.....	XXX	XXX	XXX	3,038	2,126	1,571	498	235	318	183
6. 2014.....	XXX	XXX	XXX	XXX	2,231	1,014	1,014	476	616	278
7. 2015.....	XXX	XXX	XXX	XXX	XXX	2,589	1,579	1,157	1,077	592
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	2,438	1,572	969	771
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,088	1,586	1,345
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,709	2,125
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,542

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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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XX							
6. 2014.....	XXX	XXX	XX	XX						
7. 2015.....	XXX	XXX	XX	XX	XX					
8. 2016.....	XXX	XXX	XX	XXX	XXX	XX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XX	XXX	XXX					
8. 2016.....	XXX	XXX	XX	XX	XX	XX				
9. 2017.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2018.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2019.....	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. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XX	XXX	XXX					
8. 2016.....	XXX	XXX	XX	XX	XX	XX				
9. 2017.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2018.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1. Prior.....	523	227	102	53	119	1				
2. 2010.....	262	457	265	344	20	12	1			
3. 2011.....	XXX	158	352	98	155	29	17			
4. 2012.....	XXX	XXX	299	382	85	97	112	117	101	100
5. 2013.....	XXX	XXX	XXX	794	310	419	347	370	38	
6. 2014.....	XXX	XXX	XXX	XXX	701	719	258	84	8	17
7. 2015.....	XXX	XXX	XXX	XXX	XXX	678	490	141	206	10
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	990	579	340	132
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	704	380	183
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	599	535
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	443

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

1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XX	XXX	XXX					
8. 2016.....	XXX	XXX	XX	XX	XX	XX				
9. 2017.....	XXX	XXX	XX	XX	XX	XX	XXX			
10. 2018.....	XXX	XXX	XX	XXX	XXX	XX	XXX	XXX		
11. 2019.....	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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.315	.29	.6
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.377	.25
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	414

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.957	.83	.17
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,254	.51
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,407

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2019	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. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2010										
3. 2011	XXX									
4. 2012	XXX	XXX								
5. 2013	XXX	XXX	XXX							
6. 2014	XXX	XXX	XXX	XXX						
7. 2015	XXX	XXX	XXX	XXX	XXX					
8. 2016	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019	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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	112	23	4							
2. 2010.....	21	4	5							
3. 2011.....	XXX	.61	.28	.7				.1		
4. 2012.....	XXX	XXX	.11	.13						
5. 2013.....	XXX	XXX	XXX	.21	.22	.3				
6. 2014.....	XXX	XXX	XXX	XXX	.15	.58				
7. 2015.....	XXX	XXX	XXX	XXX	XXX	.1	.1			
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	(1)	.1		
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			.26
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.8	.6
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.4

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

1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XXX							
6. 2014.....	XXX	XXX	XXX	XXX						
7. 2015.....	XXX	XXX	XXX	XXX	XXX					
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	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. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4T - WARRANTY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	394	39	25	11	9		1	2		
2. 2010.....	2,116	2,390	2,413	2,421	2,424	2,425	2,425	2,425	2,425	2,426
3. 2011.....	XXX	3,234	3,593	3,613	3,626	3,629	3,631	3,632	3,632	3,632
4. 2012.....	XXX	XXX	3,516	3,838	3,861	3,870	3,880	3,881	3,882	3,883
5. 2013.....	XXX	XXX	XXX	1,851	2,183	2,206	2,220	2,222	2,223	2,224
6. 2014.....	XXX	XXX	XXX	XXX	1,297	1,512	1,538	1,542	1,545	1,547
7. 2015.....	XXX	XXX	XXX	XXX	XXX	1,174	1,362	1,394	1,402	1,403
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1,105	1,313	1,334	1,346
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,454	1,687	1,720
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,230	1,493
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,663

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	44	19	11	5	4	4	4	1	1	1
2. 2010.....	192	22	7	2	1			1	1	1
3. 2011.....	XXX	259	25	9	4	3	2	1	1	1
4. 2012.....	XXX	XXX	223	36	21	15	7	6	3	3
5. 2013.....	XXX	XXX	XXX	276	24	8	3	4	4	2
6. 2014.....	XXX	XXX	XXX	XXX	177	19	9	5	1	1
7. 2015.....	XXX	XXX	XXX	XXX	XXX	185	33	11	5	3
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	192	26	14	4
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	213	32	11
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	228	26
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	205

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	648	21	19	6	9		1			
2. 2010.....	4,765	4,915	4,928	4,933	4,935	4,936	4,936	4,937	4,937	4,938
3. 2011.....	XXX	3,911	4,108	4,118	4,126	4,129	4,130	4,131	4,131	4,131
4. 2012.....	XXX	XXX	4,110	4,305	4,318	4,321	4,324	4,324	4,322	4,323
5. 2013.....	XXX	XXX	XXX	2,479	2,623	2,636	2,645	2,649	2,650	2,649
6. 2014.....	XXX	XXX	XXX	XXX	1,774	1,866	1,888	1,890	1,889	1,891
7. 2015.....	XXX	XXX	XXX	XXX	XXX	1,643	1,721	1,738	1,741	1,740
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1,543	1,634	1,650	1,653
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,964	2,065	2,080
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,722	1,835
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,258

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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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	.967	8,376	135	66	36	15	7	4	1	
2. 2010.....	1,747	3,228	3,392	3,476	3,505	3,515	3,520	3,525	3,526	3,526
3. 2011.....	XXX	1,815	2,397	2,590	2,658	2,693	2,706	2,707	2,710	2,711
4. 2012.....	XXX	XXX	1,253	1,906	2,041	2,095	2,124	2,134	2,141	2,142
5. 2013.....	XXX	XXX	XXX	1,433	1,939	2,053	2,104	2,122	2,130	2,137
6. 2014.....	XXX	XXX	XXX	XXX	1,238	1,787	1,958	2,026	2,054	2,064
7. 2015.....	XXX	XXX	XXX	XXX	XXX	1,245	1,736	1,891	1,950	1,971
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1,151	1,733	1,854	1,920
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,311	1,817	1,962
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,522	2,216
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,663

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	358	171	68	31	16	6	1	2	2	
2. 2010.....	1,010	266	93	30	17	3	4	1	1	1
3. 2011.....	XXX	1,061	254	96	35	4	3	3	1	1
4. 2012.....	XXX	XXX	873	251	84	15	13	4	2	1
5. 2013.....	XXX	XXX	XXX	825	191	41	20	11	6	3
6. 2014.....	XXX	XXX	XXX	XXX	934	193	80	31	14	6
7. 2015.....	XXX	XXX	XXX	XXX	XXX	720	284	75	28	12
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1,028	227	87	26
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	847	228	73
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,014	253
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	990

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	1,253	10,208	42	34	23	6	3	6	1	(2)
2. 2010.....	4,821	5,919	5,944	5,973	5,992	5,989	5,995	5,998	5,999	6,000
3. 2011.....	XXX	3,259	3,185	3,251	3,262	3,269	3,282	3,283	3,284	3,285
4. 2012.....	XXX	XXX	2,322	2,497	2,492	2,481	2,508	2,510	2,515	2,515
5. 2013.....	XXX	XXX	XXX	2,433	2,426	2,415	2,449	2,459	2,463	2,467
6. 2014.....	XXX	XXX	XXX	XXX	2,336	2,269	2,350	2,376	2,388	2,390
7. 2015.....	XXX	XXX	XXX	XXX	XXX	2,148	2,333	2,309	2,327	2,334
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	2,397	2,319	2,327	2,334
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,381	2,410	2,429
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,792	2,897
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,916

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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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	85	150	9	6	4	3		1		
2. 2010.....	211	305	330	339	340	341	342	343	343	343
3. 2011.....	XXX	235	321	341	352	355	359	359	360	360
4. 2012.....	XXX	XXX	222	309	335	345	353	357	358	359
5. 2013.....	XXX	XXX	XXX	248	346	364	375	388	389	392
6. 2014.....	XXX	XXX	XXX	XXX	301	430	462	483	494	499
7. 2015.....	XXX	XXX	XXX	XXX	XXX	344	464	508	527	539
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	306	429	469	479
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	313	450	487
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	311	457
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	350

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	41	14	9	5	2					
2. 2010.....	118	31	12	3	1	1	1			
3. 2011.....	XXX	103	30	12	4	3	1			
4. 2012.....	XXX	XXX	123	42	16	7	3	2	1	
5. 2013.....	XXX	XXX	XXX	116	38	31	20	5	5	1
6. 2014.....	XXX	XXX	XXX	XXX	156	61	33	17	7	2
7. 2015.....	XXX	XXX	XXX	XXX	XXX	175	75	31	14	4
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	154	49	15	10
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137	49	16
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	132	33
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	118

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	118	143	6	3	1	1		1		
2. 2010.....	572	599	608	608	608	609	610	610	610	610
3. 2011.....	XXX	377	412	416	419	421	423	422	423	423
4. 2012.....	XXX	XXX	389	419	424	426	430	433	433	433
5. 2013.....	XXX	XXX	XXX	398	439	453	456	454	455	454
6. 2014.....	XXX	XXX	XXX	XXX	488	537	546	554	555	555
7. 2015.....	XXX	XXX	XXX	XXX	XXX	549	600	607	612	614
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	499	544	552	558
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	496	572	582
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	485	561
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	509

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	191	42	25	8	7	2	4	4	1	
2. 2010.....	514	618	644	655	661	668	669	671	672	672
3. 2011.....	XXX	433	576	600	622	632	639	642	642	643
4. 2012.....	XXX	XXX	479	614	639	652	660	663	664	664
5. 2013.....	XXX	XXX	XXX	367	485	516	547	562	569	574
6. 2014.....	XXX	XXX	XXX	XXX	370	510	548	580	597	604
7. 2015.....	XXX	XXX	XXX	XXX	XXX	343	484	530	555	577
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	330	459	492	518
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	342	439	472
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	307	425
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	346

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	50	22	10	12	8	8	2			
2. 2010.....	109	29	18	13	11	6	5	2	3	3
3. 2011.....	XXX	129	46	31	16	8	4			
4. 2012.....	XXX	XXX	107	31	16	7	5	3	1	1
5. 2013.....	XXX	XXX	XXX	127	51	46	23	12	8	3
6. 2014.....	XXX	XXX	XXX	XXX	155	74	57	35	18	10
7. 2015.....	XXX	XXX	XXX	XXX	XXX	161	86	62	39	16
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	136	66	46	33
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	116	55	37
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	127	45
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	98

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	365	26	13	10	5	3	(1)	2	2	
2. 2010.....	1,252	1,315	1,337	1,346	1,351	1,353	1,354	1,353	1,355	1,355
3. 2011.....	XXX	660	757	773	783	785	788	787	787	788
4. 2012.....	XXX	XXX	678	776	794	801	808	810	810	810
5. 2013.....	XXX	XXX	XXX	573	653	690	701	706	710	710
6. 2014.....	XXX	XXX	XXX	XXX	620	715	745	760	763	762
7. 2015.....	XXX	XXX	XXX	XXX	XXX	573	676	710	719	720
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	544	637	660	676
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	524	602	627
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	491	560
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	503

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	65	16	7	2	1	3				
2. 2010.....	65	90	100	104	109	110	111	111	111	111
3. 2011.....	XXX	54	70	75	79	82	83	83	83	83
4. 2012.....	XXX	XXX	51	80	87	88	90	90	90	90
5. 2013.....	XXX	XXX	XXX	42	60	71	76	78	82	82
6. 2014.....	XXX	XXX	XXX	XXX	36	56	68	71	73	75
7. 2015.....	XXX	XXX	XXX	XXX	XXX	27	42	51	53	53
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	29	44	58	60
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21	27	32
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18	25
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	30	17	7	6	5	2		1	1	
2. 2010.....	34	19	11	5	1					
3. 2011.....	XXX	31	12	7	3	1				
4. 2012.....	XXX	XXX	38	14	5	1		1	1	1
5. 2013.....	XXX	XXX	XXX	34	23	13		3	1	
6. 2014.....	XXX	XXX	XXX	XXX	42	22	1	8	4	3
7. 2015.....	XXX	XXX	XXX	XXX	XXX	22	1	5	2	1
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	7	23	7	3
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	4	3
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	6
11. 2019.....	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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	123	7		1			(2)	1		(1)
2. 2010.....	192	212	216	215	217	217	218	218	218	218
3. 2011.....	XXX	103	112	113	113	114	114	114	114	114
4. 2012.....	XXX	XXX	111	123	123	121	123	125	125	125
5. 2013.....	XXX	XXX	XXX	94	111	114	107	112	114	114
6. 2014.....	XXX	XXX	XXX	XXX	90	98	92	105	104	106
7. 2015.....	XXX	XXX	XXX	XXX	XXX	61	62	77	77	77
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	45	81	80	78
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	39	43
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	39
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE United Ohio Insurance Company

SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	23	2	1							
2. 2010.....	54	54	54	55	55	55	55	55	55	55
3. 2011.....	XXX	2	5	5	7	7	7	7	7	7
4. 2012.....	XXX	XXX	1	2	3	3	3	3	3	3
5. 2013.....	XXX	XXX	XXX	1	2	3	3	3	3	3
6. 2014.....	XXX	XXX	XXX	XXX	1	2	2	2	2	3
7. 2015.....	XXX	XXX	XXX	XXX	XXX	1	2	2	2	2
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1	2	3	3
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	5	2								
2. 2010.....		1	1							
3. 2011.....	XXX	1	1	1				1		
4. 2012.....	XXX	XXX	1							
5. 2013.....	XXX	XXX	XXX	2	1					
6. 2014.....	XXX	XXX	XXX	XXX	1	1				
7. 2015.....	XXX	XXX	XXX	XXX	XXX	1				
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1			
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....	50	1								
2. 2010.....	116	118	119	119	119	119	119	119	119	119
3. 2011.....	XXX	4	7	8	9	9	9	10	10	10
4. 2012.....	XXX	XXX	2	2	4	4	4	4	4	4
5. 2013.....	XXX	XXX	XXX	3	4	4	4	4	4	4
6. 2014.....	XXX	XXX	XXX	XXX	2	3	4	4	4	5
7. 2015.....	XXX	XXX	XXX	XXX	XXX	3	3	3	3	3
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	2	3	4	4
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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 2019 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	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....	6,392	6,392	6,392	6,392	6,392	6,392	6,392	6,392	6,392	6,392	
3. 2011.....	XXX	7,026	7,026	7,026	7,026	7,026	7,026	7,026	7,026	7,026	
4. 2012.....	XXX	XXX	7,968	7,968	7,968	7,968	7,968	7,968	7,968	7,968	
5. 2013.....	XXX	XXX	XXX	9,102	9,102	9,102	9,102	9,102	9,102	9,102	
6. 2014.....	XXX	XXX	XXX	XXX	10,339	10,339	10,339	10,339	10,339	10,339	
7. 2015.....	XXX	XXX	XXX	XXX	XXX	10,641	10,641	10,641	10,641	10,641	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	11,040	11,040	11,040	11,040	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11,506	11,506	11,506	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,003	12,003	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,463	12,463
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,463
13. Earned Premiums (Sch P-Pt. 1)	6,392	7,026	7,968	9,102	10,339	10,641	11,040	11,506	12,003	12,463	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	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....	520	520	520	520	520	520	520	520	520	520	
3. 2011.....	XXX	443	443	443	443	443	443	443	443	443	
4. 2012.....	XXX	XXX	471	471	471	471	471	471	471	471	
5. 2013.....	XXX	XXX	XXX	495	495	495	495	495	495	495	
6. 2014.....	XXX	XXX	XXX	XXX	551	551	551	551	551	551	
7. 2015.....	XXX	XXX	XXX	XXX	XXX	617	617	617	617	617	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	706	706	706	706	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	846	846	846	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	477	477	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	269	269
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	269
13. Earned Premiums (Sch P-Pt. 1)	520	443	471	495	551	617	706	846	477	269	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	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	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	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	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	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....	9,537	9,537	9,537	9,537	9,537	9,537	9,537	9,537	9,537	9,537	
3. 2011.....	XXX	10,346	10,346	10,346	10,346	10,346	10,346	10,346	10,346	10,346	
4. 2012.....	XXX	XXX	11,584	11,584	11,584	11,584	11,584	11,584	11,584	11,584	
5. 2013.....	XXX	XXX	XXX	13,770	13,770	13,770	13,770	13,770	13,770	13,770	
6. 2014.....	XXX	XXX	XXX	XXX	16,070	16,070	16,070	16,070	16,070	16,070	
7. 2015.....	XXX	XXX	XXX	XXX	XXX	16,706	16,706	16,706	16,706	16,706	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	17,618	17,618	17,618	17,618	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,207	18,207	18,207	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,607	18,607	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,693	19,693
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19,693
13. Earned Premiums (Sch P-Pt. 1)	9,537	10,346	11,584	13,770	16,070	16,706	17,618	18,207	18,607	19,693	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	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....	1,238	1,238	1,238	1,238	1,238	1,238	1,238	1,238	1,238	1,238	
3. 2011.....	XXX	1,331	1,331	1,331	1,331	1,331	1,331	1,331	1,331	1,331	
4. 2012.....	XXX	XXX	1,534	1,534	1,534	1,534	1,534	1,534	1,534	1,534	
5. 2013.....	XXX	XXX	XXX	1,716	1,716	1,716	1,716	1,716	1,716	1,716	
6. 2014.....	XXX	XXX	XXX	XXX	2,078	2,078	2,078	2,078	2,078	2,078	
7. 2015.....	XXX	XXX	XXX	XXX	XXX	2,079	2,079	2,079	2,079	2,079	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	2,161	2,161	2,161	2,161	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,204	2,204	2,204	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,800	1,800	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,699	1,699
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,699
13. Earned Premiums (Sch P-Pt. 1)	1,238	1,331	1,534	1,716	2,078	2,079	2,161	2,204	1,800	1,699	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	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....	3,680	3,680	3,680	3,680	3,680	3,680	3,680	3,680	3,680	3,680	
3. 2011.....	XXX	3,914	3,914	3,914	3,914	3,914	3,914	3,914	3,914	3,914	
4. 2012.....	XXX	XXX	4,250	4,250	4,250	4,250	4,250	4,250	4,250	4,250	
5. 2013.....	XXX	XXX	XXX	4,544	4,544	4,544	4,544	4,544	4,544	4,544	
6. 2014.....	XXX	XXX	XXX	XXX	4,700	4,700	4,700	4,700	4,700	4,700	
7. 2015.....	XXX	XXX	XXX	XXX	XXX	4,783	4,783	4,783	4,783	4,783	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	4,451	4,451	4,451	4,451	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,066	4,066	4,066	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,219	4,219	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,473	4,473
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,473
13. Earned Premiums (Sch P-Pt. 1)	3,680	3,914	4,250	4,544	4,700	4,783	4,451	4,066	4,219	4,473	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	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....	1,429	1,429	1,429	1,429	1,429	1,429	1,429	1,429	1,429	1,429	
3. 2011.....	XXX	1,589	1,589	1,589	1,589	1,589	1,589	1,589	1,589	1,589	
4. 2012.....	XXX	XXX	1,832	1,832	1,832	1,832	1,832	1,832	1,832	1,832	
5. 2013.....	XXX	XXX	XXX	1,981	1,981	1,981	1,981	1,981	1,981	1,981	
6. 2014.....	XXX	XXX	XXX	XXX	2,150	2,150	2,150	2,150	2,150	2,150	
7. 2015.....	XXX	XXX	XXX	XXX	XXX	2,143	2,143	2,143	2,143	2,143	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	2,169	2,169	2,169	2,169	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,251	2,251	2,251	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,412	2,412	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,677	2,677
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,677
13. Earned Premiums (Sch P-Pt. 1)	1,429	1,589	1,832	1,981	2,150	2,143	2,169	2,251	2,412	2,677	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 2019 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	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....	146	146	146	146	146	146	146	146	146	146	
3. 2011.....	XXX	123	123	123	123	123	123	123	123	123	
4. 2012.....	XXX	XXX	118	118	118	118	118	118	118	118	
5. 2013.....	XXX	XXX	XXX	125	125	125	125	125	125	125	
6. 2014.....	XXX	XXX	XXX	XXX	137	137	137	137	137	137	
7. 2015.....	XXX	XXX	XXX	XXX	XXX	137	137	137	137	137	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	126	126	126	126	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	129	129	129	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	129	129	
11. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121	121
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121
13. Earned Premiums (Sch P-Pt. 1)	146	123	118	125	137	137	126	129	129	121	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	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....	2	2	2	2	2	2	2	2	2	2	
3. 2011.....	XXX	1	1	1	1	1	1	1	1	1	
4. 2012.....	XXX	XXX	1	1	1	1	1	1	1	1	
5. 2013.....	XXX	XXX	XXX	1	1	1	1	1	1	1	
6. 2014.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1	
7. 2015.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1	
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1	
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	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)	2	1	1	1	1	1	1	1			XXX

SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	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	
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	
1. Prior.....											
2. 2010.....											
3. 2011.....	XXX										
4. 2012.....	XXX	XXX									
5. 2013.....	XXX	XXX	XXX								
6. 2014.....	XXX	XXX	XXX	XXX							
7. 2015.....	XXX	XXX	XXX	XXX	XXX						
8. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2019.....	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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE United Ohio Insurance Company

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	7,766			43,906		
2. Private Passenger Auto Liability/Medical	31,883			42,029		
3. Commercial Auto/Truck Liability/Medical	14,408			12,657		
4. Workers' Compensation						
5. Commercial Multiple Peril	15,209			18,609		
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	1,869			1,799		
10. Other Liability - Claims-Made						
11. Special Property	1,124			12,532		
12. Auto Physical Damage	3,529			39,864		
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	91			119		
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	75,879			171,517		

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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XX							
6. 2014.....	XXX	XXX	XX	XX						
7. 2015.....	XXX	XXX	XX	XX	XX					
8. 2016.....	XXX	XXX	XX	XXX	XXX	XX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	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
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1. Prior.....										
2. 2010.....										
3. 2011.....	XXX									
4. 2012.....	XXX	XXX								
5. 2013.....	XXX	XXX	XX							
6. 2014.....	XXX	XXX	XX	XX						
7. 2015.....	XXX	XXX	XX	XX	XX					
8. 2016.....	XXX	XXX	XX	XXX	XXX	XX				
9. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2019.....	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

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 2010		
1.603 2011		
1.604 2012		
1.605 2013		
1.606 2014		
1.607 2015		
1.608 2016		
1.609 2017		
1.610 2018		
1.611 2019		
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 2019 OF THE United Ohio Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

NONE

Asterisk	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE United Ohio Insurance Company

SCHEDULE Y

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

[illegible]

Effective 1/1/2011, 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 together and then split out proportionally with 27% going to Ohio Mutual, 65% going to United Ohio, and 8% going to Casco Indemnity.

ANNUAL STATEMENT FOR THE YEAR 2019 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
12. 13. 14. 15. 16. 17. 19. 22. 23. 25. 26. 27. 28. 29. 30. 32. 33. 35. 36. 37.		

Bar Codes:	
12. SIS Stockholder Information Supplement [Document Identifier 420]	
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 2019 OF THE United Ohio Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23.	Bail Bond Supplement [Document Identifier 500]	 <div>130722019500000000</div>
25.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>130722019224000000</div>
26.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>130722019225000000</div>
27.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>130722019226000000</div>
28.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 <div>130722019555000000</div>
29.	Credit Insurance Experience Exhibit [Document Identifier 230]	 <div>130722019230000000</div>
30.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 <div>130722019306000000</div>
32.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 <div>130722019216000000</div>
33.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 <div>130722019217000000</div>
35.	Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]	 <div>130722019290000000</div>
36.	Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]	 <div>130722019300000000</div>
37.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 <div>130722019223000000</div>

NONE



For The Year Ended December 31, 2019
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	390,247,386		390,247,386
A02.	Liabilities	184,573,617		184,573,617
A03.	Surplus as regards to policyholders	205,673,769		205,673,769
A04.	Income before taxes	21,499,122		21,499,122

[illegible]



SUPPLEMENT FOR THE YEAR 2019 OF THE United Ohio Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2019
(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:\$21,014

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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